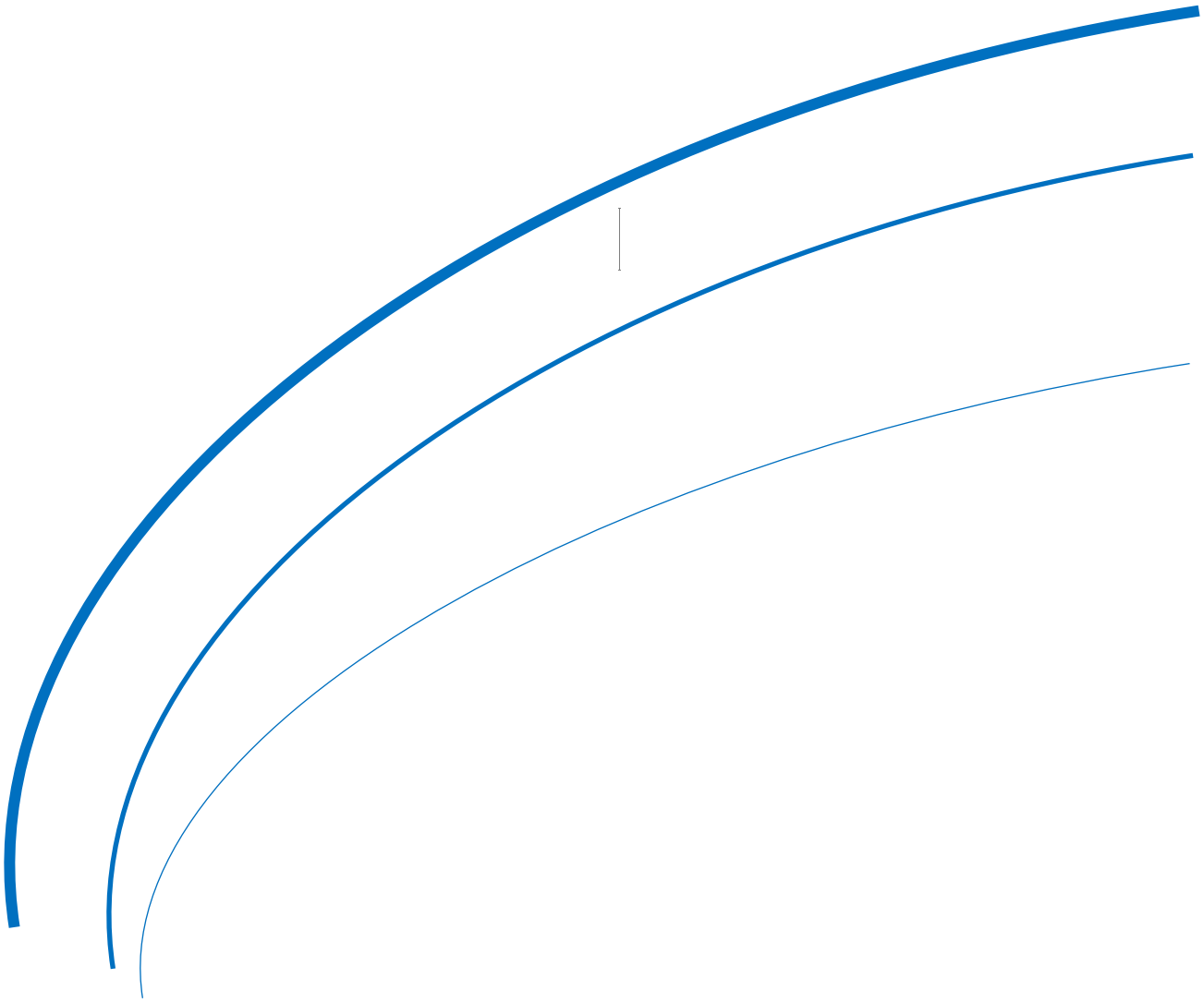
ASSOCIATION OF AMERICAN VETERINARY MEDICAL COLLEGES

POSITION STATEMENTS



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ACCREDITATION OF INTERNATIONAL PROGRAMS

The Association of American Veterinary Medical Colleges (AAVMC) recognizes the importance of the globalization of veterinary medicine as part of the expansion of global linkages and integration of technologies that connect people around the world. The globalization of veterinary medical education includes the free flow of information and the adoption of universal standards to prepare veterinarians to meet the complex challenges of protecting human and animal health on a global scale.

