

Residency in Equine Internal Medicine: Program Specifics

Please see “House Officer Programs: General Information” for basic information common to all internship and residency programs. The following information highlights specific program requirements of the Equine Internal Medicine Residency Training Program.

Program Director: Dr. Jamie Kopper (jkopper@iastate.edu; 515-291-9084)

Faculty Diplomates serving as supervisors and potential advisers of the program:

- Melissa Esser DVM DACVIM (LAIM)
- Jamie Kopper DVM PhD DACVIM (LAIM), DACVECC (LA)
- Brett Sponseller, DVM, PhD, DACVIM (LAIM)
- David Wong, DVM, MS, DACVIM (LAIM), DACVECC (LA)
- Vengai Mavangira DVM PhD DACVIM (LAIM) – Food and Fiber

Specialty College: American College of Veterinary Internal Medicine

- Residents must follow requirements for candidate registration, certification, and examination of the ACVIM as outlined online (www.acvim.org).
- By the end of the first year of residency, ACVIM requires completion of online learning objectives or webinar series on the following topics:
 - Understanding the credentialing process
 - Selecting and writing a case report as part of the ACVIM requirements
- Early in the second year of residency, the resident should submit forms and fees (see www.acvim.org for cost and deadlines) and prepare to take the ACVIM general exam in the spring of the second year.
- At the end of the 2nd year, the resident should submit the credentials packet to ACVIM for approval to take the specialty exam during the 3rd year. The resident should subsequently submit forms and fees (see www.acvim.org for costs and deadlines) and prepare to take the ACVIM certifying examination in January of the 3rd year (assuming all requirements of the ACVIM have been met).
- ACVIM requires 2 clinical writing assessments (transitioning to CWAs) to be accepted over the course of the residency program as part of the credentialing process. CWAs will be reviewed by the ISU ACVIM-LA CWA Committee (see supporting documents) and can be submitted to ACVIM on a rolling basis. See “CWAs” for more information on ISU’s program specifics with this ACVIM Requirement.

Clinical program requirements

Year 1	Year 2	Year 3
32-40 weeks Large Animal Medicine (LAIM)	32-40 weeks LAIM	32-40 weeks LAIM
Required Rot: 1 Week Radiology, or Clinical Pathology – ideally completed during year 1 but must be completed by the end of year 2.		
14-18 weeks for “Additional Activities” (see CM for specifications)	14-18 weeks for “Additional Activities” (see CM for specifications)	14-18 weeks for “Additional Activities” (see CM for specifications)
2 weeks vacation	2 weeks vacation	2 weeks vacation

- The resident is required to take emergency call in rotation with other house officers throughout the 3-year residency. The residents clinical schedule will be prepared by the program director (PD). Requests for vacation or leave should be relayed to the program director as soon as possible or upon request by the PD.
- ACVIM requires that the Clinical Pathology rotation and either Radiology training be completed by the end of the 2nd year of training.

Dress Code

- Residents are expected to dress professionally for working in an equine hospital. This includes clean jeans, khaki type pants or scrub pants and a professional shirt (i.e., polo shirt, scrub top etc). Clothes with excessive writing, slogans etc. should be avoided. Clothing with logos of local competing practices should be avoided – you may wear clothing from other places of employment if they are not within our referral radius.
- Given the nature of medicine, which is sometimes messy we recommend having a change of clothing available if needed.
- Please limit the amount of jewelry and accessories such that it is safe working around horses.

Seminar/Rounds requirements

Rounds type	Frequency	Day/Time	Commitment
HO Seminar/Case Presentation	Weekly	Thursdays @ 8am	Required
Equine Medicine Journal Club	Weekly	Friday @ 8am	Required
Morbidity & Mortality Rounds	Monthly	2 nd Tuesday @ 8am	Required
ECG Rounds	Monthly	4 th Weds @ 8am	Optional

Scholarship and teaching requirements

- During the first year of residency, the resident will be offered suitable research projects by faculty. The resident should have a project chosen by January 1 of their first year, with a hard deadline of the end of the first year of their residency training program.
- Before the end of the third year, the resident is strongly encouraged to finish work on the research project and submit for publication.
- Residents are expected to take a strong role in teaching of the students and interns– this includes hard skills (i.e., nasogastric intubation, intravenous catheter placement, physical examination) as well as “soft skills” (i.e., team communication, client communication, rounds presentations).

