

# WEST COAST VETERINARIAN

SEPTEMBER 2023 | Nº 52

## FOR THE BIRDS: BASICS OF AVIAN MEDICINE



**A NIGHT IN EMERG**

**THE PERIO PUG**

**CANINE AND FELINE  
DENTISTRY**

**MAKING A  
BETTER PLAN**



**SBCV 2023 FALL  
CONFERENCE**  
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COREY VAN'T HAAFF  
EDITOR

» TO THE EDITOR

Letters from members are welcome. They may be edited for length and clarity. Email us at [wceditor@gmail.com](mailto:wceditor@gmail.com).

» ON THE COVER

Radiograph of Blue-and-gold Macaw taken in a hands-off standing position. PHOTO SUPPLIED BY NIGHT OWL BIRD HOSPITAL

**T**he SBCV has been my work, and veterinarians at the forefront of my life, for many decades. My love for my animals makes this a very easy job to be devoted to. One of the most wonderful outcomes of having the best job on earth is getting to meet many veterinarians and know them as individuals. Some of them have become friends, and a few have become very good friends.

I was in the middle of an SBCV staff zoom call in June when our receptionist alerted me to an incoming call she just completed. It was a call alerting us to the death of a long-time BC veterinarian. "Who?" I asked. "Dr. Wayne Hollingshead," she replied.

I had to leave the zoom call.

Dr. Hollingshead—Wayne—was someone I had known and loved for decades, from back during my time as the provincial government's appointed public member to the BCVMA, when we shared time around the council table. He was the definition of delightful. He was sensitive to others' needs and perspectives and shared with me his way of showing respect to someone he disagreed with. He was very cognizant of our roles on council and made sure we always remembered what our jobs were—and were not. And he encouraged us all to reflect on and evaluate our own feelings and thoughts, and to make time for that at every council meeting.

How could I not fall in love with this dear man? We became friends quite quickly and even more easily. Whenever he was in town and could arrange time with me, he'd head to my place for dinner, bags of Chinese food in tow, and we'd settle in for an evening of hilarity and racy talk. He was the most fun.

Sometimes, I'd head to his friend Larry's home in White Rock, where we'd have dinner and I'd be entertained beyond expectation. Or we'd head out with Paul for Greek food, and Wayne would tell the restaurant greeter that the queen and princesses had arrived. I never knew which one I was.

Wayne made me dance with him. I didn't do that for anyone else. I'd meet up with Wayne and Paul at the Heart of Richmond AIDS Society Gala each year and we'd bid on silent auction items, gossip, eat, and of course dance. He was the epitome of the life of the party for me.

The last time I saw Wayne, we'd both slowed down a bit, me more so than him. He came to our home in August of 2017 to meet Dan, my beloved. I think he wanted to make sure he approved. He told Dan at the end of our time together that if he wasn't gay, he would have married me. I'm not sure that's true but he wanted Dan to know how special he thought I was.

We were supposed to get together again in November 2021, but I was overwhelmed with work due to the crisis created by the flooding and the terrible effects it had on animals and thus veterinarians. I asked him if I could postpone our date. As distance and schedules would have it, we never met again, though we texted and talked about politics occasionally.

I will miss Wayne very much. He was one of a kind, never held back, and could deliver the funniest lines with unmatched enthusiasm. He was a very good friend. Safe travels Wayne. [WCVV](https://www.wcvv.com)

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SBCV staff completed their certificates in Trauma-Informed & Culturally Safe Leadership, organized by the Vancouver Humane Society.

# WCVV

SEPTEMBER 2023

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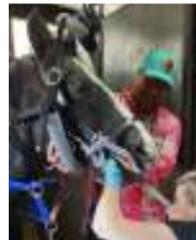
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2. Chappell K, Paarberg T, Seewald W, et al. A randomized, controlled field study to assess the efficacy and safety of lotilaner flavored chewable tablets (Credelio<sup>®</sup> Cat) in eliminating fleas in client-owned cats in the USA. Parasite Vector. 2021;14:127

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**ANGELICA (ANGIE) BEBEL, DVM, DAVDC**, is a veterinary dental specialist. She began her veterinary career as a Registered Animal Health Technician. In 2014, she graduated from the Western College of Veterinary Medicine program and practiced general medicine in Vancouver before starting a residency in veterinary dentistry at West Coast Veterinary Dental Services, Vancouver, where she continued working after receiving Diplomate status in July 2018 with the American Veterinary Dental College. Her interests include feline oral medicine and surgery and promoting oral health in companion animals. When not at work, Angie enjoys time with her family and one-eyed cat, Spook.



**MEGHANN CANT, MSc, BSW**, works for the BC SPCA in the areas of research, education, advocacy, and policy. She has a Master of Science in animal welfare from the University of British Columbia, and more recently completed a Bachelor of Social Work from the University of Calgary. Over the years, she has volunteered with animals in a variety of settings, from veterinary medicine to wildlife rehabilitation to senior animal rescue. Through her work and volunteer experience, Meghann has developed a passion for collaborating with others on complex issues where human and animal well-being intersect.



**CHELSEA FRIESEN** is the referral and operations coordinator at Mountainside Animal Hospital & 24 Hour Emergency Services. She joined the veterinary industry as a veterinary assistant in 2021, and after discovering her love for helping clients, transitioned to a reception role. She has now been in her new role since February 2023. When not at work, Chelsea can be found walking through the forests of North Vancouver with her rescue pug, Chester.



**EMILIA WONG GORDON, DVM, DABVP (Shelter Medicine)**, provides mobile veterinary care and consulting services to animal shelters, rescues, organizations supporting access to veterinary care, and other animal welfare stakeholders. Dr. Gordon also lectures on shelter topics at several universities in Western Canada and holds adjunct faculty positions with the University of Florida Shelter Medicine Distance Education Program and the Ontario Veterinary College.



**GARTH GRAHAM, DVM**, is chief executive officer of Associated Veterinary Purchasing Company in BC. After obtaining his veterinary degree from the University of Guelph he practiced primarily on horses and cattle before accepting a marketing role in the Canadian animal health industry. Since then, Garth has enjoyed a variety of different roles and challenges in the animal health sector, including marketing, sales management, and business development responsibilities. In 2017, Garth launched the first accredited veterinary telemedicine practice in Canada, providing triage and client management services to veterinarians and pet owners throughout Ontario. Garth, who calls Abbotsford home, enjoys being outdoors as often as he can, with hiking, fishing, off-roading, and motorcycling being his preferred ways to relax.



**BRITTANY HARMENING, RVT, VTS (Dentistry)**, is a veterinary technician specialist. After graduating from Thompson Rivers University's animal health technologist (AHT) program in 2007, her passion for dentistry led her to obtain her VTS (Dentistry) in 2016. She has spent time in San Diego and Minnesota working as an RVT. She is now settled in the Lower Mainland with her family, which includes her cat, Piggy, and her poodle, Bijou.



**ELAINE KLEMMENSEN, DVM, CEC**, is always up for an adventure, especially if it involves people, pets, and creating connections in veterinary medicine. A self-described nerd about leadership, workplace culture, and organizational development, Dr. Klemmensen is a Certified Executive Coach holding the ACC-level certification with the International Coaching Federation as well as a certificate in Values-Based Leadership. Dedicated to helping veterinarians and their teams move from surviving to thriving, she founded Evolve Leadership Coaching and Consulting and is currently studying visual facilitation and strategic thinking. She lives in the beautiful West Kootenays and when not learning something new is most likely exploring the world by bicycle with her husband, Rob.



**KATHERINE (KATIE) KORALESKY, MSc, PhD**, is a Postdoctoral Research Fellow in the animal welfare program at the University of British Columbia. She uses social science research methods to understand the human dimensions of animal welfare in companion animal sheltering and protection, animal welfare law, dairy cattle welfare, and emerging agricultural technologies. Her doctoral work investigated how animal sheltering policies and animal protection laws shape what happens to animals. Her research illuminated frontline work practices involved with responding to concerns about animals in distress, helping animals with behavioural problems, and adopting One Welfare programs and initiatives.



**ANNE MCDONALD, DVM**, is a graduate of the Western College of Veterinary Medicine and completed an internship and surgical residency at Texas A&M University. During Dr. McDonald's 11 years of practice at the Vancouver Animal Emergency Clinic, Dr. Suann Hosie encouraged Dr. Gabe Muller and Dr. McDonald to form the Night Owl Bird Hospital. In 1990, Dr. McDonald purchased the hospital from the Vancouver Animal Emergency Clinic. The hospital continues to function in the heart of Kitsilano. Dr. McDonald encourages more small animal veterinarians and board-certified specialists to accept avian patients, especially emergency cases.



**CORI STEPHEN, DVM**, is a mixed rural veterinarian and clinic owner in Vanderhoof, BC. She graduated from the Western College of Veterinary Medicine in 2005. When she's not at the clinic you will find her enjoying her two teenage boys and the outdoors as well as advocating for the profession.



**ROBERTA TEMPLETON, DVM**, is a small animal veterinarian based out of Qualicum Beach on beautiful Vancouver Island. She also locums on Haida Gwaii, one of the most stunning places on earth. She loves the profession, and especially the people in it. One of her favorite veterinarians is her husband, Jared, with whom she is raising two young boys. They enjoy their outdoor paradise home by camping, hiking, beaching, and so forth.

# CVMA PRACTICE OF THE YEAR AWARD TANGLEFOOT VETERINARY SERVICES



**T**he CVMA has recognized an East Kootenay veterinary service as the recipient of its 2023 Practice of the Year for outstanding achievement within their community.

Tanglefoot Veterinary Services is a progressive, full-service, mixed animal practice in BC's East Kootenay region. Founded in 2009, it now employs seven veterinarians, seven RVTs, and 15 support staff.

In large part, Tanglefoot is receiving this award for initiating the creation, in 2022, of the East Kootenay Vet Group (EKVG). Comprising seven local clinics that share after-hours emergency calls, EKVG was Tanglefoot's response to the reality that, unless more clinics were able to share the load of after-hours emergencies, the community could lose emergent care altogether. Tanglefoot's innovation has greatly improved quality of life for all doctors in the area and provided clients with stability.

**“TANGLEFOOT'S SERVICES WERE ESPECIALLY CRUCIAL TO CLIENTS AND PATIENTS DURING THE COVID-19 PANDEMIC.”**

The nominations process heard that Tanglefoot assumed this role because of their deep sense of responsibility for the growing community they call home. Tanglefoot's strong community focus long predates the formation of EKVG, including many years of supporting the local 4H club, providing veterinary services for rodeos, and supporting several small animal rescue organizations in the area. Tanglefoot's services were especially crucial to clients and patients during the COVID-19 pandemic.

In addition to high-quality emergent care, Tanglefoot has played an integral role in the professional development of future members of the veterinary community. Since 2018, the practice has hosted 42 veterinary, RVT, and other students for internships, externships, practicum placements, and summer positions. **WCV**

PHOTO BY WHITE MOUNTAIN PHOTOGRAPHY

**A**fter many years of doing what I have as a veterinarian, the question that is put to me is either “Didn’t you retire?” or “When are you going to retire?” So far, I have not come to a conclusion. I am getting older and tire more easily, but I feel I can still be of some help in caring for the four-legged members of the families living in my community. But thinking of that often leads me to reminisce about the variety of things I have been fortunate to have been involved with. The most important things are some of the experiences I’ve had.

A unique episode occurred in my second or third year of practice. A client, who happened to be the herpetologist at UVic, asked me to do a surgery for one of the two animals in his care. He was going on a long sabbatical and wanted to make his eastern diamondback rattlesnake and his water moccasin as safe as possible for the university caretakers. This entailed asking me to ligate their venom ducts.

Needless to say, this was a once-in-a-lifetime opportunity. After talking to the staff, fellow veterinarians, and of course my wife Jan, I agreed to give it a go.

The client produced a paper that described how to perform the procedure safely, including an anesthesia protocol that included putting the snakes, which are cold-blooded critters, in the freezer to reduce their activity. My colleagues and I spent a Sunday on the procedure, which was a bit tense. Although the snakes secrete the venom through their canine teeth, the ducts are above the eyes, so the ligation required a small incision on both sides of each snake’s head. I am happy to say that both the snakes and the surgical team survived and I went home safely to my wife (no, she did not come to watch).

I imagine such procedures are now executed under more humane conditions by specially trained veterinarians. My good fortune was in working at a mixed animal practice that offered

a variety of cases. I remember being called out to a dairy farm on a snow-packed New Year’s morning to deal with a nearly frozen prolapsed uterus. Luckily, we were able to correct the situation and the cow survived. Another time, we were called on Christmas Eve to help a whelping retriever and ended up delivering six puppies by Cesarean early the next morning—a precious Christmas gift.

At Prevost Veterinary Clinic, I was fortunate to join three skilled veterinarians who excelled at communication—and at helping me develop. After a few years, the senior partners stopped doing small animal work but one, Dr. Dave Reed, did the equine calls while Dr. Abernethy did the food-producing animals and Dr. Arnold Wiren and I looked after the small animals.

All of us enjoyed CE and travelled to interesting conferences in various parts of the planet, satisfying many travel urges while also fulfilling a professional purpose. In 2004, it was the World Congress in Veterinary Dermatology in Vienna—a wonderful trip with Jan where we fit in an assortment of lectures and special events at the conference with plenty of walking around the city. Jan was in heaven watching the Spanish Riding School and going on a bus tour to visit the breeding and early training farm.

The 2016 dermatology conference took us to Bordeaux, France—great countryside! Afterward, we rented a car and drove across the Pyrenees Mountains to northwest Spain, and then to Bilbao to see the amazing Guggenheim Museum. I spent most of the day walking around the museum, a spectacular structure designed by Frank O. Gehry, admiring how the building changed with the changing light as the day went on.