AAVMC supports the accreditation of international veterinary medical colleges by the American Veterinary Medical Association's Council on Education. AAVMC also supports the development of international accreditation systems as part of a broader worldwide effort to improve the quality of life for people and animals by advancing veterinary medical education.

Jurisdiction:	COE Selection Committee	Date of Last Review:	January 14, 2016
Approved by:	Board of Directors	Date Last Amended:	January 14, 2016
Date Approved:	July 19, 2003	Date of Next Review:	January 2021
Historical References:	Formerly titled "Accreditation of Foreign Programs"		

ADDRESSING SOCIETAL NEEDS

The accredited colleges of veterinary medicine educate students to meet current and future societal needs. Veterinarians fill many which advance the health and well-being of animals, people and the environment.

Veterinary colleges should seek to enroll students with varied backgrounds and career interests; provide educational opportunities designed to help future graduates meet broad societal needs; encourage students to seek diverse career paths and opportunities; and to work across disciplinary and professional boundaries. Veterinary colleges should also provide advanced post-professional specialized training and educational opportunities to enable veterinary graduates to meet their individual future professional needs.

Jurisdiction:	Joint Committee	Date of Last Review:	January 14, 2016
Approved by:	Board of Directors	Date Last Amended:	January 14, 2016
Date Approved:	November 10, 2003	Date of Next Review:	January 2021
Historical References:	• Endorsed by the AVMA/AAVMC Joint Committee, November 11, 2003 • January 2016 amendments approved by the Board of Directors		

DEFINITION OF DIVERSITY

The concept of diversity encompasses respect for and appreciation of differences and a state of being valued, respected and supported. It is the recognition and understanding of individual difference and uniqueness. It also involves the concept of recognizing the value and strength of diversity in a team or group. Our collective understanding of diversity is framed by many factors including race, ethnicity, gender, historical and political eras and dynamics, demographic trends and projections (i.e., growing racial and ethnic diversity), racial and ethnic-based health disparities, substantial under-representation of expanding demographic groups in the health professions and minority discrimination.

Diversity Definition

Increasing diversity in the health professions also requires recognition of many dimensions, including, but not limited to gender, gender identity, sexual orientation, socio-economic status, cultural background, language, cognitive style, nationality, age, physical abilities, religious beliefs, political beliefs, and other forms of differences, both visible and invisible. In defining diversity, it is also incumbent to acknowledge the concept of intersectionality; no single dimension of diversity exists in isolation. We acknowledge that each individual is a reflection of multiple diversity dimensions.

URVM Definition

Historically, AAVMC has identified and recognized the presence of specific historically underrepresented populations in veterinary medicine (URVM) whose advancement in the veterinary medical profession has been disproportionately impacted due to legal, cultural, or social climate impediments in the United States. The specific dimensions are: gender, race, ethnicity (African Americans, Asian Americans, American Indians, Native Alaskans and Hawaiians, Hispanics), and geographic, socioeconomic, and educational disadvantage.

We recognize that internationally, there may be broad similarities in historically marginalized populations, such as indigenous and/or First Nations peoples; however, there may also be continental and country specific differences in the characterization of historically underrepresented populations outside of the United States.

The benefits of diversity are seen in our desire to meaningfully explore these areas of difference, as well as our areas of commonality in a manner that promotes self-awareness and confronts conscious and unconscious bias in a safe, positive, and inclusive manner.

Jurisdiction:	Diversity Committee	Date of Last Review:	February 2, 2017
Approved by:	Board of Directors	Date Last Amended:	
Date Approved:	February 2, 2017	Date of Next Review:	2022
Historical References:	On February 2, 2017 the Board of Directors approved replacing the “Definition of Underrepresented in Veterinary Medicine” position statement with this “Definition of Diversity” position statement.		

