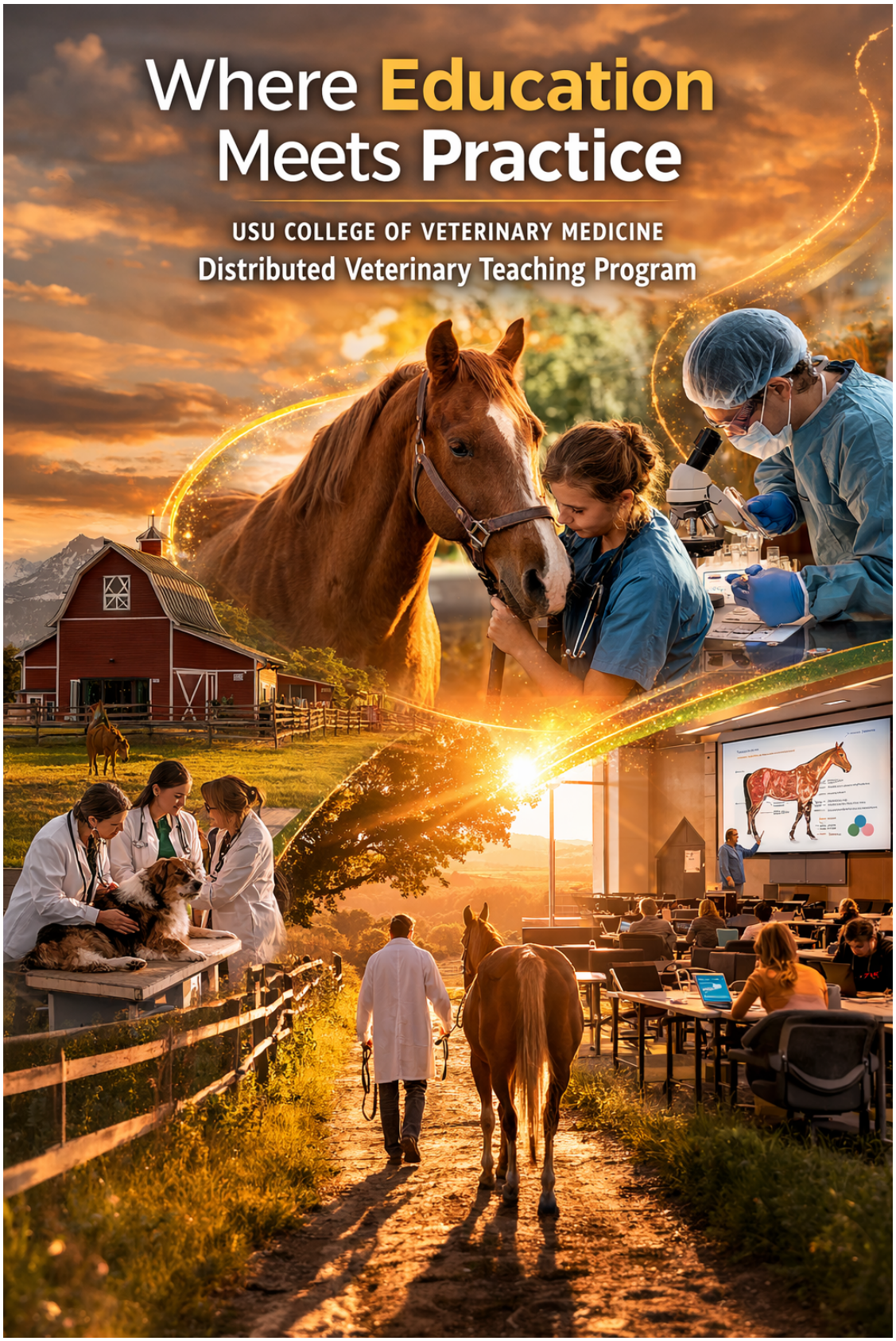
Where Education Meets Practice
USU COLLEGE OF VETERINARY MEDICINE
Distributed Veterinary Teaching Program

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Glossary of Terms

The following terms are provided to support consistent interpretation of the policies, roles, structures, and expectations described throughout this handbook.

Academic authority. The authority retained by the College of Veterinary Medicine over curriculum, assessment, student progression, competency verification, and graduation readiness, even when clinical instruction occurs across distributed sites.

Accreditation-related site review. A site-review activity conducted by the College and/or used in support of accreditation documentation to evaluate whether an affiliated site provides a safe, supervised, and educationally appropriate clinical learning environment. Such review may include documentation of site conditions, instructional environment, safety considerations, operational readiness, and follow-up actions.

Affiliated Veterinary Instructional Partner (AVIP). A veterinary practice, organization, or other approved instructional partner that collaborates with the College to provide supervised clinical learning experiences within the DVTP.

AVIP Approval Committee (AAC). The committee that reviews AVIP applications and takes formal action regarding site approval, denial, or ratification of participation, while also advising on site readiness and participation.

Block. A four-week clinical period in the clinical year. In this handbook, the term *block* is reserved for four-week clinical periods and is not used for shorter program periods.

Block 11. The final four-week clinical block of the year, designated as *Externship / Directed Clinical Experience*. Depending on student progress and program needs, it may function either as a student-initiated externship or as a directed clinical experience for targeted competency completion or remediation.

Clinical competency. A required clinical ability, skill, or performance expectation that students must demonstrate before graduation through qualifying College-overseen clinical experiences and faculty-reviewed verification processes.

Clinical remediation. A formal, individualized plan used when a student has not met an academic clinical-year requirement governed by the Academic Standards Policies and Procedures, including failure of a required rotation or failure to satisfy required clinical competency expectations.

Clinical remediation plan. A written plan coordinated through the Office of Clinical Programs under the oversight of the Associate Dean for Clinical Programs that identifies the deficiency to be addressed, required corrective activities, timeframe for completion, and criteria for successful completion.

Clinical year. The culminating phase of the Doctor of Veterinary Medicine curriculum in which students participate in immersive, supervised clinical education across the DVTP network.

College. Utah State University College of Veterinary Medicine.

College-overseen clinical experience. A required rotation, elective rotation, or directed clinical experience administered

under College oversight and eligible to support required clinical competency completion and verification.

Contemporary care. Veterinary care that is professionally accepted, evidence-informed, ethically delivered, and appropriate to the patient, clinical context, and practice setting. In this handbook, contemporary care does not require every site to offer every diagnostic or treatment modality; rather, it refers to care delivered in a manner consistent with current professional expectations, sound clinical judgment, and responsible patient-centered decision-making.

CORE ELMS. CORE ELMS by PeopleGrove, the program's centralized platform for student placement preferences, rotation scheduling, clinical experience tracking, related communications, and placement documentation.

Day One competent. The educational objective that graduates are prepared for entry into veterinary practice with the expected level of beginning professional competence.

Designated preceptor. The primary site-based educational supervisor responsible for facilitating, supervising, and evaluating a student's clinical learning experience at an approved site.

Directed clinical experience. A College-assigned clinical placement with an identified educational purpose, typically used when a student needs focused competency completion, remediation, or directed exposure to meet program requirements.

Directed Supplemental Clinical Experience. An additional approved clinical learning experience assigned to address a specific gap in participation, exposure, performance, or competency verification. A directed supplemental clinical experience may be used as make-up work or as part of a formal clinical remediation plan, depending on the nature of the deficiency.

Distributed Veterinary Teaching Program (DVTP). The College's regional network-based clinical education program through which the clinical year is delivered across affiliated practices, specialty centers, diagnostic laboratories, public practice environments, and community partners.

Dosimetry badge. College-approved monitoring equipment issued to students for clinical activities involving potential radiologic exposure. Students are required to wear, maintain, and upload badge data according to College policy.

Early Intervention (Clinical Year). A supportive, non-punitive response used when a student shows an emerging concern during the clinical year, such as missed required activities, delayed documentation, inconsistent participation, professionalism concerns, safety concerns, or slower-than-expected progress toward clinical-year requirements. Early intervention is intended to identify concerns promptly, clarify expectations, and support student success before a deficiency rises to the level of formal clinical remediation.

Elective rotation. A clinical rotation that remains part of the student's program of study but provides structured flexibility within approved, College-identified, and College-overseen options. In this handbook, an elective rotation may also be referred to as a *selective rotation*.

Entrustment. The degree of guidance a student requires to perform a clinical activity

appropriately and safely in an authentic clinical setting.

Entrustment Level 3 (EL3). A rating indicating developing competence and that the student can be trusted with intermittent guidance.

Entrustment Level 4 (EL4). A rating indicating competence and that the student can be trusted with on-demand guidance; performance is considered day-one practice-ready.

Externship. A complementary off-campus educational experience chosen by the student to augment learning rather than fulfill a specific required element of the program of study.

Graduation Readiness and Transition to Practice. The non-block closing period after Block 11 used for final requirement verification, ELMS and program completion review, graduation-related paperwork, and transition-to-practice activities.

Learn Blue. Utah State University's learning management system used to deliver required DVTP preceptor orientation and related trackable training.

Letter of Understanding (LOU). A program document used to communicate expectations associated with the role of clinical preceptor. It is not an employment agreement or institutional affiliation agreement.

Make-Up Clinical Time / Make-Up Work. Educational work, clinical time, required activities, or documentation assigned to replace missed required participation or incomplete required clinical-year deliverables. Make-up requirements are used when a student has not completed required participation or program elements, but the concern has not yet been determined to constitute a failed rotation or a clinical competency deficiency under the Academic Standards Policies and Procedures.

Memorandum of Agreement (MOA). The formal institutional agreement between the College and an AVIP site that establishes participation expectations, including supervision, learning environment standards, communication, professional conduct, and legal compliance.

NAVLE. The North American Veterinary Licensing Examination.

NAVLE Intensive Study and Program Check-In. The two-week non-block period after Block 5 intended to provide protected NAVLE preparation time and an early clinical-year program check-in.

Non-block period. A shorter program period outside the 11 four-week clinical blocks, used for onboarding, protected NAVLE preparation, holiday break and program check-in, or graduation-readiness activities.

Office of Academic Programs (OAP) Curriculum Committee. The curriculum governance body that maintains a two-way coordination relationship with the DVTP at the AAC level to support alignment of clinical-year implementation with curricular governance.

Office of Clinical Programs (OCP). The office within the College that holds operational authority for administration of the clinical year, including placements, site participation processes, monitoring, scheduling, and related program oversight.

Practice-Ready Advisor. A College faculty who supports assessment of a student's readiness for the professional practice of veterinary medicine by reviewing preceptor evaluations, monitoring student progress, reviewing competency

documentation and other required work, verifying competency attainment, and providing final academic oversight of student's clinical-year progress and competency attainment.

Preceptor. A qualified educational partner at an approved site or other College-approved clinical setting who supervises, instructs, coaches, and assesses students in the clinical environment.

Program check-in. A required point of faculty or program oversight during the clinical year used to monitor progress, support students, and maintain continuity across the distributed model.

Qualifying clinical rotation. A College-overseen clinical experience in which required clinical competencies may be completed and documented for formal verification.

Required rotation. A clinical rotation established by the College as part of the student's program of study and completed at a site designated by the College. In this handbook, a required rotation may also be referred to as a *core rotation*.

Semi-distributed model of clinical education. The DVTP model in which students complete clinical training through a network of affiliated practices and institutional partners, while the College maintains an integrated curriculum through centralized scheduling, defined supervision expectations, standardized assessment methods, and faculty-led competency verification.

Site readiness. The degree to which an affiliated site is prepared to host students safely and effectively, including appropriate supervision, safety conditions, workflow suitability, educational appropriateness, and operational capacity to support assigned clinical experiences.

Spectrum of care. The range of clinically appropriate diagnostic, treatment, management, and client-communication options that may responsibly be offered in veterinary practice based on patient needs, clinical circumstances, client goals, available resources, and professional judgment. In this handbook, the term is used to recognize that appropriate veterinary care may be delivered through more than one medically responsible pathway.

Student-initiated externship. An externship experience proposed or selected by the student, subject to College review and approval, used to complement learning rather than serve as the basis for required competency verification.

Supervision. The oversight required for student participation in clinical activities. In Utah DVTP settings, supervision is described in levels such as direct, indirect, and general supervision, depending on the activity and the supervising veterinarian's judgment.

Temporary Incomplete (Clinical Year). A temporary status used when a student has not yet completed required clinical-year participation, documentation, or other required deliverables by the designated deadline and has been granted additional time through approved handbook procedures. A temporary incomplete does not by itself change the academic standards governing Pass/Fail outcomes or formal remediation.

Veterinary assistive personnel. Credentialed veterinary technicians and other veterinary team members who may contribute to student learning within the clinical

environment under veterinarian-led supervision structures.

Introduction

The clinical year represents the culminating phase of the Doctor of Veterinary Medicine (DVM) curriculum at the Utah State University College of Veterinary Medicine (USU CVM). During this period, students transition from primarily classroom-based learning to immersive clinical education in authentic veterinary practice environments.

Clinical education at USU CVM is delivered through the Distributed Veterinary Teaching Program (DVTP). The DVTP is a regional network of affiliated veterinary practices, specialty centers, diagnostic laboratories, public practice environments, and community partners that collectively support clinical training of veterinary students.

Although clinical learning occurs across a distributed network of sites, academic authority for the clinical year remains with the College of Veterinary Medicine. Faculty of the college maintain responsibility for curriculum oversight, assessment of student performance, and verification that program learning objectives and required competencies are achieved.

Participation in the clinical year requires students to engage professionally with veterinarians, veterinary technicians, and other members of the veterinary care team in environments where patient care, client service, and practice operations occur simultaneously. Students are expected to approach these experiences with professionalism, curiosity, and a commitment to continuous learning.

This handbook describes the policies, procedures, and expectations governing participation in the clinical year of the DVM program. It provides guidance for students, faculty, preceptors, and participating sites regarding program structure, roles and responsibilities, evaluation processes, and standards of professional conduct.

The handbook should be read in conjunction with other applicable policies of the Utah State University College of Veterinary Medicine and Utah State University. Together, these policies support a clinical education environment that prioritizes student learning, patient welfare, professional development, and the preparation of graduates for entry into veterinary practice.

Section 1. Governance and Authority

1.1 Overview

The clinical year of the Doctor of Veterinary Medicine (DVM) program is delivered through the Distributed Veterinary Teaching Program (DVTP). Governance of the clinical year is maintained within the Utah State University College of Veterinary Medicine and operates under the authority of the Office of Clinical Programs (OCP).

Although clinical instruction occurs across a distributed network of partner practices, academic authority for curriculum, assessment, and student progression remains with the College of

Veterinary Medicine. Figure 1 summarizes the DVTP governance structure and the relationships among leadership roles, advisory bodies, and curriculum governance.

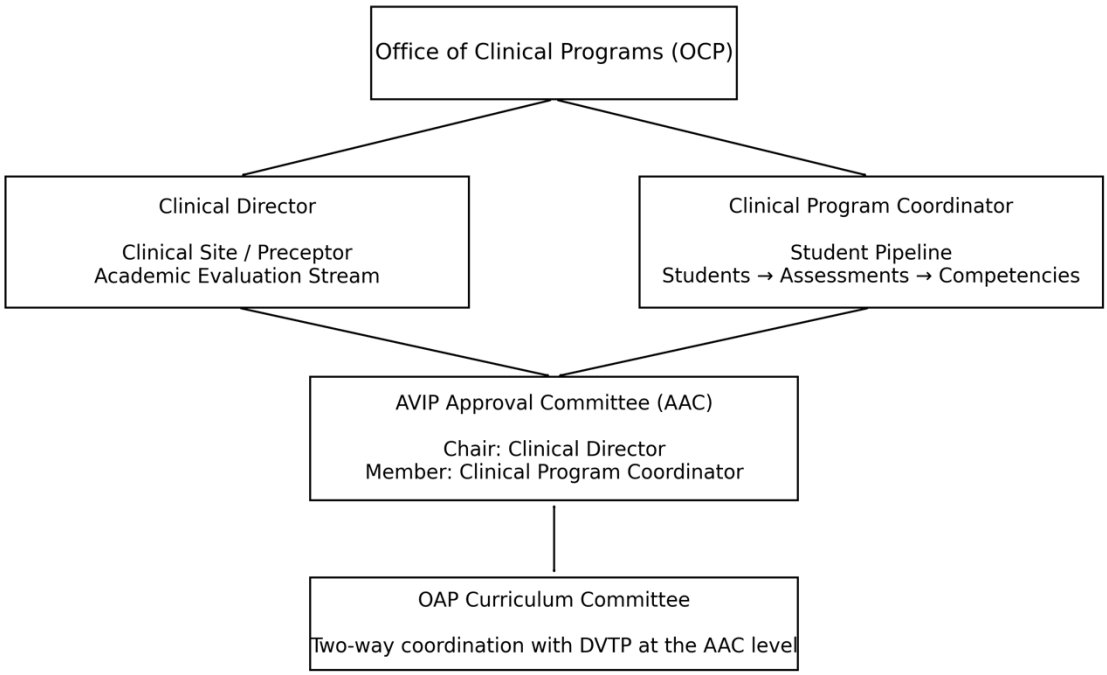

Figure 1. DVTP Governance Structure. DVTP governance includes dual operational streams within the Office of Clinical Programs (OCP): (1) a clinical site/preceptor and academic evaluation stream led by the Clinical Director, and (2) a student pipeline stream led by the Clinical Program Coordinator (students → assessments → competencies). The AVIP Approval Committee (AAC) advises the DVTP on site readiness and participation and is chaired by the Clinical Director with the Clinical Program Coordinator serving as a member. The Office of Academic Programs (OAP) Curriculum Committee maintains a two-way coordination relationship with the DVTP at the AAC level to ensure alignment of clinical-year implementation with curricular governance.

Section 2. DVTP Clinical Education Model

2.1 Semi-Distributed Clinical Education

The DVTP uses a semi-distributed model of clinical education, in which students complete clinical training through a network of affiliated practices and institutional partners. The College ensures this distributed delivery functions as one integrated clinical curriculum through centralized scheduling, defined supervision expectations, standardized assessment methods, and competency verification by faculty. Figures 2 and 3 illustrate the DVTP model.

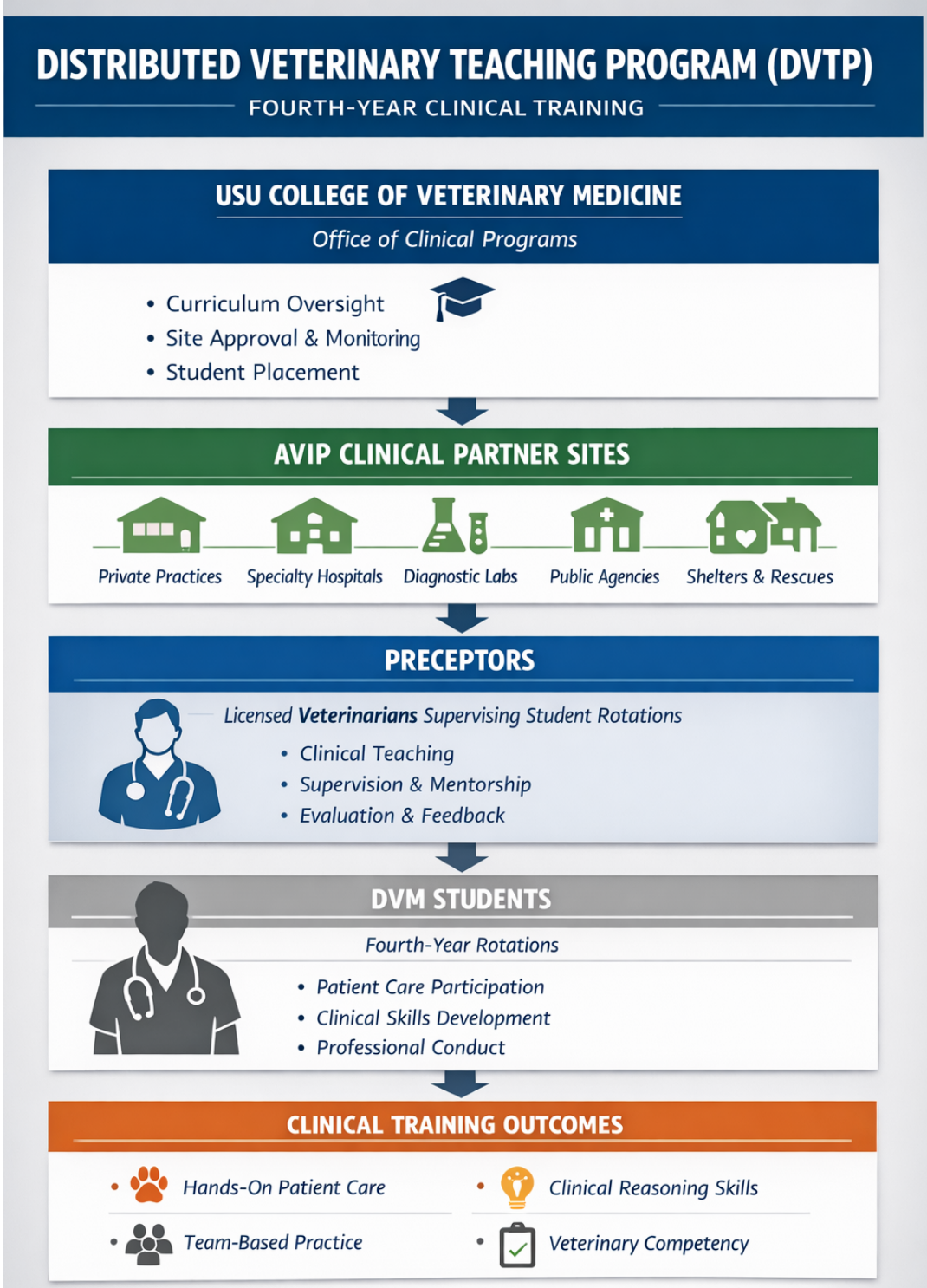

Figure 2. The USU CVM DVTP Schematic Overview

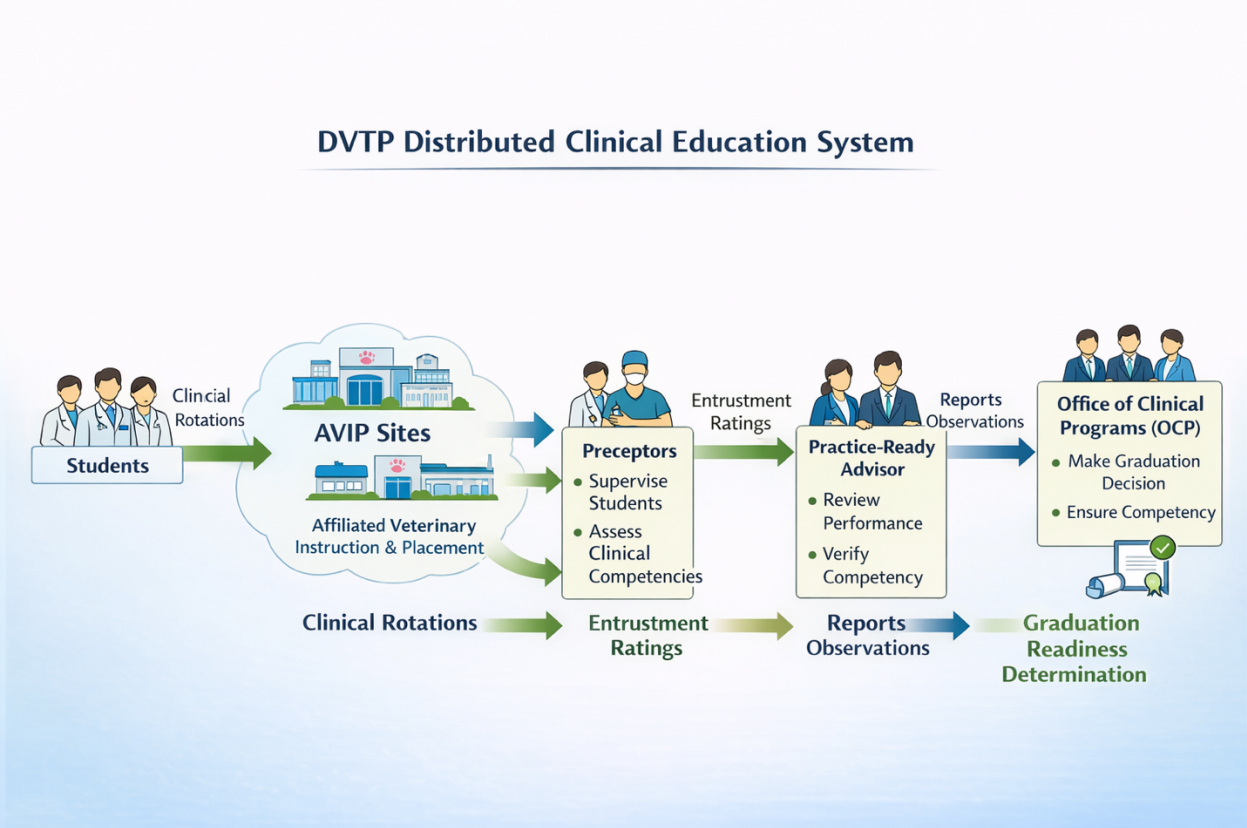

Figure 3. DVTP Distributed Clinical Education System. This figure depicts the operational structure of the Distributed Veterinary Teaching Program (DVTP). Veterinary students complete clinical rotations across a network of Affiliated Veterinary Instructional Partner (AVIP) sites, which provide authentic clinical training environments in community veterinary practice. Within these settings, preceptors supervise student participation in patient care and assess performance in clinical competencies. Preceptor observations generate entrustment-based performance data that are transmitted to the program's faculty oversight structure. Faculty Practice-Ready Advisors review these observations, monitor student progress, and verify competency development. Academic authority for student progression and graduation readiness remains centralized within the Office of Clinical Programs (OCP), ensuring consistent academic standards across distributed clinical sites.

2.2 Educational Objectives

Clinical education experiences are designed to support the overall objective of the Utah State University College of Veterinary Medicine to graduate Day One competent veterinarians. Through supervised participation in authentic clinical settings, these experiences are intended to help students integrate knowledge, skills, and professional judgment in ways that prepare them for entry into veterinary practice. Clinical education experiences are therefore designed to support development of:

- clinical reasoning and diagnostic decision-making
- patient examination and procedural skills
- communication with clients and veterinary teams
- professional behavior and ethical practice.

Section 3. Structure of the Clinical Year

3.1 Overview of Clinical Year Structure

The clinical year of the Doctor of Veterinary Medicine (DVM) program is organized as an 11-block clinical year. Each block represents a four-week clinical period. In addition to these 11 clinical blocks, the program includes several shorter non-block periods that support onboarding, protected NAVLE preparation, program check-ins, graduation readiness, and transition to practice.

The block structure supports a combination of required rotations, elective rotations, and a final dual-path clinical block that may function either as an externship experience for students who are progressing as expected or as a directed clinical experience for students who need focused competency completion or remediation prior to graduation.

Because the program uses the term block to mean a four-week clinical period, shorter periods are not designated as blocks. These shorter periods are scheduled separately as non-block program periods.

Together, the 11 clinical blocks provide 44 weeks of hands-on clinical education within the culminating year of the curriculum.

3.2 Non-Clinical Program Periods

The clinical year includes several non-block periods that support readiness, protected study time, program oversight, and transition to graduation.

These periods include:

Opening Period – Y-3 Remediation and DVTP Onboarding

This period occurs immediately before Block 1 and is intended to support final Year 3 remediation as applicable, student onboarding to the Distributed Veterinary Teaching Program (DVTP), and final operational preparation for entry into the clinical year. This period may include online-capable activities.

NAVLE Intensive Study and Program Check-In

This two-week non-block period occurs after Block 5 and is intended to provide protected preparation time for the North American Veterinary Licensing Examination (NAVLE), timed to conclude near the opening of the October-November testing window. It also provides an early clinical-year program check-in.

Holiday Break and Program Check-In

This non-block period occurs after Block 7 and before Block 8. It provides students time away during a part of the academic year when meaningful clinical activity may slow at many sites, while also allowing the program to conduct a mid-year check-in and maintain calendar alignment.

Graduation Readiness and Transition to Practice

This non-block closing period follows Block 11 and is intended for final requirement verification, ELMS and program completion review, graduation-related paperwork, transition out of the student phase of training, practice walking, and related graduation-readiness activities. It is not intended to function as a separate structured summative clinical examination.

Commencement

Commencement occurs after the closing period and is the graduation ceremony / convocation.

3.3 Clinical Rotation Blocks

The primary clinical training of the DVTP clinical year occurs during Blocks 1–11.

These 11 blocks provide 44 weeks of clinical training and represent the core experiential learning period of the clinical curriculum. Across these blocks, students complete required rotations, elective rotations, and a final dual-path clinical block designed to support either complementary externship experiences or directed clinical experiences for targeted competency completion.

Block 11 is designated as **Externship / Directed Clinical Experience**. For students who are progressing appropriately, this block may be used for a student-initiated externship experience. For students who require focused competency completion or remediation, the College may instead use this block as a directed clinical experience at an affiliated or other college-approved site under identified supervision.

3.4 Clinical Year Schedule

For illustrative purposes, the program's first 11-block clinical year begins May 1, 2028, and concludes with Commencement in early May 2029. As a general scheduling convention, blocks and designated program periods begin on Monday (or Tuesday if Monday is a holiday), most blocks conclude at close of business Thursday, and Friday is ordinarily reserved for case completion, administrative wrap-up, and travel to the next assignment. The structure of the clinical year is summarized in Table 1.

