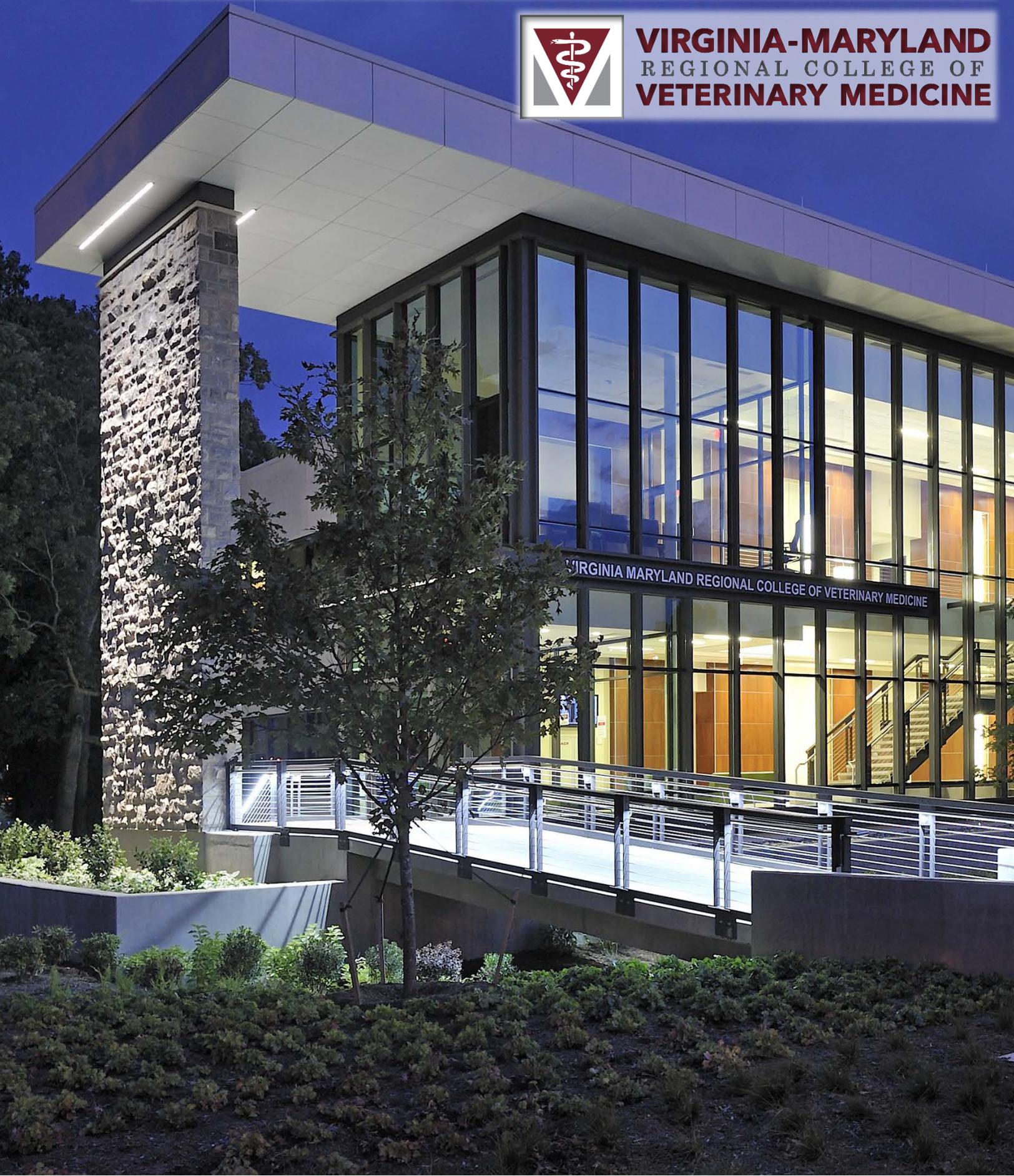


Preceptorship Packet



VIRGINIA-MARYLAND
REGIONAL COLLEGE OF
VETERINARY MEDICINE





Dear Preceptor,

Thank you for agreeing to play a significant role in the training of one of our senior students. We value the external opportunities our students participate in and believe it helps them gain real world experiences. In this packet, you will find, important information and guidelines regarding hosting a fourth year student in your facility.