Memories like these from my life as a veterinarian make me thankful for the profession I chose. I encourage you to find your own ways to appreciate the work you’ve chosen. If you are going through a difficult time, please take advantage of SBCV mental health projects and let us know of any way we might be able to help.

Have a good fall and look after yourselves. You are important.

The music for this visit is The Beach Boys, “That’s Why God Made the Radio.” 



*Al Longair, BSc, DVM, graduated from the Western College of Veterinary Medicine in 1977. After graduation, he joined a mixed animal practice in Duncan, focusing on small animal practice from 1981 on. He has been involved with the BC SPCA for over 20 years, serving as the president of his local branch for 12 years and on the provincial management committee for 10 years, with four years as president. In the early 1990s, he served as chair of the CVMA Animal Welfare Committee. He lives on a small acreage with his wife, horses,*

*dogs, and cats, and coaches youth soccer in his spare time.*

**A**s your CVMA President, it’s my pleasure to update you on some of the CVMA’s recent initiatives.

### ANIMAL HEALTH WEEK 2023—OCTOBER 1-7, 2023

It is time to start planning for Animal Health Week 2023! AHW is an annual national public-awareness campaign organized by the CVMA and hosted by veterinarians across Canada. Each year, the veterinary community draws attention to an important health-related message. This year, we honour those working daily to protect the health of animals—the veterinary team—with the theme “It Takes a Team . . . To Protect Your Animal’s Health and You.” The CVMA will raise awareness about the importance of animal health care teams and the valuable role each team member plays in protecting animal health and wellness. Read more on the Animal Health Week page of [canadianveterinarians.net](http://canadianveterinarians.net).

### THE CVMA PRESENTS TWO NEW POSITION STATEMENTS

#### Horn management of small ruminants

The CVMA recognizes that horn management (removal of horn buds or horns) in small ruminants may be desirable for human and animal safety. The CVMA holds that veterinarians should engage with responsible and appropriately trained animal owners or caretakers in developing individual and herd horn-management protocols and procedures. If horn removal is deemed necessary, it should occur before horns attach to underlying bone (disbudding, between three and nine days of age). Dehorning on small ruminants after this age should only be performed for medical reasons, and exclusively by a veterinarian skilled in the procedure.

#### Castration of piglets

The CVMA holds that surgical castration of piglets to prevent boar-taint (an unpleasant odour and flavour in pork) and aggression in post-pubertal boars is a painful procedure at any age. Therefore, an effective pain-mitigation protocol is necessary for all ages of pigs. The CVMA encourages development and implementation of practical analgesic and anesthetic protocols for swine castration and production-chain evolution to support adoption of immunocastration and marketing of intact boars.

View all position statements under the Policy and Outreach page of [canadianveterinarians.net](http://canadianveterinarians.net).

### WELCOME TO THE NEW CVMA BOARD

President Dr. Trevor Lawson	Vice-President Dr. Tracy Fisher	Immediate Past-President Dr. Chris Bell	Treasurer Dr. Brian Evans 
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*Trevor Lawson is an alumnus of Nova Scotia Agricultural College (later Dalhousie Agricultural Campus), University of Manitoba, and Atlantic Veterinary College. After earning his DVM in 2004, he joined Fundy Veterinarians, where he devotes his time to large animal patients. Dr. Lawson has served the Nova Scotia Veterinary Medical Association (NSVMA), becoming president in 2010, and the CVMA (since 2010) on the animal welfare committee, national issues committee, council, and executive. He has served as chair of the Nova Scotia Animal Cruelty Appeal Board and with the Dairy Farmers of Canada Animal Welfare Group. In 2014, he received the NSVMA Young Veterinarian Award, and in 2015, he was chosen to join the Governor General’s Canadian Leadership Conference. Outside of work, he can be found at home with a yard full of animals, at a local hockey rink, or relaxing and boating at the cottage. Trevor, his wife Tammy, and their children Isaac and Charlotte proudly call Nova Scotia home.*

# A SUMMER OF SERVICE

BY FIONA LAMB, BSc

## VETERINARY STUDENTS ENGAGE IN OUTREACH WORK IN MARGINALIZED COMMUNITIES



Ruth Patten (class of 2024, Kelowna) volunteering at the Maskwacis Temporary Veterinary Clinic. (Husband Cory MacLean helping out.)

PHOTO COURTESY OF RUTH PATTEN

**D**uring the summer, veterinary students from WCVM engaged in various outreach activities in marginalized communities through programs or organizations such as Community Veterinary Outreach (CVO) Saskatoon, remote clinical practice rotations, or summer employment positions. While connecting with community members, veterinary students learned to address challenges and barriers to veterinary care (e.g., financial and transportation limitations) and challenges while providing care at outreach events.

In June, veterinary students and other volunteers participated in CVO Saskatoon's first One Health clinic to provide both veterinary care and resources for community members navigating vulnerable housing or homelessness. Through collaboration with organizations such as SWITCH (Student Wellness Initiative Towards Community Health) and Prairie Harm Reduction, volunteers delivered services such as vaccinations, parasite control, health exams, and nail trims for pets as well as resources such as literacy programming (e.g., children's books), meals, and education on human nutrition.

Dr. Dayle Borchardt, the regional director of CVO Saskatoon, has been heavily involved in organizing these clinics and mentoring veterinary students to approach veterinary medicine through a One Health lens. She "sees the role of veterinary medicine as a thread of information and experience that ties our animal health knowledge, understanding of human healthcare challenges, and ability to adapt solutions to fit the environments where people and pets live together for the benefit of the community." As the volunteer coordinator for CVO Saskatoon this summer, it was a great learning experience for me to see how interventions supporting both pets and people can positively reinforce the human-animal bond and improve health outcomes.

**"ENGAGING IN OUTREACH WORK ALSO PREPARES VETERINARY STUDENTS FOR THEIR CAREER AHEAD."**

At WCVM, fourth-year students also participated in outreach work through their rotations. In May 2023, eight students from the class of 2024 did their remote clinical practice rotation at La Ronge, where they assisted in a total of 87 spays/neuters, 162 animal vaccinations, 75 wellness/emergency appointments, and two appointments for euthanasia. This rotation focused on community engagement by partnering with community members to collectively determine the unique goals and aspects of veterinary care that are important and desired by residents. Dr. Jordan Woodsworth, a clinical associate in remote practice and wellness at WCVM's Department of Small Animal Clinical Science, mentored these fourth-year students during their rotation; she found that "the openness of DVM students to learn more and understand their potential roles in improving the health and well-being of animals everywhere while supporting and preserving the human-animal bond is incredibly encouraging." She sees that the "community engagement and cultural learning portions of these clinical rotations are frequently the elements that are the most impactful for students, and these are also the most crucial in meaningful and culturally safe community-engaged work."

While working with veterinary clinics participating in outreach work, other veterinary students found that community engagement and cultural learning are important in taking steps to address the challenges encountered during outreach events. This summer, Emily Gatto (class of 2024, Nanaimo) had the opportunity to work at a remote outreach clinic organized by North Island Veterinary Hospital. Her experience interacting with Indigenous residents revealed that there is often an "understandable lack of trust that can be present in situations with health care practitioners. Discussing complex animal health topics is tricky even in ideal conditions but add in a level of distrust and non-ideal settings (such as a community hall compared to the clinic) and it becomes even harder." To address these challenges, outreach veterinary services need to "work towards reconciliation through building positive relationships in the community and improving access to veterinary care," says Ruth Patten (class of 2024, Kelowna). For example, the Maskwacis Temporary Veterinary Clinic where Ruth volunteered this summer was formed by veterinary students from UCVM (University of Calgary Faculty of Veterinary Medicine) and members from CVF (Christian Veterinary Fellowship) only after meeting with local Indigenous communities and churches to understand their specific needs and interests for a temporary clinic. "After approval from all four nations in Maskwacis (Ermineskin Cree Nation, Samson Cree Nation, Louis Bull Tribe, and Montana First Nation) in 2021, the [temporary clinic] has been growing ever since," Ruth says. This summer, volunteers and veterinary students provided preventative care (e.g., parasite control, vaccinations, floating) for over 120 dogs and cats, and 65 horses within the community.

Engaging in outreach work also prepares veterinary students for their career ahead. Through their interactions with community members at La Ronge, fourth-year students participating in their remote clinical rotation gained a new understanding of the spectrum of care. "Not every client can do the gold standard and that's okay," says Jenna Hewitt-Kenda (class of 2024, North Vancouver). "Our role is to meet clients where they are by providing options for veterinary care on a continuum." Similar themes prevail in general practice where veterinarians must adapt diagnostics and treatment options to meet clients' socioeconomic situations. Outreach work helps veterinary students develop transferable skills such as adaptability, communication, and compassion. "Outreach not only helps people and their pets," says CVO's Dr. Borchardt, "but it helps train future vets to practice excellent care regardless of the resources available and to develop the empathy and understanding that not all pets are looked after the way we would do it ourselves, but that doesn't mean they don't have good care." [WCV](#)

Lem, M. (2019). Barriers to accessible veterinary care. *The Canadian Veterinary Journal*, 60(8), 891.



Fiona Lamb, BSc, WCVM class of 2025, is from Coquitlam, BC. Before coming to WCVM, she earned her BSc in Biology at the University of British Columbia including a thesis that focused on human relationships with companion animals. After graduation, she looks forward to exploring her interests in small animal medicine, outreach work, and public health.



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## IN MEMORIAM

BY MANDY, GEOFF, AND JACQUIE HOLLINGSHEAD

### WAYNE HOLLINGSHEAD

#### HOW DO WE SAY GOODBYE?

As dawn broke on the morning of June 12, 2023, Wayne Hollingshead peacefully passed away surrounded by love in Kamloops, BC. He is survived by his children, Mandy, Jacquie (Jessie), and Geoff (Gillian), and his grandchildren, Sophia, Thea, and Isabelle. Wayne is also survived by three former life partners, Barbara, Paul, and Roger.

Born on July 6, 1948, in Welland, Ontario to Jean and Kenneth, Wayne and older sister Sharon were raised on the family farm. Life presented many challenges for Wayne. He persevered, but they left a lasting impact on him.

Wayne had a few childhood loves that stayed with him throughout his life: camping at Tea Lake in Algonquin Park, spending time in the garden with his grandmother, and a love of animals that impacted his career when he chose to become a Doctor of Veterinary Medicine in 1978. Moving to British Columbia in 1982, Wayne worked for Cariboo College as one of the first animal health technology program instructors. He retired in 2008.

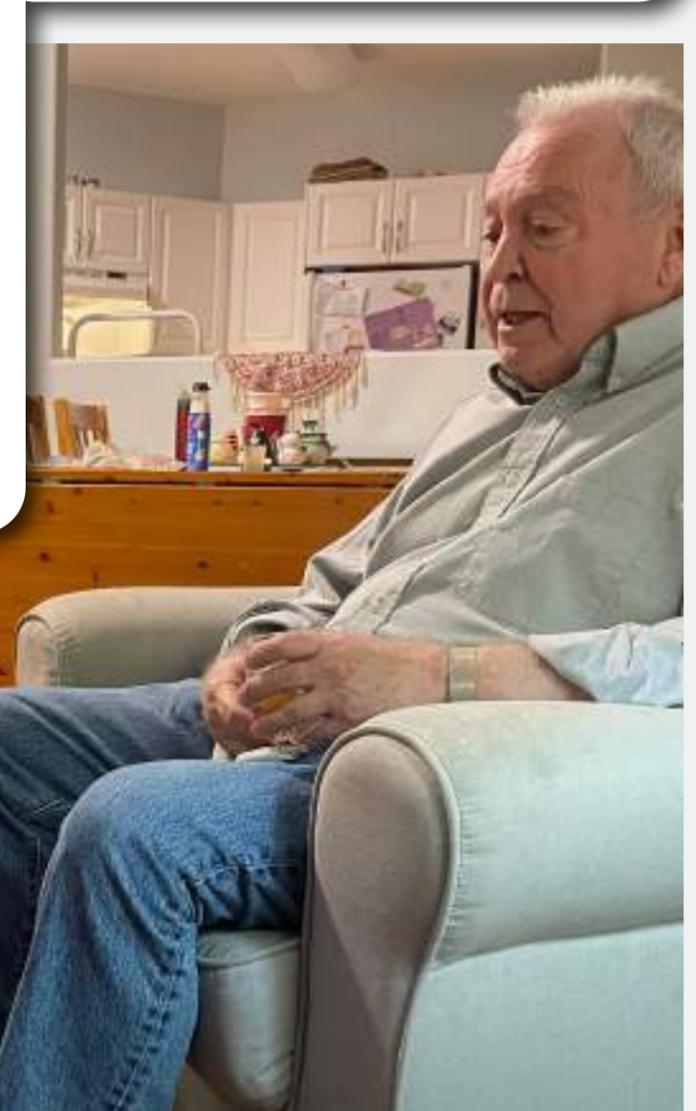
His compassion for animals shone through the students he taught, as well as his children. Throughout his career, he served on many committees at various levels, including the BC Veterinary Medical Association, Canadian Veterinary Medical Association, Veterinary Technician Testing Committee, American Association of Veterinary State Boards, Western Vet Tech Educators, Association of Veterinary Technician Educators, and Lesbian and Gay Veterinary Medical Association. He ensured his voice was heard and was not afraid to ruffle feathers. His passion for anesthesiology led to him co-write a book for veterinary technologists, which went through three editions and was translated into Spanish. He had a high standard of challenging others (his students and his children) to ensure they consistently demonstrated their best. His students can speak to

his "Dr. H. -isms," which live on to this day, and his children inherited some of his passions.

Wayne shared his love of being a Canadian with us, his children, ensuring that road trips included history lessons and learning about Canada before we set off on our own to explore the rest of the world. He had the privilege of living in five provinces and, after retirement, wintering in Puerto Vallarta, where he enjoyed the warm climate and people.