Table 1. DVTP Clinical Year Schedule (2028–2029 Academic Year)

Segment	Approximate Dates	Purpose
Opening Period	**May 1 – May 4, 2028**	Y-3 Remediation and DVTP Onboarding
Block 1	**May 8 – Jun 1, 2028**	Clinical rotation
Block 2	**Jun 5 – Jun 29, 2028**	Clinical rotation
Block 3	**Jul 3 – Jul 27, 2028**	Clinical rotation
Block 4	**Jul 31 – Aug 24, 2028**	Clinical rotation
Block 5	**Aug 28 – Sep 21, 2028**	Clinical rotation
NAVLE Intensive Study and Program Check-In	**Sep 25 – Oct 5, 2028**	Protected NAVLE preparation and program check-in
Block 6	**Oct 9 – Nov 2, 2028**	Clinical rotation
Block 7	**Nov 6 – Nov 30, 2028**	Clinical rotation
Holiday Break and Program Check-In	**Dec 1, 2028 – Jan 1, 2029**	Holiday break, program check-in, and calendar alignment
Block 8	**Jan 2 – Jan 25, 2029**	Clinical rotation
Block 9	**Jan 29 – Feb 22, 2029**	Clinical rotation
Block 10	**Feb 26 – Mar 22, 2029**	Clinical rotation
Block 11	**Mar 26 – Apr 19, 2029**	Externship / Directed Clinical Experience
Closing Period	**Apr 23 – May 3, 2029**	Graduation Readiness and Transition to Practice
Commencement	**May 4, 2029**	Graduation ceremony / convocation

Section 4. Clinical Rotation Requirements

4.1 Rotation Terminology and Required Clinical Rotations

For purposes of this handbook, the College uses AVMA COE-aligned rotation terminology. Some readers may be more familiar with the terms *core rotation* and *selective rotation*. Where helpful, those terms may be used parenthetically, but the definitions below govern how these terms are used in the clinical year.

- **Required rotation** (sometimes called a core rotation): Established by the College as part of the student's program of study and completed at a site designated by the College.
- **Elective rotation** (sometimes called a selective rotation): Also part of the student's program of study but may be completed at a student-selected site from a College-identified and College-overseen list approved to provide consistent educational outcomes.
- **Externship**: A complementary off-campus educational experience chosen by the student to augment learning rather than fulfill a specific required element of the program of study; it may or may not carry academic credit and may or may not be College-overseen.

All students must complete a defined set of required clinical rotations during the DVTP clinical year. These required rotations ensure that each student receives exposure to essential clinical disciplines and patient populations required for entry-level veterinary practice.

The required rotations are:

1. VM7460 Ambulatory Medicine and Field Service (4 weeks)
2. VM7410 General Practice (4 weeks)
3. VM7400 Diagnostic Medicine (UVDL) (4 weeks)
4. VM7440 Shelter Medicine, Surgery, and Community Practice (4 weeks)
5. VM7420 Specialty/Referral (2 weeks)
6. VM7430 Emergency and Critical Care (ECC) (2 weeks)

The Specialty/Referral and ECC rotations are delivered as paired two-week experiences within a single four-week block.

4.2 Elective Clinical Rotations

In addition to required rotations, students complete five elective rotations, each ordinarily lasting four weeks.

Elective rotations remain part of the student's program of study and are not synonymous with unrestricted free choice. Rather, these rotations provide structured flexibility within the curriculum by allowing students to train in approved clinical environments that broaden clinical exposure, support development of specific interests, and reinforce clinical competence in areas of veterinary practice that may align with career goals.

Examples of elective rotation areas may include:

- small animal practice
- mixed animal practice
- food animal practice
- equine practice
- diagnostic services
- specialty clinical services

Elective rotation placements remain subject to program requirements, site approval status, available capacity, and the oversight of the Office of Clinical Programs (OCP). Although students may have meaningful choice within the elective structure, these experiences remain part of the College's program of study and are administered through College-approved and College-overseen processes.

4.3 Total Clinical Training Time

The combination of required rotations, elective rotations, and the final dual-path clinical block provides the clinical training required for graduation.

- The clinical year includes:
- 5 required rotation blocks
- 5 elective rotation blocks

- 1 Externship / Directed Clinical Experience block

Together these represent 11 four-week clinical blocks (44 weeks) of clinical training.

This structure ensures that all students complete the required amount of hands-on clinical education while supporting flexibility, protected NAVLE preparation time, and a late-year dual-path block that may function either as a complementary externship experience or, when needed, as a directed clinical experience for focused competency completion or remediation. In either pathway, Block 11 may count toward the clinical-week total; however, clinical competency completion and verification are achieved only through qualifying college-overseen clinical experiences and not through the externship pathway.

4.4 Competency Assurance, Externships, and Directed Clinical Experience

Clinical rotation assignments are structured to ensure that students have opportunities to complete required clinical competencies during qualifying college-overseen clinical experiences. Where necessary, the DVTP may assign specific required or elective rotations, or particular clinical sites, to ensure that required competencies can be achieved. For example, dentistry competency must be completed during a qualifying rotation at a dentistry-capable site.

The program monitors competency completion throughout the clinical year and may adjust schedules when needed to ensure students meet required outcomes prior to graduation.

Block 11 is designated as Externship/Directed Clinical Experience and serves a dual-path function within the clinical year.

For students who are progressing appropriately and do not require targeted competency completion, Block 11 may be used for a student-initiated externship experience designed to complement learning. This experience may be completed as one four-week experience or, where approved by the College, as two two-week experiences. When Block 11 is used in this way, it may count toward the clinical-week total, but it is not used by the College as the basis for required clinical competency completion or verification.

For students who require focused competency completion, remediation, or directed exposure to meet curricular outcomes prior to graduation, the College may instead designate Block 11 as a directed clinical experience at an affiliated or other College-approved site with an identified preceptor and defined educational purpose. In such circumstances, the experience is administered as a directed clinical placement under College oversight rather than as an unrestricted externship, and qualifying competency completion may occur through that directed pathway.

This dual-path structure allows the program to preserve meaningful flexibility for students while maintaining the College’s responsibility to assure competency attainment and graduation readiness.

Section 5. Supervision and Scope of Student Participation in Clinical Care

5.1 Overview

Students participating in the Distributed Veterinary Teaching Program (DVTP) clinical year engage in supervised clinical education through required rotations, elective rotations, directed clinical experiences, and, where applicable, approved student-initiated externship experiences. Required rotations, elective rotations, and directed clinical experiences occur within approved Affiliated Veterinary Instructional Partner (AVIP) sites or other College-approved clinical settings. Student-initiated externship experiences are complementary off-campus experiences chosen by students to augment learning and may or may not be College-overseen. Across all clinical experiences, hands-on student participation in clinical care occurs under the supervision of licensed veterinarians and is structured to ensure that patient care, student learning, and professional standards are maintained.

Student participation in clinical care is governed by:

- applicable state veterinary practice acts and regulations
- supervision by a licensed veterinarian
- DVTP policies regarding student participation and safety
- educational expectations appropriate for the student's level of training

The DVTP clinical year is designed as a supervised educational experience, not as independent clinical practice.

5.2 Supervision Requirements

All clinical activities performed by students must occur under the supervision of a licensed veterinarian, consistent with the applicable veterinary practice act in the jurisdiction where the clinical site is located.

For DVTP sites located in Utah, supervision is defined in accordance with the Utah Veterinary Practice Act (Utah Code Title 58, Chapter 28). Table 2 outlines Utah supervision.

Supervision may occur at multiple levels depending on the nature of the clinical activity and the judgment of the supervising veterinarian.

Table 2. Levels of Supervision (Utah Practice Act Context)

Supervision Level	Definition	Example in Clinical Teaching
Direct Supervision	The supervising veterinarian is physically present and directly overseeing the activity.	Performing a surgical procedure or invasive technique while the veterinarian is present.
Indirect Supervision	The supervising veterinarian is on the premises and readily available to assist.	Performing a physical examination or diagnostic sampling within the clinic.
General Supervision	The supervising veterinarian has authorized the activity and is available for consultation but may not be physically present.	Completing medical records, reviewing laboratory results, or client education.

The supervising veterinarian determines the appropriate level of supervision based on:

- patient safety
- student skill level
- complexity of the procedure
- clinic workflow and circumstances.

5.3 Participation of Veterinary Assistive Personnel in Student Learning

Students may also learn from and work alongside veterinary technicians and other veterinary assistive personnel within the clinical team. Such interactions are common within veterinary clinical training environments and support development of teamwork, technical skills, and workflow understanding.

Students may take part in learning activities with veterinary assistive personnel only following applicable state law and under the authority of the supervising veterinarian. The supervising veterinarian retains ultimate responsibility for patient care and for the student's clinical participation.

5.4 Typical Student Learning Activities During DVTP Rotations

Students participating in DVTP rotations engage in a range of clinical activities designed to support development of clinical reasoning, technical skills, and professional behavior. These activities occur only under appropriate supervision and within the educational scope of the clinical program. Examples of typical student learning activities during DVTP rotations are summarized in Table 3.

Table 3. Typical Student Learning Activities During DVTP Rotations

Activity Category	Examples of Student Participation
Patient Assessment	Obtaining patient history, performing physical examinations, presenting findings to the supervising veterinarian
Diagnostic Participation	Collecting diagnostic samples, preparing laboratory submissions, assisting with imaging procedures
Clinical Procedures	Assisting with procedures, performing selected techniques appropriate to training level under supervision

Medical Record Participation	Drafting medical records, documenting examination findings, preparing discharge instructions
Client Communication	Observing or participating in client discussions with veterinarian approval
Case Discussion and Clinical Reasoning	Presenting cases, discussing diagnostic and treatment plans with supervising veterinarian

The scope of student participation may vary across sites depending on case load, student experience, and the judgment of the supervising veterinarian.

Required clinical competency completion and verification occur through qualifying College-overseen clinical experiences and are not based on student-initiated externship experiences.

5.5 Educational Nature of Student Participation

Students participating in DVTP rotations are learners within the clinical environment. Their role is to observe, participate, and develop clinical competence under supervision.

Students:

- do not independently diagnose or prescribe treatment
- do not represent themselves as licensed veterinarians
- perform clinical activities only under appropriate supervision

Clinical sites remain responsible for ensuring that patient care decisions are made by licensed veterinarians.

5.6 Responsibility of the Supervising Veterinarian

The supervising veterinarian retains responsibility for:

- oversight of clinical activities involving students
- ensuring appropriate supervision levels
- protecting patient welfare
- maintaining compliance with applicable practice laws

The supervising veterinarian determines which activities are appropriate for student participation.

5.7 Policy Applicability

This section describes expectations for student participation and supervision within DVTP clinical rotations.

These policies are intended to:

- ensure safe and effective clinical learning
- maintain compliance with veterinary practice regulations
- clarify expectations for students and clinical teaching sites

This section may also be referenced independently as part of AVIP site guidance regarding supervision and student participation in clinical care.

Section 6. Student Assessment and Competency Verification

6.1 Overview

Assessment during the DVTP clinical year is designed to ensure that students demonstrate the knowledge, clinical reasoning, technical skills, and professional behaviors required for entry-level veterinary practice.

The clinical year is organized as an 11-block clinical year with additional non-block program periods for onboarding, NAVLE preparation, program check-ins, and graduation readiness. Assessment therefore occurs longitudinally across both clinical blocks and designated non-block periods rather than through a single end-point event.

Although students train within distributed clinical sites, academic oversight of assessment and competency verification remains the responsibility of faculty within the College of Veterinary Medicine.

Evaluation processes are structured to ensure consistent assessment of student performance across the distributed clinical education network while preserving the College's authority over competency verification, course outcomes, student progression, and graduation readiness. Figure 4 summarizes the distributed clinical assessment model used in the DVTP.

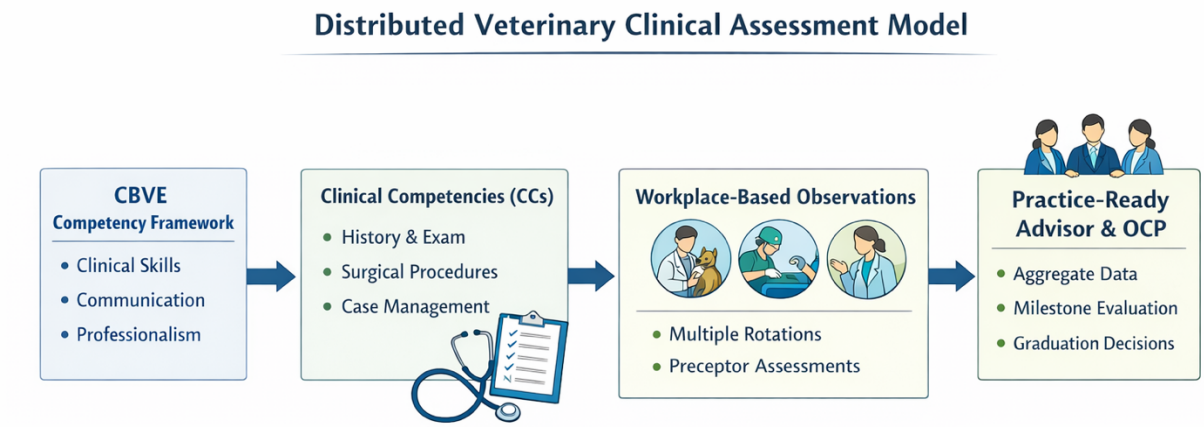

***Figure 4. Distributed Veterinary Clinical Assessment Model*:** This figure illustrates the assessment architecture used in the Distributed Veterinary Teaching Program (DVTP). The model begins with the Competency-Based Veterinary Education (CBVE) framework, which defines the competencies expected of graduating veterinarians. These competencies are operationalized within the program as Clinical Competencies (CCs) that represent observable clinical abilities demonstrated during training. Clinical competencies are assessed through workplace-based observations conducted during clinical rotations across the DVTP network. Observations are documented using an entrustment-based evaluation framework, allowing supervisors to determine the level of independence a student can safely demonstrate. Assessment data are subsequently reviewed by Practice-Ready Advisors, who provide faculty oversight and verify competency progression. Final academic authority for competency verification and graduation readiness rests with the Office of Clinical Programs (OCP).

6.2 Components of Clinical Year Assessment

Student performance during the clinical year is evaluated through multiple complementary mechanisms that together support competency-based evaluation.

These include:

- clinical performance evaluations completed by AVIP preceptors
- documentation of student clinical participation and case exposure
- clinical competency verification
- professional behavior evaluation
- faculty review of student progress
- required program check-ins and related course activities

The use of multiple assessment inputs allows the program to evaluate both clinical skill development and professional readiness across the full clinical year, including required rotations, elective rotations, and other approved clinical experiences.

6.3 Clinical Year Requirements and Relative Weighting

Student performance during the clinical year is assessed through multiple required components distributed across the year rather than through a single end-point evaluation. These requirements are designed to assess readiness for supervised clinical practice, consistent participation in the educational program, development of professional judgment, completion of required clinical experiences, and progression toward the college's required clinical competencies.

Because the clinical year is administered through a pass/fail framework, the weights below do not function as traditional letter-grade percentages. Rather, they reflect the relative contribution of each requirement to the overall determination of satisfactory completion of clinical year expectations. Some requirements are evaluated on a complete/not complete basis, some through entrustment-based evaluation, and some through faculty-reviewed rubrics. Students are expected to complete all required components and meet program expectations across the full set of clinical year requirements. Detailed rubrics, submission instructions, deadlines, and any remediation procedures are provided through the relevant course materials and official program communications. Table 4 summarizes the required clinical year assessment components, when each is assessed, the primary assessor(s), the evaluation method used, and the relative weight assigned to each component.

Table 4. Clinical Year Requirements and Requirement Weighting

Category	Requirement	When assessed	Primary assessor(s)	Weight	Evaluation method
Program milestones	Y-3 Remediation and DVTP Onboarding	Opening Period, prior to Block 1	Course instructor of record	5%	Complete/Not Complete
	NAVLE Intensive Study and Program Check-In	Designated non-block period following Block 5	Course instructor of record	10%	Complete/Not Complete
	Program Check-Ins	Designated non-block periods and other assigned points during the clinical year	Course instructor of record	15%	Complete/Not Complete
	Program milestones subtotal			**30%**	
Competency and case-based performance	Clinical Competencies	During qualifying clinical rotations across the clinical year	Preceptors and faculty Practice-Ready Advisors	35%	Entrustment-based evaluation
	Case Submissions	During the clinical year	Practice-Ready Advisors	7%	Faculty-reviewed rubric
	Competency and case-based performance subtotal			**42%**	

Rotation-based assessment activities	Student Self-Reflective Assessment	Prior to each rotation start, as assigned	Practice-Ready Advisors	5%	Faculty-reviewed rubric
	Student Assessment of Site and Preceptor	After each rotation	Course instructor of record	5%	Complete/Not Complete
	Mid-Rotation Assessment of Student by Preceptor	During the rotation, typically after week 1 or week 2	Preceptor, with faculty oversight as applicable	0%	Entrustment-based formative evaluation
	Final Assessment of Student by Preceptor	At the end of each rotation	Preceptor and faculty course instructor of record	15%	Entrustment-based summative evaluation
	Patient Encounters	During rotations across the clinical year	Practice-Ready Advisors	3%	Faculty-reviewed rubric
	Rotation-based assessment subtotal			**28%**	
	Total			**100%**	

Table 4 Note: Mid-rotation assessment is formative and does not contribute independently to the overall course-weight determination. Rotation-based assessment activities contribute 28% of the total clinical year weight.

As shown in Table 4, clinical year requirements are organized across three broad categories: program milestones, competency and case-based performance, and rotation-based assessment activities. The rotation-based assessment activities component is distributed across several sub-requirements, including student self-reflection, student evaluation of the site and preceptor, mid-rotation feedback, final preceptor evaluation, and patient encounter documentation. Mid-rotation assessment is required even though it carries no independent course weight, because it serves an important formative function by identifying concerns early enough for coaching, correction, and support during the active rotation. Case submissions are listed separately within competency and case-based performance because they are reviewed longitudinally and contribute independently to the overall determination of satisfactory completion.

6.3.1 Longitudinal Case Submissions

As part of the clinical year assessment structure, students are required to submit formal written case records that document clinical cases using accepted medical-record standards and program-specified formatting expectations. This requirement is longitudinal across the clinical year and is evaluated by faculty Practice-Ready Advisors. Students must submit four formally formatted case records representing, at minimum, a small-animal case, a large-animal case, a specialty or referral case, and a diagnostic case.

Case submissions are evaluated for completeness, organization, clinical reasoning, accuracy of documentation, and the student's reflective understanding of the case. This requirement continues the scholarship thread developed across the curriculum, in which students interpret research and clinical data to inform recommendations, critically evaluate information, and

communicate clinical reasoning in a professional written format. Students will be provided case examples, formatting expectations, and a scoring rubric through the relevant course materials. The College may administer this longitudinal case requirement through a dedicated clinical year course, linked course requirement, or other approved curricular mechanism. Case submissions are scored using a common faculty rubric designed to assess completeness, organization, documentation quality, clinical reasoning, plan justification, reflective learning, and professional written communication across all required case types.

6.4 Role of AVIP Preceptors in Student Evaluation

AVIP preceptors provide important feedback regarding student performance within the clinical environment. Preceptors evaluate student development in areas such as:

- clinical reasoning
- technical skills
- communication with clients and veterinary teams
- professionalism and reliability
- ability to incorporate feedback and improve performance
- participation in clinical workflow

Preceptor evaluations contribute to the student's clinical education record and support faculty assessment of student progress.

Preceptor evaluations are informative assessments, but they do not independently determine academic course outcomes.

6.5 Faculty Oversight and the Practice-Ready Advisor

Final academic oversight of clinical year performance is conducted by DVTP faculty through the Practice-Ready Advisor pathway.

The Practice-Ready Advisor serves as the faculty evaluator responsible for:

- reviewing preceptor evaluations
- reviewing competency documentation
- monitoring student clinical progress
- reviewing required program check-ins and assigned clinical-year work
- verifying competency attainment
- assigning final course outcomes where required

This structure ensures that academic authority for clinical education remains with faculty of the College of Veterinary Medicine, consistent with university policy and accreditation standards.

6.6 Competency Verification

Students must demonstrate completion of required clinical competencies prior to graduation.

Competency verification occurs through:

- documented performance during qualifying clinical rotations
- faculty review of competency documentation
- Practice-Ready Advisor oversight
- Competency assessment includes evaluation of:
- diagnostic reasoning
- patient examination and assessment
- procedural and technical skills
- clinical decision-making
- communication with clients and veterinary teams
- professional conduct and ethical practice

These processes ensure that graduates meet expectations for entry-level veterinary practice.

Formal minimum entrustment thresholds for required clinical competencies are established in the DVM Degree Program Academic Standards Policies and Procedures and are implemented operationally through the DVTP clinical year assessment and competency-tracking processes. Students must demonstrate competence in the required clinical competencies during qualifying clinical rotations in accordance with those academic standards. Current minimum requirements are as follows: each clinical competency must be assessed at least two (2) times at Entrustment Level 3 (EL3) or higher; seventy-three percent (73%) of clinical competencies must be assessed at least two (2) times at Entrustment Level 4 (EL4) or higher; assessments used to satisfy the EL4 requirement must involve at least four (4) different preceptors; and an EL4 assessment may be used to meet either the EL3 requirement or the EL4 requirement, but not both.

Competency verification within the clinical year therefore depends not only on whether a student has been observed performing a task, but also on whether the student has met the required entrustment threshold, repetition requirement, and distribution of qualifying assessments across preceptors, as defined in the Academic Standards Policies and Procedures. Faculty Practice-Ready Advisors review competency documentation in light of these standards as part of the College's academic oversight responsibility.

Clinical competencies are assessed using the entrustment scale and minimum threshold framework summarized in Appendix F, consistent with the Academic Standards Policies and Procedures.

6.7 Clinical Competency Completion and Remediation

The clinical year schedule provides multiple opportunities for students to complete required competencies during assigned required and elective rotations.

If required competencies have not been completed during scheduled rotations, the DVTP may assign additional or redirected clinical experiences to allow competency completion prior to graduation.

These experiences may occur during:

- later required or elective clinical rotation blocks
- adjustments to upcoming rotation assignments designed to provide qualifying competency exposure
- Block 11, when used as a directed clinical experience rather than a student-initiated externship

When a student is progressing appropriately and does not require targeted competency completion, Block 11 may be used as an externship experience designed to complement learning. When a student requires focused competency completion, remediation, or directed exposure to meet curricular outcomes prior to graduation, the College may instead designate Block 11 as a directed clinical experience at an affiliated or other College-approved site with an identified preceptor and defined educational purpose.

The College retains authority to determine whether Block 11 will function as an externship experience or as a directed clinical experience for a given student, based on the student's documented progress, remaining competency needs, and graduation readiness.

Remediation activities are designed to support student learning while maintaining the program's standards for clinical competence and the College's responsibility to verify required outcomes prior to graduation.

6.8 Professional Conduct and Performance Expectations

Students participating in DVTP clinical rotations are expected to demonstrate professional behavior consistent with the standards of the veterinary profession.

Professional expectations include:

- reliability and punctuality
- respectful interaction with clients, staff, and colleagues
- adherence to clinic policies
- commitment to patient welfare
- ethical conduct in clinical decision-making

Concerns regarding professionalism or clinical performance may result in additional review and may require remediation through processes established by the College of Veterinary Medicine.

6.9 Program Oversight and Continuous Improvement

Assessment data generated during the clinical year contribute not only to review of individual student progress but also to program-level evaluation and continuous improvement.

The DVTP reviews assessment information to:

- monitor student competency attainment;
- evaluate patterns in student performance across rotations and settings;
- evaluate the educational effectiveness of AVIP sites and the distributed model more broadly;
- identify opportunities for curricular, assessment, or scheduling improvement;
- identify areas in which preceptor development, calibration, or guidance may be beneficial; and
- support ongoing program quality assurance and accreditation alignment.

Information from these processes informs DVTP development and helps ensure that distributed clinical education remains educationally sound, appropriately supervised, and aligned with program expectations.

Section 7. Student Responsibilities and Professional Conduct

7.1 Overview

Students participating in the Distributed Veterinary Teaching Program (DVTP) clinical year are expected to demonstrate professional behavior consistent with the standards of the veterinary profession. Clinical education occurs within working veterinary practices and requires students to participate responsibly as members of the clinical team.

Professional conduct expectations apply to all DVTP rotations regardless of clinical site, species focus, or type of veterinary practice.

7.2 Professional Behavior Expectations

Students are expected to demonstrate the following professional behaviors during clinical rotations:

- reliability and punctuality

- respectful interaction with clients, veterinarians, technicians, and clinic staff
- adherence to clinic policies and workplace expectations
- appropriate communication with members of the veterinary healthcare team
- commitment to patient welfare and ethical veterinary practice
- openness to feedback and willingness to improve performance

Students are expected to conduct themselves in a manner that reflects positively on the veterinary profession and the College of Veterinary Medicine.

7.3 Participation in Clinical Workflow

Students participating in DVTP rotations are expected to actively engage in clinical learning activities and contribute to the functioning of the clinical environment where appropriate. Student participation should always occur within the framework of appropriate supervision and educational purpose. Examples of expected participation include:

- observing and assisting with patient examinations and procedures
- contributing to case discussions and clinical reasoning
- assisting with medical record documentation
- participating in client communication when appropriate
- supporting clinical team activities consistent with educational goals

7.4 Attendance, Absences, and Required Communication

Attendance during the clinical year is a required component of successful completion of clinical rotations. Students are expected to be present, punctual, prepared, and fully engaged for all scheduled clinical activities associated with each rotation. Because the clinical year is delivered through supervised participation in working veterinary practice environments, attendance is both an academic requirement and a professional responsibility.

Students are responsible for understanding and following the work schedule established by the site and preceptor for each rotation. Required rotation activities may include regular clinic hours and, when assigned, other scheduled duties such as evenings, weekends, holidays, emergency duty, treatment duty, intensive care duty, or other rotation responsibilities consistent with the learning environment and site operations.

For any scheduled day or scheduled portion of a day when the student will not be physically present at the site, the student must submit the required absence request or absence documentation through CORE ELMS. In addition, the student must notify the preceptor or designated site contact as soon as the absence is anticipated or occurs. When required by program procedure or when the absence may affect rotation completion, the student must also notify the Office of Clinical Programs (OCP). Notice to only one party does not satisfy this requirement.

Except in emergencies or circumstances outside the student's control, planned absences must be requested as far in advance as possible. Unplanned absences, including illness or emergency, must be reported as soon as reasonably possible and, when feasible, before the start of the scheduled clinical day.

Students are permitted up to twelve (12) personal days during the clinical year that do not require make-up time. Personal days do not require the student to provide a reason, but they must still be properly requested and communicated. Personal days may not exceed two (2) days in any four-week block or one (1) day in any two-week block and may not be taken on the first day of a rotation unless approved in advance by OCP.

If a student is absent because of illness, the student must submit the required absence request as soon as possible after the absence is anticipated or has occurred, and ordinarily no later than forty-eight (48) hours after the missed rotation day unless circumstances make that impossible. Illness-related absences that require more than two (2) missed rotation days within a rotation require medical documentation to be treated as excused. Required documentation must ordinarily be provided within five (5) business days. Students may also be required to provide documentation from an appropriate health professional indicating that they are able to participate safely in clinical activities.

For medical or dental appointments requiring no more than four (4) hours away from a rotation day within a four-week block, the missed time does not require use of a personal day and does not require make-up time. These partial-day absences must still be documented in CORE ELMS and communicated to the preceptor.

If a student must sit for the NAVLE during a rotation, the student may request a NAVLE excused absence. NAVLE excused absence is limited to up to three (3) days total: one exam day and up to two travel days, unless additional time is specifically approved by OCP due to unusual circumstances. Students summoned for jury duty or experiencing other significant circumstances that may justify excused absence must notify OCP promptly.

Absences other than approved personal days, qualifying partial-day medical appointments, and approved NAVLE excused absence ordinarily require make-up time. Absence time is normally counted as up to an eight-hour day unless the student was scheduled for more than eight hours, in which case the additional scheduled time must also be made up. Students are responsible for completing the required make-up process and complying with any approved plan. Make-up time should occur during the same rotation whenever feasible. If that is not possible, make-up time may be assigned later in the clinical year in an approved setting designated through the program.

Failure to attend required rotation activities, failure to communicate absences appropriately, repeated tardiness, patterns of poor attendance, early departure, inaccurate reporting of attendance, or failure to complete required make-up time may result in academic consequences, including an incomplete, remediation, failure of the rotation, delayed progression, delayed graduation, and associated tuition or fee consequences as applicable under Academic Standards and course requirements.

Students should understand that attendance administration during a rotation is shared across the student, the site, the preceptor, and OCP. Additional site and preceptor responsibilities related to scheduling, attendance communication, documentation, and make-up coordination are described in Section 13.7.

7.5 Communication with the DVTP

Students are expected to maintain open communication with the DVTP throughout the clinical year. Students should contact the Office of Clinical Programs when issues arise related to:

- clinical learning environments
- supervision concerns
- safety considerations
- scheduling challenges
- professional conflicts within clinical settings

Early communication allows the program to address issues and maintain a safe and effective educational environment. Students are also expected to communicate promptly with the Office of Clinical Programs regarding significant logistical barriers, including housing or transportation problems, that may affect timely participation in an assigned rotation.

7.6 Student Well-Being and Learning Environment

The DVTP is committed to maintaining clinical training environments that support student learning, safety, and well-being. Students who experience concerns related to personal safety, harassment or inappropriate conduct, unsafe clinical conditions, and/or barriers to learning should notify the DVTP so that concerns can be reviewed and addressed appropriately.

Maintaining safe and respectful clinical environments is a shared responsibility of students, preceptors, and the College of Veterinary Medicine.

7.7 Program Oversight of Clinical Learning Environments

The DVTP monitors the quality of clinical learning environments through ongoing communication with students and clinical sites. Concerns regarding site conditions, supervision, or educational appropriateness may result in review by the program and, when necessary, modification of student placements. These processes help ensure that all DVTP clinical rotations provide safe, appropriate, and educationally meaningful experiences for students. Clinical sites participating in the DVTP agree to maintain learning environments consistent with these expectations. The College reserves the authority to modify or discontinue site participation when educational standards, student safety, or program integrity require such action.

Section 8. AVIP Site Participation and Program Agreements

8.1 Overview

Affiliated Veterinary Instructional Partner (AVIP) sites are veterinary practices and clinical organizations that collaborate with the College of Veterinary Medicine to provide clinical education opportunities for students during the DVTP clinical year. AVIP sites serve as important educational partners in the distributed clinical training model and provide supervised clinical learning experiences within real-world veterinary practice environments. Participation as an AVIP site reflects a shared commitment to student education, patient welfare, and professional development. For practical operational guidance on recurring site questions, including hosting expectations, supervision logistics, communication, risk, and site-level support, see Appendix O. Frequently Asked Questions for AVIPs, Preceptors, and Students.

