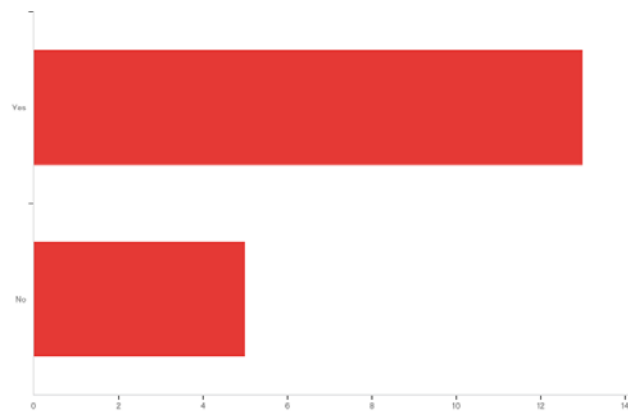




Intern Survey 2017

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Q3 - Do you have any INTERN training programs?



#	Answer	%	Count
1	Yes	72.22%	13
2	No	27.78%	5
	Total	100%	18

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Q4 - What benefits do you see in intern training programs?

What benefits do you see in intern training programs? (ex. add valuable as...
Help with emergency coverage, training the next generation of veterinarians, evaluation process for selecting specialty residents, source of ER doctors for the future. Stimulate staff to stay up to date. Extra pair of hands in the O.R.
Our tech intern program allows us to work with individuals and train them. It gives us time to decide if they will be a good fit for us without commitment.
We use our interns to help staff the emergency service. If we did not have interns on the ER shifts they are assigned, we would need an ER DVM instead. Interns are more economical, of course. When they have time in our specialty services, some services use them efficiently as extra help (can replace a surgical technician scrubbing for surgery, etc).
It promotes our value of being a teaching facility. The DVMs appreciate promoting their profession and for the most part enjoy mentoring. It also has given us a source of ER DVMs if the interns choose not to move on to a residency.
We see it as a chance to train and build relationships with potential referring veterinarians. Also, teaching is an important part of our mission.
Benefits would include: assisting with case management; evaluating interns for possible future employment; relationship development with the interns as well as the schools.

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Q4 - What benefits do you see in intern training programs?

What benefits do you see in intern training programs? (ex. add valuable as...
Our interns are always paired with a supervising doctor. teamwork. communication with owners. perceived wait time, some relief for techs when they are behind
Extra hands on deck
Ability to give back to the veterinary community by assisting in educating future DVMs, Recruitment, Additional support for difficult to cover ER shifts
Familiarizes the interns with hospital-specific procedures Become acquainted with staff members other than doctors (LVTs, ACAs, etc.) Adds to staff to help with case management Bring differing points of view into our practice
I think they offer great insight for students entering the veterinary field. They give them the opportunity to see the reality of the veterinary field. For the business, I think having an extra set of hands is awesome and when it is an intern it is someone who is making this their career so they are focused and work hard to help in any way that they can and take in the experience.
It's a combination of things - we love having the extra staff and our specialists love teaching up and coming doctors. Interns participate in rounds with our doctors and their thoughts and insight are valued. In our ER, the extra hands (under doctor supervision) are needed.

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Q5 - What liabilities or problems do you have with intern training programs?

What liabilities or problems do you have with intern training programs? (ex...

They must have dedicated teaching/learning time. Slower in ER than fully trained ER docs. Slightly more client complaints regarding care or communication.

Interns require time, training and supervision. We pay a management salary for an ER DVM to supervise the program (recruiting/interviewing, training, rounds, reviews, etc). ER DVMs provide supervision/training and record reviews on every shift which takes time. Specialty services take turns with rounds and supervision with specialty days. As they are new DVMs, there are more client issues sometimes initially as they are honing communication skills. Cases take longer. We teach the interns to perform surgical procedures so this adds time as well.

It is a lot of extra work for the specialists and staff ER doctors in the beginning. July is tough time in a busy ER to bring on fledgling DVMs. Also, the quality of the interns has varied from year to year.

