



**ASSOCIATION OF AMERICAN VETERINARY
MEDICAL COLLEGES**

POSITION STATEMENTS

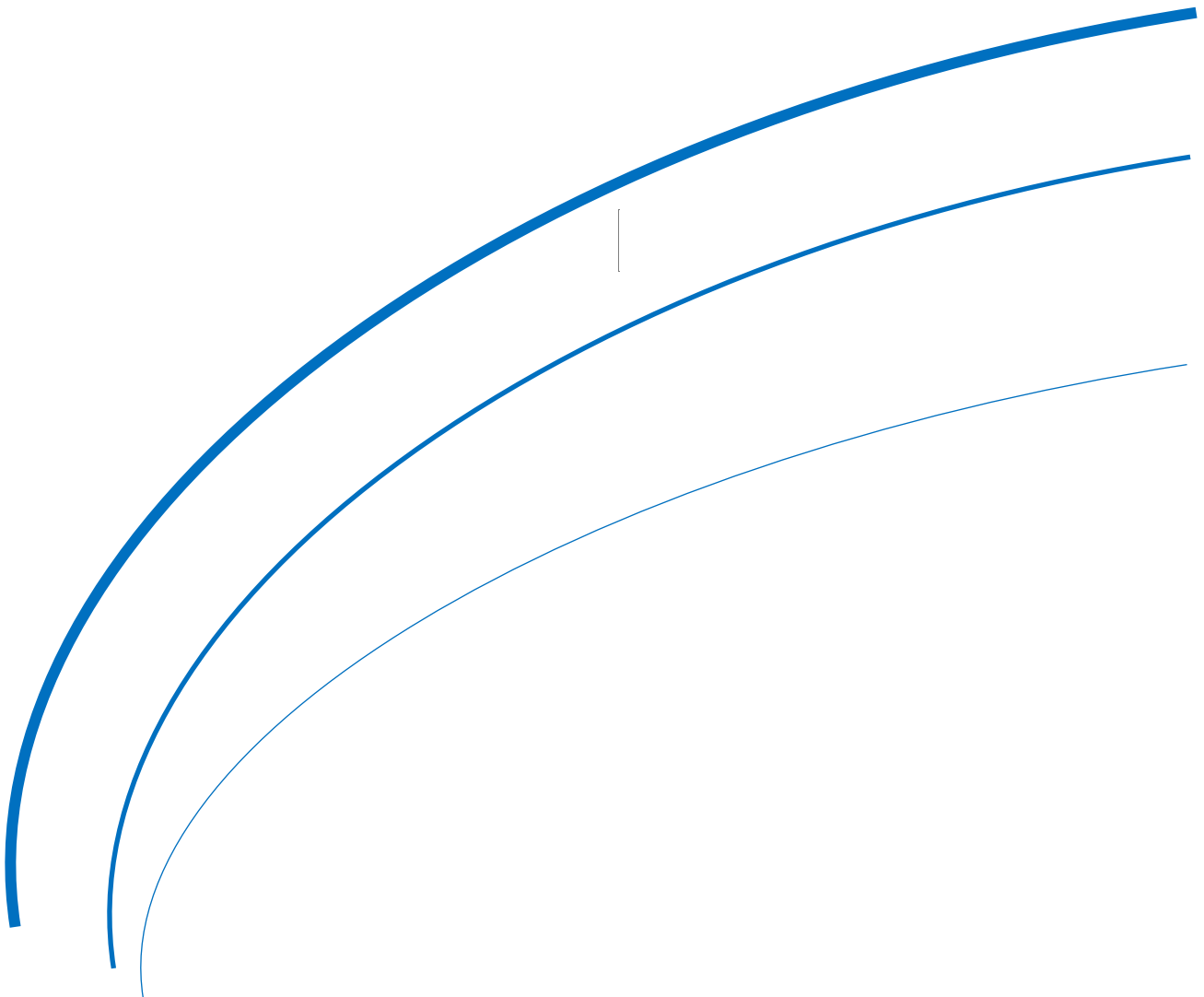


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ACCREDITATION OF INTERNATIONAL PROGRAMS

The Association of American Veterinary Medical Colleges (AAVMC) recognizes the importance of the globalization of veterinary medicine as part of the expansion of global linkages and integration of technologies that connect people around the world. The globalization of veterinary medical education includes the free flow of information and the adoption of universal standards to prepare veterinarians to meet the complex challenges of protecting human and animal health on a global scale.