As you may know we have a tracking curriculum which allows students to focus in their area of interest by taking courses above and beyond the core curriculum. As part of that tracking curriculum, students are required to participate in a quality external rotation in veterinary clinics, hospitals or other opportunities within the United States and throughout the world. One of our students has identified your facility as one of these desired rotational experiences for their fourth year clinical education.

As clinical partners we expect preceptors to:

- Facilitate student development and refinement of clinical skills and competencies
- Provide opportunities for students to participate in clinical decision making
- Facilitate student development in clinical reasoning, diagnosis and patient management
- Supervise student involvement in patient care, diagnosis and treatment
- Facilitate student development in comprehensive medical record documentation
- Assess student performance in the areas of knowledge, clinical skills, interpersonal skills and professionalism
- Include student in case management decisions
- Assist students in becoming competent, capable, conscientious, compassionate and confident members of our profession
- Be a role model for ideal professional interactions with colleagues, staff and clients

Our expectations of the student:

- Assist the medical team in all facets of clinical practice
- Be proactive in their approach to cases, learning all they can about the diagnosis, treatment and follow-up with clients
- Develop and explore learning issues from cases observed
- Maintain professional at all times
- Demonstrate effective communication with colleagues, staff and clients
- Evaluate the experience at its conclusion

If you are unsure as to what capacity clinical year veterinary students can participate in your facility, please review the veterinary practice laws in your state.

We ask that you pay extra attention to the section on evaluating a student.

Important Contact Information:

Dr. Jacque Pelzer	Director of Admissions and Student Services	540-231-7018
Mrs. Jamie Criner	Educational Specialist, Office of Academic Affairs	540-231-3924

Please do not hesitate to contact our office with any questions or concerns you may have. Your service to the Virginia-Maryland College of Veterinary Medicine and its training program is deeply appreciated.

Sincerely,

Dr. Jacque Pelzer
Director of Admissions and Student Services
Virginia-Maryland College of Veterinary Medicine
Virginia Tech
Blacksburg, VA 24061

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Orienting the Student to your Organization

The purpose of an extensive orientation is to allow for our students to integrate quickly in to your practice flow and become familiar with your policies, vision and culture. In this way they will quickly become a productive member of your team.

- Provide the student with a complete tour of your facility. This allows the student to become familiar with their workspace. Make it a point to introduce staff, interns, residents and other doctors along the way. Provide a bit of information about your staff during the orientation. This could include how long the individual has been with your practice, their special interests and their personal interests. This acts to promote the formation of a bond between your staff and the student and thus helps the student feel a part of your team. Provide your staff with an introduction of the student as well. This allows your staff to become a part of the educational team.
- Discuss the students goals while at your practice. This can provide you an opportunity to address the realities of the student's expectations. At this time you can discuss the goals and objectives you have for the students while they are in your facility. Also, refer the students to the goals and objectives as stated in their syllabi.
- Discuss student involvement in rounds, the flow of patients through your practice, other topics pertinent to the students roll at your facility. Be specific as to the expected rolls the student will have such as client communication, patient care, etc.
- Advise the student on the level of patient interaction and case management responsibilities expected. For example, what parts of the examination should or should not be done in your absence, how you want patients presented to you, student contribution to patient medical records and ability to perform clinical tests and therapeutic procedures.
- Provide students with your expectations with regards to their schedule, days off, lunch policy, parking and computer usage. Describe and model the professionalism (clothing, language, punctuality) you will expect of them. Review how to contact the practice in case of personal emergency or unforeseen scheduling conflict.
- Provide students with a schedule of when they are to expect feedback and how it will occur. For feedback to be effective it must be given early in the learning process, must be done at a time when the student is ready to receive feedback and should be specific and focused on examples with reference to specific actions or behaviors. If you suspect a student will not successfully pass a rotation, you will need to provide them with oral or written feedback at midblock (see below).
- Provide students with a description of practice safety policies and location of policies and procedure manuals, if available.
- Advise students of when projects will be assigned and expected due dates. Projects may include written or oral presentations addressing topics of interest to you and/or your practice. For example, you could enlist students to find articles and place a copy on an informational binder for future students.

