



The Referring VETERINARIAN

VETERINARY MEDICAL TEACHING HOSPITAL * COLLEGE OF VETERINARY MEDICINE * CORNELL

Winter 1992-93

FROM THE DIRECTOR

It has been more than a year since the last issue of *The Referring Veterinarian* and there have been major changes at the VMTH since we last communicated with you. You probably have heard about some of them through clients that you have referred to us. The bottom line is that construction of our new Teaching Hospital, to be called the "Veterinary Medical Center" is well underway. The outline is now visible, with four floors of steel work and many cinder block and concrete walls rising in the construction site. While this is exciting, it does mean that we will have to be very flexible in our approach to VMTH operations for the next three years or so. This issue of *The Referring Veterinarian* has been delayed until our client access routes have been put in place - a trial and error process for the last several months.

Our problems began when the south facades of the current Small and Large Animal Clinics were sealed off by the perimeter fence of the construction site. All former access doors to the Large and Small Animal Clinics are in the construction zone and unusable. We have had to be somewhat creative in arranging for clients and patients to access our facilities. A plan of the current VMTH complex is shown in Figure 1 [see insert]. In this figure the new



View of Veterinary Medical Center construction site looking from northwest to southeast. Existing VMTH is out of sight to the left. Route 366 is in the background.

Veterinary Medical Center is identified and the major access routes to the clinics are shown, all access being off Caldwell Road which is on the east end of the college complex. The legend on Figure 1 shows the access routes for small animal clients. Clients should park in the small animal client parking lot (1) and should first check into the reception area of the Community Practice Service (CPS) building (2). If patients are to be admitted to the hospital they will be directed along the pathway (3) to the Small Animal Clinic in-patient waiting room (4).

A more detailed diagram showing access routes for both small and large animal clients is shown in Figure 2. Again, all small animal clients should first stop at the CPS Building. Outpatients will be serviced in that building. In-patients will be directed to follow the yellow paw prints to the in-patient waiting room at the west end of the Small Animal Clinic. Large Animal Clinic clients should follow the arrows and signs behind S & T barns to the large animal loading ramps behind I & J barns. Large animal clients should check in at the large animal reception desk

using the same temporary access corridor that is used by small animal clients. Cattle will be entered though the east end of I Barn and horses though the east end of J Barn. Unfortunately, there is no space available in the vicinity of I & J barns for even temporary parking of vans. Large animal clients will be asked to move their vehicles to a peripheral parking area that is, however, within a short walking distance of the Large Animal Clinic.

For night emergency admissions, small animal clients should remain in their vehicles and follow the orange reflective emergency signs to the east end of the temporary access corridor. An emergency phone is located at the entrance to the corridor. This phone is connected directly to the Intensive Care Unit and staff in that unit will respond immediately to emergency clients. There is also an emergency call button for the Large Animal Clinic at the corridor entrance.

We have had to be somewhat creative in arranging for clients and patients to access our facilities.

We can assure you of our continuing dedication to serving your needs during the construction period. While there may be some inconvenience to clients, we will do everything we can to assist them. Patient care will most definitely not suffer during this time.

To the contrary, we are committed to the highest possible level of case management and to that end will continue to improve services and procedures as we plan for occupying our new clinical facilities in about three years.

The new access routes have now been in place for awhile. So far clients have been most understanding and have adapted very well to these inconveniences. The caseload does not seem to have been negatively affected by the construction program.

As always, we encourage your referrals and stand ready to serve you and your clients. Please don't hesitate to give me a call at 607-253-3030 if you have any questions or concerns.

Fran Kallfelz

MADELINE PRANGE FUND

The VMTH takes great pride and pleasure in announcing the establishment of the Madeline Prange Fund. This fund has been established as the result of a very generous donation by Mrs. Prange, an avid aelurophile from Kutztown, Pennsylvania, with a matching donation by Alpo Petfoods Inc. The purpose of this fund is to provide assistance to financially compromised cat owners whose pets are in need of veterinary care. The availability of this fund allows clinicians in the VMTH to provide care and

thus prolong the lives of many cats that otherwise might not be able to be assisted. In addition to the benefit for the animal, this is also of great help to owners, many of whom are elderly, who can now continue to have the companionship of their pet.