AAVMC supports the accreditation of international veterinary medical colleges by the American Veterinary Medical Association’s Council on Education. AAVMC also supports the development of international accreditation systems as part of a broader worldwide effort to improve the quality of life for people and animals by advancing veterinary medical education.

Jurisdiction:	COE Selection Committee	Date of Last Review:	January 14, 2016
Approved by:	Board of Directors	Date Last Amended:	January 14, 2016
Date Approved:	July 19, 2003	Date of Next Review:	January 2021
Historical References:	Formerly titled “Accreditation of Foreign Programs”		

ADDRESSING SOCIETAL NEEDS

The accredited colleges of veterinary medicine educate students to meet current and future societal needs. Veterinarians fill many which advance the health and well-being of animals, people and the environment.

Veterinary colleges should seek to enroll students with varied backgrounds and career interests; provide educational opportunities designed to help future graduates meet broad societal needs; encourage students to seek diverse career paths and opportunities; and to work across disciplinary and professional boundaries. Veterinary colleges should also provide advanced post-professional specialized training and educational opportunities to enable veterinary graduates to meet their individual future professional needs.

Jurisdiction:	Joint Committee	Date of Last Review:	January 14, 2016
Approved by:	Board of Directors	Date Last Amended:	January 14, 2016
Date Approved:	November 10, 2003	Date of Next Review:	January 2021
Historical References:	<ul style="list-style-type: none"> • Endorsed by the AVMA/AAVMC Joint Committee, November 11, 2003 • January 2016 amendments approved by the Board of Directors 		

DEFINITION OF DIVERSITY

The concept of diversity encompasses respect for and appreciation of differences and a state of being valued, respected and supported. It is the recognition and understanding of individual difference and uniqueness. It also involves the concept of recognizing the value and strength of diversity in a team or group. Our collective understanding of diversity is framed by many factors including race, ethnicity, gender, historical and political eras and dynamics, demographic trends and projections (i.e., growing racial and ethnic diversity), racial and ethnic-based health disparities, substantial under-representation of expanding demographic groups in the health professions and minority discrimination.

Diversity Definition

Increasing diversity in the health professions also requires recognition of many dimensions, including, but not limited to gender, gender identity, sexual orientation, socio-economic status, cultural background, language, cognitive style, nationality, age, physical abilities, religious beliefs, political beliefs, and other forms of differences, both visible and invisible. In defining diversity, it is also incumbent to acknowledge the concept of intersectionality; no single dimension of diversity exists in isolation. We acknowledge that each individual is a reflection of multiple diversity dimensions.

URVM Definition

Historically, AAVMC has identified and recognized the presence of specific historically underrepresented populations in veterinary medicine (URVM) whose advancement in the veterinary medical profession has been disproportionately impacted due to legal, cultural, or social climate impediments in the United States. The specific dimensions are: gender, race, ethnicity (African Americans, Asian Americans, American Indians, Native Alaskans and Hawaiians, Hispanics), and geographic, socioeconomic, and educational disadvantage.

We recognize that internationally, there may be broad similarities in historically marginalized populations, such as indigenous and/or First Nations peoples; however, there may also be continental and country specific differences in the characterization of historically underrepresented populations outside of the United States.

The benefits of diversity are seen in our desire to meaningfully explore these areas of difference, as well as our areas of commonality in a manner that promotes self-awareness and confronts conscious and unconscious bias in a safe, positive, and inclusive manner.