8.2 Memorandum of Agreement

Participation in the DVTP is formalized through a Memorandum of Agreement (MOA) between the clinical site and the College of Veterinary Medicine. The MOA outlines the responsibilities of both the clinical site and the College and establishes expectations related to:

- supervision of students
- clinical learning environment standards
- communication with the DVTP
- professional conduct expectations
- compliance with applicable laws and regulations

The MOA serves as the formal institutional framework supporting participation of the clinical site in the DVTP.

8.3 Educational Responsibilities of AVIP Sites

AVIP sites participating in the DVTP agree to:

- provide supervised clinical learning experiences
- support student development of clinical reasoning and professional skills
- allow student participation in appropriate clinical activities
- communicate with the DVTP regarding student progress or concerns
- maintain clinical environments consistent with professional and ethical standards

Clinical sites retain full responsibility for patient care decisions and for ensuring that clinical activities are performed in accordance with applicable veterinary practice laws.

8.4 Program Authority and Oversight

The College of Veterinary Medicine retains academic authority over all aspects of the DVTP clinical education program.

The DVTP maintains oversight of:

- student placement and scheduling
- supervision expectations
- student assessment processes
- site participation and educational standards

Although AVIP sites provide the clinical training environment, academic authority for the clinical curriculum remains with the College.

8.5 Alignment with Accreditation Expectations

AVIP participation in the DVTP supports the College's responsibility to provide high-quality clinical education consistent with accreditation expectations.

Clinical sites participating in the program agree to support learning environments that promote:

- student safety
- appropriate supervision
- meaningful clinical learning opportunities
- professional development of veterinary students

The DVTP monitors participating sites to ensure that educational standards remain aligned with program expectations and accreditation requirements.

Section 9. Program Oversight Framework

The Distributed Veterinary Teaching Program (DVTP) maintains oversight of the clinical year through its governance structure, operational monitoring processes, faculty review mechanisms, and communication with participating sites and preceptors. This oversight framework is intended to ensure that distributed clinical education remains safe, educationally appropriate, and aligned with program objectives, academic standards, and accreditation expectations.

Program oversight includes review of student learning experiences, supervision structures, site performance, assessment inputs, and emerging concerns that may affect student safety, educational quality, or program integrity. Information obtained through student feedback, preceptor input, faculty review, site monitoring, and program administration may be used to inform corrective action, placement decisions, and continuous quality improvement.

This section describes the general oversight framework of the clinical year. More specific provisions regarding site participation and monitoring are addressed in Sections 8 and 12, and periodic program review and quality improvement are addressed in Section 20.

9.1 AVIP Approval Committee (AAC)

The AVIP Approval Committee (AAC) is a standing committee that supports the quality, alignment, and continuous improvement of the clinical year within the Distributed Veterinary Teaching Program (DVTP). Although the AAC plays an important role in the review of affiliated site participation, its function is broader than site approval alone. The committee serves as an advisory body through which faculty, staff, and student perspectives help inform the design, operation, and ongoing evaluation of the clinical year program. Consistent with its charge, the AAC reviews proposed and continuing affiliated partnerships, considers aggregated information related to site performance and student experience, identifies needs related to site recruitment, retention, and development, and helps inform policies and procedures relevant to the semi-distributed model of clinical education.

The AAC makes recommendations to the Office of Clinical Programs (OCP) regarding site participation, program operations, and areas for improvement. When committee review identifies matters with broader curricular implications, the AAC may also inform or recommend changes through established college governance pathways, including communication with the appropriate curriculum governance body. In this way, the AAC functions not only as a review body for affiliated instructional partners, but also as an important venue for shared oversight, program feedback, and stakeholder voice in the clinical year.

Section 10. Preceptor Training and Orientation

10.1 Purpose of Preceptor Training

Preceptor training is intended to prepare veterinarians serving as Affiliated Veterinary Instructional Partners (AVIPs) not only to supervise and mentor veterinary students, but also to contribute appropriately to workplace-based assessment within the Distributed Veterinary Teaching Program (DVTP). In the distributed model, preceptors provide essential site-based observation, coaching, and evaluation, while final academic authority for competency verification, student progression, and graduation readiness remains with faculty of the College of Veterinary Medicine.

Accordingly, DVTP preceptor training is designed to do more than orient participating veterinarians to program expectations. It is intended to promote shared understanding of the clinical education model, student scope of participation, supervision expectations, feedback practices, and the assessment framework used in the clinical year. Training also supports more consistent interpretation of entrustment-based ratings and clearer distinction between formative coaching during a rotation and summative information used by the program as part of longitudinal faculty review.

The program is designed to:

- prepare preceptors to effectively mentor veterinary students in authentic clinical environments;
- support consistent expectations for supervision, student participation, and site-based evaluation;
- improve clarity and consistency in use of clinical competency and entrustment-based assessment tools;
- protect student privacy and maintain appropriate handling of student educational records;
- promote safe, respectful, and professional clinical learning environments; and
- align distributed clinical education with the expectations of the AVMA Council on Education (COE).

Training is structured to be practical and efficient while recognizing that preceptors are busy practitioners. The goal is not to transform preceptors into full-time academic assessors, but to provide sufficient preparation so that their observations, ratings, and narrative feedback can contribute meaningfully and consistently to the College's broader programmatic assessment system.

10.2 Required Preceptor Orientation

Veterinarians serving as primary DVTP preceptors must complete the DVTP Preceptor Orientation prior to hosting veterinary students.

The required orientation introduces preceptors to the structure of the DVTP clinical education model, the educational role of the preceptor, expectations for student supervision and participation, communication pathways with the Office of Clinical Programs, and relevant university policies related to privacy, professionalism, and the learning environment.

In addition to general orientation, preceptors who will complete student evaluations must also receive training on the DVTP assessment approach. This includes introduction to the clinical competencies used by the program, the purpose and interpretation of the entrustment scale, expectations for direct observation, the role of narrative comments, and the distinction between site-level evaluation and faculty determination of final academic outcomes.

Completion of the orientation ensures that preceptors understand:

- the educational goals of the clinical year;
- expectations for supervision of veterinary students;
- the student's role as a learner in supervised clinical practice;
- the process for providing feedback and communicating with DVTP leadership;
- the basic structure of clinical competency and entrustment-based assessment; and
- professional and legal considerations relevant to hosting veterinary students in clinical practice environments.

Required orientation may be supplemented by Appendix O, which provides practical question-and-answer guidance for preceptors regarding supervision, workflow, feedback, attendance communication, documentation, and communication with the Office of Clinical Programs.

10.3 Orientation Delivery

Preceptor orientation is delivered through Utah State University's Learn Blue learning management system**.** The orientation is designed as an asynchronous training that can be completed at the convenience of participating veterinarians.

The orientation is designed to provide both general program onboarding and foundational frame-of-reference training for preceptors serving as evaluators. In this context, frame-of-reference training means preparation that helps preceptors apply shared standards when interpreting student performance, assigning entrustment ratings, and distinguishing expected learner development from performance that is notably strong, marginal, or concerning. The orientation typically requires approximately 30–45 minutes to complete and includes brief knowledge-check activities designed to reinforce key concepts.

Orientation and associated preceptor training modules include topics such as:

- the DVTP clinical education model and the role of AVIP sites in the distributed training network;
- supervision expectations and student scope of participation in patient care activities;
- principles of student feedback and communication with DVTP faculty;
- expectations for maintaining respectful, harassment-free professional learning environments; and
- student privacy considerations, including the appropriate handling of protected educational information.

10.4 Ongoing Preceptor Development

Preceptor development is considered an ongoing partnership between participating clinics and the College of Veterinary Medicine. Initial orientation alone is not intended to serve as the program's sole mechanism for supporting consistent supervision and evaluation across a distributed network of clinical sites.

Accordingly, the DVTP may periodically provide additional development activities to support preceptors in their educational and assessment roles. These activities may include policy or process updates, refresher materials, brief case-based review exercises, examples of how the entrustment scale is applied to common clinical situations, and periodic calibration sessions intended to reinforce shared expectations for student performance.

These development activities are intended to support consistency rather than rigidity. The program recognizes that clinical caseload, workflow, and instructional style vary across sites. At the same time, the College has a responsibility to ensure that ratings and narrative feedback are

interpreted within a shared educational framework that supports fair review of student progress across settings.

Additional preceptor development resources may include:

- updates regarding program expectations or policies;
- refresher training materials;
- examples of effective formative feedback and narrative comments;
- case-based calibration exercises related to clinical competency assessment;
- development focused on coaching clinical reasoning and professional growth; and
- topic-specific training relevant to specialty, shelter, diagnostic, or other distinctive clinical environments.

10.5 Training Compliance

Completion of required preceptor training is a condition of serving as a designated DVTP preceptor. The College may defer student placement, limit a preceptor's evaluative role, or require completion of additional training when required orientation or assessment-related preparation has not been completed or maintained as directed by the program.

When the program determines that additional calibration, refresher training, or clarification is needed, participating preceptors may be asked to complete updated materials or attend a program session as part of continued participation in the DVTP.

10.6 Documentation and Accreditation Support

The Office of Clinical Programs maintains records of required preceptor orientation, assessment-related training, and other designated development activities in accordance with program administrative practices. These records support operational readiness, participation tracking, and the College's ability to demonstrate that preceptors in the distributed model receive structured preparation appropriate to their educational role.

Training documentation may include learning management system completion records, attendance records for synchronous sessions, dated versions of training materials, revision logs for guidance documents, and other artifacts identified in Appendix B. These materials may be used by the College in routine program review, accreditation preparation, and continuous quality-improvement activities.

Section 11. Preceptor Eligibility and Appointment

DVTP preceptors are educational partners at approved Affiliated Veterinary Instructional Partner (AVIP) sites or other college-approved clinical settings who supervise, instruct, and assess students within the clinical education model of the College of Veterinary Medicine. The preceptor role is central to maintaining continuity of supervision, supporting competency

development, and ensuring that student participation remains aligned with program expectations, professional standards, and applicable law.

11.1 Preceptor Eligibility

A DVTP preceptor must be appropriately qualified for the clinical setting and the nature of the assigned student learning activities. In most settings, the designated preceptor is a licensed veterinarian in good standing who is actively engaged in the delivery of veterinary services relevant to the assigned rotation or clinical experience. In some approved non-traditional clinical settings, however, the designated preceptor may be a veterinarian whose role is based in public, regulatory, population, or other non-clinical veterinary practice environments in which direct patient-care licensure is not the defining feature of the position. In such cases, the college will determine whether the veterinarian's education, training, professional role, and assigned responsibilities are appropriate to support the intended learning experience.

This may include approved experiences in settings such as public health, regulatory veterinary medicine, state or federal animal health programs, diagnostic, inspection, surveillance, epidemiology, or related veterinary practice environments recognized by the program as suitable for clinical education. In these settings, preceptor eligibility is determined by the relevance of the veterinarian's professional role, the quality of the learning environment, and the site's ability to provide appropriate supervision, instruction, and evaluation consistent with program expectations.

The college may also recognize the important instructional contributions of credentialed veterinary technicians and other qualified site personnel when their participation is appropriate to the activity and consistent with law, policy, and program expectations. Their contributions are intended to supplement, not substitute for, veterinarian-led supervision and teaching. The designated preceptor remains responsible for the overall educational experience and formal assessment, and any involvement of credentialed technicians or assistive personnel occurs within a supervision structure overseen by a licensed veterinarian.

In determining preceptor eligibility, the college considers factors such as licensure or credential status where applicable, scope and nature of practice, commitment to teaching and student development, ability to provide appropriate supervision, professionalism, communication, and the overall suitability of the practice environment for clinical instruction. Preceptors must be able to support student participation in a manner that is educationally appropriate, ethically sound, and consistent with patient, client, student, and workplace safety.

11.2 Site Approval and Preceptor Appointment

Preceptors participate in the DVTP only through approved AVIP sites or other college-approved clinical settings. Site approval is determined through the college's established review and oversight processes and considers factors such as case exposure, facility and equipment adequacy, patient and personnel safety, supervision capacity, professionalism of the learning environment, and alignment with programmatic and accreditation needs.

Appointment of a preceptor is not based solely on professional credentials or site affiliation. The college must determine that the individual and the site together can support the assigned educational experience. Preceptor appointment may include review of licensure status, role at the site, clinical responsibilities, prior teaching experience, orientation or training completion, and any other information the college determines relevant to student learning and safety. The college may limit a preceptor's role to specific activities, species, services, or supervision functions as appropriate.

11.3 Minimum Supervision Expectations

All student participation at DVTP sites occurs under supervision appropriate to the student's level of training, the nature of the activity, the condition of the patient, and the setting in which care is delivered. The supervising veterinarian retains responsibility for patient care and determines the level of student involvement that is appropriate in each circumstance.

At a minimum, students must always have ready access to site-based supervision while engaged in clinical activities. Students may not function as independent practitioners, replace employed personnel, or perform tasks beyond their preparation, authorization, or the supervision permitted by law and program policy. Preceptors are expected to provide instruction, feedback, and graduated participation as appropriate while maintaining patient safety, client confidence, and professional standards of care. The college may establish more specific supervision expectations for particular settings, activities, or rotations.

11.4 Participation of Other Veterinarians in Student Supervision

Students may at times work with veterinarians other than the designated preceptor when practice flow, case assignment, or educational opportunity makes that appropriate. Other licensed veterinarians at the site may supervise specific activities, provide case-based instruction, and offer feedback on student performance.

The designated preceptor remains the student's primary educational contact for the assigned experience and is the individual who submits the formal assessment to the college. Observations from other veterinarians may inform that assessment, but they do not replace the designated preceptor role. The site should ensure that the designated preceptor remains sufficiently engaged to provide informed guidance, coaching, and end-of-rotation evaluation.

11.5 Monitoring, Concerns, and Remediation

The college monitors DVTP sites and preceptors through routine communication, student feedback, faculty and staff oversight, review of assessments, and other quality assurance processes described elsewhere in this handbook. Concerns may arise in relation to supervision, professionalism, learning climate, case exposure, communication, safety, compliance, or failure to meet program expectations.

When concerns are identified, the college may respond in a graduated manner depending on severity, pattern, and risk. Responses may include clarification of expectations, targeted support, additional orientation, focused remediation, temporary limitation of student activities, or temporary pause of student placements while concerns are reviewed. In situations involving significant risk to student learning, student well-being, patient safety, client trust, or program integrity, the college may immediately suspend or discontinue use of a site or preceptor.

11.6 Authority to Pause or Remove Participation

Participation in the DVTP is contingent on continued alignment with college standards and expectations. The college reserves the authority to pause, condition, remediate, or withdraw approval of a site or preceptor when concerns warrant such action. Re-engagement after a pause is determined by the college and may require confirmation that identified issues have been adequately addressed. Nothing in this section prevents the college from taking immediate action when necessary to protect students, patients, clients, site personnel, or the integrity of the clinical education program. Table 5 summarizes preceptor eligibility, site approval, supervision, and oversight expectations.

Table 5. Summary of DVTP Preceptor Eligibility, Site Approval, Supervision, and Program Oversight

Domain	Core Expectation	Program Standard	Oversight Mechanism
Preceptor Eligibility	Individuals supervising students must be appropriately qualified for the clinical setting and learning activity.	Primary preceptors are typically licensed veterinarians in good standing who are actively engaged in veterinary practice relevant to the assigned rotation. In approved non-traditional clinical settings, the designated preceptor may be a veterinarian serving in a public, regulatory, population, or related veterinary practice role where conventional direct patient-care licensure is not the defining feature of the position. Credentialed veterinary technicians and other qualified site personnel may contribute instructionally when appropriate, but only within a supervision structure overseen by a licensed veterinarian and without replacing the designated preceptor role.	Verification of professional qualifications where applicable; DVTP review of role, teaching capacity, and suitability of the learning environment prior to appointment.
Site Approval (AVIP)	Students participate in clinical learning only at approved instructional partner sites or other college-	Sites must demonstrate adequate case or activity exposure, appropriate facilities and equipment as relevant to the setting, patient and personnel	Site review through DVTP approval processes, ongoing communication with site leadership and preceptors, and program

	approved clinical settings.	safety, supervision capacity, and a professional learning environment aligned with program and accreditation expectations.	monitoring through assessments and student feedback.
Minimum Supervision Expectations	Students engage in clinical activities under appropriate supervision at all times.	The supervising veterinarian retains responsibility for patient care and determines appropriate student participation based on the student's level of training, case complexity, and setting. Students may not function as independent practitioners or replace employed personnel. Other veterinarians at the site may supervise specific activities, but the designated preceptor remains the primary educational contact and formal evaluator.	Defined supervision expectations within the DVTP handbook, preceptor orientation materials, and rotation-specific guidance; monitored through student assessments, communication with sites, and routine program oversight.
Pause, Remediation, or Removal	The college maintains authority to address concerns related to learning environment, supervision, safety, or professionalism.	When concerns arise, the college may provide clarification, targeted support, remediation, or temporary limitations on student participation. In cases of significant concern, placements may be paused or discontinued until issues are resolved.	Continuous quality monitoring including student feedback, faculty review, program communication with sites, and DVTP leadership oversight with authority to pause or withdraw site or preceptor participation if necessary.

Section 12. AVIP Site Selection, Approval, and Monitoring

12.1 Purpose

The College of Veterinary Medicine utilizes a structured process to identify, evaluate, approve, and periodically review Affiliated Veterinary Instructional Partner (AVIP) sites that participate in the Distributed Veterinary Teaching Program (DVTP). The purpose of this process is to ensure that clinical education sites provide learning environments that are educationally appropriate, operationally reliable, and consistent with program expectations, student safety considerations, and accreditation standards.

Clinical education within the DVTP occurs across a network of approved instructional partners. Individual sites contribute different components of the overall clinical experience, and no single site is expected to provide the full breadth of experiences required across the clinical year.

In addition to approving, monitoring, and, when necessary, remediating or withdrawing site participation, the Distributed Veterinary Teaching Program (DVTP) may also provide structured program support to help approved sites strengthen the student learning environment. Such

support is intended to advance student safety, biosecurity, instructional readiness, and overall educational quality within the clinical setting. These support mechanisms are administered under college and university procedures, are distinct from routine site operations, and are designed to complement the site oversight and quality-improvement processes described throughout this section.

12.2 Authority and Oversight

The Distributed Veterinary Teaching Program (DVTP), operating within the Office of Clinical Programs (OCP), is responsible for the operational management of AVIP site recruitment, screening, review, onboarding, monitoring, and participation decisions. Acting under the authority of the Dean and through applicable institutional processes, the DVTP manages instructional partner relationships and related participation arrangements with clinical sites.

AVIP site approval occurs through a structured review process administered by the DVTP and presented to the AVIP Approval Committee (AAC) for formal committee action. The AAC reviews AVIP applications and votes to approve, deny, or ratify site participation. The committee may also review aggregated performance information and make recommendations regarding remediation, continuation, or withdrawal of site participation, consistent with its bylaws.

While the AAC provides formal review and approval of sites, the DVTP retains operational authority to manage placements and respond to emerging concerns affecting student safety, educational quality, or program integrity.

12.3 General Standard for Site Approval

A clinical site may be approved as an AVIP when the college determines that the site can provide a learning environment that is safe, supervised, educationally appropriate, and capable of supporting assigned clinical experiences.

Approval is based on the overall suitability of the site and its instructional environment rather than any single criterion alone. Individual sites may contribute to different areas of the clinical curriculum depending on practice type, available caseload, and professional expertise.

In applying this standard, the College does not require every affiliated site to resemble a tertiary teaching hospital or to provide every possible diagnostic or treatment modality. A site may satisfy the standard for participation when it provides a safe, supervised, and educationally appropriate learning environment and practices contemporary veterinary medicine in a manner consistent with accepted professional expectations, sound clinical judgment, and the responsible offering of clinically appropriate care options across a spectrum of care.

12.4 Site Review and Approval Process

Prospective AVIP sites complete an application process that provides information about the practice environment, including practice type, species focus, clinical caseload, professional staffing, and anticipated opportunities for student learning.

Applications are reviewed by the Clinical Administrative Team and presented to the AAC for evaluation and decision.

Supplemental materials and verification.

In addition to the AVIP application questionnaire, the college may request supplemental materials to support AAC review. When helpful, sites may be asked to submit a brief clinic overview video (approximately two minutes) to provide a practical view of the physical environment and workflow context. The college may also use follow-up questions, calls, virtual walkthroughs, and/or an in-person visit when needed to clarify site readiness prior to AAC action.

Safety self-evaluation and visit checklist.

As part of the AVIP approval process, sites may be asked to complete a standardized safety inspection checklist aligned to common accreditation expectations (AVIP Site Safety and Facilities Checklist). The checklist may be used as a self-evaluation tool and, when the college conducts a virtual or in-person visit, as the basis for documenting observations and generating a site visit summary. Because this checklist may also be used during accreditation-related review activities, its central purpose is to document whether the site provides a safe, supervised, and educationally appropriate clinical learning environment. Emphasis is placed on student safety, site conditions, and operational readiness to support clinical instruction.

Following review of the available materials, the AAC may approve the site, deny the application, or request additional information before acting.

12.5 Conditional or Limited Participation

In some cases, the AAC may approve a site for limited participation based on the scope of available learning opportunities or other operational considerations. Conditional approval may include limitations on the types of clinical experiences offered, the number of students hosted, or the duration of participation prior to re-review.

Conditional approval allows the program to introduce new instructional partners while ensuring that appropriate oversight and evaluation occur during early participation.

12.6 Ongoing Monitoring of AVIP Sites

Approved AVIP sites are subject to ongoing monitoring to ensure continued alignment with program expectations and educational standards. Monitoring may include review of student

feedback, communication with preceptors and clinic leadership, and periodic review of aggregated data related to student experiences and site performance. When indicated by routine review or specific concerns, the college may request an updated safety checklist and/or conduct a targeted follow-up review (virtual or in person).

12.7 Remediation, Pause, or Withdrawal of Participation

When concerns arise regarding supervision, student safety, educational quality, professionalism, legal compliance, or other program expectations, the DVTP may require corrective action, limit placements, pause participation, or withdraw a site from participation.

Where appropriate, such matters may be brought to the AAC for review and recommendation. However, the DVTP retains authority to take immediate operational action without prior AAC deliberation when prompt action is necessary to protect students, preserve educational quality, address compliance concerns, or act in the best interests of the program.

Depending on the circumstances, actions may include a remediation plan, targeted follow-up review, temporary pause in student placements, limitation of approved activities, or discontinuation of participation as an AVIP site.

12.8 Periodic Re-Review

AVIP participation may evolve over time as practices grow, staffing changes, and clinical services develop. The college therefore maintains the ability to periodically re-review participating sites to ensure that instructional partnerships remain aligned with program expectations and accreditation standards. Periodic review may include updated site information, safety checklist updates, and consultation between the college and the instructional partner regarding continued participation.

12.9 [Section reserved for future policy development: Hidden Font]

12.10 Radiologic Safety and Protective Equipment

Approved sites in which diagnostic imaging or other activities involving potential occupational radiologic exposure occur are expected to maintain radiologic safety practices consistent with applicable law, accepted occupational safety standards, and site policy. Sites are expected to provide and maintain appropriate personal protective equipment (PPE) for personnel and students participating in radiographic procedures or present in areas where exposure may occur. Such equipment may include, as appropriate to the setting, lead aprons, thyroid protection, gloves, and other protective devices customarily used to support safe radiologic practice. Sites are also expected to support a clinical environment in which radiation exposure is minimized, safe technique is reinforced, and student participation occurs under appropriate supervision. Concerns regarding radiologic safety, unavailable protective equipment, or unsafe imaging practices may be reviewed through the site oversight processes described in Sections 9 and 12.

Section 13. Preceptors

13.1 Role of the Preceptor

The designated preceptor serves as the principal site-based educational supervisor for a student assigned to an approved Distributed Veterinary Teaching Program (DVTP) clinical placement. In coordination with the college, the designated preceptor is responsible for facilitating, supervising, and evaluating the student's clinical learning experience at the site. The role of the designated preceptor is educational as well as supervisory and includes helping ensure that the student participates appropriately in clinical activities, develops professional judgment, and progresses toward expected competencies within the limits of training, supervision, applicable law, and program policy. Eligibility, appointment, and designation of preceptors are addressed in Section 11. Site approval and continued participation of sites in the DVTP are addressed in Section 12. Appendix O provides practical clarification of recurring preceptor questions and should be read as a companion to this section.

13.2 Preceptor Preparation and Training

Clinical preceptors participating in the Distributed Veterinary Teaching Program (DVTP) receive structured preparation and training designed to promote consistent expectations for supervision, teaching, feedback, evaluation, and communication across participating sites. Training resources include publicly available informational materials, required trackable online modules for designated preceptors, and additional update or calibration activities used to support consistency over time.

Required training addresses topics such as the DVTP clinical education model, expectations for student supervision and participation, the educational role of the preceptor, providing feedback in clinical settings, evaluation processes, communication pathways with the Office of Clinical Programs, and the relationship between site-based evaluation and faculty oversight of student progress. Training for preceptors who complete student evaluations also addresses the clinical competency framework, use of the entrustment scale, expectations for direct observation, and the importance of narrative comments linked to observed performance.

Additional onboarding or development activities may occur when a site first begins hosting students, when new preceptors join an existing site, when program expectations are updated, or when the College determines that refresher training or calibration would support greater consistency across the distributed network.

The Office of Clinical Programs maintains documentation of required preceptor training and onboarding records in accordance with program administrative practices. Additional operational detail regarding training topics, delivery modalities, and documentation practices is provided in Appendix B. Preceptor Training Framework and Documentation Evidence Map.

13.3 Educational Responsibilities

The designated preceptor is expected to support student learning through intentional engagement in the clinical environment. This includes orienting the student to the site's personnel, workflow, expectations, safety practices, and standards of professional conduct; identifying appropriate learning opportunities; and helping the student understand how the placement functions within the broader clinical education program. The designated preceptor is expected to help the student connect clinical activities, procedures, case management, communication, and teamwork to the competencies and expectations of the curriculum. The purpose of the placement is supervised educational participation rather than mere exposure. Additional context regarding the DVTP clinical education model and the structure of the clinical year is provided in Sections 2 and 3.

13.4 Supervisory Responsibilities

The designated preceptor is responsible for providing appropriate day-to-day oversight of student participation at the approved site. The designated preceptor shall ensure that student activities are appropriate to the student's level of preparation, consistent with applicable law and policy, and suitable to the clinical setting and circumstances. This includes determining when a student may observe, assist, perform delegated tasks, or participate more actively under supervision, and when direct intervention, closer oversight, or restriction of activity is required. In carrying out this responsibility, the designated preceptor shall exercise professional judgment in balancing educational opportunity with patient safety, client interests, workplace function, and the welfare of all involved. At all times, the designated preceptor remains responsible for ensuring that student participation occurs within an appropriate supervision structure and does not exceed the bounds of the student's role. Additional guidance regarding supervision and student scope of participation is provided in Section 5.

13.5 Instruction, Coaching, and Feedback

The designated preceptor is expected to provide instruction, coaching, and feedback throughout the placement. This includes explaining clinical reasoning and decision-making; modeling professional conduct and communication; prompting the student to articulate observations, assessments, and reasoning; and helping the student understand both what is being done and why. Feedback should be timely, specific, and constructive and should occur during the placement rather than only at its conclusion. The designated preceptor is expected to identify strengths, address deficiencies, clarify expectations, and provide the student a fair opportunity to improve performance, judgment, communication, or professionalism. Expectations related to student performance, conduct, assessment, and progression are further addressed in Sections 6, 7, 16, and 17.

13.6 Student Assessment and Required Evaluations

The designated preceptor plays an essential role in assessment of student performance in the clinical setting. The designated preceptor is expected to complete required evaluations, ratings,

and narrative feedback in accordance with DVTP and course requirements and timelines and to do so honestly, professionally, and on the basis of observed performance.

Assessment should reflect the student's level of participation, reliability, communication, professionalism, judgment, technical development, responsiveness to feedback, and ability to function appropriately within the assigned setting. Whenever feasible, evaluation should be informed by direct observation of the student's work rather than by general impression alone. Narrative comments should identify observed strengths, areas for improvement, and, when relevant, the clinical context in which performance was observed.

The designated preceptor is expected to distinguish between expected learner development and more significant concerns that may affect student progression, safety, or readiness. Mid-rotation feedback serves an important formative purpose by identifying concerns early enough for clarification, coaching, and improvement during the active rotation. Final preceptor evaluation contributes important site-based assessment information, but it is considered as one component within the College's broader longitudinal review of student performance.

The College's broader framework for assessment, evaluation consistency, academic oversight, and competency verification is described in Sections 6, 16, and 17, with related program oversight and quality-improvement processes addressed in Sections 9 and 20.

13.7 Scheduling, Attendance Communication, and Make-Up Coordination

Preceptors play an important operational role in administration of attendance during the clinical year. Preceptors, together with the site team, establish the student's expected work schedule for the rotation, orient the student to site-specific attendance expectations, and communicate promptly with OCP when attendance concerns may affect supervision, student performance, or successful completion of rotation requirements.

At the beginning of each rotation, the preceptor or site designee is expected to review the student's anticipated schedule, local attendance expectations, communication procedures, and any site-specific practices relevant to hours, call, weekends, holidays, or related rotation duties. Preceptors and site personnel should make schedule expectations clear enough that students can understand when they are expected to be present and how they should communicate absences, delays, or disruptions.

Preceptors are expected to receive and respond to student communications regarding absences or schedule disruptions and, when requested, to assist in documenting attendance concerns or evaluating whether missed time can reasonably be made up during the rotation. Preceptors should notify OCP in a timely manner when student attendance problems are recurrent, significant, insufficiently communicated, or likely to interfere with safe supervision, learning progress, or completion of the rotation.

