

AAVMC Internship Guidelines



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AAVMC Working Group on Internships

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VETERINARY INTERNSHIP GUIDELINES

1. INTRODUCTION AND INTERNSHIP DEFINITION

Introduction

These guidelines establish expectations for veterinarians undertaking internships, and for internship providers. The primary purpose of an internship is to provide an educational program for the intern, rather than a service benefit to the hospital. Because of the educational value of the experience and the requirements of a training program, internship compensation is typically lower than other entry-level veterinary positions. The difference in compensation should correspond to the educational value of the program.

These guidelines describe the minimum standards for internship programs relative to educational program design, clinical experience and responsibilities, training environment and resources, health and wellness support, work conditions, and program outcome and reporting.

Internship Definitions

Veterinary internships are one-year service education programs, undertaken immediately or soon after graduation from the DVM (or equivalent) program. The purpose of a veterinary internship is to provide mentored, experiential, clinical training for veterinarians seeking to advance their clinical competence. To achieve minimum standards for quality, an internship program should:

1. Include a well-defined curriculum consisting of experiential (clinical) training and didactic education.
2. Provide the intern with a broad range of relevant and current clinical experiences while under appropriate supervision.
3. Ensure the intern has the appropriate level of responsibility for patient care and client service.
4. Provide an appropriate training environment with adequate clinical and educational resources.
5. Provide adequate working conditions to support the mental, physical and social wellbeing of the intern.
6. Conduct regular outcomes assessment using appropriate metrics of success.

Rotating internships are programs in which an intern works under supervision in several departments or services in succession. These services may vary between internship programs, so a rotating internship must be fully described by listing the services involved. A service is defined as an independently staffed clinical specialty, preferably including a board-certified member of the appropriate American Board of Veterinary Specialties (ABVS)-Recognized Veterinary Specialty.

Specialty internships are limited to one of the ABVS-Recognized Veterinary Specialties, and should only be offered in training environments staffed by a board-certified member of the appropriate ABVS-Recognized Veterinary Specialty.

2. EDUCATIONAL PROGRAM DESIGN

The value of an internship should be measured in terms of the difference in skills, knowledge, aptitudes and attitudes between a newly or recently graduated veterinarian and the intern at the completion of their training. The program should focus on the end goals of the internship, and chart a path to achieve

these educational outcomes, incorporating mentored clinical experiences and other educational resources such as rounds, seminars and journal clubs. The educational design of an internship program is therefore of paramount importance, and should be constructed with a focus on the targeted outcomes of the training program. The learning objectives of the internship should represent descriptions of what the intern can be trusted to do at the end of the internship. This kind of learning objective is termed an **Entrustable Professional Activity (EPA)**, and this term is used in these guidelines to describe the outcome oriented training objectives of an internship.

Contemporary veterinary medical education is based on competency-based curricula. Veterinarians entering internship programs from AVMA-COE accredited veterinary training programs can be presumed to have achieved the basic scientific knowledge, skills, and values to provide entry-level health care, and to have competence in each of the nine competencies required by the AVMA-COE. When considering competency-based curricula it is important to share common definitions describing educational outcomes and goals.

Definitions

Competence: The ability to use diverse elements of professional practice (competencies) habitually and judiciously for the benefit of individuals and communities.

Competency Domains: Broad distinguishable areas of competence into which competencies may be grouped to form a general descriptive framework.

Milestones: Performance levels along the developmental stages of a competency. (Example: Progression from performing a spay with clinician supervision to performing surgery independent of close supervision).

Entrustable Professional Activity (EPA): A duty in the clinical setting that may be delegated to a learner by their supervisor once he or she has demonstrated sufficient competence to perform this task without supervision. EPAs operationally define a holistic professional task (Example: Create a diagnostic and treatment plan for a critically ill patient). An EPA can be observed, assessed, and entrusted once competence is achieved. Because EPA frameworks can be developed around the kinds of complex tasks that interns perform, they can be more intuitive and less cumbersome than frameworks that list many isolated learning objectives in multiple domains.