Jurisdiction:	Diversity Committee	Date of Last Review:	
Approved by:	Board of Directors	Date Last Amended:	
Date Approved:	February 2, 2017	Date of Next Review:	2022
Historical References:	On February 2, 2017 the Board of Directors approved replacing the “Definition of Underrepresented in Veterinary Medicine” position statement with this “Definition of Diversity” position statement.		

DIVERSITY AND INCLUSION IN ACADEMIC VETERINARY MEDICAL EDUCATION

The Association of American Veterinary Medical Colleges affirms the principle of inclusive excellence in veterinary medical education. The Association is committed to advocating for policies and practices that serve to recruit and retain a diverse professional student and faculty community, which sustain inclusive institutional climates for students, faculty and staff, and curricula that produce culturally competent veterinarians. The Association believes that through these actions, the health and wellbeing of animals and humans will be best served.

Jurisdiction:	Diversity Committee	Date of Last Review:	July 21, 2013
Approved by:	Board of Directors	Date Last Amended:	July 21, 2013
Date Approved:	July 20, 1998	Date of Next Review:	July 2018
Historical References:			

PRINCIPLES OF INCLUSION

We embrace the differences as well as the commonalities that bring us together and call for respect in our personal interactions.

We affirm the right of freedom of expression of thought opinions and recognize that learning and teaching thrive in this type of environment. We promote open expression of our individuality and diversity within the bounds of courtesy, sensitivity and respect.

We affirm the value of human diversity for the enrichment of the community and believe diversity fosters a climate conducive to success for all members of the veterinary medical education community.

We confront and reject all forms of prejudice and discrimination, including those based on race, ethnicity, gender, disability, sexual orientation, gender identity, religious beliefs, political beliefs, geographic, socioeconomic, and educational background or any other differences that have led to misunderstanding, hostility and injustice.

We encourage awareness of the differences in communication, learning, information processing, conceptualizing and the need for educational innovation to enable all to achieve academic success. To this end, we encourage all members of the veterinary medical education community to provide formal and co-curricular opportunities to enhance the personal and professional growth of students, faculty and staff through equity, inclusion and cultural competency training.

We affirm education and professional growth for all members of the veterinary medical education community. We strive to build a community based on mutual respect and to graduate professionals who are prepared to work in an increasingly diverse world.

We affirm that each member of the veterinary medical education community is expected to work in accordance with these principles and to make individual efforts to enhance the quality of campus life for all.

Jurisdiction:	Diversity Committee	Date of Last Review:	July 21, 2013
Approved by:	Board of Directors	Date Last Amended:	July 21, 2013
Date Approved:	January 2010	Date of Next Review:	July 2018
Historical References:			

PROTECTING STUDENT PRIVACY

The Association of American Veterinary Medical Colleges recognizes the importance of protecting students' rights to privacy. Protecting student privacy goes beyond the limitations of the Family Educational Rights and Privacy Act¹, which protects against the unauthorized disclosure of student records; it encompasses the right to privacy as well as the protection of sensitive, personal information. While it may not be unlawful to report legally obtained information about a student, it is an ethical violation to do so if reporting the information causes harm. The AAVMC will uphold the general journalism principle of "minimize harm"². Under this principle, AAVMC will not use in any of its communications:

- Identifying information or certain details that are not materially related to the story
- Sensationalism to increase readership
- Information that may harm someone's reputation or memory

AAVMC's commitment to its Member Institutions and their students is to observe the highest level of ethically responsible journalism – reporting the truth while respecting the right of privacy.