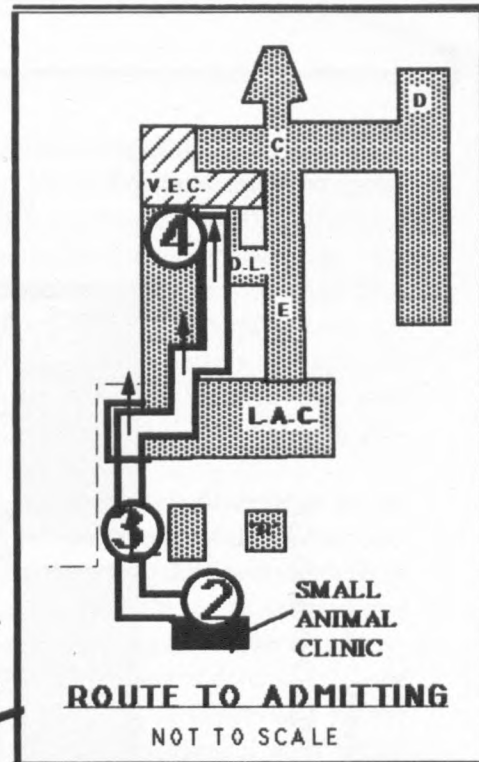
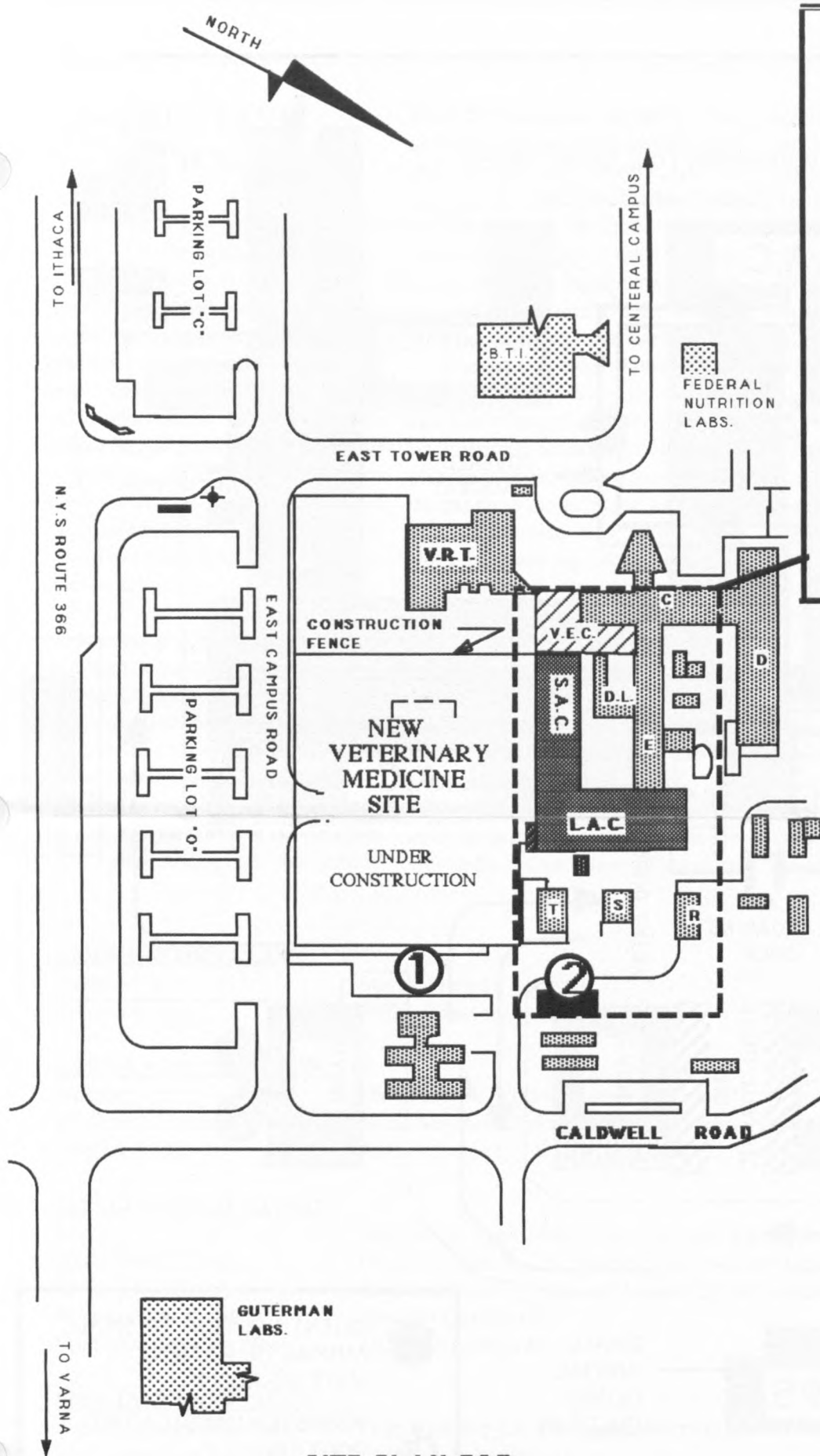
We thank Mrs. Prange and her husband, Dr. John Prange, for this generous and thoughtful gift. The Madeline Prange Fund is open-ended, i.e. anyone interested in assisting in the care of cats owned by financially compromised owners can make contributions to this fund.