Although preceptors play an operational role in attendance administration, they do not independently determine academic consequences. Decisions regarding excused absences, make-up requirements, incomplete rotations, remediation, rotation failure, or related academic outcomes remain under the authority of OCP and faculty academic processes in accordance with Academic Standards and program policy.

When make-up time is required, preceptors may be asked to assist in determining whether missed time can be completed within the same rotation and whether the student has met rotation expectations despite the absence. When make-up during the same rotation is not feasible, OCP may assign alternative timing or placement for make-up activities.

Preceptors should understand that attendance obligations are shared responsibilities across the student, site, preceptor, and OCP. The student-facing requirements governing absence requests, CORE ELMS documentation, personal days, illness-related absences, NAVLE-related absences, and make-up obligations are described in Section 7.4. Preceptors should read this subsection together with Section 7.4 so that attendance expectations are applied consistently across the program.

13.8 Communication with the College

The designated preceptor is expected to maintain appropriate communication with the DVTP and other relevant college personnel concerning the student's placement and performance. Routine communication may include responding to program outreach, confirming placement expectations, and completing required documentation. Prompt communication with the DVTP is expected when concerns arise regarding student professionalism, conduct, attendance, supervision, health or safety, site fit, patient or client risk, or other circumstances that may materially affect the quality, safety, or appropriateness of the learning experience. Designated preceptors are not expected to manage such matters independently. Rather, they are expected to notify the DVTP in a timely manner so that concerns may be addressed through established review, support, remediation, or risk-management processes. Related program oversight processes are described in Sections 9, 12, and 20, and relevant academic review and student-progress processes are addressed in Sections 6, 16, and 17.

13.9 Learning Environment and Professional Culture

The designated preceptor is expected to help maintain a learning environment that is respectful, professional, and conducive to student development. This includes modeling ethical practice, professional communication, respect for colleagues and clients, attention to confidentiality, and commitment to patient welfare and professional standards. Students should be integrated into the site in a manner appropriate to their level and role so that they participate as learners within a professional clinical environment and are not treated as casual observers or as substitutes for employed staff. The designated preceptor is expected to support an environment in which questions, guided participation, and feedback are part of normal professional learning while preserving the operational standards and functioning of the approved site. Site readiness and ongoing site suitability are further addressed in Section 12.

13.10 Collaboration with Site Personnel

The designated preceptor may involve other veterinarians, credentialed veterinary technicians, veterinary assistants, laboratory personnel, regulatory personnel, public health personnel, or other qualified individuals in the student's learning experience when such involvement is appropriate to the setting and educational purpose of the placement. Such participation may strengthen the student's understanding of team-based veterinary practice and expose the student to a broader range of professional roles and functions. However, these contributions supplement and do not replace the educational responsibility of the designated preceptor. The designated preceptor remains responsible for the overall supervision, coordination, and assessment of the student's experience, including circumstances in which other qualified personnel contribute instructionally within the site's supervision structure. The role and designation of the preceptor are addressed in Section 11, and supervision expectations are further described in Section 5.

13.11 Response to Student Concerns or Performance Problems

When a student demonstrates concerns related to performance, conduct, reliability, communication, or professionalism, the designated preceptor is expected to respond promptly and appropriately. Minor concerns may often be addressed through direct feedback, clarification of expectations, and coaching. More significant, repeated, or safety-related concerns shall be communicated to the DVTP without delay. The designated preceptor may be asked to assist in documenting concerns, providing examples, participating in corrective planning, or supporting a remediation process coordinated by the college. If immediate circumstances require restriction of a student's participation for safety, professional, or operational reasons, the designated preceptor should act in accordance with sound professional judgment and notify the DVTP as soon as practicable. Related student assessment, progress review, and support processes are addressed in Sections 6, 16, and 17, and site-related concerns are addressed in Section 12.

13.12 Scope and Limits of the Preceptor Role

The role of the designated preceptor is central to the clinical educational experience but does not extend to all institutional functions. Designated preceptors provide site-based supervision, instruction, feedback, and assessment. They do not assume sole responsibility for course administration, interpretation of academic policy, disability accommodation determinations, student disciplinary decisions, or other institutional responsibilities that remain with the college. Although designated preceptors contribute materially to student evaluation, final academic oversight, progression decisions, and programmatic actions remain the responsibility of the college in accordance with its policies and governance structure. Governance and oversight relationships are described in Section 1, and site participation authority is addressed in Section 12.

13.13 Participation in Program Development and Quality Improvement

Designated preceptors may be asked to provide input regarding placement quality, student preparedness, program processes, assessment tools, supervision expectations, site experience, and other matters relevant to continuous improvement of the DVTP clinical education model. Such input is an important component of the program's quality-assurance and improvement processes because it helps the College evaluate whether expectations are clear, supervision structures are workable, assessment tools are functioning as intended, student roles are appropriate, and placements remain educationally sound across varied settings.

Preceptor input may also inform refinement of training materials, clarification of evaluation expectations, calibration efforts, and site-level or program-level improvement. The College's broader quality-assurance and oversight framework is described in Sections 9, 12, and 20.

13.14 Radiologic Safety Culture and Imaging Supervision

Preceptors are expected to promote a safety-first culture in all clinical activities involving diagnostic imaging or potential radiologic exposure. This includes modeling appropriate use of personal protective equipment, reinforcing safe positioning and exposure practices, limiting unnecessary exposure, and ensuring that student participation in radiographic procedures occurs under appropriate supervision and in a manner consistent with site policy, applicable law, and college expectations. Preceptors should help ensure that students understand and follow radiologic safety requirements during the rotation and should promptly communicate concerns regarding unsafe practices, missing protective equipment, or student noncompliance to the Office of Clinical Programs. These expectations should be understood in conjunction with Sections 5, 7, 12, and 14.

13.15 Preceptor Letter of Understanding

In addition to the institutional agreement executed between the College of Veterinary Medicine and each Affiliated Veterinary Instructional Partner (AVIP) site, the Distributed Veterinary Teaching Program (DVTP) utilizes a Preceptor Letter of Understanding (LOU) to communicate expectations associated with the role of clinical preceptor.

The LOU is a program document intended to provide a concise summary of the educational responsibilities and expectations of veterinarians who supervise veterinary students during clinical rotations. The document clarifies the role of the preceptor within the DVTP clinical education model and reinforces expectations related to student supervision, participation in clinical activities, provision of feedback, completion of student evaluations, and communication with the Office of Clinical Programs (OCP).

The LOU does not constitute an employment agreement, contractual obligation, or independent institutional affiliation agreement. Rather, it functions as a program-level acknowledgment that

the individual preceptor understands the educational role they are assuming when supervising veterinary students participating in DVTP clinical rotations.

The LOU is typically reviewed during preceptor orientation and training and may be renewed or reaffirmed periodically as part of ongoing site participation in the DVTP. Signed Letters of Understanding are maintained by the Office of Clinical Programs as documentation of preceptor preparation and program communication of instructional expectations.

A sample DVTP Preceptor Letter of Understanding is provided in Appendix A.

Section 14. Student Supervision and Learning Environment

14.1 Purpose

The clinical year is an educational program in which students participate in supervised clinical activities within approved DVTP sites to achieve required learning objectives, professional competencies, and practice-readiness outcomes. Student participation in clinical care is intended first and foremost to support learning. Although students may contribute meaningfully to patient care and practice operations as part of that learning process, they are present in an educational role and are not placed at sites as employees, independent practitioners, or service replacements. This section establishes broader expectations for student participation, the learning environment, and college intervention during the clinical year. It should be read together with Sections 3, 5, 7, 8, 11, 12, and 13. Students and clinical teaching partners may also refer to Appendix O for practical guidance on recurring questions related to student status, supervision, medical records, client communication, safety, insurance, and participation expectations in clinical settings.

14.2 Longitudinal Student Preparation and Training for the Clinical Year

Preparation for participation in the clinical year occurs longitudinally across the curriculum and is not limited to the period immediately preceding the start of clinical rotations. Because the clinical year is delivered through the Distributed Veterinary Teaching Program (DVTP) across a network of approved sites, students are introduced over time to the structure of the distributed model, the expectations associated with participation in site-based clinical education, and the operational processes that support scheduling, readiness, and successful progression.

Student preparation may occur through multiple formats, including public-facing program information, orientation activities, course-based instruction, face-to-face planning sessions, required program communications, and trackable online training modules. Early touchpoints are intended to build foundational awareness of the distributed clinical education model and its implications for professional development, flexibility, travel, and learning in authentic veterinary practice settings. Later touchpoints are intended to prepare students more directly for clinical

placement processes, scheduling systems, operational expectations, and transition into active participation in the clinical year.

Formal student preparation for the clinical year typically begins before matriculation through publicly available program information and continues through Year 1 orientation and other early curricular or programmatic touchpoints. Additional preparation ordinarily occurs during Years 2 and 3 through structured sessions addressing clinical year planning, rotation requirements, scheduling processes, use of required program systems such as CORE ELMS, and student responsibilities associated with participation in distributed clinical education. Students may also receive program communications and planning materials as tentative and final schedules are developed and released.

Before entering the clinical year, students are required to complete designated readiness activities and training assigned by the Office of Clinical Programs (OCP) or the college. These may include required modules, orientation sessions, acknowledgments, checklists, or other preparatory activities addressing topics such as professional conduct, communication, attendance and duty-hour expectations, supervision and scope of participation, evaluation processes, documentation responsibilities, safety, incident reporting, student support pathways, and rotation-transition procedures. Completion of required preparatory activities may be treated as a condition of readiness for participation in clinical rotations.

The college may document student preparation and completion of required readiness activities through attendance records, communication archives, module completion records, acknowledgments, checklists, or similar program records. The detailed student training framework, delivery sequence, and documentation evidence structure are maintained in Appendix C, Student Training Framework and Delivery Map**,** and Appendix D, Student Training Documentation Evidence Map**.**

14.3 Housing and Living Arrangements

Because the clinical year is delivered through a distributed network of approved sites, participation in assigned rotations may require travel, temporary relocation, overnight lodging, or other living arrangements away from a student's primary residence. Except where the college expressly provides otherwise in writing for a specific program activity, securing, funding, and managing housing and related living arrangements are the primary responsibility of the student**.**

Students are responsible for arranging housing, transportation, and personal logistics necessary to participate in assigned rotations fully, punctually, and professionally. Assignment to a clinical site includes responsibility for meeting the practical demands associated with that placement. Students should not assume that housing, meals, transportation, or other living support will be provided by the College of Veterinary Medicine, the Office of Clinical Programs (OCP), or the site.

Students are expected to review tentative and final schedules promptly and to make housing and relocation plans in a timely manner. A student's failure to plan adequately for housing or related logistics does not, by itself, constitute grounds for reassignment, schedule alteration, rotation

deferral, or exemption from a required rotation. Preferences related to geography, commute, convenience, cost of living, or personal comfort may be considered in placement processes only to the extent feasible within broader program needs and do not create an entitlement to a particular placement outcome.

Students who anticipate a significant barrier to securing safe and reasonable housing for an assigned rotation are expected to notify OCP as early as possible. The college may, at its discretion, provide planning guidance, identify possible resources, or consider whether limited support mechanisms are available within program rules. However, the college is not obligated to secure housing on a student's behalf and retains discretion to determine whether any requested adjustment is educationally, operationally, and administratively appropriate.

When housing support, site-hosted lodging, stipend-supported arrangements, or other rotation-specific accommodations are made available, those arrangements will be communicated separately and may be subject to deadlines, eligibility criteria, conduct expectations, reimbursement rules, or other conditions established by the college or the site. Availability of such support in one setting does not create an expectation of similar support in another.

Students remain responsible for their conduct in any housing used in connection with the clinical year, whether personally arranged, site-hosted, or college-supported. Students must comply with applicable laws, property rules, safety expectations, and any site- or program-specific requirements associated with temporary housing. Conduct that jeopardizes safety, damages property, disrupts site relationships, violates professional expectations, or reflects adversely on the college or the clinical program may result in intervention under applicable college or handbook provisions.

This subsection should be interpreted together with Section 15 regarding placements and scheduling, Section 7 regarding student responsibilities and professional conduct, Section 14.4 regarding travel reimbursement and related student support, and any college policies or program communications governing travel, reimbursement, or student support.

14.4 Travel Reimbursement and Related Student Support

The college may, at its discretion and subject to available funding and applicable university processes, provide limited travel support to help reduce financial barriers associated with required clinical rotations. Such support is intended to assist with eligible rotation-related expenses and does not constitute full funding of housing, meals, transportation, or other living costs associated with the clinical year.

When travel support is offered, it is ordinarily provided through a reimbursement-based model rather than as an automatic stipend or flat disbursement. Reimbursement is subject to program guidelines, documentation requirements, verification of eligible expenses, and applicable timelines established by the college and university administrative offices. Under the currently approved program model, travel reimbursement is available up to a prescribed maximum of $5,000 per student for the clinical year.

Students remain responsible for advance planning, timely submission of required materials, and any costs that exceed program limits or fall outside approved reimbursement categories. The availability of travel reimbursement does not alter the student's responsibility to participate in assigned rotations, comply with scheduling and attendance expectations, and manage housing and personal logistics associated with distributed clinical education. Program details regarding eligible expenses, reimbursement procedures, and related student guidance may be communicated separately through administrative materials or program communications.

14.5 Educational Status of Students

Students assigned to DVTP clinical sites remain students of the College of Veterinary Medicine and participate in site activities as part of the college's curriculum. Their presence at a site does not create independent authority to practice veterinary medicine, to assume unsupervised responsibility for patient care, or to function outside the limits established by law, college policy, site policy, or the educational objectives of the rotation.

Students are expected to engage actively in patient care, clinical reasoning, communication, recordkeeping, and related professional activities appropriate to their level of preparation and the learning opportunities available at the site. Participation is governed by the principle of graduated responsibility under supervision, not by independent practice.

14.6 Supervised Scope of Participation

Students may participate in clinical activities that are appropriate to the rotation, the student's level of preparation, the patient's needs, the site setting, and the judgment of the supervising veterinarian or approved preceptor. Depending on the context, such activities may include obtaining histories, performing physical examinations, developing differential diagnoses and diagnostic plans, assisting with diagnostic and therapeutic procedures, participating in surgery and anesthesia activities, contributing to medical record documentation, communicating with clients under supervision, and performing other learning activities customary to the rotation.

All student participation in patient care must occur under the supervision framework established by the college and the site. Students may not diagnose, prescribe, direct treatment, represent themselves as licensed veterinarians, or otherwise engage in the independent practice of veterinary medicine. A student may perform or assist with clinical tasks only when those tasks are educationally appropriate, permitted by law and policy, and consistent with the level of supervision required for the activity.

As further described in Section 5, supervision must be sufficient to protect patient safety, support student learning, and ensure that responsibility for clinical decisions remains with the supervising veterinarian. This section does not replace the more specific supervision and scope provisions set out in Section 5.

14.7 Progressive Responsibility

The clinical year is designed to move students beyond passive observation toward increasingly active, appropriately supervised participation in clinical work. At the beginning of a rotation, a student may require closer direction, more explicit instruction, and more frequent review. As the student demonstrates preparedness, sound judgment, reliability, and skill development, the student may be permitted to assume broader participation in appropriate tasks under the level of supervision required for the activity and setting.

Progressive participation is educationally desirable, but it is not automatic. Advancement in responsibility depends on the student's demonstrated readiness, the nature of the patient-care activity, and the professional judgment of the supervising veterinarian or approved preceptor. No student is entitled to perform any specific task independently, and no site is required to permit a level of participation that is inconsistent with safety, law, policy, workflow realities, or the best interests of patients and clients.

14.8 Learning Environment and Team-Based Clinical Education

DVTP sites are expected to provide a learning environment that is professional, respectful, safe, and conducive to student development. Students should be integrated into the clinical team in a manner that supports learning through participation, observation, guided practice, feedback, and reflection. Effective site-based learning may involve interaction not only with veterinarians, but also with credentialed veterinary technicians, veterinary assistants, interns, residents, laboratory personnel, office staff, animal care personnel, and others whose roles contribute meaningfully to patient care and the functioning of the practice environment.

The college recognizes that high-quality clinical learning often occurs in team-based settings. Contributions from non-veterinarian personnel may play an important educational role when their participation is appropriate to the activity, consistent with site structure, and ultimately situated within veterinarian-led supervision and responsibility for patient care. Students should understand the respective roles of team members and learn to work effectively within those professional relationships.

14.9 Medical Records, Client Communication, and Professional Representation

Students may participate in medical record preparation, case presentations, discharge discussions, client education, and other communication activities when such participation is supervised and appropriate to the setting. Entries made by students in patient records must comply with site expectations and applicable policies regarding review, authentication, co-signature, and final responsibility. The supervising veterinarian remains responsible for the patient record and for clinical decisions.

Students must identify themselves accurately as veterinary students and may not represent themselves as licensed veterinarians. When communicating with clients, referring veterinarians, or other members of the public, students are expected to do so honestly, professionally, and within the bounds of their role. Sites and preceptors should ensure that students understand local expectations for communication, documentation, and professional representation.

14.10 Professional Conduct, Safety, and Well-Being

Students are expected to conduct themselves in a manner consistent with college standards, site expectations, and the professional obligations of veterinary medicine. Specific expectations regarding student professionalism, communication, attendance, and related responsibilities are addressed in Section 7. Within the clinical learning environment, these expectations include appropriate behavior in patient care settings, respectful interaction with clients and personnel, punctuality, dependability, confidentiality, ethical conduct, attention to biosafety and occupational safety practices, and adherence to dress, identification, and workplace policies applicable to the site.

Students must also comply with all required college and site-based safety expectations, including those related to animal handling, sharps safety, radiological safety, zoonotic disease prevention, controlled substances, transportation, and other hazards relevant to the practice environment. Students are expected to raise concerns promptly when they believe a situation presents a risk to patient safety, student safety, legal compliance, educational appropriateness, or professional integrity.

The college expects DVTP sites to maintain learning environments free from discrimination, harassment, retaliation, and other conduct inconsistent with a safe and professional educational setting. Concerns involving safety, mistreatment, boundary violations, professionalism, or educational quality should be reported through the communication and escalation pathways established by the college and described elsewhere in this handbook.

14.11 Radiologic Safety and Dosimetry

Radiologic safety is taken seriously by the College of Veterinary Medicine and is an important component of student safety during the clinical year. Students participating in clinical education at sites where radiographic procedures or other activities involving potential occupational radiologic exposure may occur are expected to follow all college requirements, site protocols, and supervising veterinarian or preceptor instructions related to radiation safety.

Students are required to use appropriate radiologic protective equipment and to participate in imaging activities only as permitted by site policy, applicable law, and the level of supervision determined by the supervising veterinarian or preceptor. Students must conduct themselves in a manner that supports a safety-first culture and must not engage in unsafe radiologic practices.

Students will be issued College of Veterinary Medicine-approved dosimetry badges for use during clinical rotations involving the potential for radiologic exposure. Students are required to

wear their assigned dosimetry badge during applicable clinical activities and are responsible for maintaining possession and proper use of the badge throughout the clinical year in accordance with college policy.

Students are responsible for ensuring that dosimetry badge data are uploaded and synchronized in accordance with College of Veterinary Medicine policy and, at minimum, by the end of each rotation. Failure to wear, maintain, upload, or appropriately manage required dosimetry equipment may be treated as a compliance issue under applicable college and clinical-year policies.

Students are responsible for the security and care of their dosimetry badges. Lost, stolen, damaged, or malfunctioning badges must be reported immediately so that a replacement badge can be issued and made available for pickup or delivery to the student's clinical location as feasible. Students must not share dosimetry badges, substitute another individual's badge, or otherwise interfere with accurate monitoring of occupational exposure.

Concerns regarding radiologic safety, missing protective equipment, unsafe imaging practices, or dosimetry problems must be reported promptly to the preceptor and to the Office of Clinical Programs. The college may restrict or pause student participation in activities involving radiologic exposure if radiologic safety requirements are not being met.

14.12 Responsibility for Oversight and Intervention

Responsibility for oversight of student participation is shared across the supervising veterinarian, the approved preceptor, the site, and the Office of Clinical Programs, each within its respective role. Day-to-day oversight of student activities occurs at the site. The college, through the Office of Clinical Programs and associated oversight structures, retains authority to review concerns, clarify expectations, place conditions on student participation, modify a placement, pause participation, or take other action necessary to protect students, patients, clients, sites, or program integrity.

When concerns arise regarding supervision, scope of activity, professionalism, safety, educational quality, or fit between the student and the site, the college may intervene without waiting for the completion of a rotation. Such intervention may include coaching, clarification of expectations, targeted support, temporary restrictions, reassignment, or other actions judged necessary under the circumstances. The goal of intervention is to preserve a safe, educationally sound, and professionally appropriate learning environment while maintaining the college's responsibility for the quality and integrity of the clinical year.

14.13 Liability, Insurance, and Health Coverage

Students participating in the clinical year through the Distributed Veterinary Teaching Program (DVTP) do so as part of an official curricular activity of the Utah State University College of Veterinary Medicine. During assigned rotations, students remain students of the college and participate in approved clinical sites under college oversight and site-based supervision. They are not placed at sites as employees of the site, independent practitioners, or uninsured volunteers.

Students are expected to maintain required student professional liability coverage and personal health insurance throughout the clinical year in accordance with applicable college and university requirements. Participation in approved DVTP rotations also occurs within the framework of university coverage applicable to authorized curricular activities of the College of Veterinary Medicine. Nothing in this section alters the educational status of the student or the supervisory responsibilities that apply within the clinical setting.

The supervising veterinarian remains responsible for patient care and for determining the level of student participation appropriate to the patient, procedure, setting, and circumstances. Student participation in clinical activities must remain consistent with the student's level of training, the supervision framework established by the college and site, and the veterinarian's professional judgment. This section should be read together with Sections 5, 12, 13, and 14.

14.14 Relationship to Other Handbook Sections

This section defines broader expectations for student participation, the learning environment, and college oversight during the clinical year. It does not replace more specific policies elsewhere in the handbook. Questions of supervision level and scope of activity should be interpreted together with Section 5. Questions regarding student professionalism, conduct, attendance, and communication should be interpreted together with Section 7. Questions regarding preceptor qualifications and responsibilities should be interpreted together with Sections 11 and 13. Questions regarding site approval, monitoring, and participation status should be interpreted together with Section 12. Questions regarding student assessment, academic progress, and program oversight should be interpreted together with Sections 6, 9, 16, and 17 and any related college policies.

Section 15. Student Placement Process

15.1 Overview

Student placement for clinical rotations is administered by the Office of Clinical Programs (OCP) through a structured program process designed to balance educational quality, site capacity, student learning needs, and the College's responsibility to ensure that all students complete required clinical experiences and achieve required clinical competencies across the Distributed Veterinary Teaching Program (DVTP).

Because the clinical year includes required rotations, elective rotations, and a final dual-path clinical block, not all placements are made in exactly the same way. Some placements are assigned directly by the College, some are developed through structured student preference processes within approved parameters, and some may involve student-initiated proposals subject to College review and approval.

Students should understand that placement at a particular site, with a specific preceptor, or within a preferred geographic area cannot be guaranteed.

15.2 Placement Platform

Student placement preferences, rotation scheduling, and related clinical-year logistics are administered through CORE ELMS by PeopleGrove (referred to in this handbook as CORE ELMS).

CORE ELMS serves as the program's centralized system for:

- collection of student placement preferences
- rotation scheduling and assignments
- tracking of clinical experiences
- communication related to rotation logistics
- related placement documentation and updates

Students are responsible for maintaining accurate information within CORE ELMS and responding in a timely manner to placement-related requests or instructions from the Office of Clinical Programs.

15.3 Student Preference Submission

During the fall semester of Year 3, students will be asked to submit placement preferences and other relevant information through CORE ELMS and other program-directed processes as applicable.

Information requested may include:

- preferred elective rotation types or species focus
- geographic considerations or travel constraints
- housing or transportation considerations
- professional interests that may help inform placement decisions
- potential interest areas for later elective or externship planning

Submission of preferences helps inform the placement process but does not guarantee assignment to a specific site, preceptor, geographic region, or type of experience.

For required rotations, student preferences may be considered where feasible, but final placement decisions remain governed by curricular needs and program assignment authority.

For elective rotations, student preferences may play a larger role within the set of College-identified and College-overseen approved options.

For Block 11, students may be invited to identify potential externship interests or propose possible experiences, but any such experience remains subject to program review, approval, and change based on student progress and program needs.

15.4 Preliminary Schedule Development

Following submission of student preferences, the Office of Clinical Programs develops an initial clinical-year schedule for the cohort.

A preliminary schedule is typically developed by or near winter break of Year 3. This preliminary schedule allows the program to:

- confirm site capacity across the DVTP network
- balance student distribution across required and elective clinical experiences
- ensure that required rotations can be completed for each student
- anticipate site and preceptor availability
- begin aligning student schedules with competency opportunities and logistical needs
- At this stage, schedules may still require adjustment.

Because Block 11 serves a dual-path function within the clinical year, preliminary schedules may identify that block generically as **Externship/Directed Clinical Experience** before its final use is confirmed for an individual student.

15.5 Final Schedule Confirmation

Clinical rotation schedules are finalized during the spring semester of Year 3 and, where needed, may continue to be refined during the clinical year.

Students are generally notified of finalized rotation assignments approximately four to five months before the start of the first rotation requiring travel. This timeline allows students to plan housing, travel, and other logistical arrangements associated with distributed clinical training.

For most of the clinical year, required and elective rotation assignments are finalized in advance through the standard scheduling process.

Because Block 11 may function either as a student-initiated externship experience or as a directed clinical experience for targeted competency completion, the final designation of that block for a given student may occur later than other block assignments. The Office of Clinical Programs may defer final confirmation of the precise Block 11 experience until the student's progress, remaining competency needs, and graduation readiness can be evaluated more completely.

Once schedules or schedule revisions are finalized, the Office of Clinical Programs will notify participating sites and preceptors of upcoming student assignments as appropriate.

15.6 Program Authority Over Placements

The Office of Clinical Programs retains authority to assign, confirm, modify, defer, or redirect clinical placements when necessary to address programmatic, educational, competency-related, operational, or safety considerations.

Changes may occur due to circumstances such as:

- site availability changes
- preceptor availability changes
- student health or safety considerations
- educational needs or competency requirements
- unexpected operational issues at a site
- the need to ensure completion of required clinical outcomes prior to graduation

This authority includes determining the placement type and educational purpose of Block 11 for an individual student.

For students who are progressing appropriately and do not require targeted competency completion, the College may approve Block 11 as a student-initiated externship experience that complements learning.

For students who require focused competency completion, remediation, or directed exposure to meet curricular outcomes prior to graduation, the College may instead designate Block 11 as a directed clinical experience at an affiliated or other College-approved site with an identified preceptor and defined educational purpose.

When placement adjustments are necessary, the program will make reasonable efforts to minimize disruption while maintaining educational integrity, student safety, and the College's responsibility to assure competence and graduation readiness.

15.7 Student Responsibility and Restrictions

Students may not independently arrange, confirm, exchange, swap, cancel, or otherwise alter required or elective clinical placements without prior approval from the Office of Clinical Programs.

Students may propose or express interest in potential externship experiences for Block 11, but they may not independently finalize such experiences as part of the clinical year without prior College review and approval.

Any student-initiated externship proposed for Block 11 must be consistent with program expectations, scheduling requirements, educational appropriateness, and any approval processes established by the Office of Clinical Programs.

Students are expected to cooperate with placement instructions, provide requested logistical information, respond promptly to program communications, and understand that schedule changes may be required when necessary to protect educational quality, ensure competency attainment, or maintain program operations.

Appendix O includes practical answers to common student questions regarding CORE ELMS by PeopleGrove, schedule timing, travel planning, housing, and placement-related responsibilities.

Section 16. Student Evaluation and Assessment

16.1 Purpose of Student Evaluation

This section summarizes the evaluation processes used during the clinical year and should be read together with Section 6, which establishes the broader assessment framework, requirements, and relative weighting.

Evaluation of student performance during the clinical year serves two primary purposes:

1) To provide formative feedback that supports continued development of clinical competence and professional growth.
2) To document student achievement of required clinical competencies and professional expectations associated with the Doctor of Veterinary Medicine curriculum.

Evaluation processes are designed to support fair and consistent assessment across distributed clinical training environments while recognizing variation in clinical caseload, practice structure, and instructional style among participating sites.

Because the clinical year is organized as an 11-block clinical year with additional designated non-block periods, evaluation occurs longitudinally across required rotations, elective rotations, the final Externship / Directed Clinical Experience block, and required program check-ins or related course activities.

16.2 Sources of Evaluation

Student performance during the clinical year may be evaluated through multiple sources, including:

- Clinical preceptor assessments completed during and at the end of clinical rotations
- Practice-Ready Advisor review of submitted clinical work, case records, and related assignments
- Competency documentation and clinical skill verification during qualifying clinical experiences
- Review of patient encounters, case submissions, reflective work, or other required clinical documentation

- Participation in required program check-ins, onboarding activities, NAVLE-related course activities, or other assigned clinical-year requirements

These evaluation components collectively support faculty determination that required competencies, course expectations, and graduation-readiness standards have been achieved.

Appendix O provides practical guidance for students and preceptors regarding evaluations, documentation, required work, and the distinction between site-based feedback and final academic authority.

16.3 Preceptor Input

Clinical preceptors play an important role in providing direct observational feedback regarding student performance within authentic practice environments. Because students develop across multiple sites, services, cases, and supervisors, preceptor input is a necessary component of the distributed clinical education model.

Preceptor feedback may address areas such as:

- clinical reasoning and decision-making;
- technical skill development;
- professional behavior and communication;
- team collaboration and workplace conduct;
- reliability, initiative, and engagement in patient care; and
- responsiveness to feedback and progression during the rotation.

Preceptor evaluations are most useful when they are grounded in observed performance, include narrative comments that describe behavior in context, and are interpreted as part of a larger body of evidence gathered across the clinical year. Accordingly, preceptor evaluations contribute materially to the program's understanding of student development but do not independently determine final course outcomes, competency verification, or graduation readiness.

