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how unhappy he is about you and your practice.

The goal of a successful practice should be to have satisfied clients even if the treatment fails. If you serve your clients as you would like to be served, attempt to keep medically current and charge fair fees, your practice and your life will thrive.

Practice and Institutional Exchanges within the Residency Training Program

by D. M. McCurnin, D.V.M.*

All residency programs have a common end goal; that of a competently trained specialist. The general public is demanding a much more sophisticated level of veterinary practice than ever before. As the need for more highly skilled general practitioners has increased, so has the need for specialty trained practitioners.

The responsibility for training the specialist has fallen upon the university teaching hospitals, private institutional hospitals (i.e. the Animal Medical Center) and private practice hospitals. Because each training institution has a different practice mission, the final end product has had a different educational experience. The common goal of all programs is achieving a balance between didactic and practical training.

Most university programs in the past have been weighted on the didactic side of the scale. The basic science training in surgical anatomy, physiology, pathology, surgical principles, surgical techniques, etc., has been excellent. The exposure to client education, client relations, numbers of routine clinical surgery, etc., has fallen short. This in part may be attributed to the university system of many hands on each case (seniors, interns, residents, staff members).

The rationale for the university program has been that if the trainee has been well trained in the basics then he/she will continue to develop clinical skills following training. The areas of deficiency have been in client and practice management, routine emergency treatment of acute trauma cases and number of cases handled.

The private practice hospital training programs have begun to appear now that more Diplomates have entered private practice. The area of most concern in this program is the basic science training especially pathology, anatomy and supporting classroom work. The exposure to numbers of clinical cases, client and practice management and emergency treatment of acute trauma cases is excellent. This then makes the private practice hospital program weighted on the practical side and light on the didactic.

The private practice of veterinary surgery must be carried out with a monetary profit to support the overall clinical program. This puts the veterinary surgeon in the role of diagnostician, prognosticator and financial estimator for the client before he becomes an attending surgeon. Only after the client has given authorization, may the surgeon carry out his surgical skills.

How then, can the resident become fully academically qualified, yet possess the necessary practical background to enter private practice? The answer, in part, may be through practice-institutional exchange programs. The resident could benefit by being exposed to both worlds and the staff at both the private practice and teaching institution would also benefit from the exposure to the resident via educational osmosis.

An educational exchange has been used to mutual benefit between a private practice surgeon and a teaching hospital surgeon.¹ During the author's resident training at a

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university teaching hospital a part of the training program was spent at The Animal Medical Center, New York City.

If coordinated, one resident could exchange with another resident during the last three to six months of their training. Housing and a permit to practice would have to be arranged well in advance. During the exchange period seminars could be held at each location by the resident to give the host staffs some continuing education in the resident's area of expertise. The hosting staff, on the other hand, can work with the visiting resident through individual study and small group seminars.

Through an exchange program, the university resident would gain a tremendous amount of supervised private practice experience. The private practice resident would be exposed to current ongoing institutional research and basic reviews in anatomy, pathology, etc. The overall educational value would only be limited by the exchange participants.

REFERENCES

Mandatory Continuing Education

by F. D. Wertman, D.V.M.*

About ten years ago we began to hear consumer-oriented rumblings about mandatory continuing education as a requirement for relicensure. At that time, a number of state veterinary medical associations started academies of Veterinary Practice. These Academies varied somewhat from state-to-state, but they all required a specified number of hours of continuing education for membership. These Academies were a hedge against mandatory continuing education.

The General Assembly of the State of Iowa, following four years of committee activity, passed in the last session a Professional and Occupational Licensing Bill that requires continuing education for relicensure. This law includes twenty-four professions and occupations, and becomes effective January 1, 1978. It also delegates to the Boards of Examiners rule-making authority and provides for procedures for professional review of the imposition of disciplinary sanction for certain acts or omissions or revocation of licenses.

The portion of the law that will affect the practice of veterinary medicine is the mandatory continuing education. The law states that the Iowa Board of Veterinary Medical Examiners will establish a continuing education program to "guarantee continued maintenance of skills and knowledge commensurate with the current level of competency of the members of the profession for the purpose of guaranteeing the citizens of the State of Iowa a high standard of professional care."

The law defines continuing education as "that education which is obtained in order to maintain, improve or expand skills or knowledge obtained prior to initial licensure or to develop new and relevant skills." The law further specifies that the education may be obtained through formal or informal practices, self-study, research and participation in professional, technical and occupational societies and by other similar means as authorized by the board of Veterinary Medical Examiners.

The Professional and Occupational Licensing Law gives broad powers to all Boards to discipline licensees. The present