Providing Effective Feedback

During the learning process, students continuously self-assess; evaluating what they know, what they need to know and how to obtain that information and apply it. This self-assessment plays an important role in student learning and is the hallmark of a life-long learner and effective reflective practitioner. However, assessment or evaluation of the student's learning process and clinical performance by the preceptor is key to a student's successful rotation experience. Preceptor evaluation and feedback sets the stage for improvement. In the clinical setting this is imperative because it evaluates clinical aspects of a student's ability that are not easily evaluated through the traditional examination process. Students identify feedback as the second most important aspect of a good preceptor only behind clinical competency and modeling.

Providing Constructive Feedback Tips:

1. Feedback should be thought of as an everyday experience and should occur throughout the fourth year.
2. Expectations should be clear for the learner. Learners should be informed what a good performance is. You may use the One45 evaluation form as a guideline for expectations.
3. Feedback should be specific and should focus on specific behaviors and be supported by specific examples of actions examples.
4. Feedback should focus on specific examples and should be non-judgmental in nature. An example might be: "I noticed there are a few things on my problem list that you do not have, how do you feel about your initial physical exam findings?"
5. Feedback should be provided in close association with the observed events. Timely feedback is imperative.
6. The learner needs to be ready for feedback. If the individual is distraught or otherwise unreceptive to feedback at that time, set the expectation that you will be providing feedback at a later time and follow through.
7. Feedback should focus on 1 to 2 items at a time. Overwhelming a student with excessive feedback at once does not allow a student to focus on specific areas to improve.
8. Preceptor led feedback should be balanced. This means that the preceptor should also deliberately seek the student perception of their own performance.

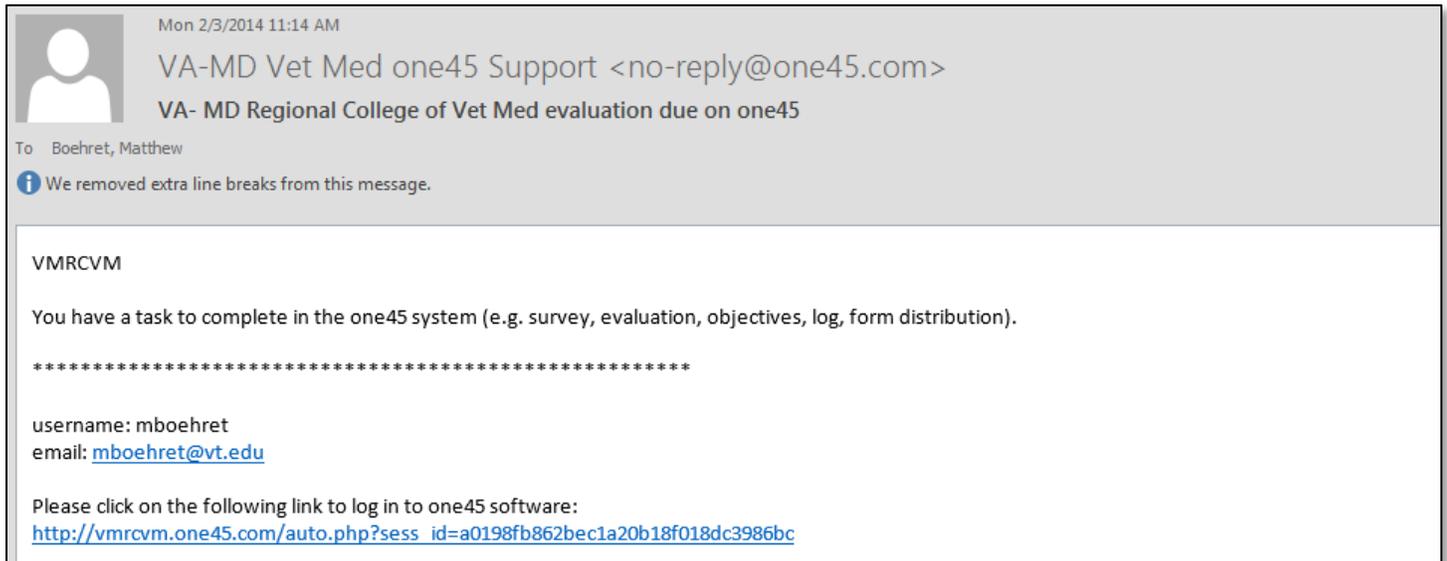
In addition to daily feedback, weekly summative written and/or verbal feedback should be provided. To assist with the evaluation process, a **Weekly Feedback Form** is provided in this packet, but is optional. Areas which should be evaluated include: knowledge, clinical skills, professionalism and interpersonal skills. Preceptors can also ask students to self-assess using this form. Ideally, both the student and the preceptor will have identified similar areas of strengths and weaknesses. If not, the evaluation discussion can center on discrepancies between the preceptor evaluation and the student's self-evaluation.