16.4 Practice-Ready Advisor Oversight

Faculty members serving as Practice-Ready Advisors provide academic oversight of student learning during distributed clinical training. Their role is not limited to review of individual evaluations. Rather, Practice-Ready Advisors review student progress longitudinally across multiple rotations, multiple observations, competency documentation, submitted clinical work, and other assigned clinical-year requirements.

Practice-Ready Advisors may:

- review submitted clinical documentation, case records, or related assignments;
- provide structured feedback on case analysis, clinical reasoning, or professional development;

- monitor development of required clinical competencies across the clinical year;
- review preceptor evaluations and narrative feedback in context rather than in isolation;
- identify patterns suggesting strength, inconsistency, limited opportunity, or emerging concern;
- review required program check-ins and related clinical-year work; and
- communicate with the Office of Clinical Programs regarding student progress, concerns, or needed support.

Through these activities, faculty maintain academic oversight of student learning even when instruction occurs in distributed clinical environments. This structure helps ensure that high-stakes decisions are based on aggregated information across time and settings rather than on any single rating or isolated rotation experience.

16.5 Competency Verification

Students must demonstrate achievement of required clinical competencies during the clinical year.

Competency verification may include:

- direct observation by qualified evaluators during qualifying clinical experiences;
- documented entrustment-based assessments of clinical competencies;
- narrative feedback linked to observed clinical performance;
- documentation of clinical procedures or patient-care activities;
- case-based discussion, reflective submissions, or other required clinical-year work;
- faculty review of submitted clinical documentation and competency records; and
- review of whether required entrustment thresholds and related academic standards have been met.

Competency verification is therefore programmatic rather than episodic. It is based on accumulated evidence across multiple observations, evaluators, and clinical contexts, interpreted through faculty oversight. This approach is intended to strengthen the fairness and defensibility of competency decisions in a distributed model, where no single site, preceptor, or clinical encounter can represent the full breadth of a student's development.

Verification processes are designed to confirm that students have achieved the expected level of competence prior to graduation. Where needed, competency verification may also inform whether Block 11 will function for a particular student as a student-initiated externship experience or as a directed clinical experience for focused competency completion or remediation.

16.6 Faculty Responsibility for Course Outcomes

Although clinical instruction occurs within distributed training environments, faculty of the College of Veterinary Medicine retain responsibility for determining course outcomes and student progression.

Faculty review of available evaluation information ensures that academic standards are applied consistently across the DVTP network.

This responsibility includes review of performance information arising from required rotations, elective rotations, required program check-ins, and other assigned clinical-year activities, as well as determination of whether additional directed clinical experience, schedule adjustment, or other academic action is necessary to support competency attainment and graduation readiness.

Section 17. Monitoring Student Progress

17.1 Program Oversight

The Office of Clinical Programs monitors student progress throughout the clinical year to ensure that learning objectives, clinical participation expectations, and required competency requirements are being met.

Because the clinical year is organized as an 11-block clinical year with designated non-block periods for onboarding, protected NAVLE preparation, program check-ins, and graduation readiness, student progress is monitored longitudinally across the full year rather than only within individual clinical blocks.

Progress monitoring may include review of:

- Rotation evaluations
- Competency documentation
- Required program check-ins
- Faculty feedback and advising interactions
- Patient encounter documentation, case submissions, and other required clinical-year work
- Student self-reported progress or challenges

This oversight helps the College identify whether students are progressing appropriately through required rotations, elective rotations, and the final Externship / Directed Clinical Experience block while maintaining responsibility for graduation readiness and required clinical outcomes.

17.2 Early Identification of Concerns

When concerns arise regarding student performance, professional conduct, progress toward required competencies, well-being, or readiness for upcoming clinical experiences, the program seeks to identify these issues as early as possible so that appropriate support or intervention can occur.

Concerns may originate from:

- Preceptor feedback
- Faculty review of submitted work or competency documentation
- Program check-in discussions
- Student self-reported challenges
- Operational concerns identified by the Office of Clinical Programs
- Patterns in evaluation data, missing documentation, or incomplete required clinical-year work

Early communication allows the program to provide guidance, support, and, when needed, structured intervention before concerns become more significant barriers to successful completion of the clinical year. For operational guidance on when concerns should be communicated and how the program responds to emerging issues, see Appendix O.

17.3 Support and Remediation

When performance concerns, incomplete competencies, or other barriers to satisfactory progress are identified, the program may develop a plan to support student improvement and continued progression toward graduation requirements.

Support strategies may include:

- Targeted faculty advising
- Additional feedback or learning resources
- Structured reflection or skill-development activities
- Increased monitoring through required check-ins or follow-up meetings
- Adjustment of upcoming clinical assignments when appropriate
- Directed clinical experiences designed to provide specific competency exposure or focused remediation

These efforts are intended to support successful completion of the clinical year while maintaining academic standards, student support, and the College's responsibility to verify required outcomes prior to graduation.

Because the program includes a final dual-path clinical block, Block 11 may play an important role in late-year progress support.

For students who are progressing appropriately and do not require targeted competency completion, Block 11 may function as a student-initiated externship experience that complements learning.

For students who require focused competency completion, remediation, or directed exposure to meet curricular outcomes prior to graduation, the College may instead designate Block 11 as a directed clinical experience at an affiliated or other College-approved site with an identified preceptor and defined educational purpose.

The College retains authority to determine whether Block 11 will function for a given student as an externship experience or as a directed clinical experience, based on the student's documented progress, remaining competency needs, and graduation readiness.

17.4 Clinical-Year Early Intervention, Make-Up Requirements, and Remediation

17.4.1 Purpose and Scope

Students in the clinical year are expected to complete all required rotations, required assessments, required clinical competency documentation, required onboarding and training activities, required program check-ins, and other required clinical-year deliverables. The Office of Clinical Programs (OCP) maintains the operational procedures used to implement these requirements through this handbook and associated clarifying documents.

Not every clinical-year concern constitutes formal academic remediation. Depending on the nature of the concern, the College may respond through early intervention, make-up requirements, formal clinical remediation, or a combination of these measures. Early intervention is used for emerging or lower-level concerns that warrant prompt attention and support. Make-up requirements are used when required participation, required work, or required documentation has been missed or not completed. Formal clinical remediation is reserved for academic deficiencies governed by the Academic Standards Policies and Procedures, including failure of a required rotation or failure to satisfy required clinical competency expectations.

17.4.2 Principle of Proportional Response

The response to a clinical-year concern will be proportionate to the nature, severity, repetition, timing, and educational impact of the concern. In determining the appropriate response, the College may consider the type of requirement affected, the amount of missed required participation, whether the student's clinical learning or competency verification was materially impaired, any professionalism or safety implications, the student's responsiveness to feedback, and whether the circumstances were within or outside the student's control.

17.4.3 Early Intervention

The OCP may implement early intervention when a student demonstrates an emerging concern that does not yet constitute a formal academic deficiency. Examples may include missed required activities, delayed or incomplete documentation, repeated tardiness, inconsistent engagement, delayed progress toward requirements, communication concerns, professionalism concerns, safety concerns, or other patterns indicating that support or corrective action is needed.

Early-intervention responses may include coaching, additional check-ins, clarification of expectations, required retraining, reflective or corrective assignments, monitoring by OCP, consultation with the Practice-Ready Advisor, or other reasonable measures designed to support student success and restore satisfactory progress.

17.4.4 Make-Up Clinical Time and Other Make-Up Work

The OCP may require make-up clinical time, make-up work, or other directed supplemental activity when a student has missed required participation or has not completed required clinical-year deliverables, but the concern has not yet been determined to constitute formal clinical remediation under the Academic Standards Policies and Procedures. Examples may include missed onboarding tasks, missed program check-ins, delayed or incomplete documentation, missed required call or weekend participation, excessive time away from a rotation, incomplete case submissions, incomplete competency documentation, or similar operational concerns.

Make-up requirements may include, as appropriate, completion of overdue documentation, make-up clinical time, replacement of missed required participation, directed supplemental clinical experiences, completion of missed required training, additional check-ins, or other reasonable measures designed to restore satisfactory progress and protect the integrity of the educational program.

17.4.5 When a Concern Becomes Formal Clinical Remediation

A concern may be elevated to formal clinical remediation when the College determines that the student has failed a required rotation or has not satisfied required clinical competency expectations as defined in the Academic Standards Policies and Procedures. Formal clinical remediation is coordinated by the Associate Dean for Clinical Programs through the OCP and will be documented in a written remediation plan.

The remediation plan will identify the deficiency or deficiencies to be addressed, the required corrective activities, the timeframe for completion, and the evidence required for successful completion. Formal clinical remediation activities may include repetition of a required rotation, targeted clinical competency remediation, or other additional clinical learning experiences in approved clinical training environments evaluated by qualified preceptors.

17.4.6 Timeline, Temporary Incomplete, and Graduation Implications

When extenuating circumstances prevent timely completion of required rotation activities or other required clinical-year work, the student may receive a temporary incomplete or other approved interim status consistent with College and University policy. Students remain responsible for completing all graduation requirements.

Clinical remediation must ordinarily be completed within the timeframe established by the Academic Standards Policies and Procedures unless an approved extension is granted due to documented non-academic circumstances. Participation in commencement does not itself confer completion of degree requirements, and students who have not satisfied all clinical-year requirements will not receive the DVM degree until those requirements have been completed.

17.4.7 Roles of OCP, Practice-Ready Advisors, and the Student Progress Committee

The OCP manages the operational response to clinical-year concerns, including review of documentation, coordination with students and sites, implementation of early intervention, assignment of make-up requirements when appropriate, and documentation of remediation plans and outcomes.

Practice-Ready Advisors provide faculty academic oversight of student clinical-year performance by reviewing preceptor evaluations and other required clinical-year deliverables, monitoring progress toward competency attainment, and helping determine whether a concern reflects an operational issue, a need for additional support, or a formal academic deficiency.

The Student Progress Committee does not manage routine clinical-year make-up requirements or day-to-day operational interventions. If a student does not successfully complete required clinical remediation, the matter may be referred for further review under the Academic Standards Policies and Procedures.

Section 18. Incident Reporting and Safety

18.1 Commitment to Student Safety

The College of Veterinary Medicine is committed to maintaining a clinical training environment that supports student safety, educational appropriateness, and professional well-being.

Students participating in distributed clinical training should report safety concerns or significant incidents promptly so that appropriate action can be taken.

18.2 Reporting Expectations

Students should report incidents or concerns that may affect safety or educational integrity, including situations such as:

- Injury or exposure events
- Unsafe clinical environments
- Professional misconduct
- Harassment or discrimination
- Situations that significantly compromise the educational experience

Reports should be directed to the Office of Clinical Programs or other appropriate university reporting channels. Appendix O provides audience-specific guidance for students, preceptors, and sites regarding injury response, exposure events, and when to notify the Office of Clinical Programs.

18.3 Program Response

When safety concerns or incidents are reported, the program may take actions such as:

- Reviewing the circumstances of the event
- Communicating with site leadership or preceptors
- Providing support resources to the student
- Adjusting rotation assignments when necessary

Program responses prioritize student safety and educational continuity.

Section 19. Program Records

19.1 Documentation of Clinical Education

The program maintains records documenting student participation in clinical education activities, progress through the clinical year, and achievement of required competencies.

Because the clinical year is organized as an 11-block clinical year with designated non-block periods, program records may document both clinical block participation and completion of required non-block activities associated with onboarding, NAVLE preparation, program check-ins, and graduation readiness.

These records may include:

- Clinical rotation schedules and schedule changes

- Documentation of participation in required rotations, elective rotations, and other approved clinical experiences
- Documentation related to Block 11, including whether it functioned as an externship experience or as a directed clinical experience
- Preceptor evaluation forms and other assessment records
- Competency documentation and clinical competency verification records
- Patient encounter logs, case submissions, or other required clinical documentation
- Program check-in records and related course completion documentation
- Communications or administrative records necessary to document clinical-year participation and progression

These records support academic oversight of the clinical year and help document that students have completed required clinical experiences, met program expectations, and satisfied required competency standards for graduation.

19.2 Record Retention

Records associated with the clinical year are maintained in accordance with university policies, applicable institutional procedures, and accreditation expectations.

Program documentation supports verification that clinical training requirements have been completed, that student progress has been monitored appropriately, and that educational standards are maintained across the distributed clinical education model.

The College maintains responsibility for retaining and retrieving records necessary to support academic oversight, competency verification, program review, and accreditation-related documentation associated with the clinical year.

Section 20. Program Review and Quality Improvement

The Distributed Veterinary Teaching Program (DVTP) uses a continuous quality-improvement approach to review the effectiveness of the clinical year and to strengthen the distributed clinical education model over time. Program review is informed by aggregated information from student assessment, competency attainment, preceptor input, student feedback, site monitoring, operational experience, and faculty review.

This review is intended to evaluate not only whether individual students are progressing appropriately, but also whether the overall system is functioning as intended. Accordingly, the College may examine patterns such as the adequacy of student learning opportunities across sites, consistency of supervision and assessment processes, clarity of program expectations, effectiveness of preceptor development, utility of assessment tools, and operational or educational issues that may affect student learning, safety, or program integrity.

Information considered in program review may include:

- aggregated competency and entrustment data;
- preceptor evaluations and narrative comments;
- student evaluations of sites and preceptors;
- case-submission and documentation review trends;
- reports of concerns, incidents, or barriers affecting the learning environment;
- site-review findings and operational monitoring information; and
- feedback from preceptors, students, faculty, and program leadership.

Findings from program review may be used to support curricular refinement, revision of handbook language, improvement of orientation or training materials, enhancement of assessment tools, targeted preceptor development or calibration, changes in site participation or placement processes, and other actions reasonably directed toward strengthening the DVTP clinical education system.

Because the DVTP is delivered through a distributed network of clinical sites, continuous quality improvement is necessary to ensure that the program remains educationally coherent, appropriately supervised, and aligned with the College's responsibility to prepare graduates for Day One veterinary competence. Figure 5 summarizes the programmatic assessment and continuous quality-improvement cycle used by the DVTP.

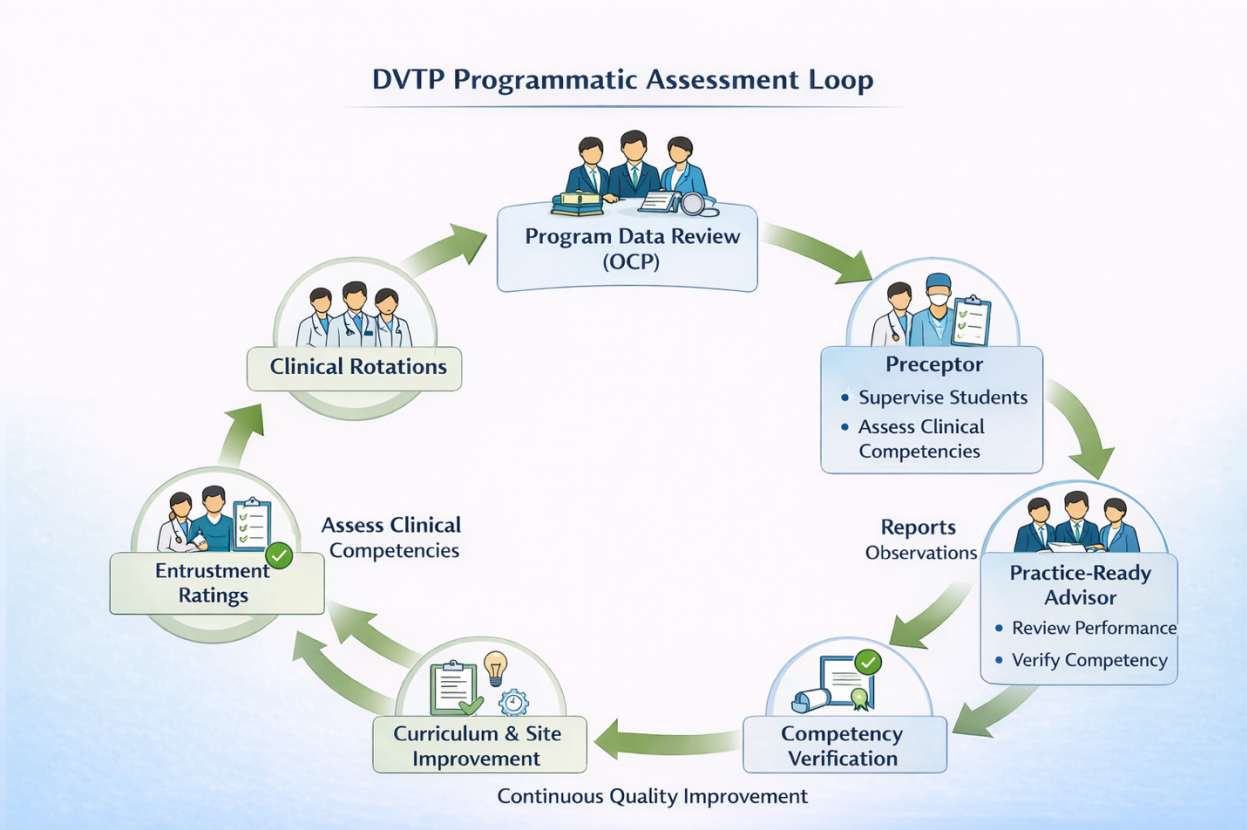

Figure 5. DVTP Programmatic Assessment and Continuous Quality Improvement Loop: This figure illustrates the programmatic assessment cycle used within the DVTP clinical education model, demonstrating how assessment data support continuous program improvement. Clinical training begins with student participation in supervised rotations across distributed clinical sites. During these experiences, preceptors observe student performance and assess clinical competencies using entrustment ratings. These observations are reviewed by Practice-Ready Advisors, who verify competency progression and ensure that students meet program standards. Aggregated assessment data are then reviewed by the Office of Clinical Programs (OCP) to evaluate both student outcomes and the effectiveness of clinical learning environments. Findings from this review inform curricular refinement, preceptor development, and site-level improvements, creating a continuous quality improvement cycle that strengthens the DVTP clinical education system.

Section 21. Policy Review and Updates

This handbook reflects current policies and procedures governing the clinical year of the Doctor of Veterinary Medicine program.

Policies may be updated as needed to reflect:

- Program improvements
- Institutional policy changes
- Accreditation expectations
- Operational experience within the DVTP

Responsibility for maintaining and updating handbook policies rests with the College of Veterinary Medicine through the Office of Clinical Programs.

Section 22. Appendices

The following appendices are maintained as companion materials to support implementation, documentation, and accreditation alignment of the Distributed Veterinary Teaching Program clinical year.

Appendices may be updated as operational materials evolve, provided such updates remain consistent with handbook policy, college requirements, university policy, and applicable accreditation expectations.

The AVIP Memorandum of Agreement is maintained as a separate institutional agreement and is not included as a handbook appendix.

Appendix A Preceptor Letter of Understanding

Utah State University College of Veterinary Medicine

Purpose

This Letter of Understanding outlines the expectations of veterinarians who serve as preceptors for Utah State University College of Veterinary Medicine students in the Distributed Veterinary Teaching Program (DVTP).

This document is intended to clarify program expectations for the preceptor role. It does not replace the institutional agreement between the College and the host site.

Preceptor Role

The preceptor serves as the student's primary on-site educational supervisor during the assigned rotation. Preceptors are expected to support clinical learning, professional development, and appropriate participation in practice activities.

Supervision

Students in the DVTP remain veterinary students in training and must participate under appropriate veterinary supervision.

The preceptor is expected to:

- provide appropriate supervision of student activities;
- determine the level of student participation based on the student's preparation, the clinical context, and patient safety;
- ensure student involvement is consistent with applicable law, professional standards, and site policies; and
- maintain overall responsibility for the student's clinical learning experience at the site.

Credentialed veterinary technicians and other qualified personnel may contribute to student instruction, but they do so within a veterinarian-led supervision structure. The designated preceptor retains overall responsibility for supervision, teaching, and evaluation.

Teaching and Learning Environment

The preceptor is expected to:

- involve the student in appropriate clinical and professional activities;
- provide a learning environment that supports professionalism, respect, and student well-being; and

- help the student develop clinical reasoning, professional judgment, and practice readiness.

Feedback and Evaluation

The preceptor is expected to provide ongoing feedback during the rotation and to complete required DVTP evaluation materials in a timely manner.

The preceptor should promptly communicate with the DVTP if concerns arise regarding student performance, professionalism, safety, conduct, attendance, or the learning environment.

Communication with the DVTP

The DVTP will provide orientation materials, evaluation instructions, and program contact information. Preceptors are expected to review these materials and communicate with the program as needed regarding student supervision, performance, or site-related concerns.

Acknowledgment

By signing below, the undersigned acknowledges review of this Letter of Understanding and agrees to serve as a DVTP preceptor in accordance with the expectations outlined above.

Preceptor Name: _____

Clinic / Organization: _____

Site Location: _____

Signature: _____

Date: _____

Appendix B. Preceptor Training Framework and Documentation Evidence Map

This appendix summarizes the training structure used to prepare clinical preceptors participating in the Distributed Veterinary Teaching Program (DVTP). The framework includes publicly accessible informational resources, required trackable training for designated preceptors, assessment-specific preparation related to clinical competency and entrustment-based evaluation, and onboarding or update activities used to support consistent expectations across participating sites. The accompanying evidence map identifies the forms of documentation maintained by the Office of Clinical Programs for training delivery, completion, and administrative oversight.

Table B-1. DVTP Preceptor Training Framework

Training Topic	Delivery Modality	Participation Requirement
Overview of the Distributed Veterinary Teaching Program (DVTP) and the structure of the clinical year	DVTP informational web page	Informational resource
Role of affiliated sites in the clinical education program	DVTP informational web page	Informational resource
Role and expectations of clinical preceptors	DVTP informational web page; downloadable quick-reference guide	Informational resource
Role of site personnel (credentialed veterinary technicians, assistive personnel, and other team members) in supporting student learning	DVTP informational web page; FAQ resource	Informational resource
Student role within the clinical year, including expectations for participation and professional conduct	DVTP informational web page; downloadable student–preceptor expectations guide	Informational resource
Overview of student placement and scheduling processes	DVTP informational web page; FAQ resource	Informational resource
Communication pathways and DVTP points of contact	DVTP informational web page; downloadable contact reference	Informational resource
Overview of student evaluation processes and documentation expectations	DVTP informational web page	Informational resource
Safety, professionalism, and expectations for an appropriate learning environment	DVTP informational web page; downloadable checklist	Informational resource
DVTP clinical year educational model and academic authority of the College of Veterinary Medicine	Trackable online training module	Required for designated preceptors
Responsibilities and expectations of DVTP clinical preceptors	Trackable online training module	Required for designated preceptors
Student supervision expectations and the scope of student participation in clinical activities	Trackable online training module	Required for designated preceptors

Integrating teaching into routine clinical workflow	Trackable online training module	Required for designated preceptors
Providing formative feedback to students in clinical settings	Trackable online training module	Required for designated preceptors
Identifying and addressing student performance concerns	Trackable online training module	Required for designated preceptors
Student evaluation processes and documentation responsibilities	Trackable online training module	Required for designated preceptors
Relationship between site-level evaluation and faculty oversight of student progress	Trackable online training module	Required for designated preceptors
Student safety, well-being, and expectations for the clinical learning environment	Trackable online training module	Required for designated preceptors
Incident recognition, reporting expectations, and communication with the Office of Clinical Programs	Trackable online training module	Required for designated preceptors
Operational readiness for student arrival and rotation workflow expectations	Trackable online training module	Required for designated preceptors
Initial orientation for newly approved preceptors and sites	Face-to-face or synchronous virtual session	Required for newly approved preceptors
Site activation and readiness discussion prior to first student placement	Meeting with Office of Clinical Programs	Required for newly participating sites
Periodic program updates and calibration sessions for participating preceptors	Webinar or in-person session	Optional / recommended
Advanced topics in clinical teaching and coaching clinical reasoning	Online module or webinar	Optional professional development
Training specific to specialty, shelter, diagnostic, or non-traditional clinical environments	Online module or webinar	Optional professional development
Refresher materials and reference tools for returning preceptors	DVTP informational web page; downloadable resources	Informational resource
Introduction to DVTP clinical competencies and their use in workplace-based assessment	Trackable online training module	Required for designated preceptors
Purpose and interpretation of the entrustment scale used for clinical competency assessment	Trackable online training module	Required for designated preceptors
Direct observation, behavior-based evaluation, and use of narrative comments	Trackable online training module	Required for designated preceptors
Distinguishing formative mid-rotation feedback from summative end-of-rotation evaluation	Trackable online training module	Required for designated preceptors
Frame-of-reference training for application of entrustment ratings to common clinical scenarios	Synchronous virtual session, workshop, or interactive online module	Required for newly approved preceptors; refresher as directed by program
Periodic calibration review using sample cases or annotated examples of student performance	Webinar, in-person session, or asynchronous refresher module	Recommended for participating preceptors; may

		be required when directed by program

Table B-2. Preceptor Training Documentation and Evidence Map

Training Component	Documentation Method	Responsible Office/Role	Record Retention Location
DVTP informational preceptor web page	Published web content; date-stamped page revision history	Office of Clinical Programs (OCP)	DVTP/OCP web content archive
Downloadable preceptor quick-reference guide	PDF or document file with revision date/version control	OCP	DVTP shared handbook/training files
Student–preceptor expectations guide	PDF or document file with revision date/version control	OCP	DVTP shared handbook/training files
FAQ and just-in-time guidance materials	Published web content; revision log	OCP	DVTP/OCP web content archive
Required module: DVTP clinical year model and academic authority	LMS completion record	OCP / designated training administrator	LMS training records
Required module: preceptor responsibilities and expectations	LMS completion record	OCP / designated training administrator	LMS training records
Required module: student supervision and scope of participation	LMS completion record; embedded knowledge check if used	OCP / designated training administrator	LMS training records
Required module: teaching in the clinical environment	LMS completion record	OCP / designated training administrator	LMS training records
Required module: formative feedback and coaching	LMS completion record	OCP / designated training administrator	LMS training records
Required module: identifying student performance concerns	LMS completion record; embedded scenario or quiz if used	OCP / designated training administrator	LMS training records
Required module: evaluation processes and documentation expectations	LMS completion record	OCP / designated training administrator	LMS training records
Required module: student safety, learning environment, and escalation pathways	LMS completion record; attestation if used	OCP / designated training administrator	LMS training records

Required module: operational readiness and communication expectations	LMS completion record	OCP / designated training administrator	LMS training records
Initial orientation for newly approved preceptors	Attendance record, sign-in sheet, webinar attendance export, or meeting note	OCP / DVTP Director or designee	DVTP site/preceptor onboarding records
Site activation/readiness discussion before first placement	Meeting note, onboarding checklist, or email confirmation	OCP	DVTP site onboarding file
Annual refresher or policy update training	LMS completion record, webinar attendance record, or signed acknowledgement	OCP / designated training administrator	LMS records and/or DVTP annual training file
Advanced or setting-specific preceptor development sessions	Attendance record or LMS completion record	OCP / content lead / DVTP leadership	DVTP faculty development or training records
Training revisions and annual review	Revision history, dated review memo, or updated version log	OCP / DVTP leadership	DVTP training administration files
Preceptor completion status monitoring	Preceptor training roster or compliance tracking spreadsheet/dashboard	OCP	DVTP training compliance records
Follow-up training for identified gaps or concerns	Remediation note, targeted assignment record, or documented communication	OCP / DVTP leadership	DVTP site/preceptor quality assurance file
Required module: DVTP clinical competencies and entrustment framework	LMS completion record; embedded knowledge check if used	OCP / designated training administrator	LMS training records
Required module: direct observation, narrative feedback, and rating expectations	LMS completion record	OCP / designated training administrator	LMS training records
Frame-of-reference / calibration session	Attendance record, webinar registration record, or LMS completion record	OCP / designated training administrator	DVTP training records

Appendix C. Student Training Framework and Delivery Map

Table C-1. Student Training Framework and Delivery Map

Training Component	Purpose	Primary Modality	Timing	Required Documentation / Evidence
Public Program Information	Introduce applicants and prospective students to the distributed clinical education model and its broad expectations before matriculation	Public-facing college or DVTP webpage	Application and recruitment stage	Published webpage content maintained by the Office of Clinical Programs (OCP)
Initial Program Orientation	Establish early awareness that the DVM curriculum culminates in a distributed clinical year delivered through the DVTP	Face-to-face orientation with supporting materials	Year 1 orientation	Orientation agenda, presentation materials, attendance record if maintained
Early Clinical Year Awareness and Career Framing	Introduce students to the relationship between clinical year planning, rotation selection, professional development, and post-DVM training pathways	Face-to-face course session and/or course-based materials	Year 1 introductory course	Course schedule, presentation materials, or course resources
Clinical Year Planning Introduction	Reinforce awareness of the structure of the clinical year and begin preparing students for future planning and scheduling decisions	Face-to-face session with supporting written materials	Year 2, spring semester	Session agenda, presentation materials, attendance record if maintained
Scheduling and Match Process Orientation	Prepare students for the clinical placement process, including timelines, preferences, assignment principles, and program authority over final placements	Face-to-face session	Year 3, fall semester	Session agenda, presentation materials, attendance record if maintained
CORE ELMS Training	Prepare students to use the program's clinical scheduling and management	LMS module, recorded tutorial, live demonstration,	Year 3, fall semester	Module completion record, system training materials, or

	system appropriately	or combination thereof		attendance documentation
Tentative Schedule Communication	Notify students of tentative schedule development and prepare them for review and planning	Official program communication and reference materials	Around winter break of Year 3	Communication archive
Final Schedule and Pre-Clinical Readiness Communication	Confirm student schedules and initiate required readiness tasks before the clinical year begins	Official communication, checklist, LMS content, and/or advising materials	Year 3, spring semester	Communication archive, readiness checklist, or related records
Required Pre-Clinical Training	Verify that students understand the operational, professional, and safety expectations that apply in the distributed clinical year	Trackable LMS modules	Late Year 3 / before start of clinical year	Module completion records
Clinical Year Launch Orientation	Transition students into active participation in the clinical year and review key expectations immediately before rotations begin	Face-to-face orientation with supporting online resources and checklists	First week of clinical year (May)	Orientation agenda, attendance record, signed acknowledgments or checklist completion if used
Just-in-Time Reinforcement and Reference Materials	Provide ongoing guidance and reinforcement during the clinical year as students move through rotations and sites	LMS pages, quick-reference guides, announcements, checklists, and similar operational materials	During the clinical year, as needed	Posted materials and communication archive