DIVERSITY AND INCLUSION IN ACADEMIC VETERINARY MEDICAL EDUCATION

The Association of American Veterinary Medical Colleges affirms the principle of inclusive excellence in veterinary medical education. The Association is committed to advocating for policies and practices that serve to recruit and retain a diverse professional student and faculty community, which sustain inclusive institutional climates for students, faculty and staff, and curricula that produce culturally competent veterinarians. The Association believes that through these actions, the health and wellbeing of animals and humans will be best served.

Jurisdiction:	Diversity Committee	Date of Last Review:	July 21, 2013
Approved by:	Board of Directors	Date Last Amended:	July 21, 2013
Date Approved:	July 20, 1998	Date of Next Review:	July 2018
Historical References:			

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 date 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.

Jurisdiction:	Academic Affairs Committee	Date of Last Review:	
Approved by:	Board of Directors	Date Last Amended:	
Date Approved:	February 28, 2018	Date of Next Review:	2021
Historical References:	The Internship Guidelines were developed by the AAVMC Working Group on Internships (WGI) and approved by the BoD on February 28, 2018. The WGI consisted of: Paul Lunn, Chair, North Carolina State University; Roger Fingland, The Ohio State University; Richard Goldstein, Animal Medical Center, New York; Ron McLaughlin, Mississippi State University; Laura Nelson, North Carolina State University; Ira Roth, University of Georgia; Corinne Sweeney, University of Pennsylvania; Dana Zimmel, University of Florida; and Ted Mashima, AAVMC Liaison		

PRINCIPLES OF INCLUSION

We embrace the differences as well as the commonalities that bring us together and call for respect in our personal interactions.

We affirm the right of freedom of expression of thought opinions and recognize that learning and teaching thrive in this type of environment. We promote open expression of our individuality and diversity within the bounds of courtesy, sensitivity and respect.

We affirm the value of human diversity for the enrichment of the community and believe diversity fosters a climate conducive to success for all members of the veterinary medical education community.

We confront and reject all forms of prejudice and discrimination, including those based on race, ethnicity, gender, disability, sexual orientation, gender identity, religious beliefs, political beliefs, geographic, socioeconomic, and educational background or any other differences that have led to misunderstanding, hostility and injustice.

We encourage awareness of the differences in communication, learning, information processing, conceptualizing and the need for educational innovation to enable all to achieve academic success. To this end, we encourage all members of the veterinary medical education community to provide formal and co-curricular opportunities to enhance the personal and professional growth of students, faculty and staff through equity, inclusion and cultural competency training.

We affirm education and professional growth for all members of the veterinary medical education community. We strive to build a community based on mutual respect and to graduate professionals who are prepared to work in an increasingly diverse world.

We affirm that each member of the veterinary medical education community is expected to work in accordance with these principles and to make individual efforts to enhance the quality of campus life for all.

Jurisdiction:	Diversity Committee	Date of Last Review:	July 21, 2013
Approved by:	Board of Directors	Date Last Amended:	July 21, 2013
Date Approved:	January 2010	Date of Next Review:	July 2018
Historical References:			

PROTECTING STUDENT PRIVACY

The Association of American Veterinary Medical Colleges recognizes the importance of protecting students' rights to privacy. Protecting student privacy goes beyond the limitations of the Family Educational Rights and Privacy Act[1], which protects against the unauthorized disclosure of student records; it encompasses the right to privacy as well as the protection of sensitive, personal information. While it may not be unlawful to report legally obtained information about a student, it is an ethical violation to do so if reporting the information causes harm. The AAVMC will uphold the general journalism principle of "minimize harm"[2]. Under this principle, AAVMC will not use in any of its communications:

- Identifying information or certain details that are not materially related to the story
- Sensationalism to increase readership
- Information that may harm someone's reputation or memory

AAVMC's commitment to its Member Institutions and their students is to observe the highest level of ethically responsible journalism – reporting the truth while respecting the right of privacy.