As you are reviewing the below grading rubric for the rotation, it should be clearly understood that a score of "1", in any of the categories, results in a failure of the rotation. We do have students fail external rotations from time to time and we encourage you to uphold standards of practice. If you feel that a student will not successfully pass the rotation, it is mandatory that you have a discussion with them regarding their strengths and weaknesses. This discussion should happen half way through the rotation. Additionally, we are here to support you and your final grading decisions. Please let us know how we can help, including speaking with the student on your behalf. If a student fails a rotation, they will need to repeat a similar experience, but will not be required to do so at your facility.

As with any skill, a preceptor's evaluating student performance will increase with practice. If you have any questions or concerns regarding the evaluation process, please contact the college at 540-231-7018.

Submitting Final Evaluations

Our evaluations are all completed and stored in our online system called “one45”. During the first week of your student’s visit, they will receive an email notification from one45 to distribute the evaluation. Once they do, they will then be able to add you (First Name, Last Name, and Email) to the one45 system and distribute the evaluation to you. Then, you will receive an email with instructions on how to login to the system. It will look something like this:



It will also include a password for your account. Simply click on the blue link (the one starting with [http://vmrcvm.one45.com/...](http://vmrcvm.one45.com/)) and use your login information to access the evaluation.

Once logged in, you will be able to see any evaluations that have been sent to you. It will show the student’s name for each evaluation. To complete the evaluation, just click on the student’s name highlighted in blue (Ex.: [Appleseed, Johnny](#)). You will then see an evaluation similar to the one under section “Example Evaluation Form” (*please see page 4*).

After you have completed all of the required questions, please click one of the following three options at the bottom:

- SUBMIT** *This will submit the evaluation to the student so that they may review the results of their performance.*

- SAVE & CLOSE** *This will only save your recorded answers for each question. The student will not be able to view the evaluation until you come back to the evaluation, make any changes, and click “Submit”.*

- CLOSE** *This will not save your answers, nor will the student be able to view your responses until you come back to the evaluation, answer the required questions and click “Submit”.*

Example Evaluation Form



VMRCVM
Yr 4 Vets

Evaluated By : evaluator's name
Evaluating : person (role) or moment's name (if applicable)
Dates : start date to end date

* indicates a mandatory response

Small Animal Private Practice 2014

COMPREHENSIVE PATIENT DIAGNOSIS (PROBLEM SOLVING SKILLS)

		(1) Lacks Competency	(2) Developing Competency	(3) Minimum Day 1 Competency	(4) Exceeds Minimal Competency
	Cannot Evaluate	Examinations conducted in a random or incorrect manner. Key organ systems often are not evaluated. Significant abnormalities are missed in > 50% of cases. Cannot consistently distinguish normal from abnormal findings.	Examinations are not organized or systematic and are not sufficient in detail to result in a complete set of essential observations. Major abnormalities are not detected in < 50% of cases. In some cases, cannot distinguish normal from abnormal findings.	Examinations are conducted in a systematic manner and student identifies major significant findings > 75% of the time. Student is able to distinguish normal from abnormal findings consistently.	Examinations are performed in a logical and systematic manner with a high level of skill in almost all patients. The student is able to identify all abnormalities of clinical significance.
Examination Skill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		(1) Lacks Competency	(2) Developing Competency	(3) Minimum Day 1 Competency	(4) Exceeds Minimal Competency
	Cannot Evaluate	Frequently fails to identify relationships between relevant information (signalment, history, examination findings) and disease. Major problems are frequently missed and differential diagnosis is incomplete and poorly prioritized over 75% of the time. The student is unable to develop an effective diagnostic treatment plan in 75% of cases.	Able to discern relationship between medical facts and clinical data in at least 50% of cases, but reasoning is incomplete and differentials maybe inappropriately prioritized. Student is indecisive and occasionally unable to reach appropriate conclusions without prompting.	Able to assess available information to construct appropriately prioritized differential diagnoses in at least 75% of cases. Can independently develop an effective diagnostic and treatment plan at least 75% of the time.	Identifies all the major and minor problems and appropriately prioritizes them in greater than 75% of cases. Able to generate an appropriate and reasonable differential diagnosis and put information into the correct context by integrating medical facts and clinical data. Able to work through problems in a logical manner.
Problem Solving /Assessment Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