Some final thoughts from Wayne: "Thank you to each of you for being part of my life—my friends, my family, my lovers. Each of you have touched me and shaped me and I think made me a better person, in spite of my many imperfections. Thank you."

Donations honouring Wayne can be made to the Dr. Hollingshead/ Baird Bamford Anesthesia and Critical Care Award at Thompson Rivers University (<https://www.tru.ca/giving/give-now.html>) or to the Royal Inland Hospital Foundation Cardiac fund (<https://rihfoundation.ca/donate/>). WCV



PHOTOS COURTESY OF HOLLINGSHEAD FAMILY

# A NIGHT IN EMERG

## THE ROLE OF THE REFERRAL AND OPERATIONS COORDINATOR

BY CHELSEA FRIESEN

**T**here are many different roles in a 24-hour animal emergency hospital, some more visible than others. Sometimes one person floats from the back office to the front of house and from there to the community. That person is the referral and operations coordinator and at Mountainside Animal Hospital & 24 Hour Emergency Services, that's me. "Is this part of your job?" In my first week on the job, I heard that question at least 10 times a day and my answer was often "It might be!" As we've all adapted to my new role, we've learned to define it better and have made it an integral part of our daily operations.

Have you ever been at a job with a bunch of tasks that fell through the cracks? A job where things passed from one person to the next because there wasn't enough time in a day? That is often what happens in an emergency hospital. There are many tasks and projects that fall behind or get lost in the shadows, projects that have been triaged as important yet are not urgent enough to be pushed to the top of the list. Like a dog with an open wound that needs to be stitched but isn't actively bleeding, it gets passed by as we pay immediate attention to the cat in respiratory distress or the actively seizing senior dog.

Important and in need of attention, yet left to wait. Keeping up with those tasks is my job.

When looking at this list of tasks, near the top you can find health and safety. In emergency medicine we often spend so much time thinking about the health and safety of our patients that we forget the human workers and clients who are here. A hospital needs emergency protocols for its employees and clients too. What do we do with all these living beings if there's a fire? Or an earthquake? If an angry client escalates to the point where a weapon is pulled, who calls the cops? Important and in need of attention, yet left to wait.

Also on this list, you'll find equipment upkeep.

We recently found that after two hours in the dryer, our towels were still wet. Realizing no maintenance had been scheduled, I made the necessary call. As it turned out, the dryer vent had become compacted with years of hair and fur. Important and in need of attention, yet left to wait.

Along with those not-so-fun things, I've been able to work on some exciting advancements such as getting our ultrasound and endoscopy machines up and running. These projects had been in the works for a long time but getting them over the finish line required time and resources that previously were not available.

Lately, a growing challenge in the world of emergency veterinary medicine is the ever-increasing shortage of veterinarians. While we struggle to find veterinarians with either specialist or general practices, the emergency realm has been hit hard. With its stressful environment, changing schedules, and emotionally charged cases that often end in loss, our veterinarians are susceptible to burnout. As a result, along with many other 24-hour emergency hospitals, we have struggled to find full time DVMs.

Now more than ever we rely on strong relationships with our locum veterinarians to allow us to provide 24-hour care to our patients. Because of this, creating the veterinarian schedule, which was once meant to be a small part of my role, has quickly grown to envelop a large part of my week. This easily could be a stressful situation, yet I've found much joy in regularly connecting with the brilliant doctors who diligently pick up shifts and fill our schedule.

This task was once piled onto the endless list of tasks that our medical director already carried. By shifting this task to my desk, we've been able to spend the time needed to keep our hospital staffed with veterinarians 24/7—even when that coverage needs to happen in the final hour before a shift starts.

The referral coordinator part of my job is equally important but carries a far higher level of visibility. My focus in this area has allowed our hospital to move forward exponentially in a short time. Over the last six months I have been able to get out into the community and get to know our local clinics. I listen to the problems they're facing, and the areas where care is lacking. We've put a huge focus on building relationships with the community and it has been incredibly fulfilling.

Though we don't have specialist referrals coming into our hospital, our patients often need care that their family vet is unable to provide, such as overnight hospital care, ongoing oxygen therapy for respiratory distress, or immediate foreign body surgery on a patient whose owner brings him in five minutes before closing. The handover from family veterinarian to



emergency hospital plays a large part in the patient's recovery—and a big part of my job is to ensure it goes as smoothly as possible.

Often the referral process is so simple that I'm not needed. The primary care vet will call to tell us about an animal in need of our care and ask about our availability. We'll have them speak with the doctor on duty, who will decide if we have space to take the patient in. Once we confirm the transfer, we request medical records, and the patient is on their way. We send an email to let them know the patient has been hospitalized, and we happily provide updates as requested. After discharge we send the full medical records back to the family veterinarian and encourage clients to follow up there. We place a lot of importance on transferring aftercare back to a pet's primary care veterinarian because they know the patient and family best and will provide the most consistent long-term care.

Although most cases go smoothly, sometimes things can get tricky and mistakes can be made. We're all human after all. When things go wrong, I step in.

For example, in the middle of transitioning to doing our own endoscopies, communication was one of our biggest hurdles. In one situation, a dog was sent to our facility for a scope procedure. Not knowing we could perform the scope ourselves, the other clinic had called a doctor that regularly visited us to perform this procedure. Lines of communication crossed, and our doctors decided to perform the endoscopy themselves.

Unfortunately, although our doctors had the necessary skill and experience, the foreign body could not be removed via endoscopy and the pet needed to visit another clinic for surgery a few days later. On learning of this situation, I reached out to the various clinics to smooth things over and ensure the patient received the care he needed. I've learned how crucial it is to address these problems quickly before one bad experience snowballs into a broken clinic relationship. The patient made a full recovery and so did all the relationships that were impacted along the way.

It's been incredible to work with other clinics and it is so fulfilling to see everyone work together so well. The veterinary industry is small, and it is increasingly important for us to support each other and help each other grow. It's been fun to meet other veterinary staff and see some of our past patients during my visits—even if it's because a pup has ingested tampons for the ninth time!

I love being out in the community and learning about rescue organizations that provide financial aid to injured pets. I love bouncing ideas around with other veterinary staff and professionals. I love listening and learning about the problems other clinics have experienced and have overcome or managed effectively. I love learning more about the amazing things they are doing. I love so many aspects of this job that I have the privilege of doing. The surrounding clinics have been so kind and have opened their doors to me so that we can provide the best possible care to the animals we share our lives with.

Perhaps the referral coordinator's most important function is to bring confidence and trust into the referral process. Trust allows us to nurture the relationships between practices and build a foundation of care for our patients and their owners. Together we can improve the lives of our furry companions—because when their lives are better, so are ours. **WCV**

**“THE HANDOVER FROM FAMILY VETERINARIAN TO EMERGENCY HOSPITAL PLAYS A LARGE PART IN THE PATIENT'S RECOVERY...”**



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(2 CE Credits)



10:30 AM-12:30 PM

Dermatology with Charlie Pye, BSc, DVM, DVSc, DACVD  
(2 CE Credits)



1:30 PM-5:00 PM

Senior Dog and Orthopedic Care with David Lane, DVM, DACVSMR  
(3 CE Credits)

### SUNDAY, NOVEMBER 5, 2023



8:30 AM-1:00 PM

Financial Unknowns and Economic Realities for Veterinarians with  
Darren Osborne, MA  
(4 CE Credits)

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West Coast Veterinarian's "A Year in the Life" is a four-part column written by one veterinary specialist about one topic that has four distinct life phases. Through the course of the year, each instalment highlights how this topic affects animals at a certain life stage and what veterinarians should know about how to treat it. This year's focus is canine and feline dentistry.

# CANINE AND FELINE DENTISTRY

BY ANGIE BEBEL, DVM, DAVDC



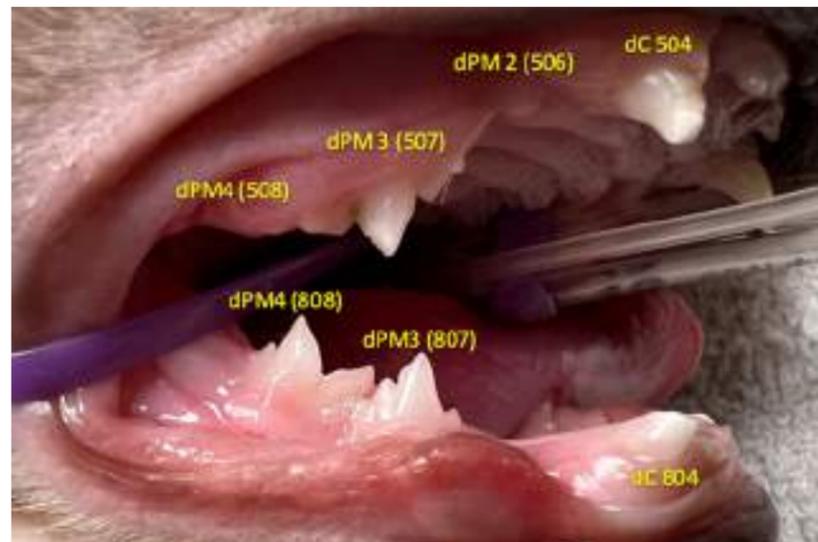
**FIGURE 1:** Canine rostral deciduous dentition. Each quadrant should have 1 deciduous canine (dC) and 3 deciduous incisors (dI). A: Maxilla B: Mandible.



**FIGURE 3:** Feline rostral deciduous dentition (dC: deciduous canine, dI: deciduous incisor).



**FIGURE 2:** Canine deciduous dentition. Each quadrant should have 1 deciduous canine (dC), 3 deciduous incisors (dI) and 3 deciduous premolars (dPM). A: Maxilla B: Mandible. In both cats and dogs, the deciduous premolar teeth appear as smaller versions of the permanent teeth that erupt behind them. Green star: maxillary deciduous third premolar (607) appears similar in shape to the maxillary adult fourth premolar (208) that will erupt behind it. Yellow star: mandibular deciduous fourth premolar (708) appears similar in shape to the mandibular first molar (309) that will erupt behind it.



**FIGURE 4:** Feline deciduous dentition (dC: deciduous canine, dPM: deciduous premolar). Tooth 504 and tooth 804 have complicated crown fractures with pulp exposure.

Oral and dental problems can occur at any stage of our feline and canine patients' lives. A thorough oral examination is an important part of every patient's full physical examination regardless of their age. This dental series will look at the various oral and dental abnormalities that can occur in pediatric, juvenile, adult, and senior canine and feline patients.

## PEDIATRIC DENTISTRY

A thorough oral examination at the first puppy or kitten visit is important to identify congenital and acquired dental and oral pathology. Some of these problems may need immediate treatment to prevent more serious complications and to alleviate pain and suffering in these young animals. This article will review some of the more common dental and oral problems that can occur in the first six months of life.

## NORMAL DECIDUOUS DENTITION

Deciduous teeth are smaller, finer, and sharper than permanent adult teeth. By eight weeks, the deciduous dentition of a dog and cat should be fully erupted. The canine pediatric patient should have a total of 28 deciduous teeth. Each quadrant should have three deciduous incisors, one deciduous canine, and three deciduous premolar teeth (Figure 1, Figure 2). Canine patients do not have a deciduous precursor for the mandibular and maxillary first premolar or molar teeth (Figure 2).

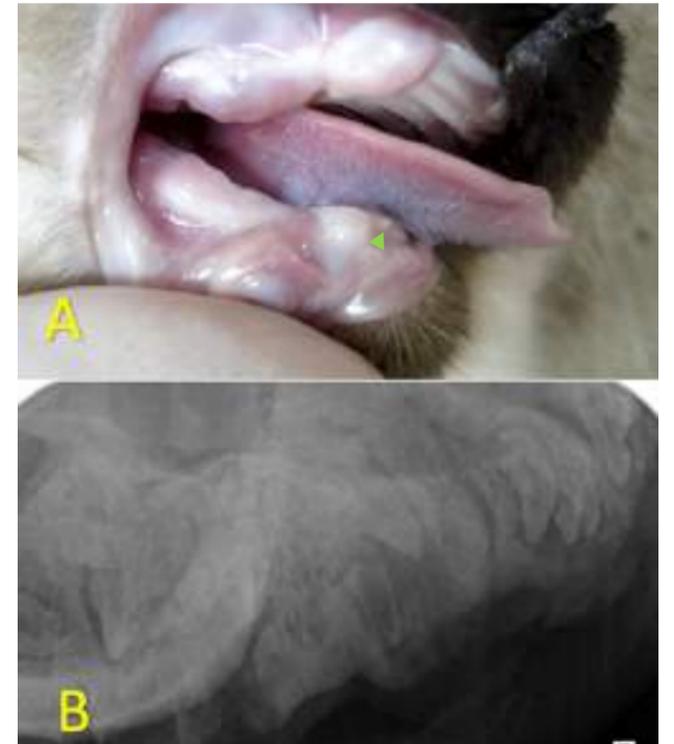
Feline pediatric patients should have a total of 26 deciduous teeth. In the maxillary quadrants this includes three deciduous incisors, one deciduous canine, and three deciduous premolars. The mandibular quadrants should have three deciduous incisors, one deciduous canine, and only two premolar teeth. Feline patients do not have a deciduous precursor for the molar teeth. There are also no deciduous maxillary first premolar teeth and mandibular first and second premolar teeth as cats do not have these adult counterparts (Figure 3, Figure 4).

## DELAYED ERUPTION OF TEETH

By eight weeks of age, all deciduous teeth should have erupted and be in their correct position. Sometimes deciduous teeth may fail to erupt, and dental radiographs should be obtained to confirm the presence or absence of these missing teeth. Impacted teeth are those that are in an abnormal position (i.e., lying sideways) or have a physical resistance to eruption (i.e., excessive thickening of overlying gingiva and/or bone). These teeth should be extracted. However, some teeth are in a normal position with overlying thickened gingiva. In these cases, an operculectomy can be performed; this procedure removes the overlying gingiva to encourage further eruption and prevent accumulation of debris that could cause infection (Figure 5).