Dr. Hornbuckle with a feline patient. The care of many cats will be facilitated through the Madeline Prange Fund.

In addition to the Madeline Prange Fund, which is specifically designated for the care of cats, we also have a small fund, made available by various donations over several years, which can be used to provide similar assistance for dogs. Donations to this fund are also welcomed.

We would very much appreciate your assistance in making these gift opportunities known to appropriate clients. Memorial donations can also be made to either of these funds.



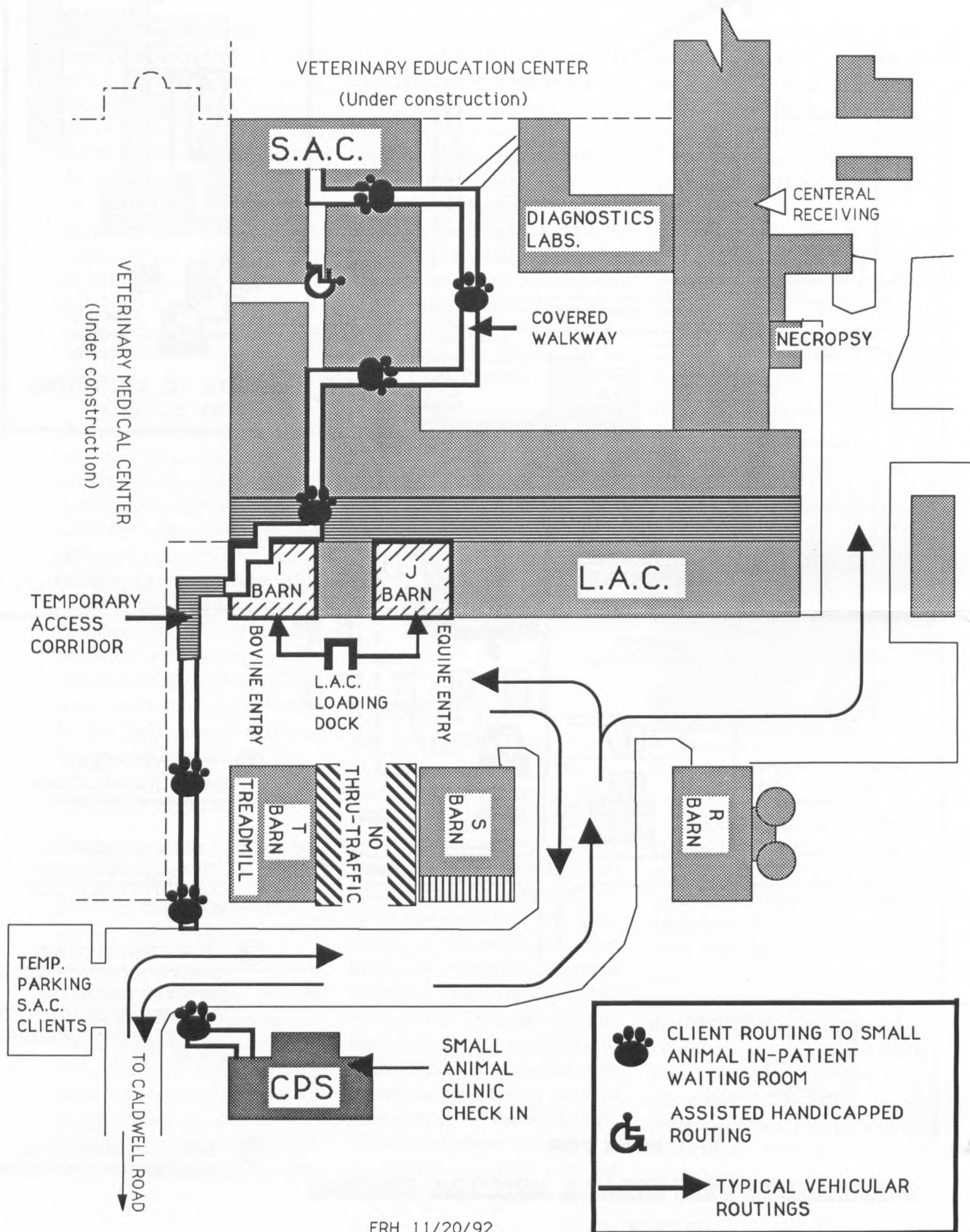
- ① PARK VEHICLE IN SMALL ANIMAL CLINIC CLIENTS PARKING LOT.
- ② CHECK IN FOR SMALL ANIMAL CLINIC IN THE COMMUNITY PRACTICE BUILDING.
- ③ IF PATIENT IS TO BE ADMITTED, CLIENTS WILL BE DIRECTED TO FOLLOW YELLOW PAW PRINTS TO THE S.A.C. IN-PATIENT WAITING ROOM.
- ④ SMALL ANIMAL CLINIC IN-PATIENT WAITING ROOM.

SITE PLAN FOR **ACCESSING THE SMALL ANIMAL CLINIC**

NOT TO SCALE

ERH 11/20/92

FIGURE 1



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FIGURE 2

THE CLINIC SERVICE TEAM

As a referring veterinarian you, of course, want the cases you refer to the VMTH to be seen by the most experienced of our staff. It may come as a surprise at times, therefore, when an intern or resident contacts you to provide progress reports, etc., and/or when you receive a copy of a discharge form signed only by an intern or resident. After such experiences several referring veterinarians have called to ask whether, in fact, referral cases have been seen at all by a senior staff member.

The clinical services in our VMTH are structured very similarly to those in a human teaching hospital. Each clinical service is headed by a senior staff clinician (the service chief) who is assisted by a resident, an intern and several senior students. Generally, the cases on each service are admitted by and assigned to one of the three staff veterinarians, i.e. the service

chief, the resident or the intern. Students also are assigned specific cases and interact very closely with the appropriate staff veterinarian in the management of the case. Students generally maintain contact with the owner while the veterinarian (intern, resident or service chief) interacts with the referring veterinarian.

The service chief, however, has ultimate responsibility for the management of every case on the service. Each service conducts clinic rounds on a daily basis. During these rounds the progress of each case on the service is discussed in detail and decisions are made regarding further diagnostic and therapeutic procedures. The service chief is present at the daily rounds and thus is directly involved in the management of each case. Further, these rounds are generally conducted in the wards such that the service chief is able to see and evaluate each case personally.

Interns and residents are, however, vital participants in the clinical service team. Our house officers are

selected competitively and are in the top 2% of the applicants who apply. They are thus very well qualified and competent young veterinarians who are extremely eager to expand their clinical training. Interaction with referring veterinarians is an important aspect of the training. We value your assistance in this aspect of their program.

