

The Future of Veterinary Medicine is in Our Teaching Hospitals

by Dionne Rasquinha



Veterinary teaching hospitals are a valuable resource for veterinary faculty, researchers, residents, and students. The hospital works to facilitate learning opportunities for veterinary students while providing advanced services to the clientele. While there are benefits to having a distributed clinical model, the lack of access to a veterinary teaching hospital could be detrimental to a veterinary student's potential if an alternative approach to these learning opportunities is not offered throughout the veterinary curriculum.

Attending a school with an affiliated veterinary hospital allows students to begin shadowing and working at the hospital early in their veterinary school career. In a study on student preparedness for clinical learning, students reported a need for a smoother transition from their preclinical to clinical curriculum in order to reduce the stress associated with this change¹. Schools with a teaching hospital have the opportunity to place

preclinical students with clinical students through mini rotations starting their first year of veterinary school. This not only helps students get familiar with the hospital prior to their clinical year, but also offers valuable connections with students who have already worked through the curriculum. In a school using a distributed clinical model, it would be disruptive to a fast-paced private practice to have preclinical students enter the environment if the practice is not designed to accommodate these students. Veterinary schools with a distributed clinical model could aid students in getting these opportunities by purchasing or paying private practices in the surrounding area and modifying them to allow multiple students to be present; however, it would be expensive and inefficient to obtain several practices to provide this opportunity to all their preclinical students. A veterinary teaching hospital is built with the plan to allow many students to be present and participate in procedures making it a better option to combat this issue.

Not only is having a veterinary teaching hospital useful for providing unique, hands-on opportunities to preclinical students, but also allows students to study cases going through the hospital that correlate with what they are learning in class. Clinical pathology cases that will be part of their lectures and labs will be actual current cases and these students may even have the opportunity to observe these cases firsthand². Taking part in these cases, whether through observation or participation, will increase enthusiasm from the students on the subject and help solidify the material. Schools with a distributed clinical model may be able to replicate the availability of relevant and current cases through their partnered practices; however, the opportunity to participate may not be as readily available to their preclinical students as it would be at the teaching hospital.

Additionally, veterinary schools with teaching hospitals have more control in the consistency of their clinical encounters due to the difficulties associated with standardizing clinical curriculum across training sites with the distributed clinical model³. In a veterinary teaching hospital, each student going through the hospital is required to participate in select rotations. While the cases differ week to week, core clinical encounters have been identified by the school and students learn these skills from the same faculty in that department. In a distributed clinical model, students will learn different methods depending on the practices they get to rotate through. This means that students graduating from the same program will have mastered core competencies with varying skills depending on which private practice they rotated through.

Veterinary teaching hospitals have the funds from the school to have advanced, state-of-the-art treatments and new, emerging technologies. These are a valuable tool for students to be exposed to and learn about throughout the veterinary curriculum. Many of these tools also cater



to the visual learner, such as advanced imaging techniques and medical videoscopes². The faculty are able to use these technologies to more effectively teach important concepts to students. In addition, the faculty at the veterinary teaching hospital are exposed to numerous cohorts of students and have mastered the art of teaching students. Veterinarians in private practice are a valuable resource in exposing students to different methods and approaches to cases; however, they have not received the training or extensive exposure to students that the veterinarians at teaching hospitals have, making it more difficult for them to cater their teaching styles to students.

Although arguably inadvisable for schools to transition solely to relying on surrounding general practices for clinical encounters, providing opportunities to work in a private practice is an educative experience and realistic portrayal of veterinary medicine. In general, the cases going through veterinary teaching hospitals are more advanced and do not typically reflect the caseload seen in a general practice. Surveys of recent graduates and their employers recognized that new graduates take about two years in clinical practice post-graduation to become a confident and independent veterinarian⁴. Having students work at private practices during veterinary school provides them with skills that they would use frequently in a general practice². As a solution to bridge the gap between the two teaching models, externships at private practices and emergency clinics should be encouraged both during summer breaks and as rotations during the clinical year in the veterinary teaching hospital model.

The surrounding community of pet owners hold veterinary school affiliated hospitals in high regard and rely on these facilities to care for their pets with advanced diseases. Doing away with veterinary teaching hospitals would not only hinder learning by students and residents, but also decrease accessibility of quality care to these clients. Instead, veterinary schools with teaching hospitals should partner with private practices and emergency veterinary hospitals to provide externship opportunities to students during their clinical year. Having access to a veterinary teaching hospital throughout the veterinary school curriculum and externships at outside hospitals will set the veterinary student up for success and encourage students to continue learning new technologies and techniques throughout their veterinary career⁴. Veterinary teaching hospitals are a strength in the veterinary school program and should continue to be available to build knowledge and create confident, empathetic newly graduated veterinarians.

References

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