We really have had no problems other than those you have with any employees.

Slow down of the workflow in order to allow appropriate time necessary to train and to provide the right level of explanation; to take on responsibility for the intern's work; and to allow interns to take the time to do the work.

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Q5 - What liabilities or problems do you have with intern training programs?

What liabilities or problems do you have with intern training programs? (ex...

increased payroll costs - interns and compensating supervisor

Sometimes create more work and confusion for the Techs when there are too many Doctors giving direction.

Additional supervisory time needed in addition to current caseload for clinicians, additional workload on paraprofessionals with Interns - lack of confidence, less efficient, etc.

Initially, interns require significant attention to ensure minimal errors
Client interactions can be more difficult, especially if the interns have little experience

On the rare occasion you get an intern who is "lazy" it becomes more work than it does help because you are trying to find something for them to do all the time as well as keep them engaged. We only accept interns who have proof of liability insurance as well to minimize our risk.

Only liabilities are when they don't fit our values or are not as passionate/talented as our staff.

Does create more work for the techs doing the training.

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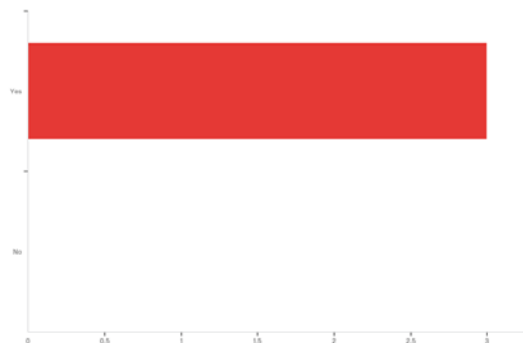
Q9 - What impediments do you have starting such programs?

What impediments do you have starting such programs? (please skip this ques...
General agreement among the associates that it is worthwhile to have interns, or that they are willing to participate in the training of interns.
We waited until we had a doctor that was interested in running the program. We found that you really need one designated go-to staff member to keep the interns accountable and make sure they were learning what they needed.
Having the appropriate staff and buy-in from the services who would "host" the intern. Staff to coordinate and manage the program and training.
Appropriate # of specialists to provide educational assistance and guidance to interns Concrete training program including journal club, etc.
We allow them often but have no formal program set up. I wouldn't say there are any impediments except ensuring that the staff or service they are paired with is willing to help and puts in the time needed to make the internship a success.
We do not have a doctor internship - but may consider in the future.

