



Extramural Studies Program

Student Extramural Experience Form

REMIT THIS FORM TO THE OFFICE OF STUDENT SERVICES WITHIN ONE MONTH AFTER THE EXPERIENCE.

Student Information

Name: _____ ID #: _____

Email Address: _____@ncsu.edu Phone Number: _____

Choose One _____ NCSU _____ Ross _____ SGU Graduation Year: _____

Course Information

_____ Clinical Rotation (4th year) _____ Selective/Elective (1st – 3rd year)

Dates of Experience: From _____ to _____ mm/dd/yy mm/dd/yy

Total days worked: _____ Total hours worked: _____

Clinical year only Block Number: _____

Selectives/Electives only Semester: _____ Fall _____ Spring _____ Summer (elective only) Number of Credits: _____

Extramural for which you are applying for credit (Choose one):

- _____ Clinician Scientist Res. Exp./Extramural Research _____ Equine (4th year only) _____ Food Animal/Mixed (4th year only)
_____ International (Topic: _____) _____ Lab Animal _____ Lrg. An. Prac. Exp (1 – 3 year only)
_____ Pathology _____ Public Health/Epi _____ Small Animal
_____ Zoological Medicine _____ Special Topics: _____

International Experiences Only

_____ VMP 999 Vet International Program (Clinical Year)

Section Number: _____ (Block Number)

_____ VMP 992, VMP 900 or VMP 909; or VMC 922 or 924– Vet Intl (1st – 3rd year)

Section Number: _____ (001, 112, 212, or 312)

Practice Information

Supervisor: _____ DVM _____ PhD _____ Other: _____

Practice Name: _____

City, State: _____

Student Experience

Please provide the information below based on your extramural experience.

Average number of cases seen per day by the practice/service: _____

Approximate number of cases you were directly involved with: _____

How often did you participate in daily/topic rounds? _____ Weekly _____ Daily _____ Never _____ Other: _____

Typical daily activities. Check all that apply.

_____ Obtaining medical history	_____ Treatments
_____ Case Presentations	_____ Discharges
_____ Patient Monitoring	_____ Vaccinations
_____ Medical Records	_____ Other: _____
_____ Physical Examination	_____ Other: _____

Types of species seen. Include approximate number.

_____ Canine _____ Equine _____ Companion exotic species _____ Other non-domesticated exotics
 _____ Feline _____ Poultry _____ Ruminant _____ Swine
 _____ Other: _____

Procedures performed or witnessed.

_____ Castrations and Ovariohysterectomies: # of procedures: _____ Performed _____ Witnessed _____ N/A

Provide a breakdown by species, include number of procedures for each species.

_____ Canine _____ Equine _____ Companion exotic species _____ Other non-domesticated exotics
 _____ Feline _____ Poultry _____ Ruminant _____ Swine
 _____ Other: _____

_____ Surgeries (excluding castrations/ovariohysterectomies)

Types of surgeries performed or witnessed: _____

of procedures: _____ Performed _____ Witnessed _____ N/A

Provide a breakdown by species, include number of procedures for each species.

_____ Canine _____ Equine _____ Companion exotic species _____ Other non-domesticated exotics
 _____ Feline _____ Poultry _____ Ruminant _____ Swine
 _____ Other: _____

_____ Autopsy/Necropsy # of procedures: _____ Performed _____ Witnessed _____ N/A

Provide a breakdown by species, include number of procedures for each species.

_____ Canine _____ Equine _____ Companion exotic species _____ Other non-domesticated exotics
 _____ Feline _____ Poultry _____ Ruminant _____ Swine
 _____ Other: _____

Procedures performed or witnessed (Continued).

_____ Scoping: # of procedures: _____ Performed _____ Witnessed _____ N/A

Provide a breakdown by species, include number of procedures for each species.

_____ Canine _____ Equine _____ Companion exotic species _____ Other non-domesticated exotics

_____ Feline _____ Poultry _____ Ruminant _____ Swine

_____ Other: _____

_____ Euthanasia: # of procedures: _____ Performed _____ Witnessed _____ N/A

Provide a breakdown by species, include number of procedures for each species.

_____ Canine _____ Equine _____ Companion exotic species _____ Other non-domesticated exotics

_____ Feline _____ Poultry _____ Ruminant _____ Swine

_____ Other: _____

_____ Biopsy # of procedures: _____ Performed _____ Witnessed _____ N/A

Provide a breakdown by species, include number of procedures for each species.