Table C-2. Student Training Timeline and Developmental Sequence

Student Stage	Training Activity	Primary Modality	Training Purpose	Expected Student Outcome
Applicant / Pre-Matriculation	Introduction to the distributed clinical education model through college public-facing materials	Public webpage	Establish awareness of the DVTP model before enrollment	Student understands that the program uses a distributed clinical year and that adaptability, travel, and site-based learning are part of the educational model
Year 1 Orientation	Initial introduction to the clinical year and DVTP	Face-to-face	Establish foundational understanding early in the curriculum	Student recognizes the broad structure and expectations of the distributed clinical year
Year 1 Introductory Course	Clinical year framing in relation to professional development, externship planning, and post-DVM pathways	Face-to-face / course-based	Connect long-term planning to future clinical training decisions	Student begins to understand that clinical year planning may influence future career development and postgraduate opportunities
Year 2 Spring Semester	Clinical year planning touchpoint	Face-to-face	Reinforce structure, requirements, and planning expectations before operational scheduling begins	Student develops a clearer understanding of rotation structure, planning considerations, and distributed-site expectations
Year 3 Fall Semester	Match process and CORE ELMS introduction	Face-to-face	Prepare students for scheduling mechanics, preference submission, and assignment processes	Student understands the match process, schedule-development timeline, and responsibilities in CORE ELMS
Year 3 Fall Semester	CORE ELMS functional training	LMS module, tutorial, demonstration, or combination thereof	Ensure that students can appropriately use the program's scheduling and management platform	Student is able to access and use CORE ELMS for required program functions
Year 3 Winter Break Period	Tentative schedule communication	Official communication	Transition students from general planning to preliminary schedule awareness	Student reviews tentative schedule and begins advance planning for logistics and readiness
Year 3 Spring Semester	Final schedule release and	Official communication,	Confirm placements and	Student receives final schedule and

	readiness communication	checklist, and/or LMS materials	initiate required pre-clinical preparation	completes required next steps
Late Year 3 / Pre-Clinical Period	Required student readiness modules	Trackable LMS modules	Standardize understanding of professional, operational, and safety expectations before clinical participation	Student completes required preparatory training and demonstrates readiness to enter the clinical year
Clinical Year Week 1 (May)	Clinical year launch orientation	Face-to-face with supporting online resources	Provide final operational onboarding before students begin rotations	Student understands immediate expectations for participation, supervision, communication, evaluation, safety, and rotation operations
During Clinical Year	Ongoing reinforcement and operational guidance	LMS resources, announcements, quick guides	Support consistent participation across varied clinical settings and transitions	Student accesses and applies guidance as needed throughout the year

Table C-3. Student Training Topics and Recommended Delivery Modalities

Training Topic	Recommended Modality	Typical Timing	Rationale
Overview of the DVTP and distributed clinical education model	Public webpage and face-to-face orientation	Application stage and Year 1 orientation	Foundational framing should be introduced early and reinforced over time
Clinical year structure, rotation categories, and broad expectations	Face-to-face sessions with reference materials	Years 1 and 2	Students benefit from repeated exposure before planning decisions become operational
Career planning, internships, and post-DVM positioning	Face-to-face course-based discussion	Year 1, with reinforcement later as appropriate	Best introduced in a developmental context linked to professional identity formation
Scheduling process, assignment principles, and student responsibilities	Face-to-face orientation session	Year 3 fall	Students need an opportunity for direct explanation and questions at the point of relevance
CORE ELMS use and required program workflows	LMS module, tutorial, and/or live demonstration	Year 3 fall	System training benefits from visual, practical, and trackable instruction
Student responsibilities in clinical settings	Required LMS module	Late Year 3 / pre-clinical period	Standardized content is best delivered in a trackable format
Professional conduct, communication, attendance, and duty-hour expectations	Required LMS module with reinforcement during clinical year launch	Late Year 3 and first week of clinical year	These expectations are sufficiently important to require both standardized and live reinforcement
Supervision and scope of student participation	Required LMS module with face-to-face reinforcement	Late Year 3 and first week of clinical year	This topic has significant educational, legal, and safety importance and should be both trackable and discussed live
Evaluation processes, competency documentation, and student deliverables	Required LMS module with orientation review	Late Year 3 and first week of clinical year	Students need both standardized instruction and operational clarification immediately before starting
Safety, incident reporting, student well-being, and support pathways	Required LMS module with orientation review	Late Year 3 and first week of clinical year	These topics require consistent documentation and high visibility
Rotation-transition expectations, travel, and logistics	Checklist, quick-reference guide, and/or LMS materials	Final schedule release and first week of clinical year	Practical, just-in-time guidance is most effective for operational topics
Ongoing reminders and troubleshooting support	LMS reference pages, announcements, and quick guides	Throughout clinical year	Students need a durable reference point during active participation in the program

Appendix D. Student Training Documentation Evidence Map

Table D-1. Student Training Documentation Evidence Map

Training Element	Delivery Format	Typical Timing	Responsible Unit	Evidence of Delivery or Completion	Related Handbook Sections
DVTP public overview	Public-facing webpage	Application onward	OCP / DVTP	Published webpage content	Sections 2, 3
Initial student orientation to the distributed clinical year	Face-to-face orientation	Year 1 orientation	OCP and/or Office of Academic Programs	Orientation agenda, presentation materials, attendance record if maintained	Sections 2, 3, 14
Early clinical year and career-planning introduction	Course-based session or materials	Year 1	Course leadership with program support as applicable	Course schedule, course materials, presentation materials	Sections 3, 14
Clinical year planning session	Face-to-face session	Year 2 spring semester	OCP / DVTP	Session agenda, materials, attendance record if maintained	Sections 3, 14, 15
Match and scheduling orientation	Face-to-face session	Year 3 fall semester	OCP / DVTP	Session agenda, materials, attendance record if maintained	Sections 3, 15
CORE ELMS training	LMS module, tutorial, demonstration, or combination thereof	Year 3 fall semester	OCP / DVTP	Completion records, training materials, or attendance documentation	Sections 15, 16
Tentative schedule communication	Official program communication	Around winter break of Year 3	OCP / DVTP	Communication archive	Section 15
Final schedule communication	Official program communication	Year 3 spring semester	OCP / DVTP	Communication archive	Section 15
Required pre-clinical readiness modules	Trackable LMS modules	Late Year 3 / before clinical year	OCP / DVTP	Module completion records	Sections 5, 7, 14, 16, 17
Clinical year launch orientation	Face-to-face orientation with checklist or acknowledgment materials as applicable	First week of clinical year	OCP / DVTP	Agenda, attendance record, signed acknowledgments, checklist completion if used	Sections 5, 6, 7, 14, 16, 17
Just-in-time operational reminders and refreshers	LMS pages, announcements, quick guides, checklists	During clinical year	OCP / DVTP	Posted materials, communication archive	Sections 7, 14, 16, 17

Appendix E. Course-to-Clinical Competency Alignment Table

Legend
P = primary/common fit for the course
S = secondary/possible fit depending on caseload, site mix, and student progression
blank = not typically a defining competency opportunity for that course

CC #	VM7460 Ambulatory Med / Field Service	VM7410 General Practice	VM7400 Diagnostic Medicine (UVDL)	VM7440 Shelter Med / Surgery / Community Practice	VM7420 Specialty / Referral	VM7430 ECC	Electives*
1	P	P	S	P	P	P	P
2	P	P	S	P	P	P	P
3	P	P	S	P	P	P	P
4	P	P	P	P	P	P	P
5	P	P	P	P	P	P	P
6	P	S	S	S	P	P	S
7	S	S	P	S	S		S
8	P	P	P	P	P	P	P
9	P	P	P	P	P	P	P
10	P	P	S	P	P	P	P
11	P	P	S	P	P	P	P
12	P	P		P	P	P	P
13	P	P		P	P	P	P
14	P	P	P	S	P	P	P
15	P	P	P	P	P	P	P
16	S	P		S	S	S	P
17	S	P		S	S	S	P
18	S	P		S	S	S	P
19	S	P		S	S	S	P
20	P	P	S	P	P	P	P
21	S	P		P	S	S	P
22	S	S		S	S	P	S
23	S	S		P	P	P	S
24	S	S		P	P	P	S
25	P	P		P	P	P	P
26	S	S		P	S	S	S
27	P	P	P	P	S	S	P

CC #	VM7460 Ambulatory Med / Field Service	VM7410 General Practice	VM7400 Diagnostic Medicine (UVDL)	VM7440 Shelter Med / Surgery / Community Practice	VM7420 Specialty / Referral	VM7430 ECC	Electives*
28	P	P		S	S	S	P
29	P	P		P	S	S	P
30	P	P		P	S	S	P
31	P	P		P	S		P
32	P	P		S	S		P
33	P	P	P	P	P	P	P
34	P	P	S	P	P	P	P
35	P	P		P	P	P	P
36	S	S		P	P	P	S
37	P	P	S	P	P	P	P
38	P	P	P	P	P	P	P
39	P	P	P	P	P	P	P
40	P	P	P	P	P	P	P
41	P	P	P	P	P	P	P
42	P	P		S	P	P	P
43	P	P	P	P	P	P	P
44	S	S	S	S	S	S	S
45	P	P	P	P	P	P	P

* Electives should generally default to the VM7410 General Practice pattern, then be tightened up if the elective is clearly equine-heavy, food-animal-heavy, ECC-heavy, specialty-heavy, or diagnostic-heavy

Appendix F. Clinical Competency Verification Process and Entrustment Scale

This appendix summarizes the entrustment scale used in the Distributed Veterinary Teaching Program (DVTP) clinical year, and the minimum threshold requirements applied to required clinical competencies. The appendix is intended to support clear understanding of how competency attainment is assessed, documented, and reviewed during the clinical year.

Clinical competency verification occurs through supervised observation in authentic clinical settings, documentation of student performance, and faculty oversight through the Practice-Ready Advisor process. Although students participate in distributed clinical sites and receive assessment input from preceptors and other qualified evaluators, final academic oversight of competency verification remains with faculty of the College of Veterinary Medicine.

The entrustment framework is used to evaluate the degree of guidance required for a student to perform clinical activities appropriately and safely. Minimum thresholds for required clinical competencies are established in the DVM Degree Program Academic Standards Policies and Procedures and are implemented operationally through the DVTP clinical year assessment and competency-tracking processes.

Table F-1. Entrustment Scale Used for Clinical Competency Assessment

Entrustment Level	Rating	Definition
5	Proficient	Can be trusted without guidance
4	Competent	Can be trusted with on-demand guidance — performance is "day-one practice-ready"
3	Developing competence	Can be trusted with intermittent guidance — performance is "clinic-ready"
2	Novice	Can be trusted with constant guidance — performance was marginally competent
1	Doesn't meet expectations	Not ready to be trusted — overall the student's performance was insufficient

Table F-2. Minimum Entrustment Thresholds for Required Clinical Competencies

Requirement	Standard
Minimum competency demonstrations	Each clinical competency must be assessed at least two (2) times at Entrustment Level 3 or higher
Advanced competency demonstrations	Seventy-three percent (73%) of clinical competencies must be assessed at least two (2) times at Entrustment Level 4 or higher
Distribution of EL4 assessments	Assessments used to satisfy the EL4 requirement must involve at least four (4) different preceptors
Counting rule	An Entrustment Level 4 assessment may be used to satisfy either the EL3 requirement or the EL4 requirement, but not both

Clinical Competency Verification Process

Clinical competency verification during the DVTP clinical year includes the following elements:

1. Observation and assessment in clinical settings

Students are observed during assigned clinical rotations by designated preceptors and, where appropriate, other qualified evaluators participating in the supervision structure of the site. Assessments are based on actual student performance in authentic clinical environments.

2. Entrustment-based evaluation

Performance is assessed using the entrustment scale shown in Table F-1. Entrustment ratings reflect the level of guidance required for the student to perform the relevant activity appropriately, safely, and at a level consistent with expected clinical development.

3. Documentation of competency attainment

Competency assessments are documented through the program's approved tracking and evaluation processes. Documentation may include direct competency entries, associated clinical evaluations, and other approved records used by the college to monitor student progress.

4. Review of threshold attainment

Competency verification depends not only on whether a student has been observed performing a task, but also on whether the student has met the required entrustment threshold, repetition requirement, and distribution of qualifying assessments across preceptors, as summarized in Table F-2.

5. Faculty oversight through the Practice-Ready Advisor process

Faculty Practice-Ready Advisors review competency documentation and related assessment records as part of the college's academic oversight responsibility. This review helps ensure that competency verification is applied consistently across the distributed clinical education model and that students meet required standards prior to graduation.

6. Deficiency identification and remediation when needed

Failure to achieve the required entrustment levels, number of qualifying assessments, or distribution of assessments across preceptors may result in a clinical competency deficiency requiring remediation under the Academic Standards Policies and Procedures and the operational processes of the DVTP.

Appendix G. AVIP Site Safety and Facilities Checklist

This appendix adapts the Quality and Safety Assurance Guide used for Affiliated Veterinary Instructional Partner (AVIP) site review in support of program oversight and accreditation-related review processes. The guide is used to support documentation of site conditions, instructional environment, safety considerations, programmatic readiness, and follow-up actions during site review and monitoring activities. Because student safety is the program's foremost concern, substantial portions of the checklist are devoted to safety conditions, supervision, and related environmental factors that affect whether a site is appropriate for student participation.

College of Veterinary Medicine
UtahStateUniversity

Quality and Safety Assurance Guide

For
Affiliated Veterinary Instructional Partner Sites

I. General Information

Clinical Site Name	
Reviewer	
Date	
Site's Facility Supervisor	
Reason for Inspection	

Is the facility AAHA accredited? Y N

When was the facility last AAHA inspected? _____

Is the facility USDA inspected? Y N

Any other third-party inspections, please list: _____

II. Safety and Instructional Environment

Safety Measures:

	Y	N	N/A
1. First aid kit present and clearly labeled?			
2. Evacuation plan posted?			
3. Fire suppression system (sprinklers, extinguisher, etc.)?			
4. Smoke detection system?			
5. Eyewash station if required by safety data sheet (SDS)?			
6. Exit signage adequate?			
7. Does the practice have a designated safety officer? **Name:** _____			
Comments:			

Radiation Safety:

	Y	N	N/A
1. Does the facility have radiographic equipment?			
2. Sources of ionizing radiation: **Please name sources:**			
3. Last state/county inspection?			
4. Certificate of inspection posted?			
5. Radiation warning signs posted?			
6. Adequate personal protective equipment (aprons, gloves, etc.)?			
7. Leaded eyewear?			
8. Dosimeter monitoring program for practice in place?			
9. Awareness of student dosimetry monitoring provided by USU CVM?			
10. Procedure monitoring log?			
Comments:			

Chemical Safety:

	Y	N	N/A
1. Expired drugs identified and removed from pharmacy, treatment areas and vehicles?			
2. SDS binder or on-line access to SDS?			
3. Chemical labeling appropriate and clearly visible – secondary container labels appropriate?			
4. Anesthesia scavenger system in place?			
5. Scavenging system: active or passive & absorbing or non-absorbing? (**circle choices**)			
6. If absorbing, are canisters replaced regularly? And dated?			

7. Anesthesia machine leak checks performed regularly?			
8. Is chemotherapy provided at clinic? If yes, all AAHA safety guidelines for handling chemotherapy drugs must be followed, see link below.			
9. Appropriate chemotherapy PPE (eye, face and respiratory protection are mandatory, and ideally, gloves should be powder free and rated for chemotherapy use by the American Society for Testing and Materials (ASTM).			
10. Chemotherapy signage posted?			
11. Chemotherapy hood available?			
12. Are students involved with mixing and administering chemotherapy?			

AAHA Safety Guidelines for Handling Chemotherapy Drugs

Comments:

Controlled Drugs Safety:

	Y	N	N/A

1. Does facility maintain controlled drugs?			
2. When, if at all, was facility inspected by DEA? Date: ___/____/_____			
3. When, if at all, was facility last inspected by state group? Date: ___/___/_____			
4. Are controlled drugs maintained with limited access for authorized personnel only in a substantially constructed storage cabinet/safe?			
5. Are controlled drugs maintained in any location other than the normal secured storage area (crash cart, ambulatory vehicle, patient's treatment box, or kennel, etc.)?			
6. If "Y", then where?			
7. Are other storage areas of substantial construction and secure with limited access?			
8. Are all controlled drugs logged individually?			
Comments:			

Miscellaneous Safety:

	Y	N	N/A
1. Are refrigerators used for clinical purposes clearly identified with "Not for human food storage" or other such signage?			
2. Are compressed gas cylinders secured?			
3. If laser available – is personal protective equipment (PPE) available? Are warning signs posted?			
4. Are approved medical waist and sharps containers in use?			
5. Is the ambulatory vehicle, clean and safe, with secured equipment for transportation, and appropriate controlled substance storage?			
6. Are the livestock chutes safe and in good repair?			
7. If livestock chutes are hydraulic, are appropriate warning signs displayed and operational instructions posted?			

Comments:

Isolation and Necropsy:

	Y	N	N/A
1. Is there a separate isolation area? (If not, describe area used in the "comments" section below.)			
2. Are biosafety instructions provided to students at clinic rotation orientation?			
3. Are isolation area identified with appropriate signage?			
4. Are posted isolation protocols in place?			
5. Are mitigation strategies in place for infection and disease control? (i.e. alternate access point, etc.)?			
6. Are necropsies performed? If so, where & when? Describe here: Will Students conduct necropsy examinations?			
7. Are posted necropsy protocols in place?			
8. Are personal protective equipment (PPE) available?			
Comments:			

III. Instructional Facilities

Surgical Facilities:

	Adequate*	Inadequate	N/A
1. Preparation/induction area?			
2. Surgery room?			
3. Surgical recovery?			
4. Dental facility separate from surgical suite?	**Yes**	**No**	**N/A**
5. Surgical facilities overall clean and tidy?			
Comments:			
*Adequate = space, cleanliness, climate, environment that encourages safety and learning.			

Medical Facilities:

	Adequate	Inadequate	N/A
1. Exam room(s), stock(s), alley(s), chute(s)?			
2. Treatment area?			
3. Intensive or critical care facility?			
4. Medical facilities overall clean and tidy?			
Comments:			

Diagnostic Imaging Facility:

	Adequate	Inadequate	N/A

1. Radiology?			
2. Ultrasound?			
3. Computer tomography?			
4. Magnetic resonance imaging?			
5. Other?			
Comments:			

Diagnostic Laboratory:

	Adequate	Inadequate	N/A
1. In-house CBC? (yes/no)			
2. In-house chemistry? (yes/no)			
3. In-house urinalysis? (yes/no)			
4. In-house cytology? (yes/no)			
5. Does clinic have an operable microscope? (yes/no)			
Comments:			

Facility Structure:

	Adequate	Inadequate	N/A
1. Patient housing?			
2. Student housing?			
3. Student study area – office/break room?			
4. Client area/waiting room?			

5. Overall building infrastructure?			
Comments:			

Reference Resources:

	Adequate	Inadequate	N/A
1. Is internet access available to students? (**Required**)			
2. Are library resources available to students (i.e., textbooks and journals, hardcopy/electronic, electronic databases, other internet resources)?			
3. Who will ensure students have access to these informational resources at this site? Please provide a name: _____			

Medical Records:

	Yes	No	N/A
1. Are records readily accessed and retrievable by students? Who is responsible for ensuring student access to the medical records at this site? Name: _____			
2. Do students make entries in medical records?			
3. Are case records available for students offsite to create case writeups or presentations?			
4. Are medical records paper or electronic or Both? (**Please circle your answer**) If electronic, name of EMR provider: _____			
Comments:			

Programmatic Engagement:

	Yes	No	N/A
1. Participation in AVIP onboarding or training			
2. Has someone from the USU CVM visited your practice? • In-person/phone/video conference? (**Circle Answer**) • Frequency of visits_____			
3. Who is the clinical instructor of record at this practice? (The person responsible for the day-to-day supervision and monitoring of students in the practice? Name: _____ Contact info:_____			
4. Does the "clinical instructor of record" complete the online student evaluations?			
5. Has your training been adequate for preparation for clinical year students?			
6. Does the site understand:			
• Who to communicate with at USU CVM?			
• What type of rotation they are?			
• How often rotations occur?			
• The student learning objectives for the rotation?			
• The preceptors' role in helping students progress towards learning outcomes?			
Comments:			

Follow-up actions:

_____

_____

_____

_____

_____

Timeline for completion:

Items	Immediate	<3months	3-6months	6-12months
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Follow up evaluation date:

Signature of Evaluator: _____ Date: _____

Signature for Site: _____ Date: _____

Appendix H. Student Participation, Supervision, and Suggested Daily Workflow Reference Guide

This appendix provides a practical reference for preceptors and students regarding typical patterns of student participation, supervision, and workflow during clinical rotations. It is intended to support a shared understanding of how students may participate meaningfully in the clinical environment while remaining within an appropriate supervision structure. It is not intended to require a single uniform workflow at every site or for every day.

Consistent with Sections 5, 7, 13, and 14 of this handbook, students participate in the clinical year as supervised learners rather than as independent practitioners. Student participation occurs under the authority of a licensed veterinarian, may involve observation, assistance, delegated task performance, case work-up, documentation, client communication, and other appropriate educational activities, and may vary according to the student's level of training, the nature of the case, patient safety, site workflow, and the judgment of the supervising veterinarian. Students may also learn alongside veterinary technicians and other veterinary assistive personnel under veterinarian-led supervision structures.

This appendix is also intended to clarify that effective clinical teaching does **not** require a student to follow the preceptor continuously throughout every moment of the day. A student may appropriately observe some cases, participate directly in selected cases, and spend portions of the day working on assigned educational tasks — such as case review, medical record drafting, discharge instruction development, laboratory submission preparation, or focused case follow-up — while the clinic continues to see additional patients. This type of structured participation is often educationally appropriate and consistent with the team-based clinical environment described in the handbook.

Operational note. This appendix is a reference guide, not a rigid template. Site workflow, case mix, staffing, space, and state-law supervision requirements will vary. The supervising veterinarian retains responsibility for determining the appropriate level of student participation and supervision in each setting.

Table H-1. Student Participation and Supervision Reference Table

Clinical Context / Activity	Examples of Appropriate Student Participation	Typical Supervision Pattern*	Practical Notes for Preceptors and Students
Morning rounds / start-of-day huddle	Review daily schedule; identify priority cases; discuss anticipated procedures, discharges, hospitalized patients, and likely learning opportunities.	Direct or indirect supervision.	Useful time to set expectations for the day, assign likely cases, identify when the student should be directly involved, and identify times when the student may work more independently on assigned tasks.
Routine appointments / outpatient cases	Observe the appointment; obtain history; perform or assist with physical examination; present findings; propose problem list, diagnostics, or plan; assist with restraint, sample collection, or client education as appropriate.	Indirect supervision for portions of the work-up; direct supervision for more advanced or higher-risk participation.	The student does not need to participate equally in every appointment. A preceptor may select specific appointments for deeper student involvement and have the student observe or step back in others.
Surgery / procedures	Observe surgery; prepare patient and instruments; scrub in and assist; perform selected portions of a procedure when appropriate to skill level; participate in post-operative discussion.	Typically direct supervision for invasive procedures; indirect supervision may apply to prep or support tasks as appropriate.	Student participation in procedures should be scaled to patient safety, complexity, and demonstrated readiness.
Diagnostics / treatment area / imaging	Collect samples; prepare laboratory submissions; assist with imaging; participate in treatment administration where appropriate; review diagnostic results with the supervising veterinarian.	Indirect supervision is common; direct supervision may be needed depending on the task.	Students may work with veterinary technicians and other team members, but always under the authority of the supervising veterinarian.
Hospitalized / in-patient cases	Review overnight progress; assist with treatments; monitor patient status; update problem list; summarize case progression; help prepare follow-up plans.	Indirect supervision commonly appropriate; direct supervision as needed for procedures or higher-risk tasks.	In-patient cases are often ideal for follow-through, clinical reasoning, and learning continuity across the day.
Medical record drafting	Draft or update SOAP notes, procedure notes, exam findings, treatment records, or discharge documentation if site access and policy permit.	General or indirect supervision, with veterinarian review and final responsibility.	Students may appropriately spend time drafting records rather than standing beside the preceptor continuously. Final review and approval remain with the supervising veterinarian and site.

Clinical Context / Activity	Examples of Appropriate Student Participation	Typical Supervision Pattern*	Practical Notes for Preceptors and Students
Discharge instruction development	Draft discharge instructions, home-care guidance, medication summaries, follow-up recommendations, or client handouts for veterinarian review.	General or indirect supervision, with veterinarian review before use.	This is often an excellent assigned task while the clinic continues to see other appointments. It promotes clinical reasoning, communication, and record quality.
Assigned case work-up while clinic continues	Review the record of an assigned case; prepare a problem list; develop differential diagnoses; propose diagnostics or treatment options; research a focused question; prepare a brief oral or written case summary.	General or indirect supervision, with follow-up discussion.	Students do not need to shadow every minute. Independent educational work on an assigned case may be more valuable than passive trailing and can occur while multiple appointments are being seen.
Client communication	Observe client conversations; present parts of the case with veterinarian approval; discuss discharge instructions; participate in follow-up communication when appropriate.	Indirect or direct supervision depending on the circumstance and student readiness.	Students should not independently represent themselves as licensed veterinarians. Client-facing participation should be deliberate and appropriately supervised.
Team-based workflow support	Assist with patient flow, room setup, sample handling, communication with technicians, follow-up tasks, and similar team-based activities with educational value.	Varies by task; veterinarian-led oversight remains required.	Students are learners within the team. Appropriate support work can be educational when connected to case understanding, workflow, and professional development.
End-of-day review / debrief	Review cases seen; identify learning points; discuss what went well, what remains unclear, what to read about, and what the student should focus on the next day.	Direct or indirect supervision.	Even a short debrief helps convert activity into learning and clarifies next steps without requiring prolonged end-of-day meetings.

*Supervision patterns are illustrative only. The supervising veterinarian determines the appropriate level of supervision based on patient safety, student skill level, the complexity of the activity, clinic workflow, and applicable law.

Table H-2. Suggested Daily Workflow for Student Integration in Clinical Practice

Time / Workflow Segment	Suggested Activity	Possible Student Roles	Flexibility Notes
Start of day / arrival	Student arrives, checks in, prepares for day, reviews schedule and assigned patients.	Review records; identify follow-up items; prepare notebook or case list; clarify where to report.	Start times will vary by site and service.
Morning rounds / huddle	Brief review of day's appointments, procedures, hospitalized patients, and likely teaching opportunities.	Listen; ask clarifying questions; identify one or more cases for deeper work-up; note expected procedures or discharges.	A 5–10-minute discussion is often sufficient.
Morning appointments / procedures	Active clinical workflow begins.	Observe selected cases; obtain history; perform exam components; assist with procedures; present findings; support diagnostics.	Student involvement may vary from case to case. The student need not be the primary participant in every appointment.
Mid-morning assigned work period	Clinic continues seeing cases while student works on one or more assigned educational tasks.	Draft medical record; prepare discharge instructions; research a focused clinical question; organize diagnostic results; work up an assigned case more fully.	This is an appropriate and often valuable use of student time. It helps avoid passive shadowing and supports independent clinical thinking.
Late-morning follow-up / case discussion	Brief check-in with preceptor on assigned case or task.	Present case summary, differentials, proposed plan, draft instructions, or record note for feedback.	Can be brief and folded into normal workflow.
Lunch break	Student breaks for lunch.	Independent break: optional record completion or reading only if appropriate and site expectations are clear.	Preceptors and students do not need to spend all break time together. A normal lunch break is appropriate.
Afternoon appointments / surgery / treatments	Continued clinical workflow based on site schedule.	Participate in selected afternoon cases; assist with treatments or procedures; observe and discuss client communication; continue case follow-through.	Afternoon involvement may differ from the morning depending on caseload and site needs.
Late-afternoon documentation / discharge / wrap-up tasks	Focus on completion-oriented work.	Finalize draft records if permitted; prepare discharge instructions; review diagnostic results; organize follow-up items; identify case for future submission or discussion.	A student may appropriately be assigned to documentation and discharge work while the preceptor continues with other cases.
End-of-day debrief	Short review of major cases, learning points, performance	Ask questions; summarize takeaways; identify items to read about; confirm next day start and responsibilities.	Debrief may be brief and does not need to be formal every day.

Time / Workflow Segment	Suggested Activity	Possible Student Roles	Flexibility Notes
	feedback, and next-day expectations.		

Appendix I. Clinical Year 11-Block Model: Structure, Sequence, and Scheduling Guide

I.1 Purpose

This appendix provides an interpretive guide to the 11-block calendar model used for the Distributed Veterinary Teaching Program (DVTP) clinical year. It is intended to help students, preceptors, faculty, and staff understand how the annual calendar framework supports individualized rotation schedules, shared program periods, transitions between assignments, and the concluding **Graduation Readiness and Transition to Practice** period. This appendix is explanatory in purpose and should be read alongside the handbook sections governing clinical-year structure, attendance and required communication, student support and logistics, and the student placement process (see Sections 3, 7, 14, and 15).

I.2 Overview of the Model

The DVTP clinical year is organized around eleven sequential scheduling blocks. Blocks are typically designed as four-week units, although exact start and end dates may be adjusted to accommodate the academic calendar, holidays, and annual program needs. Within this framework, students complete the clinical-year schedule assigned by the Office of Clinical Programs (OCP). Depending on the student's individualized schedule, a given block may contain a required core rotation, a elective rotation, or a shared or common program interval designated by the program.

The 11-block model provides a common annual structure while preserving flexibility for individualized sequencing, site capacity, species exposure, travel realities, and educational needs. The block number identifies a position in the calendar, not a fixed rotation type. Accordingly, not every student completes the same experiences in the same order, at the same sites, or in the same geographic pattern.