## FRACTURED DECIDUOUS TEETH

Deciduous teeth are more susceptible to fracture, which could result in pulp exposure. This is in part due to the more fragile nature of these longer, narrower, thinner teeth. Once pulp has been exposed, inflammation and secondary bacterial contamination will result in necrosis of the pulp tissue. Treatment of fractured deciduous teeth should not be delayed; immediate extraction is the recommended treatment. Delayed removal can result in pain, increased risk of



**FIGURE 5:** Image and radiographs of a 3.5-month-old kitten. A. Oral examination found that all but one deciduous tooth (green triangle) and mandibular deciduous third incisor (803) were absent. Areas with missing teeth had pronounced, thickened gingival tissue. B. Radiographic examination (maxilla) found impacted deciduous and developing adult teeth with marked overlying alveolar bone.



**FIGURE 6:** Right mandibular deciduous canine (804) is fractured with pulp exposure (complicated crown fracture). The green arrow indicates the black, necrotic pulp tissue that is visible. This fracture has been present for some time as there are erupted adult teeth (incisors, premolars). It has resulted in the formation of a parulis or draining tract from the infection (yellow arrow).

osteomyelitis, tooth abscess formation with parulis formation, and injury to the developing permanent teeth (Figure 6). In areas where a fractured deciduous tooth occurred, the adult counterpart should be monitored once erupted for evidence of complications such as enamel defects or pulpitis. Deciduous and adult teeth that are not fractured with pulp exposure but have pulpitis will be discolored (grey, pink, purple).

**“ONCE PULP HAS BEEN EXPOSED, INFLAMMATION AND SECONDARY BACTERIAL CONTAMINATION WILL RESULT IN NECROSIS OF THE PULP TISSUE.”**

ALL PHOTOS BY DR. ANGELICA BEBEL



**FIGURE 7:** Feline normal occlusion, where the maxillary and mandibular incisors meet each other evenly (a level bite).

### MALOCCLUSION

Occlusion is the term used to describe the relationship of teeth in the same jaw as well as the relationship of teeth in opposing jaws. In normal occlusion, teeth are organized in a specific pattern, which provides a comfortable and functional bite. The deciduous maxillary incisors should just overlap the mandibular incisors, which should rest in the cingulum of the maxillary incisors. Cats often have incisors that exhibit more of a level bite (Figure 7). The mandibular canine teeth should fit between the maxillary third incisors. In the caudal oral cavity, the maxillary and mandibular deciduous premolar teeth should interdigitate without touching the crown cusps of the mandibular premolar teeth positioned lingual to the arch of the maxillary premolar teeth (Figure 8).

A malocclusion refers to the abnormal alignment of the maxillary and mandibular teeth. Malocclusions are classified into two types: dental and skeletal malocclusions. A dental malocclusion occurs when the maxilla and mandible lengths are normal but there may be one or more teeth out of normal alignment. A skeletal malocclusion results when there is a discrepancy in jaw length of the lower jaw, relative to the length of the upper jaw. A skeletal malalignment causes the teeth to be out of normal orientation with each other.

### TYPES OF MALOCCLUSIONS

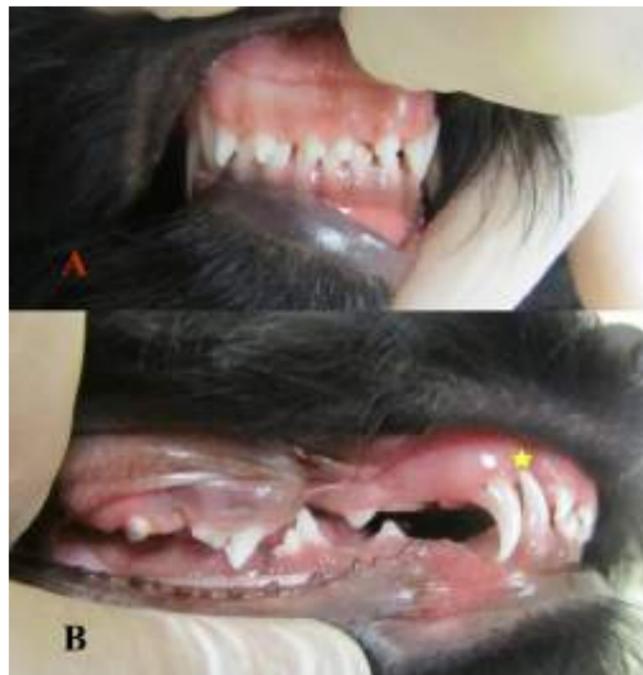
The Nomenclature Committee of the American Veterinary Dental College (AVDC) provides a thorough review of the various forms of malocclusion to explain and standardize this diverse condition (<https://avdc.org/avdc-nomenclature/>).

#### **Class 1 malocclusion (dental malocclusion, neutroclusion, MAL 1)**

This dental malocclusion is characterized by a normal rostrocaudal relationship of the maxillary and mandibular arches but has one or more malpositioned teeth. Examples include linguoversion of the mandibular canine teeth (also known as base narrow) (Figure 9), mesioverted maxillary canines (also known as lanced canines), and rostral crossbite of one or more of the mandibular incisor teeth.

#### **Class 2 malocclusion (skeletal malocclusion, mandibular distocclusion, MAL 2)**

This symmetrical skeletal malocclusion results in an abnormal rostrocaudal relationship between the dental arches and the mandible resides distal or caudal to its normal location in relation to the maxilla (Figure 10).



**FIGURE 8:** Normal occlusion with deciduous teeth in a 10-week-old puppy. A. Maxillary incisor teeth sit just slightly over the mandibular incisor teeth (the cusps of the mandibular incisor teeth are resting on the cingula of the maxillary incisor teeth). B. The mandibular canine teeth should sit in the diastema (between the maxillary third incisor and canine teeth) forming a dental interlock (yellow star). The maxillary and mandibular deciduous and permanent premolar teeth should interdigitate without touching the crown cusps of the mandibular premolar teeth.



**FIGURE 9:** Class 1 malocclusion (dental malocclusion, neutroclusion, MAL 1) in an 11-week-old puppy with linguoversion of the left mandibular deciduous canine (704). This tooth is traumatically contacting the maxilla.



**FIGURE 10:** Class 2 malocclusion (skeletal malocclusion, mandibular distocclusion, MAL 2). This 4-month-old puppy has a class 2 skeletal malocclusion. The mandibular deciduous incisors and both mandibular deciduous canines are traumatically contacting the maxilla.



**FIGURE 11:** Class 3 malocclusion (skeletal malocclusion, mandibular mesiocclusion, MAL 3). Feline adult patient with a mild, class 3 skeletal malocclusion.



**FIGURE 12:** Class 4 malocclusion (skeletal malocclusion, maxillomandibular asymmetry, MAL 4). Feline adult patient with maxillomandibular asymmetry in a side-to-side direction.

#### **Class 3 malocclusion (skeletal malocclusion, mandibular mesiocclusion, MAL 3)**

This symmetrical skeletal malocclusion results in an abnormal rostrocaudal relationship between the dental arches, and the mandible resides mesial or rostral to its normal location in relation to the maxilla (Figure 11).

#### **Class 4 malocclusion (skeletal malocclusion, maxillomandibular asymmetry, MAL 4)**

There are several variations of this asymmetrical skeletal malocclusion and include malocclusions that can occur in a rostrocaudal, side-to-side, or dorsoventral directions (Figure 12).

Malocclusions can result in abnormal contacts between teeth, or between teeth and oral soft tissue. This can lead to oral pain, tooth fractures, pulp necrosis, tooth and root resorption, bone loss, and oronasal fistula formation. In pediatric patients, an abnormal dental interlock occurs when the mandibular deciduous canine teeth contact each other and create defects in the hard palate. This can result in significant discrepancies in jaw lengths as any attempt of the shorter jaw to catch up is prevented by the abnormal interlock holding it back.

When a dental or skeletal malocclusion causes trauma to other teeth or to oral soft tissues, the condition is termed non-functional, the occlusion is considered traumatic, and treatment is needed. Any puppy or kitten diagnosed with a malocclusion should be treated with interceptive orthodontics (typically extractions) as soon as possible. This would allow any potential normalization of the growth pattern and re-create dental interlock in the case that the patient has the genetic potential for a normal occlusion prior to the eruption of the permanent teeth. The more time between deciduous tooth extraction and permanent tooth eruption, the better the chance of success (before 10 weeks of age).

### CONGENITAL LIP AND PALATE DEFECTS

Puppies and kittens should be examined as early as possible for congenital defects of the lip and palate (Figure 13). While this is often recognized soon after birth, it may go unnoticed; a thorough oral examination should confirm there are no clefts or defects in the hard or soft palates or in the lips during the initial puppy or kitten visit. Common clinical signs of these defects include difficulty nursing, nasal discharge, rhinitis, sneezing, coughing, gagging, aspiration pneumonia, and poor weight gain. These patients require extensive nursing care including tube feeding to avoid aspiration pneumonia. Surgical correction is recommended for these defects, although it should be postponed as long as possible, ideally until three to four months of age. **WCV**



**FIGURE 13:** Congenital hard and soft palate defect in a 10-week-old puppy.

**“PUPPIES AND KITTENS SHOULD BE EXAMINED AS EARLY AS POSSIBLE FOR CONGENITAL DEFECTS OF THE LIP AND PALATE.”**

# FOR THE BIRDS: BASICS OF AVIAN MEDICINE

BY ANNE MCDONALD, DVM



ALL PHOTOS COURTESY OF NIGHT OWL BIRD HOSPITAL

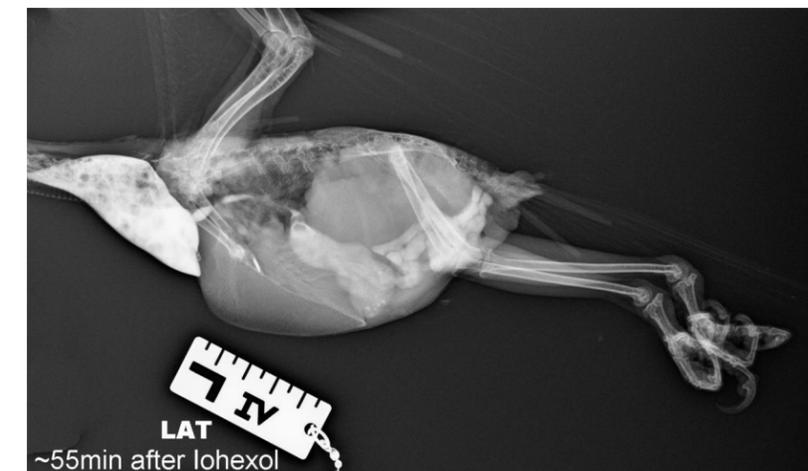
I've always felt it an honour to work with these flighted creatures, especially now that it is apparent that the population of captive parrots is dwindling. We rarely see the larger species as juvenile parrots. Mostly these patients are 20 to 35 years of age. I believe that in 20 years' time, at least in our area, they will be a rarity. It's why, in part, we encourage potential owners to adopt these vanishing species as rescues.

This is not the only change I've seen. Another noteworthy trend is a restriction in the types of avian species seen in clinical settings. There's been a general decrease in passerines, with only canaries and approximately five species of finches still observed, as well as a notable decrease in parrot species weighing more than 250 grams. This is especially true for Amazon parrots.

For some years there has been an increase in the smaller parrot species but a decline in variety. In particular, the Green-cheeked conure and its mutation have become very popular, while other conure breeds have become rare. Budgies, cockatiels, and lovebirds have always comprised a significant portion of the patients seen in avian veterinary medicine.

Despite the limitations in size and variety of birds, avian medicine and surgery is growing exponentially in its knowledge base. This is partially due to a clientele that expects sophisticated services and increased ease of knowledge distribution, thanks to technical advances in communication. The most impressive area has been in the advancement and accessibility of diagnostic imaging, as well as excellent resources and courses on avian handling, behaviour, medicine, and surgery through various sources.

**“THIS IS PARTIALLY DUE TO A CLIENTELE THAT EXPECTS SOPHISTICATED SERVICES AND INCREASED EASE OF KNOWLEDGE DISTRIBUTION, THANKS TO TECHNICAL ADVANCES IN COMMUNICATION.”**



**FIGURE 1:** Contrast radiograph of a male Citron-crested cockatoo with a malignant neoplasia. Large, central coelomic testicular mass, outlined ventrally by Iohexol GI contrast. Unfortunately, these tumours often reach a large size prior to diagnosis, making safe surgical removal impossible in most surgeon's hands. Serial carboplatin infusions, often combined with hormonal therapy, have been used to reduce testicular size in preparation for removal.

Our avian practice operates akin to a general veterinary practice, but without the need for routine vaccinations and dental care. However, it is combined with an active emergency component. Emergency presentations often are very critical; most cases require hospitalization with intensive care. Emergencies are common; we often see up to five per day. These include true acute emergencies such as traumas but often represent acute decompensation of a chronic condition.

The initial aim is to stabilize the patient with emergency treatment and then perform a thorough exam. We ready a warmed incubator set up with oxygen, lined with soft cloth bedding. The unit is tared on a scale. Weighing daily is a basic tenet of avian care. A positive outcome is often related to a daily increase in body weight—and often the converse is also true. I believe this reflects the avian metabolic rate and reinforces the continual need to always be on top of nutritional intake.

#### TIMING IS KEY

The patient is handled with a fleece cloth and placed in the unit to obtain body weight. It's important to remember that it is all right to take a break, let the patient stabilize on oxygen first, and then complete necessary handling for assessment and initial treatment in steps. I ask myself what I can do to help this patient and, if possible, decide what is the basic problem and develop a treatment plan.

