

The large animal emergency and critical care residency at the Brazos Valley Equine Hospital is an intense three year program designed to prepare a candidate for board certification and competency in the area of large animal emergency and critical care. The resident will have the opportunity to sharpen their diagnostic and decision-making skills in equine medicine, surgery and intensive care, gain hands-on experience in procedures and advanced diagnostics, as well as, develop confidence in interacting with clients and teaching staff, students and interns. Working in a fast-paced, friendly environment with the large caseload of our hospital will be very rewarding and educational.

We strongly believe in mentoring, but the amount of supervision will decrease and the primary responsibilities will increase as the resident becomes more comfortable. The resident is expected to have skills to allow handling of in-house appointments and emergency cases and to develop additional skills in the area of ECC during the residency. All supervision requirements of the residency will be met during the three years.

Primary duties include daily observations, monitoring, workups and record keeping of hospitalized patients and daily emergencies. It is expected that the resident will see ambulatory appointments in the afternoon 2 to 3 days of the week in addition to in hospital responsibilities. Additional in house primary appointments will include some general practice, ambulatory, lameness, reproduction, and surgeries.

Night duties consist of supporting staff and interns, as well as, seeing emergencies. The resident will split emergency and night duties with the other clinicians. It is expected that the resident will be on call 2 to 3 nights a week and 2 weekends a month. At times the resident may be called to assist with emergency surgeries during night when not on primary call. One to 2 after-hours emergencies per week is normal.

Residents will be expected to present a 45-60 minute summary of new information and techniques to the professional staff, interns and visiting students three times per year. A 3 hour weekend lab will be presented once per year. Residents are expected to develop a research project, obtain funding, publish and present the results at a national meeting

Appointments are scheduled from 8 AM to 5 PM Monday through Friday. The hospitals accept emergencies 24 hours a day, seven days a week. Hospitalized patients are treated in the mornings by the intern and technicians. Outpatients will be seen throughout the day by the resident and some times accompanied by an intern. Elective surgeries are scheduled during the morning and afternoons. Clinic workload increases substantially during the show and breeding/foaling seasons. Weekly chapter reviews, stall side rounds, and journal clubs offer supplemental learning opportunities.

The caseload is approximately 70% sports medicine, 15% internal medicine, 10% dentistry/primary care, 5% reproduction. The resident is supported by four veterinarians (Terrell Buchanan, DVM; Marty Tanner, DVM; Ben Buchanan, DVM, DACVIM, DACVECC; Wyatt Winchell, DVM, DACVS). Equids make up 97% of the caseload with the remaining 3% mostly camelids.

In 2008 we saw 17,000 cases with 90% seen at the clinic. In house caseload varies between 15-50 cases per day. Specific cases: lameness = 4,000-5,000 / year, pre-purchase = 100-200 / year, surgery = 400-500 / year (25-35% orthopedic, 35-40% soft tissue, 20-25% emergency), reproduction = 600-800 / year (70-100 semen collections, 60-80 ET flush, 30-40 ET transfers, 5-10 high risk pregnancies), internal medicine =

1,000-1,500 / year (50-100 neonatal cases; 150-200 ophthalmology, 200-250 gastrointestinal, 300-400 respiratory, 10-20 cardiac, 75-150 neurologic, and 50-75 dermatologic), general health = 400-500, corrective podiatry = 250-300, dentistry = 300-500, chiropractic/acupuncture = 500-600, and emergency = 250-300. The average number of hospitalized patients treated daily =15-35

The hospital is equipped with state of the art equipment including; 1 and 3 meter video endoscopes, 1 meter pediatric fiberoptic endoscope, digital abdominal /tendon /cardiac ultrasound, ambulatory repro/tendon ultrasounds, portable x-ray units (3 DR and 1 CR), video arthroscopic equipment, video laparoscopic equipment, internal fixation equipment, extra corporeal shock wave therapy, powered dental floats, IRAP centrifuge, platelet rich plasma system, a clinical laboratory (with hematology, chemistry, blood gas analysis, cytology and microbiology) fluid pumps, radio-telemetry EKG, and other critical care equipment. A fully equipped ambulatory vehicle is available for use on farm calls.

The hospital in Navasota is a 20,000 square foot facility situated on 28 acres with four barns totaling 38 stalls, 8 paddocks, 1 round pen, and a large area for lameness exams both in hand and under saddle. The main hospital building consists of 2 exam rooms (2 stocks in each), 1 radiology/ultrasound room with overhead 600 MA generator for digital and standard radiography, 1 surgical suite with 2 induction recovery stalls, 1 chiropractic area, 1 clinical laboratory, a pharmacy, a library, a reception area, doctor's offices, an employee break room and 8 indoor holding/day stalls. Three additional barns include; a new ICU with 4 climate controlled stalls, an intermediate care area with four stall and 9 additional hospital stalls, an isolation unit with 2 stalls and turnout area, and an open outside barn with 11 stalls. There is a separate breeding barn and 30 stalls within 5 minutes of hospital for stallion evaluation and collection, artificial insemination, and embryo transfer. The hospital in Navasota is supported by 1 business manager, 1 office manager, 1 receptionist, 5 full-time technicians, 2 part-time technicians, 1 full-time lab/x-ray technician, 1 chiropractor, 2 farrier, and 2 barn personnel. A mobile home on site provides housing for interns with three bedrooms, a kitchen, living room, and back porch.

