

ASEC STUDENT/EXTERN ORIENTATION

Dear colleague:

Welcome to the Animal Specialty and Emergency Center! We look forward to working with you during your externship/preceptorship.

Our objectives are to teach and educate students, while maintaining referral-caliber patient care and referral-caliber communication and service for clients and referring veterinarians. During the 20+ years that we have conducted an externship program, we have developed the following policies to balance these objectives. Please review the attached information and let us know if you have any questions.

1. ORIENTATION IS IN WRITING:

To ensure that all externs receive complete, detailed information, our orientation is IN WRITING rather than a verbal discussion. Externs, upon arrival, will:

- be given a hard copy of the ORIENTATION
- sign an acknowledgment form
- be introduced to their supervising DVM, who will then answer any further questions to complete the orientation process.

If you have any questions whatsoever regarding orientation, it is YOUR RESPONSIBILITY to ask your supervising DVM, at the time that you are first introduced to her/him on the first day of the externship.

The “ASEC Extern Orientation” is also POSTED on a bulletin board, in the ASEC downstairs conference room AND in the upstairs hallway adjacent to the radiology suites.

2. WHAT TO DO WHEN YOU ARRIVE AT ASEC:

Check in at the front desk when you arrive and introduce yourself as an extern student. You will be supplied with:

- a name tag
- a copy of the ORIENTATION document (and you will be asked to sign the acknowledgment form)

You will then be directed to the downstairs conference room to attend morning rounds or to the appropriate area of the hospital to meet your supervising DVM (for afternoon/swing shifts).

3. NAME TAG:

You will be given an ASEC name tag when you arrive. Please “fill in the blanks” and wear it at all times when you are on ASEC premises. Write legibly in large print so that your name can be read easily from a distance.

Even if you have a name tag from school, we require that an ASEC nametag be worn, as it will identify the department you are on service with, your university, and whether you are a 3rd year or 4th year student.

4. SUPERVISING DVM (mentor):

For each department, there is a supervising DVM who will be your primary contact person for any questions and will also be responsible for completing your evaluation.

The Supervising DVMs for each ASEC department are:

EMERGENCY/CRITICAL CARE DEPT: Dr. Joanie Dolance

ASEC's ECC service is staffed 24/7 by ICU senior clinicians. In addition, rotating interns are assigned to the ECC service on most shifts. In addition, ECC doctors work daytime, swing, and overnight shifts, and their scheduled days vary from week to week. Therefore, all students work with multiple doctors during their time spent with the ECC service. The most-senior DVM in the hospital on any particular day is the designated "supervising DVM" for that day.

Students should not limit themselves to shadowing only the supervising DVM. Externs are expected to "follow the action" during their shift in order to maximize their learning opportunities. If multiple cases are being seen or procedures are being performed simultaneously, externs can choose which DVM/procedure to shadow.

Etiquette – Externs are encouraged to follow the ECC doctors into our exam rooms during most discussions with clients. Please allow the attending DVM to perform *all* communication with clients – save questions for after you have exited the exam room. Also, in certain delicate situations, DVMs may ask that you refrain from shadowing them into the exam rooms situations – please respect their request.

All ECC DVMs provide input for completion of extern evaluations.

SURGERY DEPT: Dr. Eric Chow

Our surgeons work 4 days each week, Sunday-Wednesday and Wednesday-Saturday. Therefore, you will have a different "supervising DVM" on different days. For days that Dr. Chow is not in the hospital, you will be re-assigned to another surgeon for the day.

However, rather than spending 100% of your time with a single designated mentor each day, we feel your education will be maximized by spending time with each of the senior surgeons, rather than just one. Externs are expected and required to get involved with cases with all DVMs of the department.

Ideally, each extern should scrub in on at least one case per day, either as assistant, or as 2nd assistant. Depending on case complexity and time constraints, the extern may only be allowed to observe. Ask the surgeons which procedure(s) would be best for you to scrub in on. We are a busy, fast paced referral center that requires the extern to have initiative to gain the most from their experience here.