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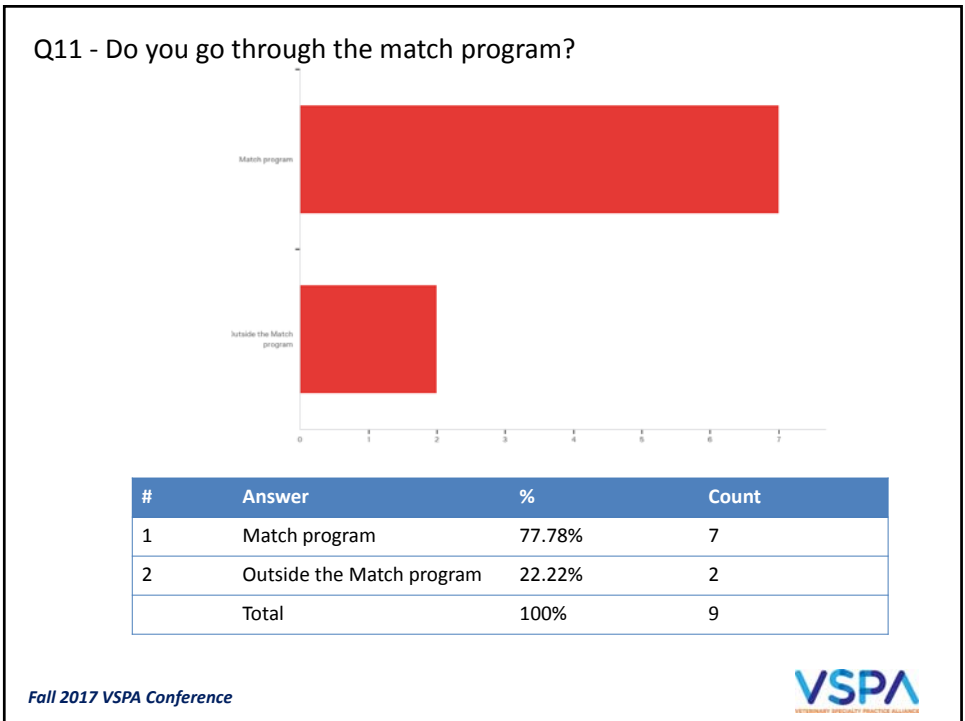
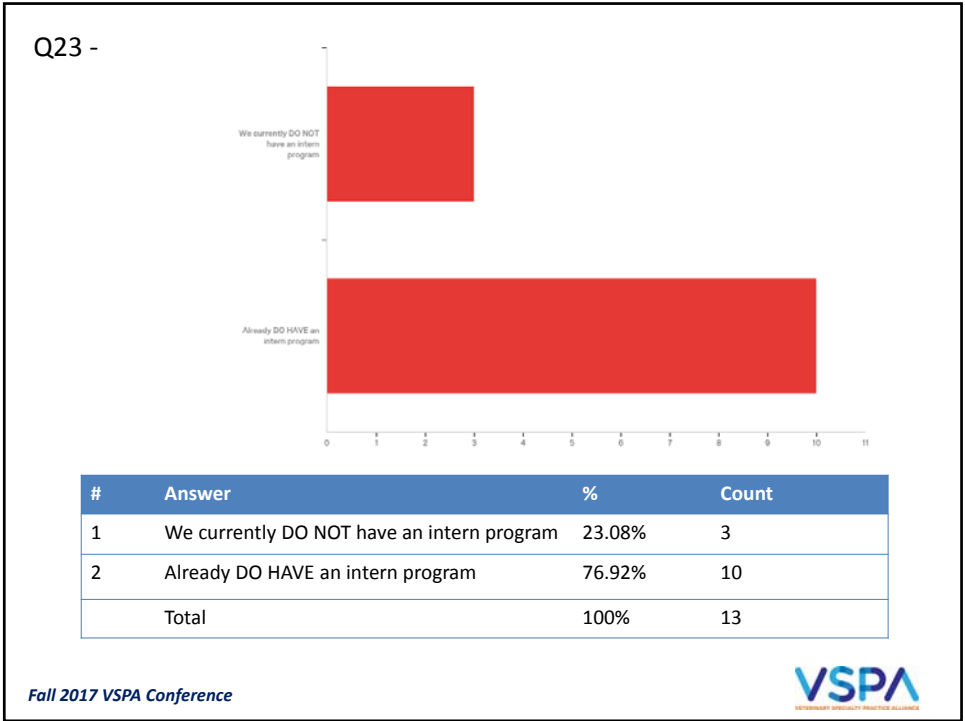
Q6 - Are you considering adding an intern program?



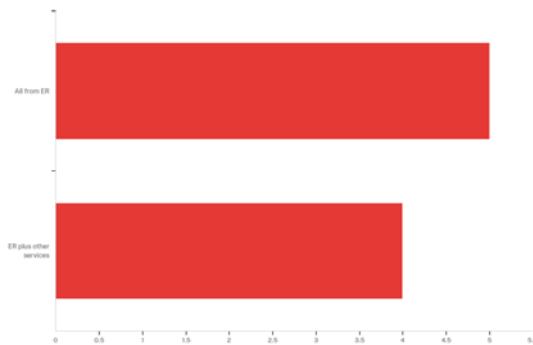
#	Answer	%	Count
1	Yes	100.00%	3
2	No	0.00%	0
	Total	100%	3

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Q11 - How do your interns earn their compensation?