Elements of an internship educational program

The competencies of veterinary interns may be best described in terms of entrustable professional activities (EPAs). Instead of breaking complex tasks into smaller components (place an intravenous catheter, obtain a history from a client), EPAs define stages of competence by the supervising clinician's level of comfort in delegating a complex, holistic task to a trainee in an apprenticeship-like training model. Trainees move from observation, to performance with assistance (proactive to reactive), to performance with distant oversight, to performance without observation. At this final point, the task is considered to be entrusted to the trainee.

To apply this framework to internship training, program managers can use a limited list of core EPAs that are sufficiently common so that frequent assessment and feedback can be provided during the course of the internship program. These EPAs should be sufficiently complex that all the relevant competency domains are observed and demonstrated during the internship.

Different internship programs may establish different EPAs, depending on the specifics of the internship program and the goals of the trainers. One list of EPAs is provided here as a simple example to provide a starting point.

Examples of Entrustable Professional Activities for an internship

1. Performs an accurate, comprehensive assessment of a new patient
2. Creates an initial diagnostic and treatment plan for an ill patient with an unknown condition
3. Communicates complex or potentially upsetting information about a patient to a client
4. Amends treatment plans of a hospitalized patient based on patient information and best practice
5. Prioritizes treatment and diagnostic plans based on client resources and/or patient status
6. Maintains accurate, timely medical records
7. Communicates effectively and professionally with medical team members, clients, and referral community
8. Manages minor wounds and lacerations

Evaluation of performance

After developing outcome-oriented training objectives of the internship, described by the EPA list, descriptions of performance that signify desired competence can form the basis of assessment tools that can be used by evaluators to track intern progress. The key outcome is determining when the intern can be entrusted to perform the activity unsupervised. This evaluation process will benefit from determining the components and scope of each EPA, what competency domains are included, what behaviors and knowledge would allow entrustment, and the means of assessment. For each EPA, a time point in the internship should be determined when entrustment would be expected to be achieved.

Establishing the EPA list is a critical step in designing the internship educational program, and the list should be shared and discussed with the intern at the start of the program. Regular feedback on progress should be a part of daily activity, but formal evaluations and meetings should ideally be held quarterly during a one-year intern program.

Components of education program

An effective internship will include multiple components in addition to mentored clinical experience. Teaching rounds, journal clubs, seminars, lectures, morbidity/mortality rounds, and clinico-pathologic conferences all contribute to the development of competence. The intern should be expected to periodically deliver a professional presentation or seminar to senior clinicians and peers. Funding to attend a professional meeting is desirable to promote the importance of continuing education and lifelong learning. Rotating internships will include mentored clinical experiences in several clinical specialty services in an institution. Each of these activities should be designed to contribute to achieving the final training outcome, and completion of all EPAs. This structure, focused on outcome and designing the educational program to achieve the outcome, will ensure that these activities are purposeful and integrated.

3. CLINICAL EXPERIENCE AND RESPONSIBILITIES

The internship program must provide mentored experiential clinical training that will support the accomplishment of the learning objectives of the program.