Emergency drugs may be administered at the initial handling or after a short period of stabilization in the oxygenated incubator. These drugs include subcutaneous fluids (initially at 1 ml per 100 grams of body weight), NSAIDs, calcium gluconate, butorphanol, and often antibiotics. These treatments can be critical to survival.

Everything happens quickly with birds. Aggressive, timely treatment is often essential. Tomorrow often isn't adequate to start a treatment. A small needle size minimizes trauma, especially to birds who weigh under 100 grams. At Night Owl we use BD 0.3 ml ultrafine insulin syringes with 31-gauge needles. The usage of midazolam combined with butorphanol, administered intramuscularly, has revolutionized the ease of care and diagnostics for frightened and/or traumatized patients. Flumazenil is administered subcutaneously and used as a reversal agent. It is important to remember birds are prey species and very sensitive to the effects of catecholamine release.

For examination, some basic preparation helps to minimize handling time. Use a dampened towel with no loops or loose fibres in which toenails could catch; I recommend fleece. Premade straps for examining the oral cavity minimize the length of time the patient is handled. A good light source, a stethoscope with a pediatric head, and a magnifying loupe should be ready for the initial exam. An X-ray head capable of swiveling is an important diagnostic tool.

The use of an oxygen facemask during examination may be lifesaving. The patient should always be held in an upright position and the length of handling minimized as much as possible (ideally less than five minutes). Veterinary assistants monitor for serious warning signs like dyspnea, tachypnea, open-mouth breathing, sudden weakness, and eye closure. Avoiding distractions while examining the patient can help avoid tachycardia and hyperthermia, which these patients develop easily.

Some signs of serious illness include the presence of black and tarry stool, emaciation, vocal changes, abdominal distension, increased effort and rate of breathing (often with a tail bob), and a change in mentation.

#### AVOIDING COMMON MISTAKES

There are several common mistakes to avoid. Caustic hemostatic agents should not be used on open wounds or in the oral cavity.

Steroid-containing medication should not be used at all, especially as ointments. Steroids interfere with immune function and promote hepatic lipidosis in avian patients.

When possible, minimize physical stress during diagnostics with the critical patient. Some tests require minimal or no handling. These include fecal testing (including fecal occult blood), standing radiographs (which are most useful to detect metal ingestion), and ultrasounds (which are most useful to detect coelomic effusions, cardiovascular disease, neoplasia, and reproductive disorders). Digital clipping can be used to obtain a small blood sample under dire circumstances. Topical xylocaine can be applied to the toe tip and after to the cut surface (minute amount) to help to reduce pain just before applying the hemostatic solution.

Interestingly, as birds live with us, they become more like us. Many pet psittacines have “diseases of captivity.” The major one is atherosclerosis, which is largely preventable through diet. Atherosclerosis is commonly found with associated hypertension, myocardial disease, stroke, and seizure. Parrots develop cancer, cataracts, and arthritis, as do people and other pets. As birds live longer, we are learning better ways to care for these creatures to increase their longevity.

When welcoming birds into a veterinary practice, it's helpful for staff to remember that birds are better at hiding their illness than cats or dogs and are often much sicker than feline or canine patients. By the time birds are brought into a practice, or even by the time problems are noticed at home, they can be critically ill.

Beak trims are not the same as nail trims. Often with beak abnormalities, a disease process is involved,

such as liver disease. Beak trims should only be undertaken if there is a known cause of trauma or deformity rather than an underlying illness.

Many of the illnesses and diseases of birds are husbandry related (pododermatitis, diet). This is where veterinarians can provide increased value to bird owners. Veterinarians should not skip over husbandry issues but should instead educate clients, especially new bird owners, about the consequences of poor husbandry practices, and the benefit to overall bird health of practicing good animal husbandry.

For those who wish to advance their knowledge of the veterinary health of birds, I recommend these avian medicine textbooks:

- *Carpenter's Exotic Animal Formulary* by James Carpenter and Craig Harms
- *Blackwell's Five-Minute Veterinary Consult: Avian* by Jennifer E. Graham
- *Current Therapy in Avian Medicine and Surgery* by Brian Speer
- *Clinical Avian Medicine* by Greg Harrison and Teresa Lightfoot (chapters available online at [avianmedicine.net](http://avianmedicine.net))
- *Birds: Their Structure and Function* by A. S. King and J. McLelland (out of print but scanned copy available online)

#### HELPFUL LINKS FOR LEARNING ABOUT AVIAN MEDICINE

<https://inspection.canada.ca/importing-food-plants-or-animals/pets/eng/1326600389775/1326600500578>

CFIA manages import requirements for pets and food animals entering Canada. CITES is involved if those species are on the endangered CITES list.

<https://checklist.cites.org/#/en>

Searchable list of CITES species and what level of endangerment they are.

<https://www.aav.org/>

Association of Avian Veterinarians, an excellent resource for learning more about avian medicine including a great new course on basic avian skills.

<https://fearfreepets.com/fear-free-certification-overview-avian/>

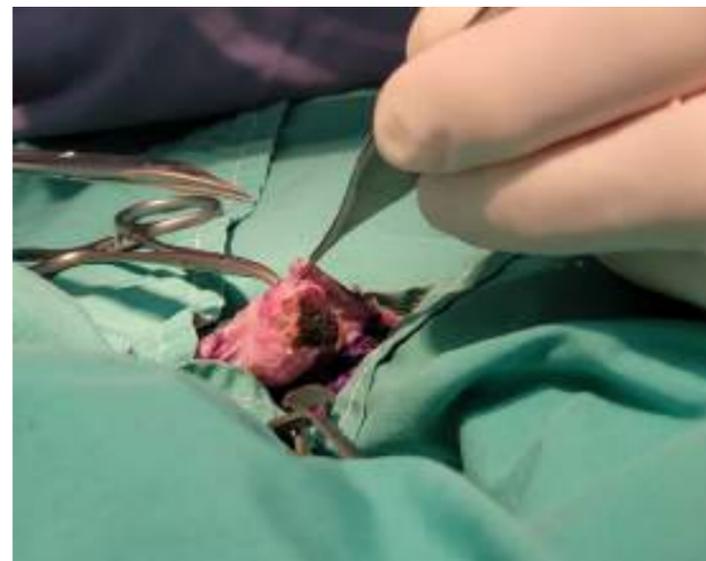
Excellent course on handling birds.

<https://www.vin.com/vin/>

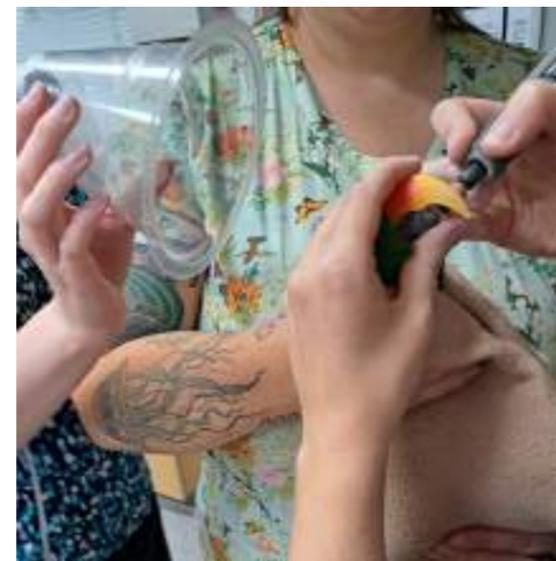
Veterinary Information Network, an excellent forum for asking other veterinarians about avian cases along with other informational articles.



**FIGURE 2:** IV catheter placement for injection of Carboplatin, tx for testicular tumour in a Citron-crested cockatoo. Temporary placement of a Basilic vein catheter for administration of carboplatin for treatment of testicular Sertoli cell tumours. This vein should only be used on birds over 150 grams, due to difficulty achieving hemostasis.



**FIGURE 3:** Surgical removal of squamous cell carcinoma from Moluccan cockatoo, left lateral aspect of neck. Cytologic diagnosis was an ulcerative dermatitis. Despite initial response to topical therapy and oral antibiotics, the tumour relapsed and progressed very aggressively. Unfortunately, the wounds had been treated with steroid-based cream, which complicated the bird's general health.



**FIGURE 4:** Beak trim for a male eclectus parrot. Note the oxygen mask is ready for intermittent use during trimming. Often beak trims take longer than anticipated. If trimming takes longer than five minutes, periodic rest for 10 minutes in an oxygen unit makes it a safer procedure, especially if no sedation has been used.

#### ACKNOWLEDGEMENTS

I would like to thank Dr. Augustin Mareschal at Canada West Veterinary Specialists, Dr. Jacqueline Pearce at VCA Vancouver Animal Emergency & Referral Centre, Dr. Eugene Gorodetsky at BC Mobile Animal Endoscopy, Dr. Janet Nieckarz-Loeven at Pacific Animal Imaging, Dr. Marnie Ford, formerly of Pacific Animal Eye Specialty Services, and Dr. Suann Hosie. These individuals have provided valued input for our cases over the years. **WCV**

## SO MUCH MORE THAN I IMAGINED

BY CORI STEPHEN, DVM

Quebec City and the CVMA Emerging Leaders Program did not disappoint. I'm not sure what I expected of a session for "emerging leaders." I guess I assumed I'd acquire new knowledge about leadership and develop new skills to become a better leader. But what I came away with was so much more than that.

Led by Rob Marr, the session included:

- Interactive feedback, roundtable discussion, and collaboration within our tables.
- Sharing of personal experiences, challenges, successes, and failures.
- Snippets of insightful information focused on personal and professional change, diversity, equity, and inclusion (DEI), emotional intelligence, communication styles, and time management.
- Business models that value the customer and business growth mixed with models that focus on coaching our team.
- Last but certainly not least, the process to changing our own behaviour.

As the day began, we were asked to define what it means to be an "emerging leader." After roundtable discussions, the consensus in the room was that we all want to "be the change we wish to see in the world and in others." We acknowledged that change is challenging in our roles and yet we are resilient because of the challenges we face, both professionally and personally.

Many in the room shared common themes:

- Concern for our profession, our colleagues, and ourselves.
- Feeling overworked and undervalued, sometimes by the work "entity," sometimes by clients, sometimes by both.
- Feeling overwhelmed by client/patient demands and expectations.
- Dealing with the unique phenomenon of "pandemic puppies."
- Coping with the shortage of veterinarians and RVTs and the current exodus of many colleagues from the profession.
- Managing interpersonal relationship dynamics, toxic work environments, and sometimes toxic relationships.
- Supporting our clients and teams by developing a diverse, equal, inclusive, and culturally safe work environment.
- Preventing and (when necessary) responding to communication breakdown.
- Feeling the need for mentorship without knowing exactly what that might look like.

My takeaways from the day with Rob and my colleagues—a diverse group representing industry, the corporate world, government, academia, small business, and practices that include mixed, small-animal, urban, rural, and remote—were many. How do we learn? How do we manage our time based on our core values as well as the processes of training, mentorship, and coaching? How do we understand the differences between coaching and mentorship? How do we recognize the importance of these differences in our own development and the development of our workplace relationships? How do we support the mental and physical growth of new graduates and paraprofessionals entering the profession?

The engagement, dialogue, and discussion were where the real learning happened. This was how Rob kept us engaged, continually tasking us with interactive questions, scenarios, self-reflection exercises, and discussion. I imagine it was no less than any great coach would do.

I may not have been sure what to expect going in, but coming out of the ELP, I know that I'd recommend it to anyone who asked—and perhaps a few who don't ask. [WCV](#)

“... THE CONSENSUS IN THE ROOM WAS THAT WE ALL WANT TO ‘BE THE CHANGE WE WISH TO SEE IN THE WORLD AND IN OTHERS.’”

## LEARNING TO NAVIGATE THE CHALLENGES WE ALL FACE

BY ROBERTA TEMPLETON, DVM

This July I had the express honour of travelling to Quebec City to attend the Emerging Leaders Program (ELP). I am a small animal veterinarian, working on Vancouver Island with the occasional locum shift farther afield. The group I met at ELP comprised a diverse mixture of people. There were veterinarians and RVTs, from urban and rural areas, practising on all sizes of patients. Although a very mixed group, we were united by the desire to network and learn how better to manage the daily demands of the profession, and hopefully bring something valuable back to our teams. The chance to visit beautiful Quebec City certainly didn't hurt!

We were a group of about 25, which allowed for some great small-group discussions. Our facilitator, Rob Marr, took us through exercises that helped us navigate different personalities at work, barriers to change, mentorship, time management, diversity and inclusion in the workplace, and so much more. I have already started using the teachings in my day-to-day practice. I feel I use my time more efficiently on what I am good at and am quicker to delegate what I am not. There are some tasks that we as veterinarians will always do, such as diagnosing and prescribing. However, there are things we can and should learn to let go. Mr. Marr had us do an exercise where we wrote down all the things we do in a day and ranked them as either high or low value. Performing surgery is high value, but unpacking the order is low value. That is an extreme example, but it helped many people in the room realize how much they were doing in a day that could be delegated to someone else. By holding on to a low-value task that we've already mastered, we prevent someone else from doing that task and enjoying it.

We talked about the progression from training to mentorship to coaching. Training is teaching someone a task they have never performed before, such as showing a new graduate how to perform an ovariohysterectomy. Mentorship is about supporting a team member as they branch out on their own, such as by being there to discuss a complicated case or situation with them. Coaching is a behavioural discipline in which you are

“MENTORSHIP IS ABOUT SUPPORTING A TEAM MEMBER AS THEY BRANCH OUT ON THEIR OWN...”

developing another person's leadership potential. The person could be anyone in the practice who has shown an interest in taking a more active leadership role. For example, you could provide support to the head technician as they make decisions about day-to-day operations, protocols, and procedures. In this way, you build a truly competent team, and by stepping back you empower people to take ownership of their own work lives.

