**Syllabus/Detailed Policies**

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| **WILDLIFE MEDICINE CLINICAL ELECTIVE SAMS 5117**  **Summer Internship Syllabus**  **Updated May 2015**    **Summer Internship Description:**  Students will assume case responsibility for all wildlife presented to the hospital. Duties may include triage, morning and evening treatments, emergency care, maintenance of medical records, and diagnostic workup followed by medical or surgical treatment under supervision of the Zoological Medicine Staff.  During your one month internship, you will be on-call from 6am to 10pm Monday through Friday. During this time, you may be called to the hospital at any time to help care for a patient. It is vital that you stay close to your phone! You are expected to call back within 15minutes! You will be responsible for morning and afternoon treatments for the cases that are assigned to you. During your block you will have one on-call weekend where you will be on call from 6am to 10pm on Saturday and Sunday. During the other weekends, you are not on call. However, if you have patients at the hospital you are still responsible for their care during the weekends.  We really hope you enjoy your internship and learn a lot! If you have any questions or comments, please do not hesitate to reach out to the managers!  **General Information**    The Wildlife Service at UGA relies on the enthusiasm and motivation of students interested in wildlife patients. The wildlife service aims to provide the general public with a place to bring injured wildlife for treatment, and is dedicated to the education of students. Information on the specifics of triage and emergency care of wildlife is available in the references found at the end of this syllabus. It is your responsibility to read any pertinent literature which will help you manage your case, as this is a major component of postgraduate medicine, especially when dealing with nondomestic species. Due to potentially serious zoonotic diseases that might be encountered when working with wildlife, strict sanitation should be practiced. Any potentially dangerous wild animals should not be handled without the instruction and supervision of the instructors. ALL MEMBERS MUST BE VACCINATED FOR RABIES.  **Schedule**    You can find your schedule by referring to the Block Schedule google document. You are assigned to one block (A,B, or C). During your block you are responsible for being on call and carrying out treatments of your assigned cases. The Block Schedule document will be an easy access document that will allow you to see who is on your block, who is on call for each weekend, and what cases are assigned to what each person. Through this document you will always have the contact person of your fellow interns!  **WTC website**  [ugawtc@weebly.com](mailto:ugawtc@weebly.com)  Username : wtcrew  Password: wtcmember  Our website is a great reference point for you! Under the members only section you will find the very important WILDLIFE LOG where you will track each of your patients! Under the reference section, there are many helpful documents and protocols that will help you on your learning experience!  **Parking**  You are not allowed to park in the parking lot at the new vet school between 7am to 5pm Monday – Friday. You are allowed to park there after 5pm on M-F and anytime on the weekends. I know this seems counter intuitive but you must have a parking pass and they have no extra’s to administer. Therefore, you have several options. You may buy a parking pass on campus and take the shuttle that runs to the new vet school campus. The shuttle runs every 30 minutes. Another option is to contact the church across from the vet school and see if it is possible to park in their parking lot. The third option would be to park somewhere close to the vet school and walk/bike to the actual school. This could be a potentially bad idea and lead to towing, tickets, and upset businesses. We apologize for the parking mess. We assure you that the vet students are also being effected and dealing with the consequences! May the force be ever in your favor!  **Receiving patients**    Receiving cases during normal business hours (Mon.-Fri. 6am-5pm)    The front desk calls the zoomed ward when a wildlife case is presented to the admissions desk. Someone from the zoomed ward will then call two summer interns. A senior student or clinician will perform the initial exam. If the patient is stable, the clinician should wait until the paged student arrives to give you a chance to work up the case yourself and come up with a plan for treatment. If a case is critical, then the clinicians will start emergency care when the case arrives.  Once you are assigned a case, take the responsibility seriously. You will be that animal’s most important advocate. Students sometime complain that they feel like mere observers, as senior students and clinicians make decisions on their cases. This will not be the case, however, if the clinicians see that you are actively involved in the case management and take responsibility for the animal’s care. While you may not have the knowledge or skills yet to perform all the diagnostics and procedures, you will find that if you are reading about the case, researching it, and demonstrating compassion and interest, you will be increasingly involved in the case and will get a great deal out of the experience. One way to stay actively involved in the case is to attend rounds as much as possible.  