

COURSE SYLLABUS

Equine Practice II

CVM 7031

Credit Hours 2

Course Director: Dean Smylie, DVM

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Course Instructors: Clinical Preceptors are:

Drs. Clint & Anita Dennison, Los Caballos Veterinary Hospital, Inc., 43250 Los Corralitos Rd., Temecula, CA 92592, 951-302-9000

Dr. Greg Smith, East County Large Animal Practice, 10312 Quail Canyon Rd., El Cajon, CA, 92021-2223, 619-561-4661

Dr. Marc Laxineta, Equine Health Management, 25175 Jefferson Ave, Murrieta, CA 92564, 951-698-2299

Dr. Rick Beck, Winners Circle Equine Clinic, 39185 Diamond Valley Rd., Hemet, CA 92543, 951-929-4533

Dr. Sylvia Greenman, Sylvia Greenman, Inc. - Track Veterinarian, 239 Oaks Ave, Monrovia, CA 91016, 626-256-4788

Dr. Marc Secor, Mark Secor, DVM Inc., 31441 Avenida De La Vista, San Juan Capistrano, CA 92675, 949-661-2225, 949-661-8592

Dr. Betsy Charles, San Dieguito Equine Group, Inc., 1202 Calle Maria, San Marcos, CA 92069, 760-504-7645

Dr. Dan Drake, Dan Drake, DVM, 6205 Archibald Ave, Corona, CA 92880, 909-947-8688

See Blackboard for site specific information

Course Time and Location:

The two week, Monday through Friday, course is conducted at scheduled equine practices (addresses and contact information are posted on Blackboard). Generally, students will be available to ride with the practitioners during their normally scheduled appointments. Self directed study will constitute 50% of the two week course. During the student centered learning time the students are to work together in their groups to share their personal learning experiences in order to optimize the educational experience. The student centered learning time locations are predetermined. Additional independent study by the individuals is expected.

Course Description: (Course Purpose, aims/goals)

This third year course provides supervised clinical education in ambulatory based equine practice. The students will have the opportunity to work alongside high quality community based equine clinicians. The students are active participants in the diagnostic and therapeutic management of the patient and will continue to develop problem orientated decision making skills directed toward the care of the patient. The students will assume progressive responsibility in the management of primary care patients, preventive care programs, emergencies that occur in practice as well as gaining exposure to the economics of equine practice.

Learning Objectives: (Supporting The Course Purpose)

At the end of the course the student should be able to; (not limited to)

1. Communicate effectively with the equine clients
2. Develop an insight into equine business practice
3. Handle and restrain animals in a safe and humane manner
4. Complete an accurate history and physical examination on equine patients
5. Establish a problem list and identify the main systems affected
6. Analyze the medical record at the clinical sites and create a medical record for a patient. Demonstrate in the SOAP the development of **assessment skills** in an integrated manner and identify when to refer a patient to a higher level of care
7. Develop and recommend to the clinician a diagnostic, therapeutic and nutritional plan for the patient problems

identified with the ages ranging from the neonatal to the geriatric equine patient

8. Identify appropriate and the efficacy of pharmaceutical therapy including ADME, indications, contraindications, treatment for adverse and toxic drug reaction in horses; anti-inflammatory, antibiotics, sedatives, ect.
9. Administer medication in the appropriate locations using the correct technique; Intravenous, intramuscular, by mouth, subcutaneous
10. Discuss regulatory and public health implications of common clinical equine conditions/abnormalities; EVA,EIA, WN,
11. Discuss the importance of vaccination protocols, immunologic principles and the public health implications; WN, West Nile Eastern/Western encephalitis, Tetanus F/r, T, strept, pneumobort, West Nile
12. Discuss a parasite control program and identify parasite ova on a microscopic examination; equine gastrointestinal, vascular, urogenital, nervous system, ocular, skin and hair
13. Demonstrate the ability to interpret equine laboratory data, normal and abnormal; CBC, chemistry, fibrinogen, cutaneous and subcutaneous lesions, ocular adnexa, lymph nodes, peritoneal fluid, synovial fluid, endometrial and peripheral blood
14. Perform an oral examination of a horse, estimate a horse's age and discuss techniques and principles of equine teeth floating
15. Perform an ophthalmic examination and discuss the common problems; general ocular exam, examination of the foal, examination of the geriatric horse, regional nerve blocks, basic ophthalmic examination and diagnostic procedures, diseases- cataracts, lens luxation, lens capsule rupture, equine recurrent uveities, ocular manifestations of systemic disease
16. Assess equine orthopedic problems by obtaining a thorough lameness history, lameness examination, appropriate diagnostics including imaging techniques; septic arthritis, degenerative joint disease, tendonitis, suspensory desmitis, upward fixation of the patella, splints, fractures, bog spavin, thoroughpin, thrush, pedal osteitis, sole bruise, navicular disease, laminitis, abscess, curb, side bone, developmental orthopedic disease and nerve blocks
17. Assess reproductive history for the mare and stallion including AI of a mare, collecting semen and breeding soundness examination from a stallion. Discuss the principles of equine parturition, dystocia and the management of the pregnant mare
18. Perform an accurate assessment of the gastrointestinal system of a horse and discuss the common pathological causes of colic; ulcers, conditions of the large and small intestine, infectious, inflammatory
19. Perform a cardiac evaluation and discuss the common cardiac pathologies, congenital, valvular or myocardial heart diseases associated with murmurs, occult heart disease, vascular disorders, cardiac arrhythmias
20. Perform a complete respiratory examination and discuss the common upper and lower airway pathology; sinus disorders, guttural pouch disorders, pharyngeal and laryngeal disorders, viral infections, viral/bacterial/fungal pneumonias, recurrent airway obstruction
21. Conduct and interpret results of a neurological examination in order to discuss the findings with the clinician; trauma, vestibular disease, cervical vertebral stenotic myelopathy, equine protozoal myeloencephalitis, myeloencephalopathy, encephalitis
22. Identify and discuss the common dermatologic disorders seen in the equine ambulatory patient and the proper diagnostic procedures and therapy; bacterial skin diseases, fungal skin disease, parasitic diseases
23. Identify the patients and discuss with the clinician the emergency patients, emergency assessment, emergency interventions, the patients which are to be referred to a referral practice and the emergency treatment needed for transportation; fractures, systemic disease, surgical conditions, lacerations