[1] The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99)
[2] Society of Professional Journalists, *SPJ Code of Ethics,* http://www.spj.org/ethicscode.asp?mobile=no

Jurisdiction:	Ethics Committee	Date of Last Review:	March 10, 2017
Approved by:	Board of Directors	Date Last Amended:	
Date Approved:	March 12, 2014	Date of Next Review:	2022
Historical References:			

THIRD PARTY RANKING SYSTEMS

The Association of American Veterinary Medical Colleges (AAVMC) does not endorse third party ranking systems of colleges of veterinary medicine. In order to become an AAVMC member institution, a school or college of veterinary medicine must earn accreditation from the Council on Education, which is jointly operated by the AAVMC and the American Veterinary Medical Association (AVMA) and certified by the U.S. Department of Education. Accredited colleges of veterinary medicine have all met established standards of institutional quality and performance in professional veterinary medical education. Thus, we believe all member institutions provide a high quality education that prepares students for success in the many different dimensions of modern professional practice.

Jurisdiction:	Admissions and Recruitment	Date of Last Review:	November 2016
Approved by:	Board of Directors	Date Last Amended:	November 2016
Date Approved:	July 2008	Date of Next Review:	November 2021
Historical References:			

USE OF ANIMALS IN EDUCATION

The AAVMC recognizes the important role animals play in the education of veterinarians whether in their initial professional training, subsequent advanced study for a clinical specialty and/or a graduate degree, and "wet labs" offered by continuing education programs. Animals likewise play a necessary role in the training of veterinary technicians and non-veterinarian graduate students.

The AAVMC further recognizes that not all educational objectives can be met through the use of client-owned animals, thus it is necessary that some live animals be obtained by purchase or donation and used for instructional activities that may be terminal in nature. That said, the AAVMC emphasizes that such use must be at the minimum level necessary to meet the educational objectives, i.e., the skills being taught using live animals should be critical to the training program, and only when no reasonable alternatives to live animal use exist. Some schools keep colonies of animals for less invasive training such as mares or cows used for palpation training. Their welfare, environmental enrichment, and humane disposition should be carefully considered. Finally, it is imperative that all animal use is reviewed and approved by the Institutional Animal Care and Use Committee and that the principle of the "3 Rs"[3] is scrupulously followed. In the case of instruction in the veterinary curriculum, this would involve:

(1) **Refinement** of teaching methods to eliminate or reduce pain and distress whenever live animals must be used. *Examples*: Student surgical laboratory exercises likely to have relatively painful outcomes even with the use of analgesia, such as orthopedic procedures, should be done as non-recovery procedures. Aggressive use should be made of analgesics for less painful procedures where recovery is allowed, such as spays and neuters. It is crucial that students are educated from the onset as to the need for careful monitoring, pain management and compassionate care during the procedures and following recovery, and that adequate supervision is provided to insure the quality of care.

(2) **Reduction** in the number of live animals used in teaching. *Examples*: Student surgical laboratory exercises that use live animals should be scheduled in such a way that several procedures can be done during a single terminal surgical session.

(3) **Replacement** of live animals with client-owned, cadaver, less sentient and/or non-animal instructional methods wherever feasible. *Examples*: Demonstrations/laboratory exercises that use live animals in terminal or potentially painful/distressful procedures could be videotaped once, with subsequent screening of the videos replacing the live animal exercises in the following years. Students

[3] The "3 Rs" refer to a study published in 1959 (William Russell and Rex Burch, *The Principles of Humane Experimental Technique*, 1959). At the annual meeting of the former American Association of Laboratory Animal Science in Washington, D.C., the late Major Charles W. Hume, the founder of the Universities Federation of Animal Welfare (UFAW), presented a study by two English scientists, William Russell, described as a brilliant zoologist, psychologist and classics scholar, and Rex Burch, a microbiologist. They had carried out a systematic study of the ethical aspects and "the development and progress of humane techniques in the laboratory."

can gain hands-on surgical experience in high volume by participating in mass spay/neuter clinics for animal shelters and feral cat programs, and the animals, not just the trainees, benefit from the training program. Crisis management in anesthesia and critical care can be taught very effectively to veterinary students using modified or unmodified human patient simulators.