A truism that will stay with me: "By saying yes all the time at work, you are unknowingly saying no to someone else, usually in your personal life." This is incredibly true for me, as I am the proud mom of a toddler and a four-month-old baby. I brought my baby with me, and my mother joined me to help with child care while I was in sessions. This juggling act is the reality for many of us in this profession, even though our specifics might look different.

Attending ELP helped give me tools to navigate the daily challenges we all face. [WCV](#)

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# FROM SMALL BEGINNINGS TO BIG SUCCESS

## AVP IS RESTRUCTURING TO HELP VETERINARIAN MEMBERS EVEN MORE

BY GARTH GRAHAM, DVM

**C**hange is continuous at Associated Veterinary Purchasing (AVP) and embraced by a team that is driven to keep pace with the rapidly evolving veterinary industry. Here's everything you need to know, plus some interesting facts about your local veterinary supply distributor. One thing's for certain—no matter how much changes, the same dedicated staff will be fulfilling your orders to support BC veterinarians in providing health care to their patients and clients.

It's a congenial, mutually supportive team at AVP. Mirroring the respect shown to our veterinarian shareholders, the AVP team are treated well. In addition to standard employee benefit programs, all employees can submit up to \$1,000 per year in veterinary expenses for their pets, which are fully reimbursed by AVP. And all employees have access to virtual medical consultation for them and their direct family members through the TELUS Health MyCare app. Of course, our office is pet friendly and has welcomed several dogs and one cat to accompany their parents to work.

The team is also competitive, routinely engaging in contests and challenges to keep things fun. AVP has a team in the Abbotsford Mixed Slo-Pitch league—the AVP Dingers—and an ongoing, on-site, non-alcoholic beer pong league. Staff also welcome our curry/chili cooking challenge, best Halloween costume, escape room, trivia nights, and annual AVP NHL Playoff Pool. These are likely some of the main reasons our staff turnover rate is very low. A third of the warehouse staff have been with AVP for 15 years or longer.

But regardless of how strong and solid our staff is, the supply world is evolving. In the 17 years since AVP moved into our building, a lot has changed. If you recall 2006, you'll know the iPhone had yet to be released. Numerous facility upgrades have happened in the almost two intervening decades, including installation of our carousels, two new walk-in coolers, conveyor systems to move boxes onto trucks, and we certainly can't forget our new HVAC system. This represents millions of dollars of investment yet is a relatively small amount when you consider the most significant capital asset we have—our real estate—and, obviously, none of these things came to AVP without a price.

This is why AVP staff consistently tell our members that AVP is their veterinary purchasing group, because when you consider how it was paid for, it truly is. Years of purchases by our members helped us to pay for every piece of equipment and every dollar of our mortgage. Founded in 1982 by a small group of veterinarians, AVP's purpose was to address challenges in accessing the supplies and medications required for veterinary practice.

Before that, veterinarians had to order products and pay invoices from numerous individual suppliers and were often required to order large quantities to justify shipping costs. By consolidating their purchasing efforts under the AVP structure, they improved negotiating power with suppliers, could order in more reasonable quantities, and received their goods from a common location. The idea thrived; by 2006, AVP was large enough to purchase the land on which it operates today, build a custom-designed facility, and provide services to members across the province. Now over 455 members own a share and enjoy the wide range of services provided by AVP.

The challenge in this otherwise successful business model comes when a veterinarian member stops purchasing from AVP, usually because they retire or their clinic closes, and chooses to redeem (or sell back) their share in AVP. This is because the common accounting method that is used to determine the share value does not include the market value of the real estate—and in BC, this value can be significant, even huge. In other words, the value of the share when redeemed is well below the current market value of the 'piece' of the distribution centre that the share represents. To address this issue adequately and fairly, AVP sought to find a way to provide a full return on investment to a veterinarian shareholder when they retire or leave practice.

Determining how to achieve this lofty goal was an arduous process. Ultimately, the most reasonable solution was to split the business into two distinct companies: the operations company (distribution centre) and the real estate holding company, from which the distribution centre operated. Both companies would continue to be veterinary-owned, and would form a symbiotic relationship, benefiting from each other's unique value. The operations company would pay a lease to the real estate company and benefit from being housed in a stable, veterinary-owned facility. The real estate company would benefit from the market gains in commercial real estate as well as from the regular lease payments from a highly reliable tenant. Since both companies would be owned by BC veterinarians, a mutually cooperative and beneficial relationship would be expected.

Two full years of legal, financial, and operational research and consultation were required to develop the plan that was finally put to a shareholder vote in June 2023 and passed with unanimous approval. AVP will become two separate companies—Associated Veterinary Properties (the real estate) and Associated Veterinary Purchasing (the distributor)—and shares in each will be at fair market value.

“...THE MOST REASONABLE SOLUTION WAS TO SPLIT THE BUSINESS INTO TWO DISTINCT COMPANIES: THE OPERATIONS COMPANY AND THE REAL ESTATE HOLDING COMPANY...”



ALL PHOTOS COURTESY OF AVP

This structure will provide new members with the opportunity to purchase a share in the operations company at a significantly reduced price (\$1,000). The price of the share will not change in value, as all proceeds from operations will be returned to members as rebates on purchases, just like they are today. The operations company will benefit from a fair and reliable lease from the real estate company, representing a stable operational foundation moving forward. Shareholders of the operations company will be required to be in active practice and purchasing commercial quantities of product to ensure decisions relating to operations are exclusively handled by those depending on those services. Clinics that currently have a share in AVP will be transitioned to the new structure during the restructuring process this fall. Personal accounts will remain available but will not be eligible for rebates nor share ownership in the operations company.

Formation of the real estate company is what sets AVP apart from similar veterinary suppliers across Canada, in that veterinarians receive the actual value of their share upon exit from the company. The real estate shares will be valued at a fair market price, assessed on an annual basis, and available for purchase by any practicing veterinarian in BC. An individual can buy as many shares as they wish (subject to board approval) and they benefit not only from gains in the commercial real estate market, but also from dividends that come back from the lease payments. This creates a unique real estate investment opportunity, at a low purchase point, that uniquely supports the BC veterinary community.

Now that the shareholders have voted the plan through to execution, AVP is working to prepare the company for the big transition. Clinics will not experience any service outage during the process, which is anticipated to be complete by November 30 of this year. Veterinarians who are interested in purchasing shares in the real estate company can do so for approximately \$800 per share; the exact amount and full details will be available this fall. To be added to the list of prospective shareholders, please contact your AVP representative for more information. [WCV](#)

### AVP BY THE NUMBERS

**921**  
—average daily order volume

**280**  
—number of home delivery orders daily

**1,000**  
—number of ice packs used daily for over 200 shipments requiring precise temperature control

Our commitment to environmental stewardship is strong. We pay to have our Styrofoam containers and ice packs returned for reuse and are constantly looking for more environmentally friendly packaging material.

**6,800**  
—number of regular stock SKUs

**4,800**  
—number of special order SKUs

**4,300**  
—number of pet retail online order SKUs

**6**  
—number of full semi-trucks delivering to and leaving from our facility every day of the week

**16**  
—number of large pizzas we bring in the day after a long weekend, to help our staff through these exceptionally busy days



PHOTO BY EVERGREEN VETERINARY DENTISTRY SERVICES

**T**he RVT's role in veterinary dentistry is vital. Correct positioning with the Cone Beam CT and intraoral dental radiographs gives the information the veterinarian needs to create a treatment plan for the patient. RVTs can perform the intraoral exam, report findings to the veterinarian, find potential issues when completing the dental prophylaxis, and provide vital assistance, such as positioning during oral surgery and suctioning. RVTs can advocate for the oral health of their patients. In general practice, RVTs can educate clients on dental home care (teeth brushing, toys, chews, diets) to start with their young puppies and kittens. RVTs can show owners how to start brushing their animals' teeth, as this is the most effective home-care tool for removing plaque.

Another essential RVT role in veterinary dentistry is to count all the teeth at the time of spay or neuter. This can be done on any anesthetized or sedated patients while undergoing a procedure. Dental radiographs are indicated to confirm that teeth are not present or are unerupted, indicating referral for management.

#### HISTORY

Such was the case with this one-year-old spayed female Pug, who was referred by her primary veterinarian for infra-eruption of 304 and 404, unerupted 305 and 405 with suspected early dentigerous cyst formation, unerupted 301 and 401, retained deciduous incisors, and mandibular incisor crowding. At the time of her spay, it was noted she was missing multiple teeth. Intraoral dental radiographs revealed several teeth were in fact missing, while others were unerupted and appear to be forming dentigerous cysts. Previous medical records noted an otherwise healthy patient, not currently on any medications, and recent pre-anesthetic bloodwork was within normal limits.

#### PRESENTATION

The patient weighed in at 7.3 kilograms and presented for a consultation to procedure. The RVT assessed the temperature (38.3°C aural), heart rate and rhythm (130 beats per minute, no heart murmur auscultated), respiration (56 respirations per minute—the patient was very active during exam), mucous membranes pink, and capillary refill time less than 2 seconds. The patient was bright and alert, and vitals were within normal limits. The RVT spoke with the owner to obtain a full history, which included diet type, activity levels, eating and drinking habits, presence of other pets in the house, whether tooth brushing was being performed, and confirming the patient was not currently experiencing diarrhea or vomiting.

#### PHYSICAL EXAM

The veterinarian performed a physical exam of the patient, which was all within normal limits except for the oral cavity. It was noted that the patient had a normal occlusion for this breed, which is a Class III malocclusion in non-brachiocephalic breeds (see photo). 404 was almost not erupted through the gingival tissue with only the cusp visible; 304 was slightly more erupted than 404; and persistent deciduous teeth (701, 702, and 801) showed a Calculus Index of 0–1 and a Gingivitis Index of 1. It was recommended to proceed with planned surgery and imaging with a Cone Beam CT and intraoral dental radiographs.

# THE PERIO PUG

## DENTIGEROUS CYSTS, UNERUPTED TEETH, AND PERIODONTAL DISEASE

BY BRITTANY HARMENING, RVT, VTS (Dentistry)

#### PRE-SURGERY PROTOCOL

The RVT premedicated the patient with methadone (0.5mg/kg), midazolam (0.1mg/kg), and dexmedetomidine (4mcg/kg) intramuscularly in the right epaxial. The patient was preoxygenated for 12 minutes and a 22-gauge intravenous catheter was placed in the right cephalic vein. The patient was induced with intravenous alfaxalone (10mg/ml) to effect, then intubated with a cuffed ET tube (size 6.0) and maintained on oxygen (2 litres per minute) and isoflurane gas (0.5–1%). An Aspir-guard was placed in the caudal oral pharynx prior to starting the procedure as an additional measure of protection.

All parameters were carefully monitored by the RVT, including oxygen saturation, core temperature, ECG, NIBP, RR, and end tidal CO<sub>2</sub>. Mechanical ventilation was used as necessary. The patient was placed in dorsal recumbency, with a circulating warm-water blanket beneath and forced warm-air blanket on top to maintain temperature.

Maropitant (1mg/kg) was administered by IV to help reduce chances of regurgitation during surgery and provide post-op nausea relief. Metacam (0.2mg/kg) was given intravenously to provide anti-inflammatory effects. Lactated Ringers Solution intravenous surgical fluids were administered at 5ml/kg/hr, dropping to 3ml/kg/hr after 1 hour as blood pressure remained within normal limits.

#### IMAGING AND ANESTHETIZED INTRAORAL EXAM

The RVT completed the Cone Beam CT and intraoral dental radiographs. These revealed the patient was missing 106, 206, 311, 411; had unerupted 301, 401, 305, 405 with dentigerous cysts associated with unerupted 305 and 405; and persistent deciduous teeth as noted above. 109 showed bone loss associated with the palatal root, 304 was partially erupted, and 404 was minimally erupted. The Cone Beam CT specifically showed 404 crown was above the alveolar bone margin and still appeared to be an appropriate candidate for type 2 crown lengthening.

The RVT took careful notes on the dental chart while the veterinarian evaluated the periodontal pockets, calculus, and gingivitis index, and noted other abnormalities in the oral cavity. An 8-millimeter periodontal pocket was confirmed with a periodontal probe on the palatal root of 109 due to periodontal disease. The veterinarian showed the owner the imaging and discussed the plan for surgery, with which the owner agreed.

#### ORAL SURGERY

The oral cavity was rinsed with chlorhexidine oral solution prior to the placement of nerve blocks and surgical procedure. Right and left both caudal maxillary and inferior alveolar regional nerve blocks were administered based on 1mg/kg bupivacaine (0.5%) with epinephrine. The RVT performed the complete dental prophylaxis, including supragingival and subgingival scaling (ultrasonic scaler and hand instruments) and polishing (low speed handpiece with flour pumice).

109 was sectioned into its 3 roots using a high-speed handpiece and a 701L bur, and each were extracted. All mandibular incisors were extracted, including unerupted 301 and 401, and persistent deciduous incisors 701, 702, and 801 using

a wing-tipped elevator. The adult mandibular incisors were crowded, and room was needed to expose the mandibular canine teeth (using the type 2 crown lengthening procedure) and use the soft tissue for appropriate closure.

Unerupted 305 and 405 were exposed and extracted, with amber-coloured fluid being produced with incision into the dentigerous cysts. The cyst lining was debrided in both locations.

Type 2 crown lengthening was performed to expose both the 404 and 304 under-erupted teeth with appropriate amount of crown exposure. All extractions were followed with post-op radiographs to confirm complete removal of roots, and surgically closed with 4-0 Monocryl.

#### RECOVERY

Recovery was smooth and uneventful. The RVT administered flumazenil (0.01mg/kg) intravenously, and a half dose of naloxone (0.005mg/kg) slow intravenously.