Hopefully this description of our service team concept allays your concerns regarding the cases you refer to the VMTH. Please be assured that the patients you refer to us are receiving the very best of care and that the care provided is supervised by the most qualified clinical staff members.

For your information, below is a list of the house officers currently serving in the VMTH through June 1993. You will notice that the name of each resident is followed by a number. The number represents the number of years the resident has been in training in his or her residency program.

AMBULATORY CLINIC

Intern

Residents

Stacey Phelps

Jeffrey Musser (2), Simon Peek (2)

LARGE ANIMAL CLINIC

Interns

Medicine Residents

Surgery Residents

David Frisbie, Phillip Hammock

Mark Newton-Clarke (2), Melissa Finley (1), Cynthia Jackson (1)

Andrew Sams (3), Ryland Edwards (2), Lisa Fortier (1)

SMALL ANIMAL CLINIC

Interns

Medicine Residents

Surgery Residents

Dermatology Resident

Ophthalmology Resident

Anne Bahr, Gia Croce, Vickie Grevan, Kathy MacLeod, Fran Wilkerson

Brigid Nicholson (2), Thomas Schermerhorn (2), Jane Toomey (1)

Richard Suess (3), Bertrand Lussier (2), Robert Hardie (1)

Suzanne Cayatte (2)

Michelle Taylor (2)

SPECIALTY SERVICES

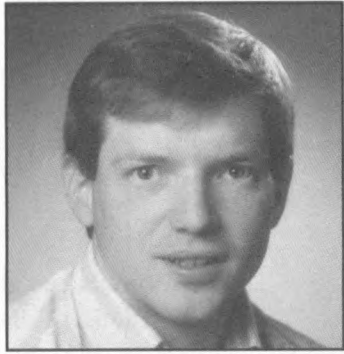
Anesthesiology Residents

Theriogenology Resident

Peter Ekstrom (2), Thomas Geimer (2)

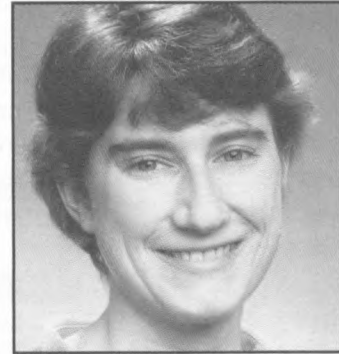
Christine Schweizer (1)

STAFF PROFILES



Mr. Michael Wildenstein

Mr. Michael Wildenstein is the recently appointed Resident Farrier for the Veterinary Medical Teaching Hospital. After serving in the United States Coast Guard and earning a B.S. degree in education (biology) at SUNY (Potsdam), he attended farrier courses at the Nova Scotia Agricultural College and Cornell University. Michael achieved Journeyman Farrier status in the United States and Master Farrier status in Denmark where he has spent the last five years. While in Denmark Michael worked in cooperation with veterinarians on hoof and leg related cases and with the Danish National Warmblood stallions. While in the United States Michael specialized in working and showing draft horses. Michael has participated in competitions and conferences in the United States, Canada, Switzerland, France and Holland. Michael is married to a veterinarian and has a son.



Dr. Kathy Linn

Dr. Kathy Linn graduated from the College of Veterinary Medicine at Cornell University in 1984. Following graduation she entered a one year rotating internship at Colorado State University. After completing her internship she spent three years in private practice in Jamestown, New York. Thereafter she returned to Colorado State to undertake a surgery residency program where she was involved in research projects relating to cardiovascular surgery in dogs. Following her residency she spent the summer of 1991 as an instructor in small animal surgery at Colorado State University, with an emphasis on orthopedic surgery, where she developed particular interests in neurosurgery and neoplastic diseases of bones and joints. Dr. Linn joined the clinical staff of our Teaching Hospital in October of 1991 and shares responsibility for the small animal orthopedic surgery service. In her spare time she is an avid rock climber and sky diver.

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