The model concludes with a final two-week period titled **Graduation Readiness and Transition to Practice**. This final period is reserved for graduation-readiness review, completion or verification of required program elements, transition planning, and end-of-year program activities. It is not simply an additional routine rotation block.

Table I-1. DVTP Clinical Year 11-Block Model at a Glance

Element	Description	Practical Meaning
Blocks 1-11	Eleven sequential calendar blocks that organize the clinical year	Provide a common scheduling framework for the cohort
Typical block length	Generally four weeks per block, subject to annual calendar adjustments	Supports consistent scheduling and planning across the year
Block content	May include a core rotation, elective rotation, or shared/common program interval	A block number indicates timing, not a guaranteed rotation type

Element	Description	Practical Meaning
Individualized schedule	Each student receives a schedule assigned through the program	Students should not assume that peers will have the same sequence
Site use across blocks	A new block may or may not involve a new site, service, or preceptor arrangement	Some students may transition frequently; others may have consecutive related experiences
Final two-week period	Graduation Readiness and Transition to Practice	Reserved for final verification, transition activities, and graduation readiness rather than a standard rotation

I.3 How the 11-Block Model Should Be Interpreted

The 11-block model should be understood as a calendar architecture rather than a single uniform pathway. It is designed to support both consistency and flexibility. Consistency is achieved through a shared annual structure used across the cohort. Flexibility is achieved by allowing schedules to vary according to educational priorities, approved site capacity, supervision resources, species and service exposure, student progression, and program operations.

Students and preceptors should therefore interpret block numbers primarily as scheduling markers. For example, “Block 4” identifies when an assigned experience occurs in the year; it does not, by itself, identify what type of experience that block must contain. Similarly, a change from one block to the next does not always mean a change in site, and a continued placement across adjacent blocks does not mean the student’s responsibilities remain unchanged. The structure is standardized; the student schedule within that structure is individualized.

Table I-2. How a Block May Function Within the Model

Block Function	Description	Key Implication
Required clinical rotation	A block may contain a required rotation identified by the curriculum and program	Students must complete assigned requirements regardless of where they occur in the sequence
Elective rotation	A block may be used for a student’s assigned elective experience	The educational value of the block depends on the assigned experience, not the block number
Shared/common program interval	A block may contain a period used for common program scheduling purposes	Not every block functions as an ordinary site-based clinical placement
Consecutive experience	Adjacent blocks may be intentionally sequenced to build continuity at a site or within a service area	A new block does not always mean a new location
Transition-affected block	Holidays, calendar shifts, or travel constraints may affect block timing or logistics	Operational details may vary while the overall model remains intact
Revised or adjusted block	A block may be modified because of student needs, site needs, safety issues, academic concerns, or operational changes	OCP retains authority to revise schedules when necessary

I.4 Sequencing and Scheduling Principles

Within the 11-block model, schedules are constructed according to program requirements rather than student self-selection alone. OCP matches students to approved sites and preceptors based on educational appropriateness, rotation type, program requirements, site readiness, supervision capacity, and other operational considerations. Student interests may be considered, but no student is guaranteed a particular site, preceptor, geography, order of rotations, or preferred sequence.

This cohort-level approach helps the program balance fairness, educational quality, and operational feasibility. It also allows the program to respond when changes become necessary because of site availability, student circumstances, supervision concerns, safety issues, or other educational or administrative needs. Students may not independently arrange, exchange, confirm, cancel, or alter placements outside the established program process.

Table I-3. Scheduling Principles Applied Within the 11-Block Model

Principle	Application Within the Model
Program-directed scheduling	OCP constructs and administers schedules within the 11-block framework
Educational requirement first	Required experiences and program needs take precedence over convenience or preference alone
Individualized sequence	Students may complete experiences in different orders while still meeting the same overall program expectations
Cohort-wide consistency	A shared block structure allows common scheduling and operational coordination across the class
Centralized revision authority	OCP may revise placements or schedules for educational, safety, student, site, or operational reasons
No informal schedule changes	Students are not permitted to independently arrange or swap rotations outside program approval

I.5 Block Start, End, and Transition Expectations

In general, blocks begin on a Monday, or on Tuesday when a Monday holiday or official calendar adjustment requires it. Likewise, clinical experiences generally conclude at the close of business on Thursday, with Friday reserved for wrap-up responsibilities, travel, housing transition, preparation for the next assignment, or other program-directed tasks. This scheduling approach supports safer travel, clearer transitions between sites, and more consistent preparation for the next learning environment.

Actual departure or transition timing may vary when patient care responsibilities, case continuity, site expectations, holidays, weather, or other operational factors require reasonable adjustment. Students are expected to follow site-specific instructions and OCP guidance regarding final-day responsibilities, communication, and travel readiness.

Table I-4. Typical Transition Pattern Between Blocks

Time Point	Typical Expectation	Notes
Before block start	Student reviews assignment details, housing/travel needs, contact information, and arrival expectations	Preparation is part of professional responsibility
Start of block	Student reports to assigned site or program activity at the designated time	Arrival timing may vary by site or annual calendar
During block	Student participates in the assigned educational experience and required communication/documentation processes	Responsibilities are governed by the rotation and site context
Final Thursday	Clinical experience typically concludes by close of business	Students should confirm any final duties with the site
Friday transition day	Wrap-up, travel, housing transition, required submissions, and preparation for the next assignment	Friday is generally not treated as a routine full clinical day at a new site
Next block start	Student begins the next scheduled block or program-designated interval	Students must follow the next assignment exactly as scheduled unless formally revised

I.6 Graduation Readiness and Transition to Practice

The final two weeks of the clinical year are designated as **Graduation Readiness and Transition to Practice**. This period is intentionally distinct from the eleven standard scheduling blocks. Its purpose is to support orderly completion of the clinical year and transition beyond it.

This period may include final verification of required elements, completion or review of remaining program documentation, advising related to transition into practice, administrative wrap-up, graduation-readiness review, and other end-of-year activities designated by the program. It is not framed as a single high-stakes stand-alone clinical examination block. Rather, it serves as a structured closing period that supports completion, reflection, readiness verification, and transition.

Table I-5. Graduation Readiness and Transition to Practice Period

Component	Purpose
Requirement verification	Confirm completion of required program elements and documentation
Final review	Resolve any outstanding administrative or academic items requiring end-of-year confirmation
Transition planning	Support preparation for graduation, licensure-related next steps, and transition into supervised professional practice
Program closeout	Complete final program-directed activities associated with the end of the clinical year
Graduation readiness	Ensure the student is prepared for successful completion of the year and transition beyond it

I.7 Relationship to Attendance, Incomplete Work, and Schedule Changes

The 11-block model assumes that students participate in assigned experiences as scheduled and complete required responsibilities on time. However, absences, delayed completion of requirements, site disruptions, student support needs, or other significant circumstances may affect progression through the schedule. When that occurs, the program may use established academic and operational mechanisms to address incomplete work, assign make-up time, or modify the schedule.

This appendix does not replace the governing policies for attendance, required communication, academic progression, remediation, or supervised make-up experiences. Those matters remain controlled by the relevant handbook sections and associated program policies. The 11-block model should therefore be read as the calendar structure within which those policies operate, not as an exception to them.

I.8 Frequently Asked Questions About the 11-Block Model

Table I-6. Frequently Asked Questions

Question	Answer
Does every student have the same schedule?	No. Students share the same overall calendar framework, but individual rotation sequences may differ.
Does each block represent the same type of experience for every student?	No. A block may contain a required clinical rotation, a elective rotation, or a shared/common program interval, depending on the student's assigned schedule.
Does a new block always mean a new site?	No. A new block marks a new scheduling unit. In some cases, a student may remain at the same site across adjacent blocks or complete related experiences in sequence.
Can students choose or swap their own block order?	No. Schedules are administered through OCP. Students may not independently arrange, exchange, or alter placements without prior approval.
Why does the model include a final two-week period outside the standard blocks?	The Graduation Readiness and Transition to Practice period serves a distinct closing purpose and is not simply another routine rotation block.
Can the schedule change after it is released?	Yes. OCP may revise schedules when necessary for educational, safety, student, site, or operational reasons.
Where should readers look for rules about absences, communication, or placement changes?	Readers should consult the relevant handbook sections governing attendance, student responsibilities, logistics, and the placement process.

I.9 Summary

The DVTP 11-block model provides a structured but flexible framework for organizing the clinical year. It creates a common calendar for the cohort while allowing individualized sequencing of required and assigned experiences. The model is intended to support educational

quality, operational coordination, safe transitions, and clear end-of-year progression, culminating in the Graduation Readiness and Transition to Practice period.

Appendix J. Case Submission Rubric

Purpose. This rubric is used to evaluate all required clinical-year case submissions. It is intended to support consistent faculty review across case types and clinical settings.

Rubric use note. Appendix J provides the standard suggested rubric for case submissions. The course instructor of record and/or Practice-Ready Advisor(s) may apply reasonable modifications to the rubric, scoring emphasis, or implementation details as needed for the case type, course structure, or operational delivery of the clinical year, provided that such modifications do not alter the underlying academic requirements established by College policy.

Scoring scale
4 = Exceeds Expectations
3 = Meets Expectations
2 = Developing / Needs Revision
1 = Does Not Meet Expectations

Criterion	4 – Exceeds Expectations	3 – Meets Expectations	2 – Developing / Needs Revision	1 – Does Not Meet Expectations
J.1 Completeness and Required Elements	Includes all required sections with sufficient clinical detail; case can be understood clearly and efficiently.	Includes all major required sections; minor omissions do not substantially limit understanding.	Missing one or more important elements or key details.	Substantially incomplete; multiple required elements missing.
J.2 Organization and Clarity	Information is logically organized, easy to follow, and professionally presented.	Organization is appropriate and generally clear, with only minor flow issues.	Organization is uneven or occasionally difficult to follow.	Submission is poorly organized, confusing, or difficult to interpret.
J.3 Accuracy and Quality of Clinical Documentation	Clinical facts, terminology, abbreviations, and descriptions are accurate and professionally documented.	Documentation is generally accurate and professionally written; minor errors do not affect reliability.	Documentation contains notable inaccuracies, imprecise terminology, or unclear descriptions.	Documentation is inaccurate, misleading, careless, or inconsistent with professional standards.
J.4 Clinical Reasoning and Case Interpretation	Clearly identifies major problems, prioritizes appropriately, and explains diagnostic/management reasoning thoughtfully and convincingly.	Demonstrates acceptable clinical reasoning and explains the general basis for decisions.	Reasoning is partial, superficial, weakly connected to the case, or incompletely explained.	Reasoning is absent, seriously flawed, or not supported by the case information.
J.5 Diagnostic and/or	Plan is clearly described and well justified in light of	Plan is appropriate and	Plan is only partly justified or	Plan is poorly justified,

Therapeutic Plan Justification	the case findings, context, and professional judgment.	generally explained, with adequate justification for major decisions.	incompletely explained.	inappropriate, or inadequately described.
J.6 Reflective Understanding and Practice-Based Learning	Reflection is specific, thoughtful, and demonstrates meaningful self-assessment, learning, and forward application.	Reflection is relevant and shows appropriate insight into learning from the case.	Reflection is limited, generic, or only loosely connected to the case.	Reflection is absent, minimal, or does not demonstrate meaningful learning.
K.7 Professional Writing and Mechanics	Writing is clear, concise, polished, and professionally appropriate throughout.	Writing is clear and professional overall; minor mechanical errors do not interfere with readability.	Repeated mechanical or clarity problems reduce professionalism or readability.	Writing is difficult to follow or contains pervasive errors inconsistent with professional expectations.

Suggested total score

Maximum score: **28 points**

Suggested interpretation

25–28 = Exceeds expectations
20–24 = Meets expectations
15–19 = Developing / revision may be required
14 or below = Does not meet expectations

Suggested faculty note

A submission may be returned for revision even when the total score is near the passing range if there is a substantial concern in one or more critical domains, especially:

- completeness of required elements,
- accuracy of clinical documentation,
- clinical reasoning, or
- professionalism of written communication.

Suggested student note

Students may be required to revise and resubmit a case submission that does not meet program expectations. Repeated concerns related to case submission quality, timeliness, completeness, or professionalism may be addressed through early intervention, make-up requirements, or other academic review processes under the handbook and associated academic standards.

Appendix K. Incident Reporting and Student Support Pathway

K.1 Purpose

This appendix describes the pathways through which students may report incidents or concerns arising during the clinical year and outlines the principal student-support pathways available through the Office of Clinical Programs (OCP), the Practice-Ready Advisors, and the Director of the CVM Student Health and Wellness Center**.**

K.2 Definition of an Incident

For purposes of the clinical year, an *incident* is any event, condition, interaction, or pattern of concern arising in connection with a rotation, site, housing arrangement, travel, supervision, or other clinical-year activity that may affect student safety, student well-being, patient safety, professionalism, appropriate supervision, or the quality and integrity of the educational environment.

Incidents may include, but are not limited to, student injury, illness, or exposure; unsafe conditions or practices; supervision concerns; mistreatment, harassment, discrimination, or retaliation; unprofessional conduct; significant workload, scheduling, housing, or transportation concerns; or other circumstances the student reasonably believes should be brought to OCP's attention.

A matter does not need to rise to the level of an emergency or formal grievance to be reported. Students are encouraged to report concerns early so they may be reviewed and addressed before they escalate.

K.3 Reporting Pathways

Students may report incidents or concerns through multiple pathways. These pathways are complementary and may be used separately or together, depending on the nature and urgency of the concern.

K.3.1 CORE ELMS

Students use CORE ELMS as a primary program platform for reporting incidents and concerns related to the clinical year. When applicable, students should use the designated reporting process in CORE ELMS so concerns can be documented, reviewed, and followed through appropriate program channels.

K.3.2 Direct Communication with OCP

Students may also report concerns directly to OCP staff. Direct communication may be appropriate when a student needs prompt guidance, is uncertain whether a matter should be formally reported, or believes the concern should be communicated outside routine evaluation processes.

The program will maintain a central OCP reporting email for incidents and student concerns. This reporting pathway may be supported through CORE ELMS, existing university email services, or both.

K.3.3 Site and Preceptor Assessments

Students may also identify concerns through their assessments of the **site** and **preceptor**, including evaluations submitted through CORE ELMS. These assessments are part of the program's quality-assurance and continuous-improvement processes and may trigger follow-up even when a separate incident report has not been submitted.

K.3.4 Urgent Communication

If a situation is urgent and requires prompt attention, students may call or text the appropriate OCP team member using the cell numbers provided in program materials. Urgent communication is appropriate when delay could materially affect student safety, student well-being, or the integrity of the learning environment.

Urgent communication with OCP does not replace emergency response. In situations involving immediate danger or urgent medical need, students should first seek emergency assistance and appropriate on-site help.

K.4 Review and Follow-Up

Reported incidents and concerns are reviewed by OCP and addressed according to their nature, seriousness, and urgency. Follow-up may include clarification of facts, communication with the student, consultation with faculty or college personnel, communication with the site or preceptor, documentation of the matter, supportive intervention, or referral through applicable college or university processes.

Depending on the circumstances, OCP may determine that a concern is best addressed through advising, clarification, or local problem-solving, or that it requires a more formal response because of implications for student safety, student well-being, site participation, or program integrity.

K.5 Student Support Pathways

Support pathways are intended to address both educational and personal well-being needs that may arise during the clinical year.

K.5.1 Clinical and Educational Support

Concerns related to clinical learning, performance expectations, feedback, competency development, role clarity, or progression in the clinical year may be addressed through the Practice-Ready Advisors, in coordination with OCP. Practice-Ready Advisors may assist with interpretation of expectations, educational coaching, review of clinical concerns, competency-related guidance, and development of an academic support plan when indicated.

K.5.2 Mental Health and Wellness Support

Concerns related to stress, emotional strain, burnout, adjustment difficulties, or other personal well-being issues may be addressed through the Director of the CVM Student Health and Wellness Center.

Students retain access to mental health and wellness support while assigned to off-campus rotations, including rotations that occur at a distance from the main campus. The program's support framework is intended to remain available throughout the clinical year regardless of rotation location, and OCP may assist students in connecting with appropriate college, university, or other accessible support resources when concerns arise during off-campus placements.

Support for mental health and wellness may include supportive consultation, check-in and triage, connection to appropriate counseling or related services, referral to university or community resources, and coordination with relevant college support personnel as appropriate. Nothing in this appendix prevents a student from seeking university, community, or emergency support directly at any time.

K.6 Student Responsibilities

Students are expected to communicate concerns in a timely manner, provide information that is accurate and complete to the best of their knowledge, and seek assistance early when they believe a matter may affect safety, wellness, supervision, or the educational environment.

K.7 Good-Faith Reporting and Non-Retaliation

Students should be able to raise concerns in good faith without fear of retaliation. Reports and related communications will be handled with appropriate discretion and shared only as needed to review, address, and document the matter through applicable program, college, and university processes.

Table K-1. Incident Reporting and Student Support Pathway Overview

Type of Concern	Primary Reporting / Contact Pathway	Potential Support Pathway
Injury, exposure, unsafe condition, or other safety concern	CORE ELMS; direct contact with OCP; urgent phone/text if needed	OCP review and response; site follow-up; referral as appropriate
Supervision, participation, workload, scheduling, or site concern	CORE ELMS; direct contact with OCP; site/preceptor assessment	OCP review; Practice-Ready Advisor support as appropriate
Mistreatment, harassment, discrimination, retaliation, or professionalism concern	CORE ELMS; direct contact with OCP; urgent contact if warranted	OCP review; referral through applicable college or university processes
Clinical learning, competency, feedback, or performance concern	Direct contact with OCP; CORE ELMS; routine advising channels	Practice-Ready Advisor support; academic guidance
Stress, burnout, emotional strain, or other wellness concern	Direct contact with OCP or wellness pathway	Director of the CVM Student Health and Wellness Center; referral to appropriate resources
Immediate or urgent concern	Call or text OCP team member; emergency services if needed	Immediate triage, support, and follow-up

Appendix L. Clinical-Year Concern and Early Intervention Record

Purpose. This form documents a clinical-year concern identified through program check-in, preceptor feedback, Practice-Ready Advisor review, rotation monitoring, or another OCP process, and records the early-intervention response when the concern does not yet constitute formal clinical remediation.

Section L.1 Student Information

Student Name:
Student ID:
Cohort / Academic Year:
Current Rotation / Block:
Site / Service:
Preceptor(s):
Practice-Ready Advisor:
Date Concern Identified:

Section L.2 Source of Concern

Source of concern:
☐ Program check-in
☐ Preceptor report
☐ Practice-Ready Advisor review
☐ Course instructor / OCP review
☐ Student self-report
☐ Site report
☐ Other: _____

Section L.3 Primary Concern Category

☐ Attendance / time away
☐ Late arrival / early departure
☐ Missed required call / after-hours participation
☐ Incomplete onboarding or required training
☐ Missed program check-in
☐ Incomplete or late documentation
☐ Case submission concern
☐ Professionalism concern
☐ Communication concern
☐ Safety concern
☐ Clinical performance concern

☐ Wellness / personal circumstance affecting participation
☐ Site disruption / no-fault educational disruption
☐ Other: _____

Section L.4 Concern Summary

Describe the concern, including relevant dates, facts, and context:

Section L.5 Educational Impact Review

Did the concern materially affect required participation? ☐ Yes ☐ No
Did the concern affect patient safety, workplace safety, or policy compliance? ☐ Yes ☐ No
Did the concern affect competency documentation or assessment? ☐ Yes ☐ No
Did the concern affect successful completion of the rotation? ☐ Yes ☐ No ☐ Too early to determine

Section L.6 Initial Review

This concern appears to be:
☐ Operational / developmental concern appropriate for early intervention
☐ Make-up requirement needed
☐ Possible formal academic deficiency requiring further review
☐ Urgent safety / professionalism issue requiring immediate escalation

Section L.7 Early-Intervention Actions Assigned

☐ Coaching conversation
☐ Required check-in with OCP
☐ Required check-in with Practice-Ready Advisor
☐ Completion of overdue documentation
☐ Completion of missed onboarding / training
☐ Make-up clinical time
☐ Directed supplemental activity
☐ Reflective assignment
☐ Required retraining
☐ Other: _____

Details of assigned action(s):

Section L.8 Deadlines and Follow-Up

Action(s) due by: _____
Follow-up review date: _____
Responsible reviewer: _____

Section L.9 Outcome at Follow-Up

☐ Concern resolved
☐ Concern improved; continue monitoring
☐ Make-up plan required
☐ Refer for formal clinical remediation review
☐ Refer for additional conduct / safety review
☐ Other: _____

Outcome summary:

Section L.10 Acknowledgment

OCP Representative: _____ Date: _____
Student Acknowledgment: _____ Date: _____
Preceptor / Practice-Ready Advisor, if applicable: _____ Date: _____

Appendix M. Make-Up Clinical Time and Directed Supplemental Work Plan

Purpose. This form documents required make-up clinical time, make-up work, or directed supplemental clinical activity assigned when a student has missed required participation or has not completed required clinical-year deliverables, but the concern has not yet been determined to constitute formal clinical remediation under the Academic Standards Policies and Procedures.

Section M.1 Student Information

Student Name:
Student ID:
Rotation / Block:
Site / Service:
Preceptor(s):
Practice-Ready Advisor:
Date Plan Issued:

Section M.2 Reason for Make-Up Plan

☐ Excess excused absence
☐ Excess unexcused absence
☐ Missed required participation
☐ Incomplete onboarding or required training
☐ Missed program check-in
☐ Late or incomplete case submission(s)
☐ Incomplete competency documentation
☐ Missed assessment requirement
☐ Site closure / site disruption
☐ Illness / emergency / travel disruption
☐ Other: _____

Section M.3 Description of Missed Requirement

Describe what was missed or not completed, including dates, hours/days if applicable, and required activities affected:

Section M.4 Context

Circumstances primarily:
☐ Outside the student's control
☐ Partially within the student's control
☐ Within the student's control

Section M.5 Educational Impact Review

Required rotation activities affected:

Required assessments or documentation affected:

Competencies potentially affected:

Preceptor input summary:

Section M.6 Assigned Make-Up Requirement(s)

☐ Make-up clinical time at current site
☐ Extension of current rotation
☐ Directed supplemental clinical experience at approved site
☐ Completion of missed required call / weekend / after-hours activity
☐ Completion of overdue documentation
☐ Completion of specified case submission(s)
☐ Completion of missed onboarding or training module(s)
☐ Additional check-in(s) with OCP / Practice-Ready Advisor
☐ Other: _____

Section M.7 Plan Details

Specific activity or activities required:

Location / site: _____
Supervisor / preceptor: _____
Required hours / days / experiences: _____
Required deliverables: _____
Completion deadline: _____

Section M.8 Verification of Completion

Completion will be verified by:
☐ Preceptor confirmation
☐ OCP review
☐ Practice-Ready Advisor review
☐ Documentation upload
☐ Assessment completion
☐ Other: _____

Verification details:

Section M.9 Consequence of Non-Completion

Failure to complete this plan may result in:
☐ Temporary incomplete
☐ Additional make-up requirements
☐ Review for formal clinical remediation
☐ Other appropriate action under College policy

Section M.10 Approvals and Acknowledgment

OCP Representative: _____ Date: _____
Practice-Ready Advisor, if applicable: _____ Date: _____
Student Acknowledgment: _____ Date: _____
Preceptor Acknowledgment, if applicable: _____ Date: _____

Appendix N. Clinical Remediation Plan

Purpose. This form documents a formal clinical remediation plan implemented under the Academic Standards Policies and Procedures when a student has failed a required rotation or has a clinical competency deficiency.

Section N.1 Student Information

Student Name:
Student ID:
Cohort / Expected Graduation Date:
Date Remediation Initiated:
Associated Rotation(s), if applicable:
Practice-Ready Advisor:
Course Instructor of Record / Faculty Designee, if applicable:

Section N.2 Basis for Formal Clinical Remediation

☐ Failed required rotation
☐ Clinical competency deficiency
☐ Both

Section N.3 Deficiency Description

Provide a concise description of the academic deficiency. Include affected rotation(s), affected clinical competency or competencies, relevant assessments, relevant entrustment evidence, and summary of the basis for remediation:

Section N.4 Academic Standards Basis

☐ Required rotation not successfully completed
☐ Required number of competency assessments not achieved
☐ Required entrustment level threshold not achieved
☐ Other academic standard explicitly applicable: _____

Section N.5 Required Remediation Activities

☐ Repeat of required rotation
☐ Directed targeted clinical competency remediation
☐ Additional approved clinical learning experience
☐ Focused direct observation of specified competency
☐ Repeat evaluation by qualified preceptor
☐ Additional case documentation / competency evidence
☐ Other: _____

Section N.6 Detailed Remediation Plan

Activity 1
Activity required: _____
Site / environment: _____
Preceptor / evaluator: _____
Competency or requirement addressed: _____
Evidence required for successful completion: _____
Target completion date: _____

Activity 2
Activity required: _____
Site / environment: _____
Preceptor / evaluator: _____
Competency or requirement addressed: _____
Evidence required for successful completion: _____
Target completion date: _____

Activity 3, if needed
Activity required: _____
Site / environment: _____
Preceptor / evaluator: _____
Competency or requirement addressed: _____
Evidence required for successful completion: _____
Target completion date: _____

Section N.7 Overall Completion Deadline

This remediation plan must be completed by: _____
Extension approved? ☐ Yes ☐ No
If yes, basis and approving authority:

Section N.8 Costs / Enrollment Notice

Student notified that tuition, fees, or other costs associated with remediation activities may apply: ☐ Yes ☐ No

Section N.9 Criteria for Successful Completion

Successful completion of this plan requires all the following:

1. _____
2. _____
3. _____

Section N.10 Consequence of Unsuccessful Completion

If this remediation plan is not successfully completed, the case may be referred to the Student Progress Committee for review under the Academic Standards Policies and Procedures.

Section N.11 Approvals and Acknowledgment

Associate Dean for Clinical Programs: _____ Date: _____
OCP Representative: _____ Date: _____
Practice-Ready Advisor: _____ Date: _____
Additional Academic / Program Reviewer, if applicable: _____ Date: _____
Student Acknowledgment: _____ Date: _____

Section N.12 Remediation Outcome

Date Final Review Completed: _____
Outcome: ☐ Successfully completed ☐ Partially completed ☐ Unsuccessful
Evidence reviewed:

_____

_____

OCP determination:

_____

Referred to SPC? ☐ Yes ☐ No
Date closed: _____

Appendix O. Frequently Asked Questions for AVIPs, Preceptors, and Students

This appendix provides practical, audience-specific guidance for Affiliated Veterinary Instructional Partners (AVIPs), preceptors, and students regarding recurring operational questions that arise during participation in the Distributed Veterinary Teaching Program clinical year. It is intended to clarify and support implementation of the handbook and should be read in conjunction with the relevant handbook sections governing site participation, supervision, student conduct, placement, assessment, and safety.

AVIP FAQs

What is an Affiliated Veterinary Instructional Partner?
An Affiliated Veterinary Instructional Partner is an approved clinical site that partners with the Utah State University College of Veterinary Medicine to support student learning during the clinical year. The affiliated site provides an authentic practice environment in which students participate in supervised clinical education under the guidance of designated preceptors and the broader veterinary team.

What is the role of the affiliated site in the clinical year?
The affiliated site serves as the hosting educational environment. That includes providing an appropriate clinical setting, identifying qualified preceptors, supporting student participation in day-to-day workflow, maintaining a learning environment consistent with program expectations, and communicating with the Office of Clinical Programs when important questions or concerns arise.

How is an affiliated site different from an individual preceptor?
The affiliated site is the organizational and operational partner. The preceptor is the individual veterinarian who teaches, supervises, and evaluates the student in the clinical setting. A site may have one or more designated preceptors, but the educational affiliation is with the site as a hosting clinical partner.

What kinds of sites is the program looking for?
The program seeks sites that can provide a safe, educationally appropriate, professionally supportive learning environment for veterinary students. Ideal sites are willing to integrate students into authentic practice, support supervision and feedback, and participate in the shared professional responsibility of preparing future veterinarians.

Does an affiliated site need to be a specialty or referral practice?
No. The program values a range of practice types and settings. Students need authentic clinical learning experiences that support development toward Day One competence as graduating veterinarians. General practice, mixed practice, large animal practice, specialty, emergency, shelter, laboratory, and other approved settings may all contribute meaningfully depending on the rotation type and educational goals.

Do we need to practice only "gold standard" medicine to be an appropriate teaching site?
No. The program is not looking only for sites that pursue a single maximal diagnostic or treatment pathway in every case. A better and more current educational framing is whether the site practices contemporary veterinary medicine responsibly and helps students understand how care may be delivered across a spectrum of clinically appropriate options. In this context, contemporary care means care that is professionally accepted, evidence-informed, ethically delivered, and appropriate to the patient, the setting, and the clinical circumstances. A strong teaching site is one that supports sound clinical reasoning, responsible patient care, good client communication, and thoughtful presentation of appropriate options. So long as a site is practicing contemporary veterinary medicine, maintaining appropriate supervision, and offering students exposure to responsible decision-making across a spectrum of care, it can be an excellent learning environment.

What is expected of the site before a student arrives?
Before a student arrives, the site should confirm the supervising preceptor or preceptors, clarify work schedule expectations, communicate any dress or equipment requirements, identify any important site-specific safety or biosecurity expectations, and ensure that relevant information is provided in time for communication through CORE ELMS by PeopleGrove and direct site contact as needed. The goal is to help the student enter the site prepared and ready to participate professionally.

What should the site cover with the student on the first day?
The first day should include a practical orientation to the site. This may include introductions, workflow expectations, reporting structure, work schedule, breaks and meals, safety procedures, restricted areas, record practices, client communication expectations, and how the student should ask for help or clarification. The purpose is to help the student begin safely, professionally, and with reasonable clarity.

Can the site establish expectations for dress, appearance, and safety-related attire?
Yes. Sites may establish reasonable expectations for professional attire, appearance, and safety-related dress based on the nature of the work. That may include scrubs, white coats, coveralls, boots, or other practice-specific requirements. Sites may also require removal of jewelry or similar items when needed for occupational safety or animal-handling safety.