INTERNAL MEDICINE: Dr. Sam Trivedi or Dr. Todd Cohen

RADIOLOGY: Dr. Jean Reichle

CARDIOLOGY: Dr. Carley Saelinger

Internal Medicine, Radiology, and Cardiology externs will accompany the Supervising DVM during their daily work, as well as work with their residents/interns/staff on diagnostics, procedures, etc.

5. DAILY and WEEKLY, FEEDBACK:

It is YOUR RESPONSIBILITY to ask the doctor you have been working with during the day for feedback *each day*, but particularly at the end of *each week*. Doctors will provide comments and feedback during the day, but it is specifically the extern's MANDATORY RESPONSIBILITY to request feedback at the end of every day instead of expecting your supervising DVM to seek you out to provide this.

6. ATTIRE:

The following are **REQUIRED** at all times:

- Scrubs

- Closed-toed shoes

- ASEC name tag (this will be provided at the front desk when you arrive)

- Stethoscope

- X-ray badge (mandatory only for Western University students)

7. ASEC CODE OF CONDUCT:

Externs are expected to abide by the same code of conduct (see copy attached below) that our doctors and staff adhere to. There are no exceptions.

8. SCHEDULE:

The extern schedule for externs varies by department. Attached are extern schedules for each ASEC department (surgery, emergency/critical care, radiology, cardiology, and internal medicine). However, these schedules are subject to change.

*For internal medicine, please contact the internal medicine service at medicine@asecvets.com between 2-3 weeks prior to your scheduled start date to confirm your exact schedule.

*For emergency/critical care, please contact our educational program coordinator (Dr. Joanie Dolance) at jdolance@asecvets.com between 2-3 weeks prior to your scheduled start date to confirm your exact schedule.

9. ROUNDS AND LECTURES:

Your attendance is expected at any rounds/lectures that occur during your scheduled working hours (case rounds, radiology review, journal club, and any other lectures/presentations by senior clinicians or interns). Please be on time.

ASEC's schedule of rounds is:

Morning ECC Rounds - begin promptly at 7am daily downstairs in the conference room

Afternoon ECC Rounds - usually begin between 1-3pm daily (time varies)

Evening ECC Rounds - held on a rolling basis between 6pm-10pm daily (varies with DVM schedule)

Surgery Department Cage-side Rounds - begin between 5-7pm daily (time varies)

Surgery Book Chapter Rounds - 7:45-8:30am on Wednesdays

Surgery Journal Club - 7:45-8:30am on Thursdays

Internal Medicine Presentations/Discussions- 8-9am on Wednesdays

Evening Lectures- 6-8pm on many Wednesdays (schedule varies)

10. INTRODUCTION TO ASEC DVMS AND STAFF:

We would like to be able to personally introduce you to every member of the ASEC team. However, as you know, ASEC is a multi-specialist, 24-hour hospital, with all of the doctors and staff of the various departments working various schedules and different shifts. So it is just not possible to give each extern a personal introduction to all doctors and staff.

It is YOUR RESPONSIBILITY to take the initiative by introducing yourself to the doctors and staff whom you meet each day (not just in the department you are rotating with, but also the doctors and staff of any other departments that you interact with).

Please do not feel that the other DVMS are unapproachable or unaware of your presence here – they all work a 10 to 14 hour shift, and when busy, may not stop to chat – but they welcome your interest and are happy to teach – and we all want to learn from the externs as well.

FEEL FREE TO ASK QUESTIONS OF ANY DVM FROM ANY DEPARTMENT!

11. ROLE & RESPONSIBILITIES:

Your responsibilities while at ASEC are:

- to learn.**
- to show initiative and get involved: don't wait to be asked!**
- to ask questions.**

Education is your reason for being here. We will not task you with busywork. As discussed below, given the referral-only nature of our caseload, externs do not have primary responsibility for patient care, treatments, communication with clients & referring veterinarians, or recordkeeping.