COMPREHENSIVE TREATMENT PLANNING INCLUDING REFERRAL WHEN INDICATED

		(1) Lacks Competency	(2) Developing Competency	(3) Minimum Day 1 Competency	(4) Exceeds Minimal Competency
		Knowledge of pathophysiology is incomplete, incorrect and poorly organized more than 50% of the	Knowledge of pathophysiology is incomplete, but, is sufficient to develop a	Has complete knowledge of pathophysiology required to understand	Outstanding breadth of understanding of diseases. Exceptional ability to recall and apply this knowledge to

	Cannot Evaluate	time. Diagnostic approach to problems is incomplete and poorly prioritized. Frequently does not understand the basis of appropriate therapy and recommendations could jeopardize the health of the patient or outcome of the postmortem results.	rudimentary diagnostic and/or therapeutic plan in the majority of cases (50-75% of time). The student understands errors and can make appropriate suggestions after discussion with faculty.	common problems. Student can develop a diagnostic and therapeutic plan that leads to a correct diagnosis, and acceptable treatment plan in over 75% of cases.	knowledge to solve problems. Student is able to develop a comprehensive differential diagnosis and diagnostic plan. Where appropriate, selects treatments that maximize the potential for positive patient outcomes.
Knowledge Base and Treatment Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

ANESTHESIA AND PAIN MANAGEMENT, PATIENT WELFARE

		(1) Lacks Competency	(2) Developing Competency	(3) Minimum Day 1 Competency	(4) Exceeds Minimal Competency
	Cannot Evaluate	Patient care or treatment is delayed or overlooked more than 50% of the time. There is significant potential for the patient's health or wellbeing to be compromised. Knowledge of physical or pharmacological interventions for pain management inadequate. There are repeated errors in proper calculation of drug doses.	Student is conscientious regarding patient care and treatment but there are occasional errors in judgment or interpretation of clinician orders that are quickly corrected and do not affect patient wellbeing. Student accepts ownership of essential roles in patient care and is responsive to patient needs. Has some knowledge of physical or pharmacological interventions for pain management. Few errors in calculations of drug doses.	Student is conscientious and timely regarding patient care and treatment. Formulates plans independent of the instructor and is prepared to discuss these at least 75% of the time. Follows plan approved by instructor. Consistently demonstrates compassion for patients and volunteers to help with treatment of other patients. Applies principles of pain management. Able to accurately calculate doses.	Patients receive impeccable care. Frequently suggests potential improvements in patient care. Always follows plan for patient care approved by instructor. Consistently demonstrates humane and responsible care for all patients. Demonstrates a detailed knowledge of all principles of pain relief. Able to accurately and efficiently calculate doses. Able to identify potential complications of drug therapies and recommend appropriate alternatives
Patient Care/Pain Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		(1) Lacks Competency	(2) Developing Competency	(3) Minimum Day 1 Competency	(4) Exceeds Minimal Competency
	Cannot	Cannot formulate a practical, appropriate anesthetic/analgesic regime in the majority of cases (>50%). Cannot determine the appropriate monitoring and/or	Can formulate an appropriate anesthetic/analgesic regime in 50 to 75% of cases.. Can recommend an appropriate monitoring and/or	Can formulate an appropriate anesthetic/analgesic regime in over 75% cases. Can identify and set up appropriate	Can formulate a practical, appropriate anesthetic/analgesic regime in over 90% of patients. Is able to identify appropriate monitoring and/or support techniques. Is able to monitor anesthetic depth and physiologic function and is able

	Evaluate	support techniques. Fails to set-up equipment or monitor patients appropriately. Is unable to identify or respond to problems or complications of anesthesia.	support technique but require assistance in implementation. Can identify more common problems associated with anesthesia.	monitoring/support techniques. Can recognize problems during an anesthetic procedure and request assistance when appropriate.	to respond appropriately to these during an anesthetic complication. Is able to identify problems during an anesthetic procedure and is able to formulate appropriate diagnostic or therapeutic interventions to these problems.
Anesthetic management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