- Residents are expected to develop one “topic rounds” presentation per year (example – equine metabolic disease, interpretation of blood work,) that can be used during slow times on clinics to augment student learning.
- The resident is supported and encouraged to give at least 1 hour of didactic instruction in courses offered to veterinary students during the second and third year of residency to improve their resumes .

Journal club

- Journal club is an exercise that is carried out to primarily benefit the residents in preparation for boards examinations as well as in helping them develop good practices for critically reading journal club articles. Ultimately, residents will get out of journal club what they put into it. Please see “Preparing for Journal club” for more information.
- It is expected that journal club will be conducted in a routine manner that is beneficial to your residency training. Residents are expected to read and prepare for journal club to contribute to the discussion, regardless of whether or not they are the “lead discussant” for the week.

Case Management

- Residents are expected to take an active role in the management of the cases that they are responsible for, in conjunction with the diplomat(s) on service, when they are on the equine medicine service.
- All cases should be evaluated, including a physical examination and overview of the medical record PRIOR to 8am rounds. The resident should NOT solely rely on the student’s examination, the paper medical record or a verbal transfer of information from the overnight care team as their morning assessment. The resident is expected to have formulated a plan for their patient(s) that they can then discuss with the senior attending faculty. Residents should be prepared to explain or justify their treatment decisions based on the literature and treatment practices.
- As residents progress through the training program there will be a natural progression in independency, however any notable changes in patient progression, mistakes or other concerns regarding the patient should be discussed with senior faculty immediately.
- Residents should have a plan for “end of day” evaluation of their patients to ensure that an appropriate plan is in place going into the evening/night hours. This does NOT mean that the resident must be present for and oversee 8pm treatments. However, it does mean that their patient should be evaluated before they leave, the treatment sheet for the night and next morning evaluated for accuracy, the ICU staff rounded on your patient for the evening and a plan in place to ensure no call parameters were missed for 8pm, particularly for critical patients (i.e., group text with students, check in with ICU overnight staff).

Weekends

- Cases should be evaluated prior to 8am (similar to the weekday) by the resident. If the senior clinician is not present the resident should check in with the senior clinician with patient progress and a plan for the day. Any necessary diagnostics should be carried out. The resident is expected to evaluate their patient again in the evening (similar to the weekdays) and report to faculty (text for non-urgent, phone call for urgent changes).
- To improve house officer wellbeing, house officers (residents, interns) may work together with the approval of the senior faculty on service to transfer all equine medicine cases to a single house officer for the weekend, to give the other house officer a break. Doing so requires several key things in order to be successful:
 - The owner must be adequately prepared to receive updates from a different doctor.

- The case must be transferred thoroughly so that continuity of care remains – the doctor that is receiving the case is expected to BE the doctor for that case on the weekend.
- The senior clinician must be aware of this transfer and approve of it.
- The house officer must be willing to reciprocate the following weekend (i.e., you cannot transfer your cases one weekend but refuse to receive transfers the following weekend).