So, what specifically are externs expected to do?

The following items are your specific responsibilities:

A. ACCOMPANY A DVM:

Externs are expected to "shadow" either their supervising DVM, or any one of the other doctors on the assigned service. Again, the extern is expected to take the initiative to "go where the action is" rather than waiting to be directed or invited to follow.

B. GET INVOLVED:

You are expected to observe (and/or assist, at the doctor's discretion) each patient's examination, diagnostic procedures, treatment, surgery, etc. It is the responsibility of the extern to become involved: don't wait to be asked. Instead, make the effort to get involved. We cannot emphasize this often enough: Don't wait to be asked, get involved! You are welcome to observe, and ask to participate, in whatever is going on in the hospital.

All externs, from all departments, are WELCOME to put on a cap, mask & shoe covers, and observe & ask questions during surgical procedures. (Only in a rare few exceptions, i.e. total hip replacement, do we minimize the number of observers). DO NOT WAIT FOR AN INVITATION – it is your responsibility to ask to be involved, for any case you are interested in.

C. TECHNICAL & PRACTICAL “HANDS-ON” SKILLS:

Our goal is to give externs as much “hands-on” experience as possible, while maintaining certain constraints & protocols:

a. Placement of all IV catheters, as well as performance of all patient treatments, are performed by our experienced technical staff

b. Other than that, **extern performance of technical procedures is at the clinician's discretion.** We will endeavor to keep you as involved as possible in as many procedures as possible (i.e. for surgery externs, obviously the externs will not have primary responsibility for performing a procedure, but we will have the externs scrub in whenever possible to assist). For diagnostic and therapeutic procedures, this will depend on the nature of the procedure, and the attending clinician's discretion. ASK!

c. In our practice, when the client arrives, typically the patient is brought into the back treatment area for the initial examination, while the client is completing their paperwork. Externs (and interns) are expected to participate in and/or observe the physical examinations. At this time, the clinician, externs, and interns, examine the patient together and discuss their findings. GET INVOLVED – don't wait to be asked!

d. In the ICU – feel free to ask the staff “Is there anything you would like me to assist with?” and for various evaluations (i.e. repeat auscultations, serial neurologic exams, hydration checks, etc.). Ask the DVM if they would like you to do the evaluation before they do. Also – during a CPR, you may volunteer to keep records (of time, drugs given, etc.) as the CPR is happening.

D. OBSERVE during client communication:

As discussed below, externs do not have primary responsibility for client & referring veterinarian communication at ASEC. You ARE expected to accompany the DVM into the exam room to listen in. Ask the DVM any questions you have regarding what was communicated *after* leaving the exam room.

E. ASK QUESTIONS to maximize the TEACHING & EDUCATIONAL PROCESS

You MAY, AND MUST, Always Ask Questions: during your work shift, during rounds, and at any other time. IT IS YOUR RESPONSIBILITY TO ASK! If you do not, the attending DVM will presume that you already know the information, or do not wish to know.

Feel free, at any time, to ask the DVM to discuss the case, their plans, diagnostic findings, client communication, etc. *If things are busy, the DVM may ask you to “Save that question for rounds”. It is YOUR RESPONSIBILITY to then bring it up, at the next rounds.*

Western University students: the university has given us specific instructions that:

- before giving an answer, the DVM must ask you what you already know.
- if the DVM feels that you have already researched the question, they may answer.
- otherwise, they will either
 - a. tell you to research the topic (either by reviewing textbooks, or online) and come back to the DVM with the results of your research.
 - b. OR they may verbally quiz you before giving an answer.

Although externs are assigned to one department, PLEASE feel free to ask questions of any of DVM or staff member, of any department, at any time. But again, they will not seek you out – YOU MUST ASK!