What is the student's role at the site?
The student is a supervised learner participating in an official curricular activity of the College of Veterinary Medicine. The student is not an employee of the site, not an independent practitioner, and not a substitute for regular staffing. Students participate in patient care and practice workflow for educational purposes under appropriate supervision.

Does the site need to create special lectures or staged teaching activities?
No. Students are placed in authentic clinical settings so they can learn from real practice. Sites are not expected to create artificial cases, mock laboratories, or formal lectures to fill time. Students may learn through patient care, workflow participation, discussion, documentation, observation, case follow-up, and the natural ebb and flow of practice.

Can students work with veterinary technicians and other team members?
Yes. Students may appropriately learn from and work alongside veterinary technicians and other members of the veterinary team. Team-based learning is part of authentic clinical education. The designated veterinarian preceptor remains responsible for appropriate oversight of student clinical participation.

Can students access the medical record or enter notes?
Students may often participate in documentation in ways that support learning, but access and documentation practices remain subject to site policy and preceptor judgment. Students may draft histories, physical examination findings, case notes, or discharge materials for review when appropriate. Students should not independently finalize records or act beyond site policy or supervisory expectations.

Can students communicate with clients?
Yes, when appropriate and under supervision. Students may obtain histories, review routine instructions, or participate in case discussions under the supervising veterinarian's direction. Students should not independently provide final medical advice or represent themselves as the veterinarian responsible for the case.

What if a client does not want a student involved?
That preference should be respected. If a client declines student involvement, the site and preceptor may redirect the student to another appropriate educational activity, such as another case, observation, records work, or case discussion. Client preference is a normal part of practice and does not represent a program failure.

What if the assigned preceptor is unavailable during part of the rotation?
If the assigned preceptor is briefly unavailable, another qualified veterinarian at the site may supervise the student as appropriate, provided the student is not placed in an unsupervised role. If the change is more than brief or incidental, the Office of Clinical Programs should be notified promptly so the program can determine whether any additional adjustment or support is needed.

What if the site has concerns about a student?
The site should raise concerns early rather than waiting until the end of the rotation. Concerns about professionalism, communication, attendance, reliability, safety, supervision, or clinical performance should be shared promptly with the Office of Clinical Programs so the issue can be addressed appropriately and while it is still manageable.

Who handles attendance exceptions, make-up time, and academic consequences?
Sites and preceptors play an important role in day-to-day attendance expectations by communicating schedules, receiving notice of absences, and informing the Office of Clinical Programs when attendance, reliability, or communication become concerns. At the same time, formal decisions about excused absences, make-up time, incomplete work, remediation, and academic consequences remain with the College of Veterinary Medicine through the program's academic and operational oversight process. Sites and preceptors should not feel responsible for independently deciding academic consequences. Their role is to communicate concerns promptly and accurately so that the program can respond appropriately.

What if a student is injured at the site?
Immediate care comes first. The site should render first aid as appropriate and call 911 or direct the student to immediate medical care if the injury is serious or urgent. Once initial care has been addressed, the Office of Clinical Programs should be notified as soon as possible so the program can help support the student and coordinate next steps.

What should the site know about insurance and risk?
Students participate in approved rotations as part of an official curricular activity of the College of Veterinary Medicine. They are required to maintain health insurance and student professional liability coverage, and their participation also occurs within the framework of university coverage applicable to authorized curricular activities. This does not change the site's normal expectations for supervision, safety, and sound clinical judgment.

Will the college provide financial support for hosting students?
Yes. Under the current model, the college provides support to affiliated veterinary instructional partner sites for hosting students at **$1,250 per week per student**. This support recognizes the real educational and operational contribution involved in serving as a teaching site.

Why is support provided to the site rather than paid directly to the preceptor?
The college recognizes and values the time and effort that individual preceptors invest in teaching. At the same time, the formal educational relationship is with the affiliated site as the hosting clinical partner. Site-level support reflects the broader operational contribution involved in hosting students, including scheduling, staffing, facilities, team support, and administration. It also preserves appropriate boundaries, because the college does not direct or manage a site's internal employment or compensation arrangements.

Can the site decide how to recognize or support the individual preceptor internally?
That is a matter for the site's own leadership and internal policies. The college values individual preceptors deeply, but it does not direct internal site decisions regarding personnel recognition, workload allocation, or compensation distribution.

What if the site's caseload, staffing, or services change unexpectedly?
Variation in clinical practice is normal, and not every week will look the same. If site circumstances change in a way that significantly affects supervision, safety, educational appropriateness, or the site's ability to host the student, the Office of Clinical Programs should be notified promptly so the situation can be assessed and managed appropriately.

What if the site can no longer host a student after schedules have been set?
If an affiliated site can no longer host a student after schedules have been set, the site should notify the Office of Clinical Programs as soon as possible. Early communication is essential. In a distributed clinical program, changes in staffing, caseload, facilities, safety conditions, or business circumstances can sometimes affect a site's ability to host a student as originally planned. Prompt notice gives the program the best chance to support the site, evaluate available options, and make any necessary adjustments with as little disruption as possible for the student and the program.

What would accreditors be interested in if they visited our site?
If an accreditor or accreditation-related reviewer visited an Affiliated Veterinary Instructional Partner site, the primary question would not be whether the site looks like a referral hospital or an idealized academic facility. The primary question would be whether the site provides a safe, supervised, and educationally appropriate clinical learning environment for students. In practical terms, reviewers would be most interested in student safety, supervision structure, site conditions, workflow appropriateness, instructional readiness, and whether the site can support the kinds of clinical experiences assigned there. Because student safety is the program's foremost concern, much of the checklist and related site-review process is devoted to safety conditions and readiness factors that affect student participation.

Who should the site contact with questions or concerns?
The site should contact the Office of Clinical Programs when questions arise about supervision, scheduling, student concerns, safety, operational barriers, or any issue that may affect the quality or appropriateness of the student's clinical experience.

Preceptor FAQs

What is a preceptor in the Distributed Veterinary Teaching Program?
A preceptor is the site-based veterinarian who helps supervise, teach, coach, and evaluate a veterinary student during a clinical rotation. The preceptor is an essential educational partner in the student's clinical year, but final academic oversight remains with the College of Veterinary Medicine.

Do I need to be a specialist to serve as a preceptor?
No. The program is not asking preceptors to deliver specialty-level or residency-level training. The educational goal is to help students progress toward **Day One competence** as graduating veterinarians. Strong general practitioners and other experienced veterinarians in authentic practice settings are essential to that goal. This program is preparing students for entry into practice, not for post-graduate specialization.

What kinds of preceptors is the program looking for?
The program is looking for veterinarians who have a teaching mindset, who are willing to mentor students in an authentic clinical setting, and who want to give back to the profession. A perfect academic pedigree is not the goal. The program values thoughtful clinicians who are willing to teach, supervise, model professional behavior, and help students grow. This fits well with the handbook's emphasis on site-based observation, coaching, and evaluation in real practice environments.

Do I need formal teaching experience to be a good preceptor?
No. Prior formal teaching experience may be helpful, but it is not required. What matters most is a willingness to teach, give feedback, supervise appropriately, and support student development. The program also provides orientation and training to help preceptors understand expectations for student participation, supervision, evaluation, and communication.

What training will I receive before hosting a student?
Preceptors receive orientation and training on the clinical education model, student supervision, the scope of student participation, teaching in workflow, feedback, evaluation, student safety, and communication with the Office of Clinical Programs. The handbook also anticipates refresher and calibration opportunities over time.

Will the college provide financial support to affiliated sites for hosting students?
Yes. Under the current model, the college provides financial support to affiliated veterinary instructional partner sites for hosting students during the clinical year at **$1,250 per week per student**. This support reflects the real effort and operational impact involved in serving as a teaching site, including clinician teaching time, workflow adjustment, staff participation, administrative coordination, and use of the site's facilities and resources. The college offers this support because it recognizes that high-quality clinical education depends on affiliated sites that are willing to invest in student learning as part of the profession's shared responsibility to prepare future veterinarians.

Why does the college provide support to the affiliated site rather than paying the preceptor directly?
The college recognizes that individual preceptors contribute substantial time, attention, and professional effort to student teaching, and that contribution is deeply valued. At the same time, students are placed through approved affiliated sites, and the formal educational relationship is with the site as the hosting clinical partner rather than with an individual veterinarian as a separate payee.

For that reason, financial support is structured at the site level. This reflects the fact that hosting a student typically involves more than one person's teaching time. It often includes scheduling adjustments, support from technicians and other team members, administrative coordination, use of facilities and equipment, and the broader operational impact of serving as a teaching site.

This approach also preserves appropriate boundaries. The college is not a party to the site's internal employment arrangements, compensation practices, or personnel decisions, and it does not direct how a site recognizes or allocates support among its employees. Those matters remain with the site's own leadership and policies. This structure is not intended to diminish the contribution of the individual preceptor. On the contrary, the college understands that students learn because veterinarians are willing to teach, mentor, and give back to the profession. The site-level support model is intended to acknowledge that work while maintaining appropriate institutional and employment boundaries.

What is the student's role in the clinic?
The student is a supervised learner in a real clinical environment. The student is not an employee, not an independent practitioner, and not a substitute for a licensed veterinarian. The student participates in patient care and clinical workflow for educational purposes under appropriate supervision.

Can our clinic set expectations for student dress, appearance, and safety-related attire?
Yes. Clinical sites may establish reasonable expectations for professional dress, appearance, and site-specific work attire, and students are expected to comply with those expectations while on rotation. Depending on the nature of the practice, this may include arriving in scrubs, wearing a white coat, using coveralls, bringing rubber boots, or following other site-specific standards for appearance and readiness. Sites may also require removal of jewelry, rings, watches, facial studs, nose rings, or similar items when the nature of the work creates a risk of occupational injury or a safety concern for the student, personnel, or animals. The program can communicate site-specific expectations to students through the experiential learning management system, but clinics should make those expectations clear enough in advance that students can arrive prepared. These expectations are not about uniformity across all sites; they are about professionalism, practicality, and safety within the actual clinical environment.

What should I know about liability insurance and risk when hosting a student?
Students participating in the clinical year do so as part of an official curricular activity of the Utah State University College of Veterinary Medicine. During assigned rotations, they remain students of the college and participate in approved clinical sites under college oversight and site-based supervision. They are not placed at sites as employees of the site, independent

practitioners, or uninsured volunteers. Students are required to maintain personal health insurance and student professional liability coverage throughout the clinical year. In addition, participation in approved clinical rotations occurs within the framework of university coverage applicable to authorized curricular activities of the College of Veterinary Medicine. Hosting a student does not change the supervisory responsibilities that apply within the clinical setting, but it should reassure preceptors that students are participating as insured learners within an approved educational program.

What should we do if a student is injured at the site?
If a student is injured, the immediate priority is appropriate care. Provide first aid as appropriate to the situation. If the injury is serious or potentially urgent, call 911 and ensure that the student receives immediate medical attention. Once the student has received appropriate initial care and the situation is stable, notify the Office of Clinical Programs as soon as possible so the college can help support the student, coordinate next steps, and assist in managing the situation while allowing the practice to remain open and operational. Students in the clinical year participate as part of an official curricular activity of the Utah State University College of Veterinary Medicine, and injury or exposure events fall within the handbook's incident-reporting and safety framework.

What should we cover with the student on the first day?
The first day should help the student become oriented to the site, the people, and the workflow. At a minimum, the student should understand where to report, what the daily schedule generally looks like, how breaks and meals are handled, where personal items may be stored, what dress and safety expectations apply, how to ask for help, what areas or equipment require caution or restricted access, and how the site prefers to handle medical records, client communication, and case discussions. The goal is not a lengthy formal orientation, but a practical introduction that helps the student enter the rotation safely, professionally, and with reasonable clarity about expectations.

Does the student need to follow me all day?
No. Students do not need to shadow the preceptor continuously. Depending on the case, workflow, and level of supervision, a student may observe, assist with care, work up a case, draft a medical record, prepare discharge instructions, review diagnostics, or work with other members of the veterinary team.

Does the student need to be involved in every case?
No. The student's participation may vary from case to case. In some cases, direct participation makes sense. In others, observation, documentation, follow-up work, or case discussion may be more appropriate. The handbook supports this flexible, educationally purposeful approach rather than passive all-day shadowing.

What kinds of tasks can I appropriately assign to a student?
Depending on the setting and level of supervision, students may obtain histories, perform physical examinations, present findings, assist with diagnostics and procedures, draft medical records, prepare discharge instructions, participate in client communication under supervision, and discuss diagnostic or treatment plans.

What if we have a slow day at the clinic? Do I need to create extra teaching activities to fill the time?
No. Slow days are a normal part of real veterinary practice, and it is educationally appropriate for students to experience the natural ebb and flow of clinical work. Preceptors are not expected to fill slower periods with staged cases, mock laboratory exercises, or formal lectures simply to keep the student busy. When the caseload is lighter, students may still learn through observing workflow, discussing cases, reviewing records, reading about relevant topics, or catching up on required clinical-year work such as case submissions, patient encounters, or other program-related documentation. A slower day is not a failed day; it is part of learning how real practice functions over time.

Can veterinary technicians and other team members help teach the student?
Yes. Students may learn from and work alongside veterinary technicians and other veterinary team members. Team-based learning is part of authentic practice-based education. The supervising veterinarian still retains responsibility for oversight of the student's clinical participation.

What level of supervision is expected?
Student activities must occur under veterinarian supervision appropriate to the patient, procedure, setting, and student's level of training. Depending on the activity, supervision may be direct, indirect, or general, with the supervising veterinarian determining what is appropriate.

Am I the person making final academic decisions about the student?
No. Preceptors provide important observations, feedback, and rotation-based evaluations, but they do not independently determine final course outcomes, competency verification, or graduation readiness. Those academic decisions remain with faculty and the college's oversight structure.

What should we do if a student is late, absent, or not communicating appropriately?
If a student is late, absent, or not communicating appropriately, the concern should be addressed early rather than informally tolerated or saved for the end of the rotation. In many cases, a prompt conversation with the student may clarify the issue and help reset expectations. If the issue is repeated, significant, or affects professionalism, workflow, or reliability, the Office of Clinical Programs should be notified promptly so the program can follow up, support the student appropriately, and determine whether additional action is needed.

Who handles attendance exceptions, make-up time, and academic consequences?
Sites and preceptors play an important role in day-to-day attendance expectations by communicating schedules, receiving notice of absences, and informing the Office of Clinical Programs when attendance, reliability, or communication become concerns. At the same time, formal decisions about excused absences, make-up time, incomplete work, remediation, and academic consequences remain with the College of Veterinary Medicine through the program's academic and operational oversight process. Sites and preceptors should not feel responsible for independently deciding academic consequences. Their role is to communicate concerns promptly and accurately so that the program can respond appropriately.

What if I am worried that I am not "teaching enough"?
The expectation is not that you turn every day into a formal lecture series. Students learn a great deal from seeing how a thoughtful veterinarian manages workflow, communicates with clients and staff, prioritizes problems, makes decisions, and reflects on cases. Brief teaching moments, case discussions, end-of-day debriefs, and focused feedback are often more valuable than constant uninterrupted teaching.

What should we do if the assigned preceptor is unexpectedly unavailable during part of the rotation?
If the assigned preceptor is unexpectedly unavailable, the first priority is to ensure that the student remains in an appropriate supervised educational setting. In many cases, another licensed veterinarian at the site may step into the supervisory role for part of the day or part of the rotation, provided that the arrangement is appropriate to the setting and the student is not left in an unsupervised role. If the change is more than brief or incidental, the Office of Clinical Programs should be notified as soon as possible so the program can determine whether any formal adjustment or additional support is needed.

Does the student need access to the medical record, and can the student enter notes?
Students often learn best when they can participate in the medical record in appropriate ways, but record access and documentation practices are governed by site policy and preceptor judgment. In many settings, students may draft histories, physical examination findings, case summaries, medical notes, or discharge instructions for review. The supervising veterinarian and the site determine what level of access is appropriate and what documentation may be entered, edited, or finalized. Students should not independently finalize records or enter information in a way that exceeds site policy or supervisory expectations.

Are students allowed to talk with clients?
Yes, when appropriate to the setting and under supervision. Supervised client communication is an important part of clinical learning and may include obtaining history, discussing routine aspects of care, reviewing discharge instructions, or participating in case conversations with the supervising veterinarian's knowledge and direction. The student should not independently provide final medical advice, make independent treatment recommendations, or represent themselves as the licensed veterinarian responsible for the case.

What if a client prefers not to have a student involved?
That preference should be respected. Students learn in real clinical environments, and part of that learning includes understanding that some clients may prefer direct veterinarian-only interaction. If a client declines student involvement, the preceptor may redirect the student to another case, observational role, documentation task, or follow-up activity that still supports learning. A client's decision not to involve a student does not reflect failure on the part of the student or the site; it is a normal part of practice.

What if I need to give a student difficult feedback?
Difficult feedback is a normal part of clinical teaching and should be given clearly, professionally, and as early as possible. Feedback is most useful when it is timely, specific, behavior-based, and focused on improvement. It is better to address concerns early than to wait

until the end of the rotation. If the concern involves professionalism, safety, reliability, communication, or performance that may jeopardize the student's success, the preceptor should also contact the Office of Clinical Programs promptly so the program can support the student and the site appropriately.

When should I contact the Office of Clinical Programs about a student concern?
Preceptors should contact the Office of Clinical Programs early when concerns arise about professionalism, attendance, communication, safety, supervision, or clinical performance. Early communication allows concerns to be addressed while they are still manageable and helps the program support both the student and the site.

When and how do I complete the student's evaluation?
Preceptors are expected to complete required evaluations within the timeframe established by the program. Evaluation should be based on direct observation of the student's professionalism, participation, communication, clinical reasoning, responsiveness to feedback, and overall performance in the practice setting. Specific, behavior-based comments are especially helpful. If a preceptor has concerns about a student's performance, those concerns should not wait until the final evaluation. Early communication with the Office of Clinical Programs and timely feedback to the student are strongly encouraged.

Who should I contact if I have questions during a rotation?
Preceptors should contact the Office of Clinical Programs when questions or concerns arise about student performance, supervision, attendance, safety, workflow, or the learning environment.

Student FAQs

What is the clinical year in the Distributed Veterinary Teaching Program?
The clinical year is the culminating phase of the Doctor of Veterinary Medicine curriculum. Students complete supervised clinical education across a distributed network of approved veterinary practices and clinical partners, while academic authority remains with the College of Veterinary Medicine.

What insurance coverage am I required to maintain during the clinical year?
Students participating in the clinical year are required to maintain personal health insurance and student professional liability coverage throughout their assigned clinical experiences. Students participate in the clinical year as part of an official curricular activity of the College of Veterinary Medicine, and approved rotations also occur within the framework of university coverage applicable to authorized curricular activities. Students should understand, however, that this does not eliminate their responsibility to follow program requirements, site policies, safety expectations, and sound professional judgment while on rotation.

What should I expect regarding dress code, appearance, and safety-related attire at clinical sites?
Students should expect that dress and appearance expectations may vary by clinical site. One clinic may expect scrubs, another may prefer professional attire with a white coat, and another may require clothing and equipment suited to field or production-animal work, such as coveralls or rubber boots. Students are responsible for asking about site expectations in advance and for arriving prepared to fit appropriately into the clinical environment. Students may also be required to remove jewelry, rings, watches, facial studs, nose rings, or similar items when those items create a risk of occupational injury or create a safety concern during animal handling or clinical work. In those situations, the primary concern is the safety of the student, the veterinary team, and the animals. Site-specific expectations may be communicated through CORE ELMS, but students remain responsible for paying attention to those instructions and preparing accordingly.

How are students assigned to sites?
Students are placed through a structured program process rather than by informal individual arrangements. Placement preferences and scheduling are managed through CORE ELMS by PeopleGrove, and final decisions remain under program authority. Students may share preferences and logistical considerations, but they are not guaranteed a particular site, preceptor, or geography.

When will I know where I am going?
Students are generally notified of finalized rotation assignments about four to five months before the first rotation requiring travel. That timeline is intended to give students time to plan housing, travel, and other logistics associated with distributed clinical training.

Can I arrange or swap my own rotations?
No. Students may not independently arrange, confirm, exchange, swap, cancel, or otherwise alter clinical placements without prior approval from the Office of Clinical Programs.

Will I need to travel or temporarily relocate?
Often, yes. Because the clinical year is distributed across approved sites, students should expect that some rotations may require travel or temporary relocation. Housing and day-to-day living arrangements are primarily the student's responsibility unless the program specifically states otherwise for a particular experience.

What should I know about planning ahead for travel and housing?
Students should plan early. Once schedules are released, students are expected to begin planning for travel, housing, transportation, and other logistics that may affect timely participation in assigned rotations. The handbook is explicit that early planning matters in a distributed clinical model.

What should I do before the first day of a rotation?
Before the first day of a rotation, students should confirm the reporting location, arrival time, parking or access instructions, expected dress and equipment, contact information, housing and travel arrangements, and any site-specific preparation that has been communicated through CORE ELMS or directly by the site. Students should also review any instructions about safety, biosecurity, work schedule expectations, or required materials. The goal is to arrive prepared, oriented, and ready to participate professionally from the first day.

What if weather, car trouble, or travel problems affect my arrival?
If weather, transportation problems, or other travel-related issues may delay your arrival, you should notify the site and the Office of Clinical Programs as soon as possible. Early communication matters. Students are expected to plan responsibly for travel in a distributed clinical program, but delays and disruptions do happen. Prompt communication allows the site and the program to respond appropriately and helps prevent a logistical problem from becoming a professionalism problem.

What if I am the primary caregiver for a child, family member, or pet?
Students who have significant caregiving responsibilities should think about those arrangements early and realistically. The program will generally provide advance notice of travel-requiring rotations months ahead of time, but arranging childcare, dependent care, elder care, or pet care remains the student's responsibility. This is not meant to discourage students; it is meant to help them plan early and avoid preventable crises during the clinical year.

Can I bring my child, another family member, or my pet to a clinical site or rotation housing?
In general, no. Students should not bring children, dependents, visitors, or personal pets to a clinical site. Clinical sites are workplaces and patient-care environments, not childcare or pet-care settings. This expectation protects safety, professionalism, workflow, and the welfare of the animals being treated. Similarly, students should not assume that rotation housing permits children, family members, visitors, or pets. Rare exceptions may occur only when explicitly approved in advance through the appropriate program or site process. Students should plan with the expectation that the answer will be no unless they are told otherwise in advance.

What if my housing arrangement falls through or becomes unsafe?
Students should contact the Office of Clinical Programs as soon as possible if a housing arrangement falls through, becomes unsafe, or creates a significant barrier to rotation participation. Early communication is essential. Students are generally responsible for arranging housing in a distributed clinical model, but the program needs to know promptly when a housing problem threatens safety, professionalism, or the student's ability to participate in the rotation. Waiting too long can make a manageable problem much harder to address.

Are students employees of the site?
No. Students remain students of the College of Veterinary Medicine during their rotations. They are supervised learners participating in an educational program, not employees or independent practitioners.

What am I expected to do on rotation?
Students are expected to be present, punctual, prepared, professional, open to feedback, and actively engaged in learning. They are expected to participate appropriately in clinical workflow and patient care under supervision.

Do I need to follow my preceptor every minute of the day?
No. Students should be engaged, but they do not need to trail the preceptor continuously. Depending on the day and the site, a student may observe cases, assist with appointments or procedures, work up a case independently for later discussion, draft records, prepare discharge instructions, review diagnostics, or learn with other members of the veterinary team.

What if my rotation has a slow day? Does that mean I am missing out or that something is wrong with the site?
Not necessarily. Slow days are a normal part of authentic veterinary practice, and learning the rhythm of practice includes experiencing both busy periods and quieter ones. The program does not expect sites to create artificial cases, mock laboratories, or extra lectures simply to fill time. On slower days, students may still use time productively by discussing cases with the preceptor, reviewing medical records, reading assigned or suggested materials, and catching up on required clinical-year work such as case submissions, patient encounters, and other documentation. Students should understand that educational value during the clinical year comes not only from case volume, but also from reflection, follow-up work, documentation, and seeing how real practices function across variable days.

What records, logs, or required work should I keep up with during the rotation?
Students are responsible for keeping up with required clinical-year work as directed by the program. This may include case submissions, patient encounters, documentation in the CORE ELMS, required evaluations, and other program-assigned work. Students should not assume that slower days or busy days will somehow create extra time later. It is important to stay current throughout the rotation so that required work does not accumulate and become difficult to manage.

What kinds of activities can I do on rotation?
Depending on the site and supervision, students may obtain histories, perform physical

examinations, present findings, assist with diagnostics and procedures, draft medical records, prepare discharge instructions, participate in client communication under supervision, and contribute to case discussion and clinical reasoning.

Can I enter notes in the medical record or prepare discharge instructions?
In many settings, yes, under supervision and consistent with site policy. Students may be allowed to draft histories, physical examination findings, medical notes, case summaries, or discharge instructions for review as part of clinical learning. The supervising veterinarian and the site determine what level of record access is appropriate and what documentation may be entered, edited, or used. Students should not independently finalize medical records, enter information beyond what has been authorized, or assume that documentation practices are the same at every site.

What should I do if a client does not want a student involved?
Students should respond professionally and without taking it personally. Some clients may prefer not to have a student involved in their animal's care, and that preference should be respected. If this occurs, the student should step back appropriately and look to the preceptor for the next learning opportunity, whether that means observing, helping with another case, assisting with documentation, or discussing the case afterward. This is a normal part of clinical practice and not a judgment of the student's value or potential.

What if my site requires weekend, after-hours, or on-call participation?
Some clinical sites may include weekend, after-hours, or limited on-call expectations as part of authentic participation in practice. Students should expect that schedules may vary by site and service. At the same time, student participation must remain consistent with program expectations for supervision, workload, rest, and student well-being. If a schedule seems unclear, excessive, or inconsistent with program expectations, the student should ask questions early and contact the Office of Clinical Programs if needed.

Can I independently diagnose, prescribe, or act as the veterinarian?
No. Students do not independently diagnose, prescribe, or represent themselves as licensed veterinarians. Patient care decisions remain with the supervising veterinarian.

What should I do if I do not know what is expected at a site?
Ask early. Students should clarify expectations for workflow, schedule, reporting, communication, and responsibilities at the beginning of each rotation. It is normal for sites to differ, and early clarification is part of professional participation.

What should I do if I am asked to do something I do not feel prepared or authorized to do?
Students should pause, think, and ask for clarification when needed. The clinical year is meant to stretch students, and it is normal to be asked to do things that feel new, challenging, or a little outside one's comfort zone. Feeling challenged is not, by itself, a sign that something is wrong. At the same time, students are not expected to perform beyond what is appropriate for their level of training, the circumstances, and the available supervision. If you are unsure whether you understand a task, whether you can do it safely, or whether it is appropriate for a student role under the level of supervision present, speak up respectfully and promptly. Patient safety, student

safety, and professional judgment come first. If the question cannot be resolved easily at the site, contact the Office of Clinical Programs.

What are the attendance expectations?
Attendance is both an academic requirement and a professional responsibility. Students are expected to follow the work schedule established by the site and preceptor, document absences through CORE ELMS, and communicate appropriately with the site and the Office of Clinical Programs when required.

How many personal days do students have?
Students are allowed up to twelve personal days during the clinical year without make-up time, subject to the program's limits and communication requirements. Personal days may not exceed two days in a four-week block or one day in a two-week block and may not be used on the first day of a rotation unless approved in advance.

What if I get sick or have an emergency?
Students must report illness or emergencies as soon as reasonably possible and follow the program's required documentation and communication process. Some absences may require documentation, and absences beyond the allowed categories may require make-up time.

What if I have concerns about safety, supervision, or the learning environment?
Students should contact the Office of Clinical Programs promptly if concerns arise related to safety, supervision, professionalism, scheduling, housing barriers, or other significant issues affecting learning or participation. Early communication is expected and helps the program respond appropriately.

What should I do if I am injured during a rotation?
If you are injured during a rotation, seek help right away. Accept or request first aid as appropriate. If the injury is serious or may require urgent care, call 911 or seek immediate medical attention. After you have received appropriate initial care, notify the Office of Clinical Programs as soon as possible so the college can help support you, coordinate next steps, and assist with any rotation-related issues that may follow from the incident. The handbook already expects students to report injury or exposure events and other significant safety concerns promptly so that appropriate action can be taken.

What should I do if I experience an exposure event, such as a bite, needlestick, radiologic exposure, or zoonotic risk?
Students should treat an exposure event seriously and respond promptly. Immediate first aid or site-directed response should occur first, followed by urgent medical evaluation when appropriate based on the nature of the exposure. Students should also notify the supervising veterinarian or site contact promptly and then notify the Office of Clinical Programs as soon as possible after immediate care needs have been addressed. Exposure events may include animal bites or scratches, needlesticks, radiologic exposure concerns, chemical exposure, or possible zoonotic disease exposure. Prompt reporting helps protect the student's health and allows the program to support follow-up and documentation appropriately.

How is my performance evaluated?
Student performance is reviewed through multiple inputs across the clinical year, including preceptor evaluations, competency documentation, case-based work, and faculty oversight. Preceptor input matters, but final academic oversight remains with the college.

What if I am not progressing as expected?
The program monitors student progress across the clinical year and may use early support, make-up work, schedule adjustments, or directed experiences when needed to help students meet requirements while maintaining academic standards.

Can I post about my rotation on social media?
Students should use caution and professional judgment when posting on social media about their clinical experiences. Students must protect client confidentiality, patient privacy, site privacy, and the professional reputation of the site, the College of Veterinary Medicine, and themselves. Photographs, case details, or comments about patients, clients, or clinic operations should not be shared unless clearly permitted by site policy and consistent with professional standards. When in doubt, do not post.

What should I do if site expectations seem different from what I thought the program allowed?
Students should ask respectful clarifying questions early rather than making assumptions. Clinical sites vary in workflow, attire, scheduling, communication style, and day-to-day operations, and some differences are normal. At the same time, students should not ignore a concern if something seems inconsistent with safety, supervision, professionalism, or program expectations. If a question cannot be resolved easily at the site, the student should contact the Office of Clinical Programs promptly for guidance.