Although it is traditional to speak of the "3 Rs," the AAVMC recommends that students are taught to follow a 4th "R" as well:

(4) **Respect** the animal for the value of its life. Respect the animal for its contribution to science and medicine. Respect the animal for the privilege of learning from hands on manipulation of a living, breathing animal. Respect the animal that has been euthanized and make sure its body is handled and disposed of properly.

Jurisdiction:		Date of Last Review:	February 3, 2017
Approved by:	Board of Directors	Date Last Amended:	
Date Approved:	January 15, 2009	Date of Next Review:	January 2021
Historical References:	At the February 2017 Deans' Conference it was agreed to form a working group to examine the way animals are used in education, review the current AAVMC Position Statement, and make recommendations to the BOD for any changes to the statement.		

VISITING VETERINARY MEDICAL STUDENTS ON CLINICAL ROTATIONS

This position statement is intended to reflect the general principles and considerations that the AAVMC and the schools/colleges consider important related to students visiting for short-term clinical training. Students should check directly with institutions they would like to visit as individual university policies may differ in details from the general principles described in this guidance document.

Students in good academic standing and in their clinical training year(s) at an American Veterinary Medical Association (AVMA) Council on Education (COE) accredited veterinary medical training programs leading to the DVM or equivalent degree will be permitted to undertake short-term clinical educational rotations at other AVMA COE-accredited program institutions, without incurring financial charges for the educational opportunity, under the following conditions.

- Educational opportunities are limited to two rotations of 2-3 weeks each in duration per student per year (exact time limitation based upon the host institution's typical time frame for individual rotations).
    - Requests for longer periods of clinical rotation will be subject to financial charge at a rate and payment schedule determined by the hosting institution.
- Hosting institutions will accept such students provided that the students' home institution has a veterinary medical teaching hospital that can/will reciprocally accept the hosting institution's students under the same guidelines. If this is not the case, the hosting institution has the right to refuse to provide clinical training or charge a fee for the training.
- Visiting students will be expected to comply with all of the hosting institution's rules and regulations related to student conduct on clinical training rotations.
- Hosting institutions will have the flexibility to design their own requirements for application/enrollment materials, such as a dean's letter of good standing from the student's home institution, evidence of health insurance, evidence of malpractice liability insurance, proof of immunization against rabies and/or tetanus (or adequate rabies titer), proof of a negative tuberculin skin test (or other documentation of negative tuberculosis status for BCG vaccinates) within the prior 6 months, hold-harmless agreements, emergency contact information forms, etc. However, to the degree that these requirements can be harmonized across institutions, this will be beneficial to students.
- The hosting institution will use its own system to assign a grade/evaluation to the student unless a different agreement is reached before the start of the externship. The home institution may accept this grade as is or interpret it as appropriate to the home institution's evaluation system.
- All requests for visiting student clinical rotations will be based upon space available status at the hosting institution. Once a visiting student is scheduled, it is the expectation that s/he will attend. Failure to attend without notification of unavoidable schedule changes at least 3 months

prior to scheduled arrival would be considered a breach of professionalism (except under extenuating circumstances) and should be handled by that student's home institution in the appropriate manner.

- Visiting students will be expected to manage and pay for travel arrangements, housing, and other related items.

- Some institutions offer very specialized rotations with a course fee. In those cases, the student would be required to pay the associated fee in order to participate.

- International students (whether as citizens of and attending an AVMA COE-accredited DVM or equivalent degree program from outside the country of the hosting institution, or a foreign national attending from a country other than either the hosting or student's home institution) must comply with any applicable visa requirements and must be personally responsible for all visa application procedures and fees. International students may be limited in what they are allowed to do in a clinical environment (e.g. only be allowed to observe rather than actively engage in clinical procedures), as determined by the limitations imposed by their visa status or state practice act.

Jurisdiction:	Academic Affairs Committee	Date of Last Review:	April 20, 2012
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Historical References:			