Surgery externs: please note that, while we are always happy to answer questions at any time, the best time to ask questions is often while we are scrubbing in, draping the incision, or during the closure (since after the procedure is finished, the surgeon is often busy writing reports, making phone calls, etc. and it is then more difficult to spare the time to answer questions at length. If things are busy, the surgeon may ask you to “save that question for rounds” or “research that, and tell me your conclusion at rounds.” It is then YOUR RESPONSIBILITY to bring it up at rounds, rather than expecting the surgeon to do so (since, on a busy day, they may not remember to do so).

F. ROLE IN MANAGING PATIENTS:

As described below, externs do not have primary responsibility for patient care.

HOWEVER: For any cases that you & your assigned/supervising DVM are involved with, the extern is expected to:

- a. Review the diagnostic plan, and treatment plan/treatment orders
- b. ASK QUESTIONS if there is anything unclear to you
- c. MAKE SUGGESTIONS! In addition to teaching externs, we want to learn from them so, if you have any suggestions, input, things you have seen done differently at other hospitals – it is your responsibility to speak up! Don't wait for the attending doctor to ask you; if you don't speak up, they will assume you have no input to offer.

G. REVIEW CHARTS

- of the patients whose care you have been involved in; it is then YOUR RESPONSIBILITY to ask your assigned DVM / supervising DVM any questions you may have regarding the case, the communication, etc. Do not wait for the DVM to quiz you – if you do not ask questions, the DVM will assume you already know the information, or don't wish to know.
- We will be happy to show you how to review a chart on our computerized medical record system (the VIA software system).

H. ATTEND ROUNDS

You are expected to attend whichever departmental rounds occur during your “on-clinics” shift. This is also the time where YOU have the responsibility to ask any questions, regarding any cases you have been involved with during the day.

You are also welcome to attend Wednesday morning internal medicine discussions, even if you are not scheduled to be at ASEC at those hours.

During rounds, it is vital that all clinicians be able to clearly hear the discussion. If there are a large number of people in attendance, externs are asked to allow the clinicians to sit at the main table. If you are unable to hear the discussion well, it is your responsibility to let the speaker know you are having trouble hearing him or her.

I. ASK FOR AN ASSIGNMENT IF THINGS ARE SLOW:

Caseload is variable and unpredictable! There may be times when you are ‘ON-CLINICS’ but no new cases are received.

Your supervising DVM for the day may ask you to do any of the following:

- review a case, perform a physical exam/orthopedic exam/neurologic exam, SOAP a patient, assess specific critical care parameters or body systems for a patient, prepare a brief presentation on a disease condition, observe a surgical, radiographic, or other diagnostic procedure, review how to calculate constant rate infusions, etc, etc.

The DVM may ask you to perform one of these tasks while they observe, or may ask you to do so and then come back to them with your conclusions.

If you have “time on your hands”, ASK your supervising DVM to assign you a task – do not wait for the senior clinician to seek you out.

G. What are the externs NOT responsible for?

1. Primary Responsibility for Patient Care: Externs do not have primary responsibility for patient care at ASEC. The referral-only nature of our caseload requires that primary case responsibility be maintained by the clinicians. *Externs are, of course, expected to accompany the clinician, observe, and assist at the clinician's discretion.*

2. Performing Treatments & Placing Catheters: Treatments, and all placement of IV catheters, are performed by our technical staff (to minimize vascular trauma and ensure reliable venous access).