BASIC SURGERY SKILLS, EXPERIENCE AND CASE MANAGEMENT

		(1) Lacks Competency	(2) Developing Competency	(3) Minimum Day 1 Competency	(4) Exceeds Minimal Competency
	Cannot Evaluate	Routinely unprepared for surgery. Poorly organized and lacks knowledge about the procedure in over 50% of cases. Has little understanding of anatomy. Struggles to perform basic techniques such as preparing the patient for surgery, bandaging, suturing or instrument handling. Handles instruments in an unsafe manner. Unable to practice aseptic technique where appropriate.	Can prepare a patient for surgery. Participates in surgery at the observer level. Has read the textbook description of the procedure. Demonstrates limited understanding of anatomy. Hand skills are marginal, needing frequent corrections on basic techniques such as knot tying or instrument handling. Is able to practice aseptic technique, with few lapses. Can appropriately apply a bandage with assistance.	Can prepare a patient for surgery. Prepared for surgery over 75% of the time with a good understanding of risks/benefits of different procedures. Demonstrates a general understanding of the anatomy and the procedure. Participates willingly in the procedure, providing retraction, instrumentation, or other tasks as needed. Demonstrates good hand skills, needing only experience to progress in surgical dexterity. Consistently practices aseptic technique. Can appropriately apply a bandage with limited direction.	Can prepare a patient for surgery. Always prepared for surgery. Demonstrates detailed knowledge of anatomy. Has read pertinent articles about the procedure and recognizes advantages/disadvantages of different procedures. Anticipates surgeon's needs and provides assistance without prompting. Has excellent hand skills and requires little direction from supervising clinician. Can appropriately apply bandages without direction.
Surgical skills and Acumen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

BASIC MEDICINE SKILLS, EXPERIENCE AND CASE MANAGEMENT

		(1) Lacks Competency	(2) Developing Competency	(3) Minimum Day 1 Competency	(4) Exceeds Minimal Competency
	Cannot Evaluate	Is unable to perform many technical tasks even with direction and instruction from staff or clinician over 50% of the time . Patients are frequently stressed by student technique. Student is poorly organized, unprepared, and lacks knowledge of the procedures in over half the cases. Often uses improper animal handling techniques.	Is able to perform some technical tasks with direction from staff or clinician at least 75% of the time Some patients are stressed by student's technique. Occasionally (less than 25% of time) demonstrates a lack of organization or knowledge of the procedures. Occasional lapses in safe animal handling.	Adequately performs 75% of technical tasks with direction. Minimal stress is caused to the patient. Is knowledgeable about the procedures and is well organized. Handles animals in a manner that safeguards the safety of both the animal and personnel.	Performs technical tasks with dexterity Is knowledgeable of the procedure and has organized the required materials in advance of procedures. Skillfully handles animals in a manner that safeguards the safety of both the animal and personnel.
Non-surgical/ Medical Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

HEALTH PROMOTION, DISEASE PREVENTION/BIOSECURITY, ZONOSIS, AND FOOD SAFETY

		(1) Lacks Competency	(2) Developing Competency	(3) Minimum Day 1 Competency	(4) Exceeds Minimal Competency
	Cannot Evaluate	Disregards biosecurity or medical safety protocols and procedures on more than one occasion. Lacks adequate awareness and knowledge of disease prevention and control measures.	Conscious of all biosafety and medical safety protocols and procedures. Adheres to protocols with prompting. Understands the basic principles of both zoonotic and non-zoonotic disease prevention and control measures. Handles contaminated tissues and carcasses appropriately with direction.	Adheres to all biosafety and medical safety protocols and procedures on a routine basis. Demonstrates an accurate knowledge of both zoonotic and non-zoonotic disease prevention and control measures. Handles contaminated tissues and carcasses appropriately	Routinely complies with all biosafety protocols and procedures and assists others in maintaining biosafety. Demonstrates a superior knowledge of both zoonotic and non-zoonotic disease prevention and control measures. Handles contaminated tissues and carcasses appropriately
Biosecurity or Medical Safety Awareness including cleaning/ sanitizing self and instruments between patients, identifying the correct biohazard level of the patient and following hospital biosecurity protocols.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

COMMUNICATION SKILLS INCLUDING ORAL COMMUNICATION AND WRITTEN MEDICAL RECORDS

		(1) Lacks Competency	(2) Developing Competency	(3) Minimum Day 1 Competency	(4) Exceeds Minimal Competency

