

4.2.4 Appendix H – Off-Campus COE Information Prior to Site Visit & Off-Campus Facility Inspection Guidelines

Off-campus Facility Information
 UNIVERSITY OF XXX OFF-SITE TEACHING FACILITIES
 IN PREPARATION FOR COE SITE VISIT

Site Name and Address:		
Course #:		
Third year <input type="checkbox"/>	Fourth year <input type="checkbox"/>	Third AND Fourth year <input type="checkbox"/>

Standard 4, Clinical Resources

Type of teaching (e.g. SA Clinical Practice, dairy herd management)							
# annual accessions for past 5 years							
Year	Small Animal	Large Animal				Field Services	
		Food	Equine	Other	Field Services		
					# Calls	# Animals	

Standard 6, Students

# students last year	# students current year	# students/rotation	# rotations/year	# interns	# residents
What mechanism is available for the students to evaluate the facility and their experiences there?					
What mechanism is available for the students to report safety concerns?					
Is access to mental health or medical care readily available? If so, describe.					

Standard 8, Faculty

Names of instructional personnel (note which are DVMs and list their credentials):	Position Title:	Univ. of XXX employee Y/N

Please describe the relationship of practicum rotation coordinator and site (practice or facility)?		
With whom does the practicum communicate in regard to students and goals and expectations for students rotating through the facility and how often?		
How often, during a rotation, does someone from the school/college come to visit the facility?		
Who is responsible for day-to-day supervision and monitoring of students in this site?		
Describe what support is available for students to make arrangements for transportation and housing at the facility?		

Standard 3, Physical Facilities and Equipment

Describe maintenance and safety measures at this facility.	
Who is responsible for the following (have personnel onsite for interview):	Instructional Personnel Name and Title
Maintaining adequacy of instructional environment and equipment	
Safety inspections	
Posting and updating protocols/warning signs	
Safety and upkeep of facilities for housing animals (fencing, corrals, caging, runs, etc.)	
Safety equipment is in place for radiographic procedures	
Biosafety for isolation facilities	
Securing gas cylinders	
Chemical safety including anesthetics, chemotherapeutic drugs, and chemical waste	

Access control and record keeping for pharmacy	
Biosafety including carcass disposal for necropsy, if applicable	
Standard 5, Information Resources	
Do the students have internet access and access to computers at this facility?	
Do the students make entries in medical records?	
Are medical records available for students off site?	
Who is responsible for ensuring student access to information resources at this site?	

Standard 9, Curriculum

Describe the types of rounds that occur at the facility that include students? How often do these occur?
When students are rotating through this practice/site, how are they involved in healthcare management?
How are students instructed in biosafety at the facility?
Describe the opportunities for hands-on training in diagnostic imaging at this facility, to include radiography, ultrasonography, and other advanced imaging.
Describe the opportunities for hands-on training in anesthesia, and who is responsible for supervising students while performing such procedures?
Describe the opportunities for hands-on training in surgery, and who is responsible for supervising students while performing such procedures?
Describe a typical day for a student, including how many patients he or she can expect to see, and the degree of interaction with clients. Describe the students' exposure to the financial aspects of seeing cases and running the practice.

Standard 10, Research

Are research data collected at this facility?

Did any publications result in the past 5 years from activities performed at this facility? If Yes, please list publications.

Who is responsible for maintaining compliance documents for chemical safety, animal use, biosafety, and/or human subject research?

Standard 11, Outcomes Assessment

Does the facility use the feedback forms /internet programs that are available from the school/ college?

Who is responsible for completing the on-line evaluations of students in facility? (have redacted examples available for review onsite)

Does this person also discuss this evaluation or otherwise give feedback to the students? Please describe nature and frequency of evaluation and feedback.

Discuss the facility responsibilities regarding clinical competencies of students and how these are used to improve student learning.

Additional notes:

Off-campus Site Inspection Guide
 University of XXX Off-Campus Clinical Facilities
 COE Site visit

(College to fill out the information in this section)

Site:		
Type of practice (e.g. SA Clinical Practice)	# DVM	# annual accessions
Names of clinical personnel (supervisors):	Position:	
Students present during site visit:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name (if student at site during visit):	Name (if student at site during visit):	

Site team to fill out the remainder of this form

Standard 3

Adequacy of Safety Measures:

Posted protocols/warning signs:

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| 1) isolation facilities | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |
| 2) radiology/radioactivity | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |
| 3) first aid/evacuation/other emergencies | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |
| 4) hydraulic chutes or other equipment | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |

Any unsafe conditions? Note specific area and deficiency:

Safety of facilities for housing animals (fencing, corrals, caging, runs, etc.)?