3. Communication with Referring Veterinarians and Clients: For a wide variety of reasons over the years, we have established a policy that externs do not handle client (or referring veterinarian) communication at ASEC – all such communication is conducted by the attending DVM only. *In the 20+ years that we have administered an externship program, experience has taught us that having externs taking patient history or giving client updates are skills best learned in a general-practice setting. The nature and complexity of cases in a referral hospital such as ASEC necessitate that all communication be handled by an experienced clinician:*

- *to ensure accurate, detailed and time-efficient communication*
- *to eliminate client unease, and reassure them that their pet is being cared for by an experienced doctor.*

Externs are ALWAYS welcome to accompany the DVM to the exam room to listen in on history-taking, exam, client education, etc. and we are ALWAYS happy to answer questions you may have, regarding communication, as part of your education here. Do not wait to be asked to come along – it is YOUR RESPONSIBILITY to do so without being specifically asked by the attending DVM.

Please save questions and comments until after leaving the exam room.

H. IN SUMMARY:

If you are looking for an externship where you will observe have the opportunity to observe and assist with numerous complex medical & surgical cases, which are reviewed several times each day between clinicians, and ask questions of a variety of boarded specialists and experienced emergency/critical care clinicians - ASEC is the place for you!

If you are seeking a program in which the extern has primary responsibility for placing catheters, performing procedures, doing treatments, and advising clients, we would encourage you to contact other programs which would better suit those objectives.

12. PARKING POLICY:

To ensure that our clients have available parking in our small lot, unfortunately we must require that externs not park in the parking lot **at any time**, including nights, weekends, or during rounds.

Nearby street parking is available on:

- the adjacent 2 blocks of Ohio Ave., east of Sepulveda Blvd. (all day)
- Massachusetts Ave. (all day)
- Pontius Ave. (2 hours)
- All streets parallel to Sepulveda, to the east. (some 2 hours, some all day)

Please pay close attention to all parking signs, as parking enforcement in the area is strict and penalties can be steep.

13. EVALUATION FORMS - FOR WESTERN UNIVERSITY STUDENTS:

a. It is **YOUR** responsibility to confirm with your mentor that they received your evaluation via E*value.

b. Western Univ. College of Vet. Med. Students who complete rotations in the Emergency & Critical Care Department are evaluated by Dr. Dolance (who receives input from all of the DVMs of the ECC Department).

14. EVALUATION FORMS – FOR EXTERNS FROM OTHER UNIVERSITIES:

If your school requires a written evaluation, it is **YOUR** responsibility to ensure you're your mentor receives this form **AND** to confirm with them that it has been submitted. *Even if the university has told you that the evaluation form was emailed to ASEC, it remains YOUR responsibility to confirm with your mentor that they have received it. If they have not, YOU must contact the university, get the form, and give it to your mentor.*

15. PHOTOCOPYING:

Unfortunately, we are not able to allow externs to use the copiers.

16. CONFERENCE ROOM/STUDY AREA:

Our downstairs conference room is used for rounds/lectures and is available for externs to use for quiet study time during the day. Externs may use the surgeons' office in the evenings after the surgeons have left for the day.

The conference room is also used as a lunch room for employees that "clock out" for lunch, between about 11:30am-2pm. Please allow our staff access to the main conference table during these times so that they can enjoy their lunch break.

17. FOOD/DRINKS

As noted above, the conference room is used as a lunch room for employees that "clock out" for lunch, between 11:30am-2pm. Please allow our staff access to the main conference table during these times so that they can enjoy their lunch break.

Externs are also asked to use the conference room for meals. Per OSHA requirements, food and drinks are not allowed in any of the patient treatment areas.

Externs are asked to clean up after yourself.

18. INTERNET ACCESS

ASEC has public WiFi that can be used by visiting students. See posted signs for connection information.

Under NO circumstances is it acceptable to plug any network or patch cable (supplied by the student or attached to an ASEC computer or network jack) into any network port at ASEC – this type of unauthorized access jeopardizes our entire hospital computer system, and may result in termination of your externship here.

19. SUGGESTIONS:

We are always open to your suggestions, to maximize your education and to improve the quality of our program for future externs.