Receiving cases “after-hours” (weekdays 5 - 10 p.m. and weekends)    Wildlife treatment crew members are responsible for any wildlife case that presents 5 - 10 p.m. on weekdays and all day on weekends. When wildlife presents at the hospital, the ICU resident will tend to the patient and stabilize it. The ICU resident will the update the zoo med clinician on duty and you will be contacted by that clinician    **How to Handle a Wildlife Case**    There should always be a minimum of two people assigned to each patient. On the initial work-up, identify the species you are working with (there are field guides available in the ward). A body weight should be obtained as soon as possible. Often, this can be accomplished in the transportation carrier (weighing the carrier later). Place the animal in a dark, quiet cage while you prepare equipment for the exam. Remember, these are wild animals who will be extremely stressed by being held. Perform a physical exam and determine a diagnostic and treatment plan. Depending on availability, you can ask the senior students, technician, or doctors for help. The results of the physical exam and your plan should be discussed with the clinician on duty (ie; a bird with a fracture should receive supportive care including fluids, analgesics, and fracture stabilization). This will give you an opportunity to work directly with the clinician and receive some direct training. Clinicians must approve any diagnostics (i.e. rads, bloodwork, anesthesia) performed on a case. Always ask for help handling a species you have not dealt with before, or at any time you are uncomfortable handling an animal. Once you have finished a quick exam, return the animal to a dark, quiet cage or carrier and prepare all the necessary equipment (warm fluids, injections, bandaging material, appropriate caging). This is an important step that will avoid undue stress to the patient. As a suggestion, one person can gather the treatment materials, while the other is preparing the cage. When preparing a cage for a wildlife case, remember the following (again, ask technicians if you have any questions at all; they are very nice and happy to help):    1. Cage w/ appropriate food and water (please refer to the available field guides in the zoo med ward, consult the web or consult a clinician or technician for the appropriate food and cage furniture necessary for each case) unless you know you the animal is to be anesthetized within a short period of time  2. Log the case in the wildlife spreadsheet “Wildlife Log 2015” on the computer in the exam room, and note the ID number (number in left-hand column).  3. Write species, ID number, and your contact info on the dry erase board. Update the “Next Case” number on the white board.  4. Complete progress notes, PE forms, and treatment sheets. (All treatment sheets must be approved by a doctor.)    \*\*We understand that sometimes when you arrive to the ward the clinicians have already completed a physical exam and created a treatment plan. Depending on the stress level of the animal, we encourage you to complete your own physical exam. If the animal is too stressed at that moment, then make a point to do a physical exam the next morning. The more you put into this course, the more you will get out of it. Don’t be afraid to ask a clinician to help you do a physical exam. If they are overwhelmingly busy at the time then try again at the next treatment.  **Special Species**    The UGA VTH policy regarding rabies vectors species does not allow these species to be admitted as patients, except under approval by a zoo med doctor. These species include: bats (all species), skunks and raccoons. However, there are other species that can be considered rabies vectors, but have a lower potential of presenting with rabies, ie, foxes, bobcats. Should you be contacted about one of these species, please inform the Good Samaritan of the policy at UGA and that they need to contact Animal Control, the Department of Natural Resources, or a Wildlife Nuisance Service. If a Good Samaritan drops one of these animals off without prior arrangement, please contact the clinician on duty immediately and do not attempt to handle the case yourself. Also, never handle any animal that you feel may cause you injury.    **Euthanasia**    If at any point you feel your patient is suffering, euthanasia might be its best option. Talk with the clinician on duty about your concerns. The preferred method of euthanizing wildlife patients is to administer inhalant anesthesia (isoflurane) and intravenous KCL. This avoids the handling of controlled substances (pentobarbital) by the wildlife volunteers. Potassium chloride should not be administered to animals that are not anesthetized. Alternatively, contact the clinician on duty to provide you with pentobarbital. A senior student, technician, or clinician can help you set up the anesthesia machine and properly administer the IV injection.  **Daily Treatments**    Treatment crew volunteers are responsible for morning and evening treatments (and others if possible) Monday-Friday and all treatments for Saturday and Sunday. Morning treatments must be completed **BEFORE** 8:30 a.m. The student who is primary on each case must discuss the case with the assigned senior student so that the senior can present the case in rounds at 8:30am. Remember, although wildlife have no owners, they are just as important as any other patient in the hospital and are entitled to the same level of care. Therefore, the clinical team requires a daily update prior to rounds so that the diagnostic and therapeutic plan for the case can be updated. The time when volunteers are to report to the ward is dependent on the number of cases needing treatment. This time should be pre-arranged by student clinicians on each case, the supervisor, and the clinician on duty. Evening treatments can be done between 4-6pm, or when indicated by their treatment sheet (e.g. an animal may need antibiotics at 7am and 7pm). It is not necessary for both the primary and secondary student clinician to personally perform every single treatment on their patients, but it IS necessary for each student to ensure that their patients’ treatments get done. Every patient must be evaluated every day. Additional treatments can be split up among students if necessary to accommodate class and exam schedules. However, for the most part, treatments will be done as a team (one person to restrain, one to perform treatments, one to clean cage while the animal is being treated).  