	Cannot Evaluate	Is not able to establish rapport with clients/ general public in the majority of cases. Does not employ active listening skills and can only elicit complete description of the problem or concerns 25% of the time or less. Does not demonstrate awareness of verbal and non-verbal cues. Struggles to summarize information in a manner that clients/general public can understand.	At times struggles to establish rapport with clients/ general public. Uses active listening skills between 25-75% of the time that includes the use of open-ended questions, allowing the client to explain their concerns while eliciting sufficient detail to understand the issues. Is aware of both verbal and non-verbal cues. Asks for questions and can organize and summarize information for the client. Demonstrates compassion and empathy at least 75% of time	Establishes rapport. Effectively elicits chief concern through the use of open-ended questions over 75% of the time. Is able to use active listening skills to encourage client to describe the problem and tell their story. Is able to deeply explore the problem to elicit relevant information. Is able to interpret both verbal and non-verbal cues. Asks for questions. Is able to appropriately organize and summarize information for the client. Always demonstrates compassion and empathy for the client.	Exceptional ability to establish rapport, and elicit relevant information from clients using all communication tools. Can relay appropriate information in a clear, timely manner that is accurate and understandable to the client/public, and demonstrates a good understanding of their perspectives and needs.
Oral Communication Skills with clients and general public please mark cannot evaluate if there were no direct observations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		(1) Lacks Competency	(2) Developing Competency	(3) Minimum Day 1 Competency	(4) Exceeds Minimal Competency
	Cannot Evaluate	Communications including history, examination findings, or changes in the patient status is delayed, incomplete, rambling or not well organized over 50% of the time. Histories are unreliable with significant omissions and inaccuracies. Demonstrates insensitivity to others on more than one occasion.	Communication is timely, accurate, and relevant using correct terminology between 50%-75% of the time. Information including histories and examination findings are not always organized and presentations lack focus. Student is often unable to fully communicate an understanding of the case and needs prompting to present information. Imperceptive other's perspectives or needs less than 25% of the time	Communication is timely, accurate, and relevant using correct terminology at least 75% of the time. Histories and examination findings are thorough, organized, and precise. Requests for help or changes in the schedule are communicated in a respectful manner demonstrating an understanding for the needs of others. Case presentations demonstrate a clear understanding of all relevant problems and how they relate to each other.	Demonstrates exceptional ability to communicate. Case information is almost always presented in a timely, accurate and relevant manner using correct terminology. Student communicates the significant features of cases with coordination of pertinent facts and knowledge of disease. Always aware of the needs of others. Recognizes and values the role of all members of the medical community.
Oral Communication Skills with paraprofessionals, colleagues and instructors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		(1) Lacks Competency	(2) Developing Competency	(3) Minimum Day 1 Competency	(4) Exceeds Minimal Competency
		Medical records, reports, or case	Prescribed format for	Records are complete and	Student demonstrates

	Cannot Evaluate	reports, or case summaries are inaccurate or incomplete on multiple occasions and do not follow prescribed format even after prompting. They are repeatedly late. Spelling and grammatical errors are common. Student frequently uses inappropriate medical terminology. Laboratory samples are repeatedly mislabeled.	medical records, reports, or case summaries are followed between 50-75% of the time. Important information is missing or records are late on more than one occasion but student improves with feedback. Terminology is sometimes used inaccurately. Spelling and grammatical errors are occasionally present. Laboratory samples may be occasionally mislabeled.	provide adequate detail at least 75% of the time. Terminology is usually accurate and records are completed in a timely manner. Spelling and grammatical errors are rare. Laboratory samples are accurately labeled.	excellent ability to create both a complete and succinct medical record using correct grammar and spelling. Uses accurate and precise medical terminology. Records are always completed on time. Laboratory samples are accurately labeled.
Written Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

ETHICAL CONDUCT (PROFESSIONALISM)