An injection of Buprenorphine Sustained Release (0.03mg/kg) was given subcutaneously upon recovery. The patient was extubated and the RVT closely monitored until she was sternal and able to walk. Once the RVT confirmed the patient was fully recovered, the intravenous catheter was removed, and a temporary pressure bandage was applied. A chlorhexidine oral rinse was sent home to rinse 304 and 404 surgical sites, along with meloxicam (0.1mg/kg) to control pain and inflammation over the next three days.

Education is an important tool not just for RVTs, but for the whole team. Continuing education keeps staff up to date on the most effective techniques and products used in veterinary dentistry, as new information arises constantly. Working together with your team is invaluable and your clients will appreciate the work you do to show their pet is getting the care they deserve.

To save space, the references for this article are made available on the Chapter's website at [www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine](http://www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine). **WCV**



# FALL REFLECTIONS MAKING A BETTER PLAN

BY ELAINE KLEMMENSEN DVM, CEC

“Zelda,” said Frank, “we need a plan.” These wise words are from one of our family’s favourite children’s books, *Pizza for Breakfast* by Maryann Kovalski. It tells the story of Frank and Zelda, husband and wife restaurateurs with a small pizza restaurant and big dreams. One day as they bemoan their lack of customers, Frank says these words to Zelda and, suddenly, a mysterious little man walks through the door and orders a pizza. He loves the pizza so much he grants them their wish, and, to their surprise, more customers appear—so many that they need more staff. This time Zelda turns to Frank and says “Frank, we need a plan.” Again, the little man appears, orders a pizza, and offers to grant them another wish. Suddenly the little restaurant is bustling with a new team of waiters and cooks. The pattern repeats with Frank and Zelda suggesting they “need a plan” and the little man granting them their latest wish for more. Eventually, Frank and Zelda learn the folly of making wishes and make a final wish for everything to disappear. They find themselves back in their original little restaurant with Frank saying, “Zelda, let’s make that plan.” The story ends with Frank and Zelda smiling happily as they sell pizza from a food truck on the beach.

Through our years as practice owners whenever things got crazy either I or my husband would stop and say “Frank/Zelda—we need a plan.” This always made us laugh and it reminded us to remember “what really matters here.” During those busy years as practice owners we rarely experienced the so-called lazy days of summer, let alone time to enjoy pizza on the beach. Instead, we referred to the months of July and August as the crazy days of summer, stuck in survival mode, focused on the light at the end of the tunnel—September. The craziness was exacerbated by an increased emergency caseload along with a short-staffed hospital as we juggled vacation schedules and ensured our team got a much-needed break. Having two young children and a daycare that closed in the summer added to the chaos. With September came a sigh of relief as life returned to a sense of order and normalcy. I suspect many of you can relate.

For everything, there is a season and the return to routine along with the shorter days, crisp air, and beautiful colours makes autumn the perfect time to reflect, regroup, and “make a plan.” As veterinary professionals, we are pretty good at making and executing plans. After all, we have been trained to identify problems and fix them. If you are like me, doing—making something happen through your own action—comes easily. I take great satisfaction in making a list and checking off items as I progress toward my goals with single-minded determination. Being, or simply existing in the present moment, is

“WE DON’T  
LEARN FROM  
EXPERIENCE  
BUT FROM  
REFLECTION ON  
EXPERIENCE.”

more challenging. Not surprisingly, it is often the things we find most challenging that we are most in need of learning. Until recently, the importance of being was something I never fully appreciated. The state of being is calm and reflective. Creating space to simply be gives our frazzled nervous system a rest, allowing us to deepen our understanding of ourselves and the challenges we face. Ultimately, being helps us make better plans and enact them with less drama and stress.

Most North Americans live in a culture of busyness. Production, action, and results are how we have been conditioned to measure success. As a result, we may wear our “busyness” like a badge of honour. Who has time for reflection when there are not enough hours in the day to meet the needs of our clients, our patients, our teams, our families, and our friends? We feel guilty about taking time for ourselves and never stop to consider the pitfalls of this doing-focused approach to life. Learning how to hit the pause button and embrace being has huge benefits both personally and professionally. Research shows that it is during these moments of stillness and reflection that profound insights and breakthrough ideas emerge. One of my mentors in coaching loves to say, “We don’t learn from experience but from reflection on experience.” Studies have shown that regular reflective practice has a positive impact on both our personal growth and development and our levels of well-being, resilience, and happiness.

So how exactly can we harvest the benefits of being, stillness, and reflection in a world designed for doing?

## BE A TORTOISE AND RETREAT INTO YOUR SHELL

John Cleese, the British comedian, insists that those who want to think creatively must regularly escape to what he calls a “tortoise enclosure”—a quiet, safe place where you can be alone with your thoughts. He advises going “into your shell” for a dedicated length of time and not emerging until the time is up. While this may sound extreme, this advice is based on sound evidence and holds up equally whether stimulating creativity or building self-awareness through a reflective practice. We need to stop and tune out the “noise” of modern life to turn inward and find the ideas, insights, or answers we are seeking. Silence restores our nervous system, helps us sustain energy, and conditions our minds to be more adaptive and responsive to uncertainty and complexity. The world is getting louder but silence is still available to us if we seek it out and make it an intentional part of our self-care plan.

## INVITE NATURE IN

You do not need to be an avid outdoor enthusiast or rugged adventurer to experience the benefits of immersion in nature. John Burroughs (1837–1921) stated, “I go to nature to be soothed and healed, and to have my senses put in order.” As one who has found not only clarity and calm but also health and healing through time in nature, this quote resonates deeply. As I pursue certifications in coaching outdoors, I am learning this is not simply “my experience” but a universal one backed by research.

A 2016 study out of the University of Derby titled, “30 Days Wild: Development and Evaluation of a Large-Scale Nature Engagement Campaign to Improve Well-Being” found proximity to nature improved mood, enhanced respiratory functioning, regulated hormonal malfunctions, and impacted thought structure. Another study at the University of Kansas found that spending more time outdoors and less time with our electronic devices can increase our problem-solving skills and improve creative abilities.

These are just two examples of evidence-based research that supports what those of us who spend time outside know intuitively—time in nature is necessary for our physical and psychological well-being. A key takeaway from this research is that the benefits of the natural world are accessible to everyone. Even spending time in an urban park or walking down a tree-lined street can lower cortisol levels and reduce stress. Make it a regular practice to connect with nature, even simply by going outside and using all your senses. What do you hear, smell, and feel as you immerse yourself in a natural environment? What is nature trying to tell you? Learn to listen and I promise you new insights will emerge.

## QUESTIONS TO SPARK REFLECTION

Creating space for being creates space for curiosity and the powerful questions that emerge. Being opens our minds and allows us to see the world from a different perspective; it reminds us of our power to self-actualize and choose our next steps rather than following a pattern of reaction and regret. Once we switch into being and are fully immersed in the present moment, we are less triggered by uncomfortable feelings. This offers a unique space to explore their meaning and find a path forward. As your nervous system quiets, allow thoughts to emerge without judgment. Consider their meaning using self-questioning to spark deeper reflection and understanding:

- What matters here? How does it connect with my values? What next?
- What is the lesson here? What will I do with this lesson?
- What in this thinking is within vs. outside of my control?
- What am I grateful for? What fear, resistance, or judgment can I release?
- Where am I getting in my own way? How can I change that?
- How can I look at this situation differently? What might be the gift or opportunity here?
- What am I realizing? How will I use this new insight going forward?

Learning to leverage the power of being is the first step to making “a plan.” I suspect that if Frank and Zelda had closed the restaurant for a day, headed outside to the beach, and given themselves space to simply be, they would have found their pizza-truck-on-the-beach solution without the magic—and with a lot less stress! Create the time and space to simply be. Be present to whatever emerges. Ask yourself “What will I do with this new idea/insight/understanding?” Then go make a better plan.

To save space, the references for this article are made available on the Chapter’s website at [www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine](http://www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine). [WCV](#)

# USING INSTITUTIONAL ETHNOGRAPHY TO ANALYZE ANIMAL PROTECTION WORK

BY KATHERINE KORALESKY, MSc, PhD

**P**rovincial animal protection law in Canada varies, and enforcing laws relies heavily upon members of the public, as well as veterinarians and others who frequently interact with animals, to report concerns.

But once a concern is reported, how do laws and policies respond to what can and cannot be done for animals through law enforcement? Part of my doctoral work under the supervision of Dr. David Fraser explored the everyday work involved with animal protection. I spent time with BC SPCA Animal Helpline operators to learn how they receive reports of concern. I also accompanied animal protection officers and special provincial constables (henceforth referred to as officers) as they conducted their typical days of investigating concerns. I used a research approach called “institutional ethnography,” which was developed by Canadian sociologist Dorothy Smith. Institutional ethnography begins research by exploring everyday work practices and then maps how these practices are being organized by institutional policies and laws. During these observations, I saw the complexity of the work done by operators and officers and how their choices in managing

difficult cases shaped what happened to the animals involved.

**“...SOME SITUATIONS REQUIRE OPERATORS AND OFFICERS TO RESPOND TO CONCERNS THAT GO BEYOND THE LEGAL DEFINITION OF DISTRESS.”**

Operators do the daily work of receiving and entering reports of concern into a database. This process involves greeting callers and asking them to explain their concerns for the animal. While listening, operators review information about local (municipal) animal control law, SPCA branches,

veterinary clinics, and other services. Through this process, operators determine the permissibility of what a caller describes under municipal law. They also ask specific questions to determine whether the animal is in “distress” as it is legally defined in the British Columbia Prevention of Cruelty to Animals Act. If operators determine that there may be distress, the concern is entered into a database. In some cases, however, concerns for animals (e.g., animals living in deprived or isolated circumstances) do not meet the definition of distress that justifies legal intervention.

Officers do the daily work of investigating concerns and looking for evidence of distress. This process involves reviewing the database and prioritizing concerns that may be more severe. On the

road, officers visit properties, attempt to talk with owners about concerns, and if possible, see the animal. If owners are not present, officers leave their contact information and make plans to return. Tracking the number of attempts to make contact could be used as evidence should the owner fail to respond and further intervention (such as a search warrant or animal removal) be needed. If officers speak with owners and find evidence of distress, they can issue an order that gives owners a mandate to alleviate distress via specific tasks (provision of adequate shelter and water, for example). Thus, investigating concerns requires officers to follow specific procedures and allow owners time to respond to concerns and alleviate distress.

Finally, some situations require operators and officers to respond to concerns that go beyond the legal definition of distress. One morning, I observed a group of officers discuss a case they had investigated on multiple occasions; however, new concerns were now being reported. The officers acknowledged that the situation did not clearly fall under the legal definition of distress, but they were concerned about the animal’s long-term well-being. They considered speaking with the owner about the new concerns and providing educational resources and contemplated whether the owner might voluntarily relinquish the dog to the shelter. In this and similar cases, responding to concerns not covered by the law requires officers to use their interpersonal skills as well as their knowledge about legal processes, shelter branch policies, and animal behaviour and welfare.

The work of operators and officers is constrained by the need to identify concerns that fall within the legal definition of distress. As well, their work involves navigating concerns that go beyond this definition. This work requires knowledge about the law, animal behaviour and welfare, and communication skills to openly discuss concerns and animal care with owners. Possible improvements might include expanding the definition of distress to include conditions that could lead to future harm. Finally, there is ample scope to conduct similar research in different provinces where legal definitions vary and likely influence operator and officer work with animals.

For more details, please see the full Open Access article: KE Koralesky, JM Rankin, and D Fraser. (2023). Using Institutional Ethnography to Analyse Animal Sheltering and Protection I: Animal protection work. *Animal Welfare*, 32, e44, 1–9. <https://doi.org/10.1017/awf.2023.39> 

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# REGISTERED VETERINARY TECHNOLOGISTS WHAT WE ARE AND WHY IT MATTERS PART 1

BY AMBER GREGG, RVT

If I told you that I had an appointment with an RMT, dental hygienist, LPN, or RN, you would likely know exactly what I meant. You would also have an idea of what kind of education and training they had completed in order to use that title, giving you confidence that you would be treated by a professional.

The term RVT is less widely recognized and typically requires some kind of explanation. Many RVTs say, “I’m like a nurse, but for animals.” While this helps the public conceive of how an RVT’s role relates to the veterinary team, it is not appropriate for a number of reasons. For example, in British Columbia, the term “nurse” has title protection and is used solely in the context of human medicine. So, while it may be easy to refer to an RVT as a veterinary nurse, that would run afoul of the regulatory body for nurses and would likely result in a complaint.

The Ontario Association of Veterinary Technicians describes RVTs as veterinary care providers who participate in clinical decision making alongside veterinarians. The OAVT offers an excellent description of the tasks RVTs are qualified to perform and the ways they differ from the work of other members of veterinary team. However, this does not help to clarify the role of RVTs in day-to-day conversation with the public.

The use of different titles from one jurisdiction to another further complicates the issue. For example, in the United States, the titles include registered veterinary technologist (RVT), certified veterinary technician (CVT), and licensed veterinary technician (LVT). Although professionals using these titles perform similar duties, levels of qualification and regulation vary depending on the state.

In Canada there are only two designations—registered veterinary technician and registered veterinary technologist. In BC, we use the term registered veterinary technologist; we’ll discuss the

“... DESCRIBING RVTs AS TECHS, VET TECHS, OR TECHNICIANS, OR REFERRING TO ALL MEMBERS OF THE VETERINARY SUPPORT STAFF AS RVTs CAN ONLY CONFUSE CLIENTS...”

distinction between technicians and technologists in part 2 of this article, appearing in the next issue. In most provinces, these professions are regulated, which means they are internally governed by a professional college, similar to the College of Veterinarians of BC.

In BC, RVTs are not yet internally regulated by a professional college. However, the title Registered Veterinary Technologist is protected under the Societies Act. That means that anyone using the title must be a member of the BC Veterinary Technologists Association, which can only happen if they meet the BCVTA’s stringent eligibility requirements.