Client Communication

- Residents are expected to take a strong role in client communication which will increase as their residency progresses. The following should be done with every case:
 - All communications should be logged in CVIS in a timely manner.
 - Clients should be provided a GOOD FAITH estimate for their horse's hospitalization or outpatient appointment, informed that the hospital requires a 50% deposit of the UPPER end of the estimate at the time of hospitalization and that it will be required to be PAID IN FULL at the time of discharge. Subsequently, it is the resident's responsibility to keep clients updated on their financial charges and increase the estimate (and deposit) as needed.
 - Please inform the client of their health care team, including the senior clinician that you are working with so that all clients understand that the care of their horse is being overseen by a board-certified internist.
 - If there are any client communication concerns this should be brought up to the senior clinician promptly so that we can develop a plan going forward.
 - Residents are discouraged from providing clients with their personal cell phone numbers so that they are not always available to clients for informal communication.
 - You can use *67 prior to the client's phone number which will block your number. You may wish to warn clients that calls from the hospital will come from a blocked number.
 - If the client's phone does not receive blocked numbers you can place a call from the LA or SA front desk.
 - Texting is discouraged as it gives the client your phone number.
 - You can email the client written communication and photos through CVIS which automatically updates the communication log. If you choose to email them from your personal email make sure they know that this is not a means for emergency contact (some people choose to place this in their email signature).
- A plan for rDVM communication should be made with the senior clinician to determine who is responsible for ensuring that this is also completed and logged in CVIS.

Medical Records

- Medical records (i.e., discharges) should be completed **PRIOR to discharge of in patients** and the night of the appointment for outpatients. These same expectations are expressed to students as well.
- Interns are responsible for reviewing and editing discharges as they see fit within these timelines. Once they have finished reviewing the medical record they should alert the senior clinician that the record is ready for their final review and approval. Interns are encouraged to review the discharge after it has been finalized to see what edits have been made by the senior clinician. Additionally, if there were any significant concerns in reviewing the medical record (i.e., student failed to complete it to their best ability, gross

errors etc.) the senior clinician should be alerted so that they can address these concerns with the student if needed.

- Interns are responsible for writing a “doctors progress note” in their patient’s medical record once daily. This is found in CVIS. This is not meant to be a SOAP that you wrote as a student but rather a succinct but accurate summary of your patient’s status and progress over 24 hours, your brief assessment of the patient and plan for the day. An example of a doctors progress note can be found in Appendix 1 at the end of this document. These should take no more than 5-10 minutes to complete.
 - There are two goals of having doctors complete “doctor progress notes”. The first, is that it provides an accurate assessment by a DVM in the legal medical record. Student SOAPs are learning exercises, thus they are rarely accurate.
 - Second, this provides a means for you to think through and synthesize your thoughts on a case – this is something that you should be doing every day (ideally prior to 8am when you are ready to present your thoughts on the case to your senior clinician). As you progress through your training it will become quicker to put on paper.
- Treatment sheets should be evaluated at the end of the day for that night **and the following morning**. This is important for several reasons:
 - Students often start treatments before you arrive in the morning. If you have not evaluated a treatment sheet the night prior they will write one that morning and carry out the treatments which may be incorrect.
 - If you and/or your student are busy with an emergency the rest of the team can help carry out morning treatments for the patient to ensure it is taken care of. If there is not a treatment sheet in place then no one can take care of your patient appropriately.
- Message board – in CVIS there is a message board that allows intra-hospital communication for services. The front desk will often post non-urgent client calls regarding current or previous patients.
 - If a message has been posted regarding one of your patients you are responsible for ensuring that the client is contacted within a timely manner. If you were not the primary person of contact, please talk with your senior clinician to determine who will contact the client.
 - Please note any relevant communications under the message
 - Then, “resolve” the message so that the team knows this call no longer needs to be addressed.

Evaluations

- First year residents will receive quarterly evaluations as per ISU House Officer Committee guidelines. This is a time for both the resident to receive feedback from the clinicians in the equine hospital as well as share concerns that they may have. Additionally, it is a time to assess their overall progress in the residency training program. Any significant concerns will be brought to the resident immediately. Likewise, residents should share any concerns that they have as well promptly.
- Thereafter, residents will receive at least biannual formal reviews unless the mentor and mentee believe that more frequent reviews are warranted.
- The resident will receive at least year “competency-based assessments” – the goal of this is to track your progress as a trainee and allow you to see where you are now with a variety of skills that are important for an ACVIM resident and where you hope to be by the end of your residency.