		(1) Lacks Competency	(2) Developing Competency	(3) Minimum Day 1 Competency	(4) Exceeds Minimal Competency
	Cannot Evaluate	Frequently unprepared for daily tasks. Shows little or no interest in learning. Responds poorly to constructive criticism. Does not accept responsibility for own professional development. Unwilling to help colleagues. Repeatedly late for clerkship responsibilities. Demonstrates behaviors such as rudeness or insensitivity to client's needs, lack of compassion for animals, physically abusing an animal, verbally or physically abusing a colleague or lying. Refuses to comply with clerkship dress code.	Occasionally (<25% of the time) fails to complete assignments in a timely manner. Student occasionally lacks motivation to expand professional knowledge base. Helps colleagues when prompted. Compassion for animals questioned on more than one occasion. Has an incomplete or inaccurate perception of own knowledge and skills but readily responds to constructive feedback. Needs minor correction in appropriate dress.	Generally fulfills duties and shows good interest in learning over 75% of the time. Self-motivated to acquire knowledge and skills. Usually is well prepared. Willingly helps colleagues. Demonstrates compassion for animals and integrity. Always dresses in a professional manner.	Exceptionally self-motivated and eager to acquire knowledge and skill. Reads extensively. Always well prepared. Volunteers to help. Never late for clerkship responsibilities. Demonstrates respect and compassion for animals even when circumstances would encourage other behaviors. Intellectually honest, with recognition of self-limitations of veterinary knowledge and skills. Always dresses in a professional manner.
Initiative and Ethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

CRITICAL ANALYSIS OF NEW INFORMATION RELEVANT TO VETERINARY MEDICINE

		(1) Lacks Competency	(2) Developing Competency	(3) Minimum Day 1 Competency	(4) Exceeds Minimal Competency
	Cannot Evaluate	Student is unable to identify information sources to improve knowledge. Student demonstrates a lack of understanding of scientific method and is unable to apply published literature to relevant problems.	Student is able to evaluate and critique scientific information from textbooks or peer reviewed publications that are provided.	Independently identifies information sources most of the time. Is able to evaluate and critique resources with occasional deficiencies in application.	Student independently identifies information sources and finds answers to problems. Is able to critically evaluate and critique those resources. Is able to apply information to relevant medical issues.
Self-education skills as demonstrated in oral and written communications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Additional Comments:

Final Grade (pass/fail)

Please note: if the student has received a 1 in any field you must score as fail.

The following will be displayed on forms where feedback is enabled...
(for the evaluator to answer...)

*Did you have an opportunity to meet with this trainee to discuss their performance?

- Yes
 No

(for the evaluatee to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

- Yes
 No

Frequently Asked Questions

- 1. How many hours can a fourth year student work?** A fourth year student is required to work a minimum of 30 hours per week but we expect them to mirror your hours. This will include rounds and additional patient care as needed. We expect this commitment will be 50-60 hours per week. Additional opportunities for patient monitoring and treatments are encouraged and are to be mandatory at the discretion of the Clinical Preceptor.
- 2. What do I do if the student becomes ill?** If a student becomes ill while on a rotation at your facility, we need to be alerted. We will follow up directly with the student regarding absences.
- 3. The student has asked to take personal days, what do I do?** If a student requests personal days, we need to be alerted. We have very specific policies regarding taking days off and how many they are allowed to have. Once you have notified us of the request, we will follow up directly with the student. Please note: We do not allow working less hours to study for NAVLEs. We expect our students to continue their education in a professional manner and with good work ethic. Please let us know if there is an issue.
- 4. How long will students be at my site?** The students are required to spend a continuous three week period of time.
- 5. Do students have liability insurance?** Yes, all of our students are covered under our AVMA-PLIT policy. We can provide documentation upon request.
- 6. May a student receive a stipend?** Yes, if it is not over the amount of \$2,000 and is intended to cover expenses incurred by their participation in the external rotation.
- 7. How should the student spend their time?** The student should spend the majority of their rotation experience with the identified Clinical Preceptor.
- 8. What procedures can a student legally perform?** Please refer to your state's Veterinary Practice Act for guidelines in hosting a fourth year student, as it varies from state to state.
- 9. A student has asked for me to observe him/her performing a technical skill, what do I do?** Our students are required to be evaluated on specific technical skills throughout their clinical training. Some of these skills can be evaluated in an external facility. If you are comfortable with the student performing the skill, you may choose to observe, evaluate and give feedback. However, you are not obligated to do so.
- 10. How do I evaluate a student?** You (the preceptor) will evaluate the student in the areas of knowledge, clinical skills, interpersonal skills and professionalism. Students should seek weekly feedback however; you are encouraged to provide feedback throughout the rotation. The formal evaluation will be due at the end of the rotation. If you have questions or concerns, please contact us directly.