ASEC EXTERN SCHEDULE

THIRD & FOURTH YEAR STUDENTS:

Surgery Extern:

Tuesday – Friday from 7am until evening surgery rounds are completed (typically between 5:30 and 6:30 pm, occasionally later)

Radiology Extern:

Monday – Friday from 7am-5pm

Cardiology Extern(s):

Monday-Friday from 7am until cases completed for the day (typically between 5-6pm, occasionally later)

Internal Medicine Extern(s):

7am-7pm

Days of the week will vary depending on if there are one or two externs scheduled for a given week. Please contact the internal medicine service 1-2 weeks prior to the start of your rotation to confirm your exact schedule (medicine@asecvets.com).

Emergency/Critical Care Extern:

Tuesday thru Friday

Schedule will vary depending on length of externship. Please contact Dr. Dolance 1-2 weeks prior to the start of your rotation to confirm your exact schedule (jdolance@ASECvets.com).

For Western University students completing 4 week rotations:

First 2 weeks: Critical Care/ICU service: 7am to 5pm

Second 2 weeks: Emergency service: 12pm to 10pm

THIRD YEAR WESTERN UNIVERSITY STUDENTS:

Tuesday – Friday from 12pm-10pm

Please note that it is MANDATORY, per Western University instructions that:

- 50% of your time here must be “on clinics” and 50% of your time MUST be spent in study group (i.e. off clinics).
- HOWEVER, this does NOT have to be 5 continuous hours – externs can break this up into smaller blocks of time in order to be involved in interesting emergency cases as they arrive.
- The extern (NOT the supervising DVM) is responsible for ensuring that the externs spend the appropriate number of hours “on” and “off” clinics.
- During the day, the designated study group area is in the downstairs conference room. In the evening, externs are welcome to study in the upstairs surgeons’ office.

ASEC'S DOCTOR & STAFF CODE OF CONDUCT

1. Speak no ill of any referring veterinarian.

- Never! No matter what the situation is, there is NO excuse. A sarcastic or critical comment can be overheard by a client, staff person, etc. and make its way back to the RDVM.

2. Speak no ill of any client.

- As above: the remark could be overheard, or repeated by someone inadvertently in the client's presence. An objective description ("difficult", "demanding" etc.) is acceptable, but there is NO acceptable excuse for derogatory terms of any sort.

3. Staff: criticize privately, praise publicly.

- NEVER critique a staff person in the presence of other staff: take the person aside for a one-on-one discussion.

4. No backbiting.

- Never critique, to other staff, any staff person who is not present to defend themselves. Do not permit your staff to do so either. Bring your concerns confidentially to the doctor or supervisor.

5. No venting.

- There is no acceptable excuse for a doctor or supervisor, as the person in authority, to belittle, speak sarcastically to, or vent your anger or frustration at, your staff.

6. No griping.

- It sets a bad tone. It depresses everyone's morale. If there is a problem, then consider how to solve it, and bring your suggestion to the appropriate DVM or supervisor.

7. Take no safety risks.

- Never allow an owner to restrain a pet, or pressure you into doing anything else which compromises safety and creates a risk of injury to the client, staff, yourself, or the pet.

8. Give your staff clear, specific answers.

- In particular, when the staff person is relaying a question from a client, the doctor's (or supervisor's) answer should be clear, brief and specific. If the client persists with questions, see #5 above & #10 below.

9. Every patient is your responsibility.

- Doctors are equally responsible for all ECC and Surgery cases in the hospital. Do not give less attention to a case merely because it was admitted by a different doctor, the previous shift.

10. Get on the phone.

- Staff AND DOCTORS must be willing to get on the phone with a client, whenever necessary, as often as necessary. Answering their questions is not an imposition: it is an indispensable part of our job.

11. Be on time.

- Tardiness creates an unfair burden to your coworkers. Likewise, it is unfair to our clients to keep them waiting. No excuse is good enough: be on time.

12. Never gratuitously increase another's workload.

- In particular, needlessly making or leaving a mess for someone else to clean up is an unfair waste of that person's time and effort.