¹ The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99)

² Society of Professional Journalists, *SPJ Code of Ethics*, <http://www.spj.org/ethicscode.asp?mobile=no>

Jurisdiction:	Ethics Committee	Date of Last Review:	
Approved by:	Board of Directors	Date Last Amended:	
Date Approved:	March 12, 2014	Date of Next Review:	March 2017
Historical References:			

THIRD PARTY RANKING SYSTEMS

The Association of American Veterinary Medical Colleges (AAVMC) does not endorse third party ranking systems of colleges of veterinary medicine. In order to become an AAVMC member institution, a school or college of veterinary medicine must earn accreditation from the Council on Education, which is jointly operated by the AAVMC and the American Veterinary Medical Association (AVMA) and certified by the U.S. Department of Education. Accredited colleges of veterinary medicine have all met established standards of institutional quality and performance in professional veterinary medical education. Thus, we believe all member institutions provide a high quality education that prepares students for success in the many different dimensions of modern professional practice.

Jurisdiction:	Admissions and Recruitment	Date of Last Review:	November 2016
Approved by:	Board of Directors	Date Last Amended:	November 2016
Date Approved:	July 2008	Date of Next Review:	November 2021
Historical References:			

USE OF ANIMALS IN EDUCATION

The AAVMC recognizes the important role animals play in the education of veterinarians whether in their initial professional training, subsequent advanced study for a clinical specialty and/or a graduate degree, and “wet labs” offered by continuing education programs. Animals likewise play a necessary role in the training of veterinary technicians and non-veterinarian graduate students.

The AAVMC further recognizes that not all educational objectives can be met through the use of client-owned animals, thus it is necessary that some live animals be obtained by purchase or donation and used for instructional activities that may be terminal in nature. That said, the AAVMC emphasizes that such use must be at the minimum level necessary to meet the educational objectives, i.e., the skills being taught using live animals should be critical to the training program, and only when no reasonable alternatives to live animal use exist. Some schools keep colonies of animals for less invasive training such as mares or cows used for palpation training. Their welfare, environmental enrichment, and humane disposition should be carefully considered. Finally, it is imperative that all animal use is reviewed and approved by the Institutional Animal Care and Use Committee and that the principle of the “3 Rs”³ is scrupulously followed. In the case of instruction in the veterinary curriculum, this would involve:

(1) **Refinement** of teaching methods to eliminate or reduce pain and distress whenever live animals must be used. *Examples:* Student surgical laboratory exercises likely to have relatively painful outcomes even with the use of analgesia, such as orthopedic procedures, should be done as non-recovery procedures. Aggressive use should be made of analgesics for less painful procedures where recovery is allowed, such as spays and neuters. It is crucial that students are educated from the onset as to the need for careful monitoring, pain management and compassionate care during the procedures and following recovery, and that adequate supervision is provided to insure the quality of care.

(2) **Reduction** in the number of live animals used in teaching. *Examples:* Student surgical laboratory exercises that use live animals should be scheduled in such a way that several procedures can be done during a single terminal surgical session.

(3) **Replacement** of live animals with client-owned, cadaver, less sentient and/or non-animal instructional methods wherever feasible. *Examples:* Demonstrations/laboratory exercises that use live animals in terminal or potentially painful/distressful procedures could be videotaped once, with subsequent screening of the videos replacing the live animal exercises in the following years. Students

³ The “3 Rs” refer to a study published in 1959 (William Russell and Rex Burch, *The Principles of Humane Experimental Technique*, 1959). At the annual meeting of the former American Association of Laboratory Animal Science in Washington, D.C., the late Major Charles W. Hume, the founder of the Universities Federation of Animal Welfare (UFAW), presented a study by two English scientists, William Russell, described as a brilliant zoologist, psychologist and classics scholar, and Rex Burch, a microbiologist. They had carried out a systematic study of the ethical aspects and “the development and progress of humane techniques in the laboratory.”

can gain hands-on surgical experience in high volume by participating in mass spay/neuter clinics for animal shelters and feral cat programs, and the animals, not just the trainees, benefit from the training program. Crisis management in anesthesia and critical care can be taught very effectively to veterinary students using modified or unmodified human patient simulators.

