

Veterinary Surgeons

Greg Nash BVSc MACVSc MRCVS
Leanne Begg BVSc Dip VCS MS MACVSc Dip ACVIM
Jonathan Lumsden BVSc Dip VCS MS Dip ACVS
James Whitfeld BVSc
Richard Humberstone BVSc Cert EP MRCVS
Chris O'Sullivan BVSc MS Dip VCS MACVSc Dip ACVS
Joe Bruyn BVSc
Michael Robinson BVSc PhD
Rachel Lambeth BVSc Dip VCS MVCS
Emetia Nel BVSc
Ruth Franklin BVet Med MRCVS
Josephine Leutton BVet Med MRCVS



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RANDWICK EQUINE CENTRE

Veterinarians • Equine Medicine & Surgery

Resident Consultants

P E Sykes AM MRCVS MACVSc
D R Hutchins OAM BVSc FACVSc
Treve Williams BVSc MRCVS
Colin Dunlop BVSc Dip ACVA

Interns

Rachel Salz BSc (Hons) BVetMed MRCVS
Seija Leach BVSc
Stephanie Gent BVet Med MRCVS
Craig Lawrence BVSc

RANDWICK EQUINE CENTRE INTERNSHIP PROGRAMME - 2011

PERIOD OF PROGRAMME:	Four twelve month positions available: Two commencing 1 st January 2011, one on 1 st February 2011, and one on 1 st August 2011.
SALARY PACKAGE:	\$42,194 p.a. (Currently)
AFTER HOURS DUTIES:	Weekend hospital and racetrack treatments on a one in four rotation.
WEEK DAY DUTIES:	Management and presentation of all hospital cases in conjunction with senior veterinarians. Twice daily hospital rounds. Local ambulatory calls.
WEEKLY ROUNDS:	Discussion of past week's cases - in and out of hospital.
CASE PRESENTATION:	Short presentation of a case (approximately ten minutes), with overview of condition and recent relevant literature - once every two months.
LITERATURE:	Access to an extensive electronic and hard copy reference library.
PUBLICATIONS:	Expected to write one case report suitable for publication in a veterinary journal and presentation at a scientific meeting.

PLEASE ENSURE THAT THIS REPORT IS FORWARDED TO THE HORSE'S OWNER AND THE PERSON RESPONSIBLE FOR THE FUTURE CARE OF THE HORSE, AS WELL AS TO THE INSURER, IF APPLICABLE

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COMPOSITION OF EQUINE VETERINARY

INTERNSHIP

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RANDWICK EQUINE CENTRE



2011

A. DEVELOPMENT OF DIAGNOSTIC AND THERAPEUTIC SKILLS

1. Communications - records / insurance / costs / after care reports
2. Thorough patient monitoring
3. Drug / fluid administration
4. Indications for and use of pathology
5. Complete lameness evaluation
6. Routine diagnostic nerve and joint blocks
7. Radiology - legs / chest / head / yearling survey radiography.
8. Endoscopy – upper airway, gastrointestinal and urinary.
9. Ultrasonography - tendons / chest / pelvis / abdominal / eyes
10. Nuclear scintigraphy

B. SURGERY

1. Determining suitability of surgical candidates / cases for surgical referral
2. Pre-operative considerations
3. Intra and post-operative complications
4. Assisting in a range of surgical procedures
5. Post operative considerations and necessary management
6. Competence in routine surgical procedures including:
 - Standing and G.A. castration.
 - Minor surgical procedures such as management of septic joints and tendon sheaths, localised infections, neurectomies, sequestrum and splint bone removals.
 - Evaluation and treatment of wounds and joint lavage
 - Cast application
 - Regional perfusion techniques

C. MEDICINE

1. Thorough clinical examination -
2. Indications for and competence in performing ancillary tests:
 - Transtracheal wash
 - Bronchoalveolar lavage
 - Chest ultrasound and thoracocentesis
 - Chest radiograph
 - Intravenous catheterisation and fluid / electrolyte maintenance
 - ECG
 - Rectal examination
 - Abdominocentesis
 - Catheterise bladder
 - Biopsies (ie liver, bone marrow)

D. ANAESTHESIA

1. Pre anaesthesia examination
 - patient assessment & examination
 - pre GA lab work & interpretation
 - patient handling
2. Anaesthetic planning
 - considerations for surgical procedure including pain management
 - drug regimes & doses
 - monitoring & support plans
 - anaesthesia recovery management
3. Specific anaesthetic techniques:
 - standing sedation
 - standing surgery
 - analgesia
 - short term parenteral G.A.
 - inhalation G.A.
4. Monitoring – assess & interpret:
 - anaesthetic depth
 - cardiovascular function including ECG, pulse monitoring, mucous membrane colour & blood pressure
 - respiratory function including pulse oximetry, end-tidal CO₂ & arterial blood gases
5. Technical skills
 - Horse handling and anaesthesia
 - Intravenous catheterisation
 - Intubation techniques
 - Emergency resuscitation
 - Arterial catheterisation
 - Positive pressure ventilation
 - Arterial blood gas sampling measurement & interpretation
 - Anaesthetic equipment set-up, testing & problem solving
 - Anaesthetic record keeping, drug and surgery log maintenance
6. Recognition & management of problems:
 - anaesthetic depth too light or too deep
 - bradycardia
 - poor perfusion
 - hypotension
 - hypoxaemia
 - hypoventilation
 - emergency resuscitation

7. Recovery management
 - support of horses recovering from anaesthesia
 - recognition of complications & management
8. Analgesia
 - Pre-anaesthesia
 - Intra-surgery
 - Recovery
 - Post surgery

E. OPTHAMOLOGY

1. Relevant history taking
2. Routine diagnostic procedures
3. Medical and surgical treatment of routine and difficult cases.

F. CLINICAL PATHOLOGY

1. Appropriate sampling for haematology, biochemistry, cytology, bacteriology and histology
2. Experience in instrumentation, technique and interpretation of routine haematology, cytology and bacteriology

G. REPRODUCTION / FOAL MEDICINE

Total of two (2) weeks spent at:

Scone Veterinary Hospital Foal Intensive Care Foal Unit, Hospital and Ambulatory Unit.

or

Illawarra Equine Centre assisting with Embryo Transfer and Artificial Insemination techniques as well as general ambulatory practice.

H. AMBULATORY PRACTICE

1. Rostered general ambulatory practice activities as directed
2. Rostered yearling radiology