Occasionally, we have patients that need treatments during the day or later at night. If you cannot do some of the day treatments because of class/work conflicts, ask a technician or senior student to help. Again, it is not necessary for you to do every treatment, just to make sure that every treatment gets done! Your role is to be the advocate for your patient.  Each wildlife case will be assigned a senior student. Consider this person as a mentor and make sure you keep them apprised of any changes in status of your patient. The seniors are a great resource for you as you learn to form diagnostic and treatment plans, and practice writing medical records. Make sure you discuss the progress of the case with the assigned senior student each morning so that the senior can present the case at rounds. You are welcome to join us for rounds if you don’t have class at 8am. Likewise, you can call the ward and ask when afternoon rounds will be (the time varies) and join them if your class schedule permits.  Treatments include the administration of medications, provision of appropriate food/water, obtaining a daily body weight, monitoring food consumption, and cleaning cages. Medications should be kept in a labeled container in the food run. When treatments are completed, CLEAN UP AFTER YOURSELF. Our technicians and assistants are very helpful and accommodating, so it is particularly unfair to take advantage of them. They are here to assist you with restraint, treatment, and care of your patients, NOT to clean up your mess!  If a patient requires anesthesia for treatment, this will be performed by the clinicians, technicians, and/or senior students. At no time will wildlife treatment crew anesthetize a patient without clinician supervision. However, we will attempt to time anesthetic procedures so that you can be present.  It is most desirable for each student clinician to continue with their case for as long as that animal is a patient in the hospital. The learning experience is greatly enhanced by seeing a case from start to finish.    **Rounds**    Wildlife supervisors and student clinicians are welcome and encouraged to come to 8am rounds, or afternoon rounds (variable times) whenever they are available. Rounds occur at 8:30am and 5:00pm, but in reality tend to happen at many varying times. We understand this makes it difficult to attend rounds, but we encourage you to do your best to attend when possible. Regardless, the primary student clinicians should discuss the progression of their cases with a clinician or a senior student daily. It will not be possible to round about cases with the clinicians or seniors at the same time each day. You are encouraged to evaluate the patient and continuously update the plan based on your assessment, but do not make changes to treatments without discussing it with a senior student or clinician. Likewise, the senior student will make every effort to inform you of changes in the plan as soon as possible. The clinicians will make an effort to be in the zoomed ward during at least one of the two daily treatment times, so that you can discuss any concerns with them. If it is after hours, you may page the on-call clinician with any questions. If the case you are working with was scheduled for diagnostic or treatment procedures during the day while you were in class (ie: radiographs, surgery) the clinician or senior student will likely want to update you before any treatments are performed. If he/she is not present, check the record, as they would have updated what procedures were performed and the new plan for the case.  **Paperwork**  Each patient has a file that it receives on intake which stays in the ward with the patient until discharge. This file assigns a hospital number which is how the hospital identifies the patient. This number is also how you find your patient in the computer system. You will not have access to the system but your senior student will use it often. (P.S The school just switched computer systems. They are no longer using UVIS and are now using VETVIEW. There may be a few bumps along the road during this transition period!)  On intake, the good Samaritan will fill out an **intake form**. This form is very important because it will have the location the animal was found. We try to release the animal back to where it was found. The intake form will stay in the patients file and a copy of the intake form needs to be given to the rehab facility if the patient goes for further rehabilitation.  Each patient will have an initial **physical exam** sheet that you will fill out on intake. It will remain in the patients file.    Records should be kept daily on each patient. Each patient has a **daily treatment sheet**. You are responsible for ensuring the treatments are taken care of and the sheet is properly filled out. Be sure to add notes to the back of the sheet about temperament, food eaten, defecation, etc. We highly recommend creating your treatment sheet for the following day the night before. That ensures that your treatment sheet is ready to go when you come in for am treatments! Treatment sheets hang on the outside of the patients cage but the etxtras can be placed in the patients file.    Most importantly, you must keep the **Wildlife log** updated! This is a google document that you can find through the website. It is THE ONLY WAY we keep track of our patients! It is vital that we have an accurate account of each patient so that we can apply for grants! YOU are responsible for filling out your case, WL #, outcome, etc!  **Discharging patients**    Upon the resolution of the case, there might be three outcomes: 1) euthanasia or death of the patient, 2) discharge of the case to a licensed rehabilitator for further care or 3) release back into the wild. Either case requires a discharge so that the hospital has records of what happened to every animal.  