Although it is traditional to speak of the “3 Rs,” the AAVMC recommends that students are taught to follow a 4th “R” as well:

(4) **Respect** the animal for the value of its life. Respect the animal for its contribution to science and medicine. Respect the animal for the privilege of learning from hands on manipulation of a living, breathing animal. Respect the animal that has been euthanized and make sure its body is handled and disposed of properly.

Jurisdiction:		Date of Last Review:	January 06, 2016
Approved by:	Board of Directors	Date Last Amended:	
Date Approved:	January 15, 2009	Date of Next Review:	January 2021
Historical References:			

VISITING VETERINARY MEDICAL STUDENTS ON CLINICAL ROTATIONS

This position statement is intended to reflect the general principles and considerations that the AAVMC and the schools/colleges consider important related to students visiting for short-term clinical training. Students should check directly with institutions they would like to visit as individual university policies may differ in details from the general principles described in this guidance document.

Students in good academic standing and in their clinical training year(s) at an American Veterinary Medical Association (AVMA) Council on Education (COE) accredited veterinary medical training programs leading to the DVM or equivalent degree will be permitted to undertake short-term clinical educational rotations at other AVMA COE-accredited program institutions, without incurring financial charges for the educational opportunity, under the following conditions.

- Educational opportunities are limited to two rotations of 2-3 weeks each in duration per student per year (exact time limitation based upon the host institution's typical time frame for individual rotations).
 - Requests for longer periods of clinical rotation will be subject to financial charge at a rate and payment schedule determined by the hosting institution.
- Hosting institutions will accept such students provided that the students' home institution has a veterinary medical teaching hospital that can/will reciprocally accept the hosting institution's students under the same guidelines. If this is not the case, the hosting institution has the right to refuse to provide clinical training or charge a fee for the training.
- Visiting students will be expected to comply with all of the hosting institution's rules and regulations related to student conduct on clinical training rotations.
- Hosting institutions will have the flexibility to design their own requirements for application/enrollment materials, such as a dean's letter of good standing from the student's home institution, evidence of health insurance, evidence of malpractice liability insurance, proof of immunization against rabies and/or tetanus (or adequate rabies titer), proof of a negative tuberculin skin test (or other documentation of negative tuberculosis status for BCG vaccinates) within the prior 6 months, hold-harmless agreements, emergency contact information forms, etc. However, to the degree that these requirements can be harmonized across institutions, this will be beneficial to students.
- The hosting institution will use its own system to assign a grade/evaluation to the student unless a different agreement is reached before the start of the externship. The home institution may accept this grade as is or interpret it as appropriate to the home institution's evaluation system.
- All requests for visiting student clinical rotations will be based upon space available status at the hosting institution. Once a visiting student is scheduled, it is the expectation that s/he will attend. Failure to attend without notification of unavoidable schedule changes at least 3 months

prior to scheduled arrival would be considered a breach of professionalism (except under extenuating circumstances) and should be handled by that student's home institution in the appropriate manner.

- Visiting students will be expected to manage and pay for travel arrangements, housing, and other related items.
- Some institutions offer very specialized rotations with a course fee. In those cases, the student would be required to pay the associated fee in order to participate.
- International students (whether as citizens of and attending an AVMA COE-accredited DVM or equivalent degree program from outside the country of the hosting institution, or a foreign national attending from a country other than either the hosting or student's home institution) must comply with any applicable visa requirements and must be personally responsible for all visa application procedures and fees. International students may be limited in what they are allowed to do in a clinical environment (e.g. only be allowed to observe rather than actively engage in clinical procedures), as determined by the limitations imposed by their visa status or state practice act.

Jurisdiction:	Academic Affairs Committee	Date of Last Review:	April 20, 2012
Approved by:	Board of Directors	Date Last Amended:	April 20, 2012
Date Approved:	July 17, 2011	Date of Next Review:	April 2017
Historical References:			