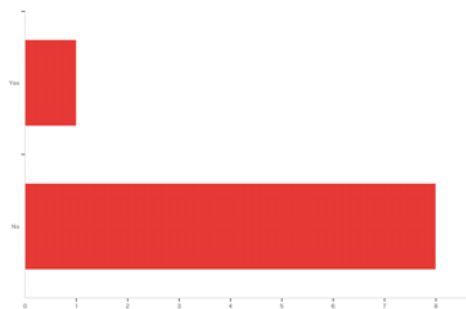


#	Answer	%	Count
1	All from ER	55.56%	5
2	ER plus other services	44.44%	4
	Total	100%	9

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Q12 - Can interns earn any revenue towards compensation outside of ER?

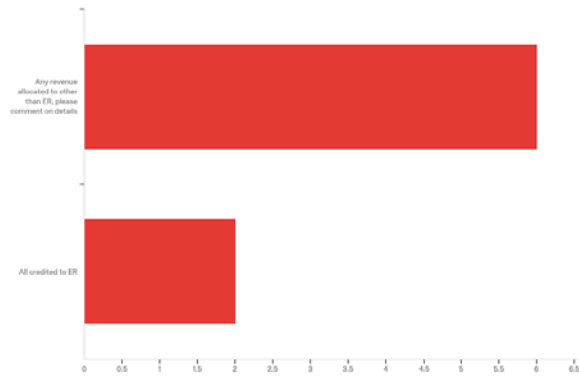


#	Answer	%	Count
1	Yes	11.11%	1
2	No	88.89%	8
	Total	100%	9

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Q13 - If an intern produces revenue in another service, which service gets credited?



#	Answer	%	Count
1	Any revenue allocated to other than ER	75.00%	6
2	All credited to ER	25.00%	2
	Total	100%	8

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Q13 - If an intern produces revenue in another service, which service gets credited?

Any revenue allocated to other than ER, please comment on details
This usually does not happen, but would credit to the specialty service where generated
The only service this would effect is surgery. That department gets credit for any surgical intern revenue (which isn't much)
goes to whatever specialty they are working with
revenue allocated to service working under
We don't pay interns

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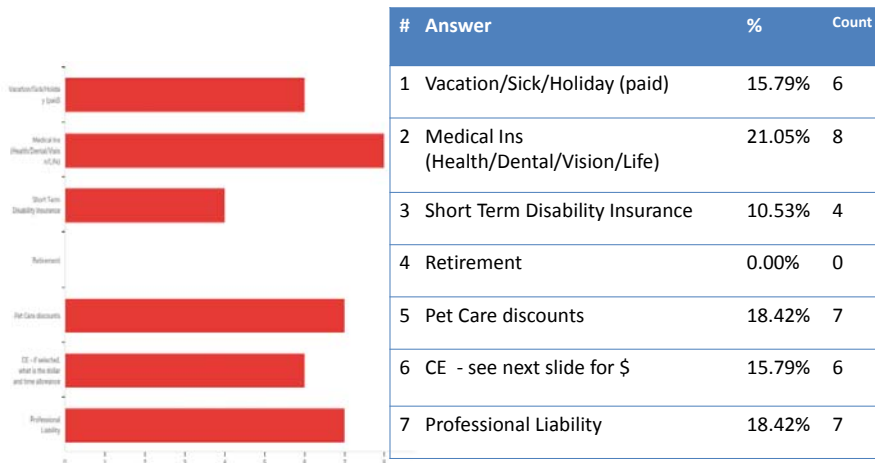
Q14 - What is the annual salary for interns?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	None	30.00	35.00	31.43	2.26	5.10	7

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Q15 - What benefits do your interns receive? (check all that apply)



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CE - if selected, what is the dollar and time allowance
in house mostly
\$500/3 personal days
\$850; time is included in vacation

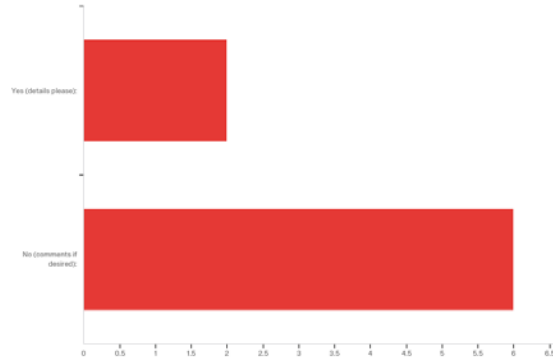
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Q17 - In what specialty services do interns rotate thru and how much time in each service?