- Additionally, at least 1 evaluation per year will be completed with the entire equine medicine section rather than with just your mentor. For this evaluation the resident is expected to provide an up-to-date CV for feedback and an update on their residency progress with regards to the requirements put forth by ACVIM.

House Officer Schedule

- The resident will primarily be on clinical duty within the LVMC Equine Hospital, however, rotations within the Food Animal Hospital will be required to provide the resident with a broad training experience and prepare them for board certification. Rotations with other ACVIM-related services and specialty services within the Iowa State Teaching Hospital will be highly encouraged. These rotations will be scheduled in coordination with the faculty on these services to prevent an overabundance of residents on the clinic floor.
 - A clinical schedule will be made by the program director in good faith to try and ensure that the residents meet all of their requirements, support them in meeting their personal goals and reduce the likelihood of intra-resident friction over scheduling. The residents are permitted to “trade” weeks with the approval of the clinical faculty, however it is expected that except for approved circumstances, there will always be an equine ACVIM LAIM resident on the equine medicine service.
- Currently, the on-call schedule is managed by the house officers. It is the residents responsibility to make the individual in charge of creating this schedule aware of any scheduling conflicts and find another resident to trade nights with as needed. If conflict arises in the creation of this schedule it should be brought to the resident’s mentors attention for assistance with mediation.

External rotations

- The Resident is required by the ACVIM to perform 40 hours of radiology and 40 hours of Clinical Pathology either within Iowa State University or scheduled at other institutions.
- It may be possible for the resident to attend other residency training programs for 2-4 weeks at different approved institutions during year 2 or 3 of their residency if specific training (i.e. Equine Cardiology, Neonatology, etc.) is desired by the resident; however, this is not required of the program. External rotations will only be approved if the resident is making adequate progress in their training program. Costs for these rotations can come out of the \$7,500 supplemental commitment that each resident receives. Costs beyond this are the responsibility of the resident.

Resident Wellness

- Residents are expected to make necessary doctors appointments throughout the course of their residency to support their physical and mental health. Doctor appointments may occur during schedule time “on clinics”. If scheduling a doctor appointment during “on clinics” time please let the senior clinician know that you have an appointment and the timing so that we may facilitate you leaving for this appointment – you do not need to let us know the specifics of this appointment. If you find these conversations challenging, please approach a trusted mentor who can help facilitate these conversations with the rest of the service. Please note that as a service we value mental health as health as support making routine or recurring appointments for these purposes as well.
- If you are sick, you should “call in sick”. Please let the senior faculty and other house officers on service know as soon as reasonable so that they can make plans for your patients. Please do not come to work if you are ill.
- As an ISU employee you have 24-7 access to the Employee Assistance Program (EAP) which can provide you with a number of resources for short and long-term assistance. <https://efr.org/programs-services/employee-assistance-program/>

- If you have questions regarding your ISU employee benefits (i.e., health insurance, retirement etc.) please reach out to Ashley Howe at achowe@iastate.edu

Addressing Resident Concerns

- The majority of challenges that occur between residents and faculty, residents and residents and residents and interns can be solved or avoided with open and direct communication.
- As faculty, we promise to bring concerns regarding your performance to you as soon as possible so that we can discuss the concern and a path to correction. Likewise, as residents we hope that you will bring concerns that you may have with us promptly so that we can discuss them in a constructive manner. Additionally, if you are having problems with other house officers, support staff or faculty that you feel uncomfortable addressing please approach a trusted faculty member so that they can assist you with these concerns. As a service we would rather address concerns sooner rather than later as we believe this can avoid unnecessary frustration and stress. If you are in a position where you feel that you cannot address concerns with your equine medicine faculty, one task of the house officer committee (HOC) is to serve as an impartial body to mediate resident and clinician problems – you can reach out to Dr. Meg Musser at mmusser@iastate.edu if you would like to utilize the HOC for this purpose.