When it is decided that a case is ready to go to rehab, the primary student clinician will, working with the supervisor and ZooMed staff, identify an appropriate rehabilitator. The student clinicians contacts the rehabber and makes arrangements for transfer. The rehabber should be noted in several places: the wildlife log and the discharge.    At the time of discharge:  1. Write and print two copies of discharge instructions (one for rehabilitator and one for medical records). The discharge instructions should include any further medical treatment that this animal may need (medications, bandage changes etc) and the expected outcome. The Discharge must be checked by the doctor. Once approved it can be entered into UVIS. It is really important to ensure that the discharge gets entered into UVIS.  2.. Update the wildlife log with the disposition of the case and the date.  3.. Clean cage thoroughly  Please let the clinicians know if you have any comments or suggestions about the program. Your feedback will help us improve the program and make it as useful for both the students and patients as possible. **Your time is greatly appreciated and the clinic could not see wildlife without your help!**  **Additional forms**   * Please read and understand the new rabies protocol attached to the end of this document. You can also find the protocol on our website. * For protocols specific to species please refer to the Patient Care Protocols located on the website. These include basic s for injured turtles, baby squirrels, baby birds, raptors, wading birds, etc. These are new this year and very helpful.   **Recommended Reading in Wildlife Medicine**  Journals:  Journal of Wildlife Diseases  Journal of Wildlife Management  Journal of Zoo and Wildlife Animal Medicine    Books:  Davidson, W.R. and V.F. Nettles. 1988. Field Manual of Wildlife Diseases in the Southeastern United States. Southeastern Cooperative Wildlife Disease Study, Athens  Davis, J.W., Karstad, L.H. and D.O. Trainer (eds.). 1981. Infectious Diseases of Wild Mammals, 2nd edition. Iowa State University Press, Ames, IA.  Wobeser, G.A. 1981. Diseases of Wild Waterfowl. Plenum Press, New York.  Wobeser, G.A. 1994. Investigation and Management of Disease in Wild Animals. Plenum Press, New York.    Mader, D.R. (ed.). 2006. Reptile Medicine and Surgery. W.B. Saunders, Philadelphia.    Ritchie, Harrison, G. and L. Harrison (eds.). 1994. Avian Medicine:Principles and Application. Wingers Publishing, Lake Worth, FL.    Gage L. Hand rearing of wild and domestic animals. Iowa State Press. 2002.  **Protocol: Rabies Vectors**  When a potential rabies carrier is received, **minimal handling** is applicable.  Wear examination gloves, safety glasses and any other appropriate personal protection.  Keep track of every person potentially exposed; Good Samaritan (make sure address and contact info is recorded upon admission) and students, interns, residents, faculty  Remember that the Athens Veterinary Diagnostic Laboratory (AVDL) is NOT certified for rabies testing in case of human exposure.  · **If no human/domestic animal exposure**:  o We will charge ~$80 for test if the client is interested in the rabies status of the animal.  o Let the client know that she/he can submit the head/body to the state lab for testing, but it will cost them about $150.  · **If a bite/exposure incident occurs and rabies is suspected**, the client needs to contact The Environmental Health Office in their county of record to report the incident. In cases of human exposure, Georgia Poison Control, and the family MD need to be contacted as well. It is the job of these health professionals to determine if post-exposure rabies treatment is necessary. Our test is not for purposes of public health. Keep the body in the hold cooler in anticipation of state rabies testing.  · The **Environmental Health Office** of the county of origin of the animal will complete the bite incident report in the new program called SENDSS (State Electronic Notifiable Disease Surveillance System) and make arrangements for free testing in the State Public health Lab. Free testing will only occur if a true bite/exposure incident has occurred. More information on this and the phone numbers of county public health departments is found on our website at: http://vet.uga.edu/dlab/news/news  · Once the County health department has been contacted and information entered into SENDSS, the head (or entire carcass if small animal) can either be directly shipped to the Public Health Lab in Decatur or, if a necropsy is to be performed here, we will conduct in-house rabies testing, then forward the brain to the state lab. **Please, feel free to call Laura Griffiths (Serology/Virology Lab Manager; direct line: 2-5911) for any further clarifications**.  - **RACOONS, SKUNKS, COYOTES, FOXES, BOBCATS**: **Rabies vectors!!**  - Any bite should be considered as a possible exposure to the rabies virus (the animal may or may not present signs).  - Euthanasia is likely (even if no bite, euthanasia with minimal damage to the head) and the brain should be submitted for rabies testing. (Georgia Public Health Laboratory or Epidemiology Program of the Division of Public Health)  - **WOODCHUCKS AND GROUNDHOGS (*Marmota monax*):** rodents that **ARE CONSIDERED as rabies vector.** Apply same rules as for carnivorous species.  - **OTHER RODENTS AND LAGOMORPHS:** (Squirrels, rats, mice, hamsters, guinea pigs, gerbils, chipmunks and rabbits): NOT CONSIDERED as rabies vectors except if bite wounds or neurologic signs are present. No rabies testing except if required by a doctor.  - **BATS**: **Rabies vectors**. Capture and euthanize. The entire animal should be sent to the laboratory for rabies examination. (Georgia Public Health Laboratory or Epidemiology Program of the Division of Public Health)  - **NON RESERVOIR SPECIES** (opossums, otters, polecats, beavers, weasels…): Risk of rabies is considered low, but increases if neuro signs. |
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