Safety equipment is in place for radiographic procedures?

- | | | | |
|---------------------|------------------------------|-----------------------------|-----------------------------|
| 1) Lead barriers | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |
| 2) Aprons | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |
| 3) Gloves | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |
| 4) Eyewear | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |
| 5) Dosimetry Badges | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NA <input type="checkbox"/> |

Adequacy of instructional environment and equipment

Waiting rooms/client areas	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Examination rooms	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Treatment areas	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Laboratory – clinical pathology/diagnostics	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Kennels/Animal Housing	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Surgery and anesthesia	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Gas cylinders secured	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Intensive/critical care	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Necropsy	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Pharmacy	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Controlled substances:			
Access?	Clinic YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ambulatory YES <input type="checkbox"/>
Records?			NO <input type="checkbox"/>
Expired/outdated drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Comment:			
Safety of chemo drugs? Hood?, personal safety gear?, waste?			
Offices/Student break area	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Computers and internet access	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Overall building infrastructure	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Other	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>
Isolation	NA <input type="checkbox"/>	OK <input type="checkbox"/>	Concerns <input type="checkbox"/>

Students instructed in use of facility? (orientation)

How?

When?

By whom?

Standards 4, 6, 9 and 11

Monitoring and Supervision

Third year sites and fourth year sites – questions for preceptors – verify information provided

Relationship of practicum rotation coordinator and site (practice or facility)?

How were you trained/ oriented to the responsibilities of being a distant veterinary teaching facility coordinator, and by whom? Discuss your responsibilities for student evaluations.

With whom do you communicate in regard to students and goals and expectations for students rotating through your clinic/ facility? How often?

Discuss your responsibilities regarding clinical competencies of students. How are these used to improve student learning at your facility?

How often, during a rotation, does someone from the school/college come to visit your clinic?

Who usually makes these visits?

What do they do while they're here, i.e., nature of the visit?

follow-up?

do you keep record of these visits and/or correspondences?

Who is responsible for day-to-day supervision and monitoring of students in your practice?

Who is responsible for completing the on-line evaluations of students in your practice?

Does this person also discuss this evaluation or otherwise give feedback to the students?

Please describe nature and frequency of evaluation and feedback.

Do you use the feedback forms /internet programs that are available from the school/ college?

Do you feel that the assessment system provided allows you to assess the students in an adequate manner?

YES

NO

Fourth year sites – additional questions for preceptors

How often does someone from the school/college inspect or examine your practice/ facilities and update information related to their criterion and requirements for your participation as a CORE fourth year site?

Describe the types of rounds you have with the students? How often do these occur?

Student involvement and responsibilities

When students are rotating through this practice/site, how are they involved in healthcare management?

Do they:

meet with clients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
discuss costs/ billing with clients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
admit patients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
discharge patients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
take medical history?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
examine patients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
make entries in medical records?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
participate in diagnoses?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
take cytology sample?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
treat patients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
participate in surgeries? if yes, describe nature of participation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
administer and/or monitor anesthesia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
participate in emergency treatments?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
participate in critical care?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
participate in imaging	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
radiography?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
positioning/taking radiographs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>

interpretation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
ultrasound?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
imaging process?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
interpretation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
other?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
conduct necropsy examinations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>
other?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NA <input type="checkbox"/>

How did the students learn about the facility?

Describe how arrangement for transportation and housing were made at the distributed veterinary teaching hospital (DVTH)?

How do the students evaluate the site and their experiences there?

How are students instructed in bio-safety at the sites?

If possible verify these with students on site. If not then do so during student interview session (in person or by telephone) including their thoughts regarding pros and cons of site.

Medical records

What type of medical records do you maintain? electronic paper both

Do students have access to the records? YES NO NA

Are records “readily retrievable?” YES NO NA

(Team should, if possible, examine a few representative records to validate what has been stated)

Other comments regarding records?

Standard 5

To what type of learning and information resources do students have access at your practice?

Textbooks YES NO

Journals YES NO

Hardcopy YES NO
Electronic YES NO
Electronic data bases YES NO
Other internet resources YES NO
Other?
 Describe

Other:

Date: _____

Site team members: _____