In what specialty services do interns rotate thru and how much time in each...
They spend 40% of their time in ER/CC, 20% each in internal medicine and surgery, and 20% elective time and other rotations (2 weeks in neuro, 1 week in anesthesia, plus elective in other services)
We have an ER focused internship so they do not rotate except through surgery for one week. The other specialty time is assigned by individual days with perhaps 15-20% of their time spent outside of ER/CC.
65-70% All specialty services, 30-35% ER. The part-time services such as Derm, Behavior and Dentistry make up a smaller amount of the specialty rotations.
6 weeks in each of the following: cardiology, internal medicine, oncology, neurology, surgery, radiology, pathology
Emergency, Critical Care, Internal Medicine, Dermatology, Dentistry, Cardiology, Radiology 1-2 weeks at a time.
Surgery, Ophthalmology, Internal Medicine, Radiology - each 1 week long mixed with ER and GP rotations, Neurology and Dermatology are part-time services here and do offer rotation through them when the timing is right.
We only take interns and externs for the time they request. There is no pay for these positions.
Two weeks each in surgery, anesthesiology, neurology, pathology, IM, cardiology, nephrology and oncology. Rest of the time is spent in the ER.

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Q18 - Are senior clinicians monetarily awarded for participation in intern training? (list details +/- examples)



#	Answer	%	Count
1	Yes:	25.00%	2
2	No:	75.00%	6
	Total	100%	8

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Q18 - Are senior clinicians monetarily awarded for participation in intern training?

Yes (details please):

Critical care gets some credit for cases managed in the hospital by interns - not for ER cases that are sent home

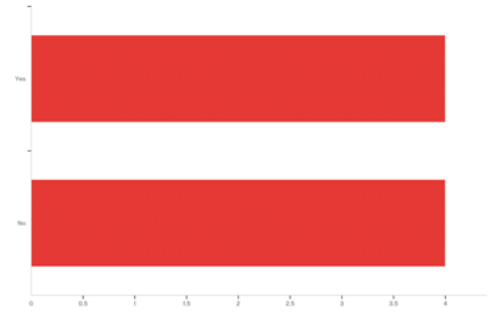
ER DVMs receive compensation for intern supervision

This is a maybe - the

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Q19 - Calculator - using this formula (salary 22% + benefits 3%, OR 4x salary) do your interns generate production covering their compensation?

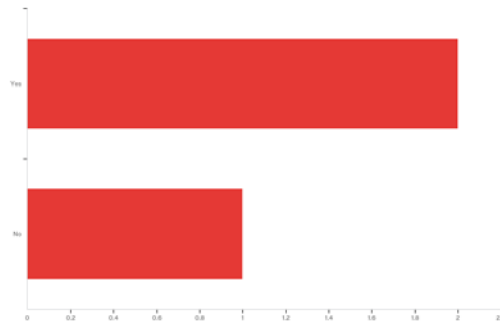


#	Answer	%	Count
1	Yes	50.00%	4
2	No	50.00%	4
	Total	100%	8

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Q20 - If you responded NO to the previous question, is the shortfall worth quality of life and other intangible benefits?



#	Answer	%	Count
1	Yes	66.67%	2
2	No	33.33%	1
	Total	100%	3

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Q21 - Calculate ALL production from ALL interns. Calculate ALL intern sal/bene costs. What is the compensation % of the total intern production?

Calculate ALL production from ALL interns. Calculate ALL intern sal/bene costs. What is the compensation % of the total intern production?

21.4% for revenue

13.7%

17.8%

We don't measure intern production as they are always with another doctor

10.4%

0