The Brazos Valley Equine Hospital is committed to provide the highest quality equine medical and surgical care for our patients and the best service for clients. The caseload has evolved over the last 30 years to include primarily lameness, performance and sports medicine covering a wide variety of breeds and disciplines. The intensive care, neonatal, and referral emergency caseload are steadily increasing annually. The majority in house cases include post operative management, gastrointestinal disease, pulmonary disease and neonates. The in house and emergency caseload is 90% equine and 10% camelid.

Resident applicants must be graduate veterinarian with prior experience in equine medicine and surgery, and knowledge of horsemanship. Completion of an internship or significant time in private practice is required. Candidates with good surgical skills and the ability to work independently are preferred.. The ability to work as a team, a positive attitude, and people skills are a requirement. A willingness to work on all species presented is a requirement.

most when considering applicants. Applicants must be licensed in the state of Texas.

Additional benefits to salary include health savings account, malpractice insurance, housing at hospital grounds (three bed/ two bath living quarters to be shared with other intern and occasional extern) with paid utilities, stipend for use to attend one meeting, ACVECC membership dues, state licensing fees (if applicable), VIN membership, and five days vacation after the first year. The resident will not be required to live at the clinic, but no stipend for living off-site will be provided. No pets are allowed at the clinic. Salary will be increase each year (\$40,000, \$42,000, \$44,000) Residency starting dates will be July 15 and complete in 36 months.

Please send a resume, cover letter, a copy of veterinary transcripts, and two letters of recommendation from equine practitioners or university faculty members in equine medicine or surgery. A prior visit/externship and interview are strongly encouraged

All candidates will be notified in writing of his/her acceptance into the program as soon as the application process is completed. A letter of intent, curriculum vitae, and letters of reference should be sent to Ben Buchanan at BVEH-RESIDENT, 6999 Highway 6, Navasota, TX or by email to residency@bveh.com.

ACVECC RESIDENCY DESCRIPTION

Year ONE

34 Weeks at BVEH for Direct Supervision

6 Weeks at BVEH for Internal Medicine

6 Weeks at BVEH for Surgery

2 Weeks out for Anesthesia: fall/winter

2 Weeks out for Clin path: summer/fall

1 Week Meeting: IVECCS

1 Week Orientation

M-F 7 AM 1. Examine all patients in hospital
2. Assist with treatments
3. Lab tests, procedures, diagnostics
4. Call clients
5. Emergencies

12 PM Lunch/stall rounds

5 PM 1. Monitor patients
2. See appointments
3. Emergencies
4. Records

After hours

After hours emergencies

On call 2-3 nights a week

Weekend

Primary responsibility for hospital and all cases.

2 weeks out of 4 (alternate with other doctors)

Journal club

Topic presentation and discussion for morning journal club

ECC topic presentation at weekly evening ECC JC

Teaching

Topic lecture to students, interns, and technicians 3X per year

3 hour weekend lab for students, interns and technicians

Logs

Resident will keep a procedure and case log

Research

Develop research project and apply for funding

Board Prep

Spend at least 1 hour per day reviewing pertinent texts and journals

Year TWO

46 Weeks at BVEH for Direct Supervision

2 Weeks out for Cardiology: summer/fall

2 Weeks out for Imaging: fall

1 Week Meeting: IVECCS

1 Week Vacation

M-F 7 AM 1. Examine all patients in hospital
2. Assist with treatments
3. Lab tests, procedures, diagnostics
4. Call clients
5. Emergencies

12 PM Lunch/stall rounds

5 PM 1. Monitor patients
2. See appointments
3. Emergencies
4. Records

After hours

After hours emergencies

On call 2-3 nights a week

Weekend

Primary responsibility for hospital and all cases.

2 weeks out of 4 (alternate with other doctors)

Journal club

Topic presentation and discussion for morning journal club

ECC topic presentation at weekly evening ECC JC

Teaching

Topic lecture to students, interns, and technicians 3X per year

3 hour weekend lab for students, interns and technicians

Logs

Resident will keep a procedure and case log

Research

Develop research project and apply for funding

Board Prep

Spend at least 1 hour per day reviewing pertinent texts and journals

Year THREE

40 Weeks at BVEH for Direct Supervision

2 Weeks out for Neurology/Cardiology: summer/fall

2 Weeks out for Ophthalmology: fall/winter

2 Weeks Human ICU

4 Weeks Indirect Supervision while studying for boards

1 Week Meeting: IVECCS

1 Week Vacation

M-F 7 AM 1. Examine all patients in hospital
2. Assist with treatments
3. Lab tests, procedures, diagnostics
4. Call clients
5. Emergencies
12 PM Lunch/stall rounds
5 PM 1. Monitor patients
2. See appointments
3. Emergencies
4. Records
After hours
After hours emergencies
On call 2-3 nights a week

Weekend

Primary responsibility for hospital and all cases.
2 weeks out of 4 (alternate with other doctors)

Journal club

Topic presentation and discussion for morning journal club
ECC topic presentation at weekly evening ECC JC

Teaching

Topic lecture to students, interns, and technicians 3X per year
3 hour weekend lab for students, interns and technicians

Logs

Resident will keep a procedure and case log

Research

Develop research project and apply for funding

Board Prep

Spend at least 1 hour per day reviewing pertinent texts and journals
4 weeks off primary care before boards while covering night calls