Course Policies and Procedures: (Attendance/Dress Code etc. – specific to course)

Attendance and participation in the course is required in order to optimize the educational benefit for all students. Students are expected to proactively participate in the regularly scheduled activities. Failure to do so will require making up missed time, up to repeating the course. Collaborative work is required between the students in order to

optimize the learning experience in order for each student gain exposure to the multitude of cases and learning issues. In the event of an emergency situation that interrupts the course or limits participation the student should contact the course director and the clinic director as soon as possible (see contact information for course director). Information conveyed should include the nature of the emergency, the length of time of the absence if known and the contact information while away. Absence request form and policies and procedures for excused absences are detailed in the Clinical Courses and Rotation Handbook.

Professional behavior is conducive to a learning environment and is expected of all course participants. Professional behavior includes but is not limited to tolerance of other's beliefs and opinions, arriving on time, being prepared, polite and courteous behavior.

Honor code- all behavior and conduct is expected to be in compliance with the University and College requirements and recommendations.

Students with special needs - Students seeking accommodations based on disabilities should contact the Center for Disability Issues & the Health Professions (CDIHP) office (909 469-5380) to coordinate reasonable accommodations for students with documented disabilities *prior to the beginning of the course*. Retroactive disabilities related accommodations will not be granted.

Communication with the course director should be conducted not only via email but also through the telephone numbers provided in order to receive a timely response.

Assessment: (Grades/Rubric/Exam)

All email contact is to be through the Western University system.

The purpose of the case log is to document cases seen by each student during their course. Students may be graded on their documentation in their log book. A case log book will be maintained by the student of all the clinical cases seen. The required criteria for the log book will be available on Blackboard. The case log should be completed on-line no later than the Monday 8 am following the end of the 2 week course.

From the log book one patient is to be selected and a complete problem list is to be completed. One problem from the problem list a week (two total) is to be identified. This problem is to be documented using the SOAP; subjective, objective, assessment and plan approach. The SOAP should include facts for a complete history and physical examination. The POVMR should include a complete assessment of the identified problem with prioritization of the differential diagnosis which includes a complete and thorough description of each of the differential diagnosis. The plan includes both the plan that was implemented by the clinician and the optimum plan, "gold standard". A description of each aspect of the plan should be included. Also for each indicated diagnostic a description of what you are looking for and why is part of the plan. This should include medication ADME, spectrum of antibiotics, bacteriology and client education. The SOAP should include documentation of your resources. The students will receive 1.5 points for subjective, 1.5 points for objective, 4 points for assessment and 3 points for the plan (total of 10 points per week). **The Soap's are due no later than Sunday of each week of the course; feedback will be provided once the SOAP has been received. For each day the SOAP is late one point will be deducted.**

A **skills list** (a list of clinical skills that you have performed) is to be completed and emailed to the course director no later than the Sunday of the second week of the course. Students must use their Western University e-mail account.

A summative examination will be required based on the learning objectives and cases from the case log. The examination covers the common problems identified in the equine ambulatory setting.

At the end of the rotation the following factors will be used to evaluate students;

Summative examination	60%
Evaluation by the clinical Preceptor	20%
SOAP	20%
Adequate documentation of the Case log	Threshold
Completion of the skills list	Threshold

The clinical skills proficiency examination is a threshold event. If a student receives a score of <70 an incomplete will be given until the time a passing score is achieved.

Grading scale

A (90≥) An exceptional student with work at a professional advanced level with evidence of understanding of all

course material

B (80 ≥) A competent student who has achieved a high standard of understanding in some topics, although in some areas and issues have moderate understanding

C (70 ≥) A moderate student who has achieved a moderate level of understanding in the majority of the major learning areas

D (60 ≥) A poor student who has failed to demonstrate an understanding of the learning areas

A cumulative score of <70% will require remediation

Course Schedule:

Each ambulatory site has a different daily schedule and times. Please refer to Blackboard for the specific information pertaining to your assigned clinical site.

Resources:

Equine Internal Medicine

Parasitology

Clinical Pathology

Equine Surgery

Adams Lameness

Appendices: (Detailed Schedules/Assessment rubrics/University, College Information/Forms/Surveys etc.)