_____ Canine _____ Equine _____ Companion exotic species _____ Other non-domesticated exotics

_____ Feline _____ Poultry _____ Ruminant _____ Swine

_____ Other: _____

_____ Reproductive examinations (pregnancy diagnosis or fertility exams)

of procedures: _____ Performed _____ Witnessed _____ N/A

Provide a breakdown by species, include number of procedures for each species.

_____ Canine _____ Equine _____ Companion exotic species _____ Other non-domesticated exotics

_____ Feline _____ Poultry _____ Ruminant _____ Swine

_____ Other: _____

_____ Physical Examinations (individual or herd)

of procedures: _____ Performed _____ Witnessed _____ N/A

Provide a breakdown by species, include number of procedures for each species.

_____ Canine _____ Equine _____ Companion exotic species _____ Other non-domesticated exotics

_____ Feline _____ Poultry _____ Ruminant _____ Swine

_____ Other: _____

_____ Other: _____

of procedures: _____ Performed _____ Witnessed _____ N/A

Provide a breakdown by species, include number of procedures for each species.

_____ Canine _____ Equine _____ Companion exotic species _____ Other non-domesticated exotics

_____ Feline _____ Poultry _____ Ruminant _____ Swine

_____ Other: _____

Additional pages can be attached if necessary to add additional procedures performed or witnessed.

For each statement below, please check the appropriate answer.

The work/time requirements were appropriate and consistent with extramural requirements.

_____ Strongly Disagree _____ Disagree _____ Neutral _____ Agree _____ Strongly Agree

The externship provided experience not accessible in the CVM.

_____ Strongly Disagree _____ Disagree _____ Neutral _____ Agree _____ Strongly Agree

Direct contact with the supervisor was adequate.

_____ Strongly Disagree _____ Disagree _____ Neutral _____ Agree _____ Strongly Agree

The experience improved my clinical skills or other skills relevant to non-clinical externships.

_____ Strongly Disagree _____ Disagree _____ Neutral _____ Agree _____ Strongly Agree

This experience improved my clinical knowledge or other knowledge relevant to non-clinical externships.

_____ Strongly Disagree _____ Disagree _____ Neutral _____ Agree _____ Strongly Agree

I felt adequately prepared for this externship.

_____ Strongly Disagree _____ Disagree _____ Neutral _____ Agree _____ Strongly Agree

Overall, this externship met my expectations.

_____ Strongly Disagree _____ Disagree _____ Neutral _____ Agree _____ Strongly Agree

Please provide any additional details for responses above:

Student Narrative

Please provide a narrative response for the following prompts based on your experience. Answers to the following responses should be approximately 3-5 sentences per response or 500-600 words total. Forms with insufficient responses will be rejected. Additional pages can be attached as necessary.

Advantages and/or strengths of location:

Concerns and/or limitations of location:

Student Narrative (*Continued*).

What previous knowledge from DVM courses, clinical year rotations, or previous experiences helped prepare you for the experience?

Would additional information, courses or experiences would have better prepared you for the experience?

What skills and knowledge did you learn or enhance during the externship?

Please provide any additional detail or aspects of the experience you found valuable.

Provide a BRIEF summary on a case that provided the best learning experience. Include the presenting complaint or problem, and the rationale behind the decisions made. Provide an explanation how your previous knowledge played a role in the experience, what new knowledge you acquired during the experience and if any additional knowledge would have been helpful before completing the experience.

Student Name: _____

Reasons for choosing this externship site (check all that apply).

- _____ Possible future employment
- _____ Possible future internship/residency
- _____ General practice experience
- _____ Experience not offered at NCSU-CVM
- _____ Skill(s) reinforcement – Skill(s) reinforced: _____
- _____ Recommended by CVM mentor or colleague
- _____ Other: _____

Would you recommend this experience to other students? _____ Yes _____ No

Please provide an explanation:

Please provide any additional detail or aspects of the experience you found valuable.

Were any of the following provided to you free of cost? _____ Housing/Lodging _____ Food

Did you receive a stipend or reimbursement from the extramural site? _____ Yes _____ No

Did you receive a stipend, reimbursement, or other funding from outside sources for the extramural? _____ Yes _____ No

If yes, who provided the funding: _____ Total out of pocket cost: _____

Student's Signature

I agree that the information above is accurate.

Print Name: _____

Signature: _____ Date: _____

This form must be remitted to the Office of Student Services in addition to the supervisor's evaluation within one month after the experience.

Failure to meet the deadline will result in losing credit for the experience.

NCSU Student Services | cvm-extramural@ncsu.edu | Ph: 919-513-6262 | Fax: 919-513-6197