- Adequate and varied clinical experiences are essential and should include a variety of primary care responsibilities in each of the following areas:
 - First-opinion primary care
 - Emergencies
 - Referral cases under the direct supervision of a qualified clinician instructor
- Interns should be provided with a comprehensive orientation to all aspects of the hospital or practice. For rotating internships, an orientation should be provided at the beginning of each new rotation.
 - Orientations should emphasize expectations of the program, specific performance outcomes expected, and any formal feedback mechanisms should be described.
 - Orientations should identify resources available for
 - After-hours help for case management, who to call for immediate assistance
 - Organizational structure of practice, to include who to talk to if a problem arises with their immediate supervisor
 - Health and wellness support including mental health support, family and medical leave
 - Mentorship:
 - The intern should be assigned a primary mentor and should meet with that person on a regular schedule.
 - Mentors should be experienced staff veterinarians, not a resident.
 - Mentors should have time to dedicate to mentoring interns and understand and support the learning objectives of the internship.
 - If interns are expected to teach veterinary students, a formal introduction to clinical teaching, including teaching techniques, must be included in the orientation. Balancing patient care with education should be discussed.
 - A schedule for the year should be provided in advance.
 - A hospital policies and procedures manual should be provided.
 - Vacation, medical leave, and duty hours must be clearly explained
- Internship programs must develop technical competence, and provide training opportunities on a broad range of elective and entry-level procedures. This should be defined with the learning objectives of the program.
- For internships offered in veterinary teaching hospitals, the roles of interns relative to the instructional needs of veterinary students should be defined and communicated to students and staff.
- Participation in daily rounds and case reviews with a qualified clinician instructor are an essential component of internship training.
 - Rounds should include in-depth discussion of mechanisms of disease, treatment options, typical outcomes, and formulation of patient management plans.
 - Discussions must require sufficient participation from the intern so that progress towards achieving learning objectives can be monitored, and feedback provided.
- While on clinical service, interns should be under the direct supervision of a qualified clinician instructor.
 - Direct supervision means the supervising veterinarian is in the hospital where the intern is working.
 - Interns should be given graduated responsibility depending on their level of training. As interns develop an acceptable level of competency and proficiency, the level of

supervision can decrease but the intern must always have immediate access to a supervising veterinarian throughout the internship program.

- An intern should not be assigned patient care responsibilities in a secondary training site where there is no access, in person or immediately by telephone, to a supervising veterinarian.
- Activities of non-educational/non-clinical value should be limited.
- Distribution of clinical duties (emergency, primary care responsibility etc.)
 - Interns should not be assigned to primary overnight emergency duty for more than 50% of the program, if this is in addition to a full time day position.
 - Interns should be assigned primary care responsibilities commensurate with their abilities, as determined by an assessment by their supervisor(s).
 - The program must include protected time for interns to consult reference material and focus on learning objectives.
- Evaluation
 - The intern's proficiency and competency should be regularly assessed in terms of their progress towards achieving each learning objective (EPA). This data should contribute to evaluation of the [internship program performance](#).
 - Evaluation tools should be developed that address the goals of section 2 ("[Evaluation of Performance](#)").
 - Formal written evaluation should occur on a regular basis during the year.
 - Evaluations should include discussion of the availability of resources in support of the intern's physical and mental wellbeing.
- Feedback
 - A formal feedback mechanism must be in place that allows interns to evaluate the program and supervising veterinarians. This should be part of formal evaluation sessions and the exit interview.
 - Interns should be encouraged to use national internship evaluation reporting systems, such as those maintained by the Veterinary Internship and Residency Matching Program (VIRMP).

4. TRAINING ENVIRONMENT AND RESOURCES

The environment for training an intern should be rich in caseload, supervisors, facilities, and hospital services.

Caseload

Effective internship programs require a diverse and sufficient number of medical and surgical cases to support the accomplishment of the educational goals of the program. The caseload should provide an adequate number of outpatients, inpatients, surgeries, and emergency cases throughout the year to support the learning objectives. Caseload should be documented annually using the following criteria for each species, and reported (see section 6):

- Average daily accession number presented to hospital
- Average daily number of cases treated as outpatients.
- Average daily number of inpatients.
- Average daily number surgeries performed.
- Average daily number of emergency cases seen.

The adequacy of the caseload should be assessed based on whether it supports accomplishing the entrustable professional activities (EPAs) established for the program.

Supervisors

Internships must provide access to experienced and qualified supervising veterinarians and support staff in disciplines appropriate to the internship. An internship program (e.g. companion small animal, or equine) can be overseen by appropriately experienced practitioners, while rotating internships preferably require board certified diplomates in each service.

Every program must report (see section 6) the following regarding the staff working in supervision of the internship program:

- Number of supervising clinicians directly overseeing the internship program.
- Number of intern and resident trainees working in the area of the internship program.
- Number of diplomates working in direct support of the internship program.
- Number of Credentialed Veterinary Technicians working in direct support of the internship program.

Facilities

Physical facilities and operating procedures (e.g. biosecurity protocols) should reflect contemporary standards and provide an appropriate learning environment. Adequate diagnostic and therapeutic equipment must be available to support the learning objectives of the internship program, and to specifically support any specialty services that are a component of the internship program. Major hospital facilities and equipment in direct support of the internship program should be reported (see section 6).

Hospital Services

Interns must have access to a variety of clinical services. Rotating internships must include a minimum of internal medicine, surgery and emergency duty opportunities. Primary care should be assigned to interns in each area. The clinical services should be reported in the program description (see section 6).

5. HEALTH AND WELLNESS SUPPORT AND WORK CONDITIONS

Internship programs should actively foster and promote an environment that supports the professional, physical, psychological and social wellbeing of interns. Basic and essential components include safe and clean workspaces and resting areas, access to mental health and crisis support, and equality in supporting lifestyle and family issues. Examples of activities supporting health and wellness could include:

- Organized events that support the overall wellbeing of interns should be scheduled periodically, these might include seminars or group discussion of wellness in a professional clinical environment.
- Periodically all interns in the program should ideally be provided a protected day off to allow for socialization or other group activities that are not required components of the internship program.
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Internship program should have a plan to support mental, physical and social wellbeing of interns.

- Ready and confidential access to a mental health professional. Contacts for mental health resources should be provided at orientation.

- The opportunity to use mental and physical health resources should be specifically discussed with interns throughout the year.
- The intern's mentor or program director should provide regular and frequent oversight of progress, and opportunities for the intern to raise issues regarding mental, physical and social well-being.

Programs should follow current Accreditation Council of Graduate Medical Education (ACGME) [guidelines](#) for work/life balance.

- Caps the total number of clinical and educational hours averaged over a four-week period to:
 - Maximum of 80 hours per week
 - An average of one day free from clinical experience or education in seven over any 2-week period.
 - In-house emergency night duty following a day-time duty should occur no more frequently than every third night
- Work shifts not to exceed 25 continuous hours. Continuous work shifts greater than 18 hours should be followed by a minimum 8-hour rest period.
- The intern director should review adherence to these guidelines at least yearly and make adjustments as needed to insure compliance.

6. PROGRAM OUTCOME & REPORTING

The outcomes of the internship program must be measured to ensure that the program is achieving its educational learning objectives, and that interns are achieving their employment objectives. Intern achievement and employment must be included in outcome assessment and reporting. The internship should provide for direct observation and assessment of whether interns have achieved each of the learning objectives of the program, described here in terms of entrustable professional activities (EPAs). The intern's accomplishment, in terms of achieving entrustment for each EPA, should be clearly communicated to the intern, and their accomplishment should provide the basis for whether a certificate of internship completion is awarded. Processes must be in place to remediate interns who do not demonstrate competence in one or more of the EPAs.

Internship Program Performance:

The internship provider should gather outcomes data on interns completing the internship program to determine whether it advanced the intern's clinical competence and supported their future employment. This data can be collected and documented as part of the formal evaluations described in [Section 3](#). This assessment information should be used to monitor program quality, and identify areas for improvement. Data should include:

1. What progress did the intern make towards achieving the learning objectives (EPAs) of the program?
2. Intern assessment of program, address value of learning objectives, and value of program in achieving learning objectives.

When included in annual program descriptions, this information can assist candidates in their program selection process.

Internship Program Outcome and Scope:

The Internship provider should gather outcome and descriptive data, which should be reported in an annual program description. This data can assist candidates in their program selection process.

1. Average number of interns who started the program per year for the past 5 years.
2. Average number of interns who completed the program per year for the past 5 years.
3. Number of interns from the program who applied for residency in the past 5 years.
4. Number of interns from this program who accepted a residency in the past 5 years.
5. Number of interns from the program who accepted a position in private practice in the past 5 years.
6. The annual program description must include specific details as described in section 4: i.e. measure and descriptions of caseload, supervisors, facilities, and hospital services.