Ultimately, it is important for veterinarians, veterinary staff, and RVTs themselves to use the title Registered Veterinary Technologist appropriately. Saying that RVTs are “like” another profession, describing RVTs as techs, vet techs, or technicians, or referring to all members of the veterinary support team as RVTs can only confuse clients—and in some cases staff—who do not fully understand what an RVT is and does. And it is vital to professional transparency and public safety that this term is broadly and clearly understood.

An important goal of the BCVTA is to educate the public and members of the veterinary community to use the title RVT correctly so that when someone hears it, they immediately know that the individual in question:

- Has attended an accredited program of training for veterinary technologists.
- Has completed a national licensing exam demonstrating their familiarity with the required knowledge and skills.
- Continues to undertake annual education and training to ensure their skills and knowledge remain current.

Public recognition and understanding of the RVT title are high on the list of priorities for the BCVTA. We will continue to attend public outreach events and create public awareness campaigns to encourage the public to ask for RVTs and not one of the many current variations of the title. Knowing that an RVT administers anesthesia, provides nursing care, takes radiographs, and more may help owners understand the breadth of RVT experience, knowledge, and ability to assist veterinarians, while providing excellent care for their animals. <sup>WCV</sup>



Amber Gregg, RVT, is the executive director and past president of the BCVTA. She graduated from the Thompson Rivers University veterinary technology program in 2007 and spent eight years in mixed animal practice before gaining experience in not-for-profit management. She joined the BCVTA board of directors as vice president in 2020 and served a one-year term as president in 2021 before being appointed to the executive director position in 2022. Amber is grateful for everyone who made the BCVTA the strong and healthy organization it is today, and she is proud to work with the board of directors and members of the BCVTA to continue to advance the veterinary technology profession.



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# BC'S HOUSING CRISIS

## A CRISIS FOR PETS, TOO

BY MEGHANN CANT, MSc, BSW, AND EMILIA WONG GORDON, DVM, DABVP (Shelter Medicine)

It likely comes as no surprise that BC is considered a desirable place to live. Between July 2020 and June 2021, more Canadians moved here than any other province<sup>1</sup>, and in 2022, we saw among the highest flows of new immigrants to Canada<sup>2</sup>. BC has one of the lowest rental vacancy rates in the country: just 1.3 % last year<sup>3</sup>. At the same time, our rents remain the most expensive in Canada on average<sup>4</sup>.

What do dwindling supply and soaring demand mean for BC's pet owners? Pets are clearly important to us: more than half (54 %) of households have pets, with close to half (48 %) of these having more than one pet<sup>5</sup>. However, this does not automatically translate into BC being a pet-friendly place to live. Current provincial legislation allows property owners, managers, and strata corporations to ban pets, and limit the number, size, and kind of pets people can keep. The results of a poll<sup>6</sup> conducted for the BC SPCA last year reveal that one-third of British Columbians have had difficulty finding pet-friendly housing. Among them, women, households with children, people under 35, and lower-income households report the greatest difficulty.

Research has shown that, when looking for a place to rent, pet owners compromise on factors such as budget and location more than pet-friendliness<sup>7</sup>. The BC SPCA 2022 poll confirms this, with participants reporting that being able to keep their pets has meant they have stayed in a place longer than they wanted to (34 %); settled for a place that is smaller, more run-down, or lacking amenities (28 %); accepted a longer commute to work (25 %); and stayed in a neighbourhood where they did not feel safe (14 %). Again, these compromises are disproportionately made by women, people under 35, and lower-income households.

In spite of this, many BC pet owners are still forced to give up their pets. For at least the past nine years, housing issues have remained the most common reason that healthy adult and senior animals have been surrendered to BC SPCA shelters across the province—and the situation is only intensifying. Most people see their pets as family members and relinquishing a pet to a shelter is often a difficult and emotional decision made only after

“... THE ABILITY TO KEEP PETS IS AN ESSENTIAL EXTENSION AND EXPRESSION OF THE MEANING OF HOME...”

exhausting other options<sup>8,9</sup>. Contrary to popular narratives, most people surrendering pets report being strongly attached to their animal<sup>10</sup>. Afterwards, they can experience significant but unrecognized grief, complicated by the judgment they feel from others for their decision<sup>11</sup>.

As the veterinary community well knows, a wealth of research shows the benefits of pets to physical and mental well-being, childhood development, and healthy aging. Among other positive impacts, pets help to alleviate stress, improve mood and fight depression, address social isolation and reduce loneliness, improve physical fitness and encourage activity, and facilitate healing and resiliency<sup>12</sup>. The majority of pet-owning British Columbians agree that their pets have positively affected their physical (77 %) and mental (88 %) health and helped them connect with other people (69 %) and nature (68 %), as well as feel less lonely (87 %)<sup>13</sup>. Women, people under 35, lower-income households, and rural residents are more likely to agree with these benefits. *Thus, those reporting the greatest reliance on their pets for support seem to be the ones most at risk of having to give them up to secure a place to live.*

The veterinary community is uniquely impacted by this issue. Safe and affordable housing is considered an important social determinant of health<sup>14</sup>. Social determinants of health impact both human and animal health<sup>15,16</sup>. Paying a larger proportion of one's income on rent decreases resources available for other necessities such as food, transportation, and health care for both people and pets<sup>17</sup>. Research conducted with housing-insecure individuals in the US found that cost was a barrier to obtaining preventive care (87 %), sick care (96 %), and emergency care (93 %) for their animals<sup>18</sup>.

Ultimately, this is a One Health concern, and it's experienced by folks working in the veterinary sector, too. Emails regularly appear in the BC SPCA's advocacy inbox from clients and professionals alike who are seeking our help finding pet-friendly homes, especially in the Lower Mainland. Preventing surrender to animal shelters and keeping pets in the homes of the people who love them serves to benefit both human and animal well-being. For many, the ability to keep pets is an essential extension and expression of the meaning of home—and renters are no exception<sup>19</sup>.

To save space, the end notes and references for this article are made available on the Chapter's website at [www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine](http://www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine). **WCV**

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## VETERINARIAN EMPLOYMENT CONTRACTS

### KEY CONSIDERATIONS

**Y**ou likely already understand that employment contracts are important legal documents that outline the rights and responsibilities of employers and their employees. In theory, employees should be well versed with the terms of their employment contracts given that these contracts govern their relationship with their employer. However, many employees readily sign employment contracts after looking only at their salary and without fully understanding the balance of the contract's terms. That is a crucial mistake the ramifications of which typically only become entirely understood by the employee once the employment relationship sours.

The Employment Standards Act (the “ESA”) establishes minimum employment standards in British Columbia. The ESA applies to employees unless they are specifically exempted from it—registrants of the College of Veterinarians of British Columbia are so exempted. Exclusion from the ESA, however, does not mean that employees do not have employment safeguards as veterinarians. Federal and provincial human rights legislation applies to veterinarians and these codes safeguard many aspects of the veterinarian's workplace. As a veterinarian employee you must nevertheless pay close attention to your employment contract to fully understand if and how your rights and interests are protected. The importance of understanding your employment contract cannot be overstated in your role as a professional employee; you will be unable to protect your rights and interests unless you understand them. This article explores key considerations you should look for and understand in your veterinarian employment contract in British Columbia.

### THE CONTRACT

We have already established that employment contracts govern the relationship between you and your employer. They are contracts of service that flow from your agreement to perform certain work in return for certain remuneration. If they are drafted properly, they are legally binding agreements between you and your employer that establish the rights and responsibilities of both parties concerning compensation, job roles, working hours, vacation entitlement, and non-competition clauses, among other things.

Employment contracts can be verbal or written. You do not need a written contract to have a valid employment relationship. Most are reduced to writing, of course, and we certainly do not recommend you enter into anything other than a written employment agreement. Litigation lawyers make a comfortable living from the disagreements inevitably arising from oral agreements. A written contract is simply the written record of the agreement between the employee and employer and specifically the employee's responsibilities and the employer's obligations. It can take many different forms and can be tailored to whatever the parties require between them. No single template exists or, for that matter, should be used when entering into an employment agreement. Using contract templates without understanding them is another tried-and-true way to line the pockets of your friendly, neighbourhood litigation lawyer.

A well-drafted employment contract should protect your interests while anticipating the dynamic nature of the employment relationship. As an example only, your employer may wish to broaden the scope of your responsibilities or change your salary. Your employer cannot do this unilaterally if you have an employment contract in place. Any party who wishes to change a term of the employment contract must obtain the agreement of the other party to do so and that amendment should be exchanged for valuable consideration.

Well-drafted employment contracts also provide security for employers, of course. They define the employer's expectations and the employee's responsibilities and anticipate eventualities, thereby reducing the likelihood of misunderstandings that can destabilize an efficient and productive work environment. An employment agreement that does not anticipate reasonably foreseeable scenarios in the employment relationship is arguably not a well-drafted agreement. You should refrain from drafting your own employment agreements whether you are the employer or the employee. Our experience is that self-drafted agreements rely

heavily on pre-existing templates without sufficiently considering potential future scenarios that may arise in each individual case. Those agreements are often worth little more than the proverbial paper on which they are printed, as the saying goes.

### TERMS OF THE CONTRACT

Certain key terms should be set out in any employment agreement. This is not an exhaustive list, but merely an attempt to set out the universally key terms and what you may wish to consider when specifying the specific content of this term in your case.

#### Salary

You will not be surprised that your employment contract should specify your compensation. If your compensation depends upon a calculation of some kind, it needs to set out that calculation clearly. Any bonus calculation structure, for instance, must make clear that it is in addition to your regular salary (if that is the case). It should specify whether any incentives form part of your compensation or other non-cash forms of compensation (such as a vehicle) are being provided. Your complete compensation structure must be set out clearly. Apply the scenario to assumed numbers and see how the calculation works to ensure the structure is clear and functional. Bonus calculations are a notorious source of confusion and disagreement in professional employee employment agreements. You should anticipate that and ensure that you avoid the same.

#### Working hours and responsibilities

Your employment contract should reflect the reality of your work. To start with, it must outline your expected work schedule and responsibilities. Veterinarian work, like much professional employee work, can have an unpredictable schedule. Emergencies can arise necessitating work outside of and in addition to standard working hours. Your employment contract must account for this just as it must account for any on-call responsibilities that you may have, including the times and days that you are required to be available for on-call work. Hours of work greatly in excess of the hours anticipated at the outset of the employment relationship, without adequate compensation, will become a significant point of contention in the employment relationship if this eventuality is not anticipated and provided for in the employment agreement. The specific practice may necessitate very different accommodations in this clause from another type of practice. A template used without considering the specific necessities of each case will often fail when hours of work become a point of friction.

#### Vacation and statutory holidays

Your employment contract should outline your vacation entitlement. This includes paid time off, your entitlement to take unpaid time off, and your employer's policy on statutory holidays. Employment contracts may often contain eligibility criteria for vacation pay, such as the completion of a probationary period. Your contract should also address whether vacation days carry over to the next calendar year and pay out policies for unused vacation days. You may also have different religious holidays that you will require to be observed. These issues must all be set out clearly in your agreement. You should be as specific as possible here as this is typically a clause that requires little amendment given that most people are able to anticipate the future needs in this case.

Another important consideration for many is statutory holiday pay. Employees covered by the ESA are eligible for statutory holiday pay if they have been employed for thirty calendar days and have worked fifteen of the thirty days prior to the statutory holiday. As mentioned above, the ESA does not apply to veterinarian employees, so you should be aware of your contract's clauses concerning statutory holiday pay, if any.

**Non-competition clauses**

The always contentious non-competition clause is the clause that employment lawyers receive the most inquiries about. Employers always want the broadest clause in this case and employees the most limited, if one at all. You will know as an employee that these clauses restrict you from working as a veterinarian (or often in any capacity with a veterinarian practice), directly or indirectly, within a certain radius of your existing workplace if you elect to terminate your employment agreement with the employer. Again, these clauses are not uniform. They should be tailored to the situation in each case. A template agreement used without modifying this clause to the specific circumstances of each case will likely render the clause virtually unenforceable. The role of most employment lawyers when drafting such a clause is to attempt to get the employer to restrict the scope of the clause as much as possible. The more limited the scope, the more likely a court is to enforce it. Frequent readers of this column will recall our earlier column on this topic and where we set out in much more detail how courts are careful when asked to enforce non-competition clauses because, among other things, a poorly drafted clause can limit an individual's ability to make a living or pursue their career. These clauses seek to restrain trade in the marketplace of veterinarian services. Courts typically do not like to enforce clauses that restrain trade in the marketplace because they see them as "contrary to the public interest" to encourage trade. However, courts will enforce non-competition clauses that are reasonable between the parties and not contrary to how they define the "public interest." You must have a sufficient understanding of how non-competition clauses should be used in employment contracts and what they mean when used, so that you can safeguard your potential future employment interests. In short, do not attempt to draft this clause yourself. Doing so will only add to those already well-lined pockets of the litigation lawyer mentioned above.

**Termination and notice periods**

Your employment contract should specify the notice period required for termination by both you and your employer. Clarity and specificity in such terms is critical to avoid ambiguity and potential disputes. Factors such as the length of service and industry standards should be considered when considering the amount of notice that should be provided for in the event of termination. Remember, anyone can be terminated for no reason. There is no obligation of an employer to retain an employee for any reason at common law. You do not need a reason to terminate an employee. When you terminate an

employee without cause, however, you are required to give them notice of the termination, which means that you are required to tell them in advance so that they may seek another job while still in your employment. You must pay them for the time of the notice period. While they are required to continue to work for the employer during the notice period, called working notice, an employer is not required to permit them to continue to work during the notice period. The employer is only required to pay them as if they were working during the notice period. As an example only, if you have been an employee of a veterinarian clinic for ten years in a professional capacity, you may be entitled to ten months' notice of the termination of your position. The employer is entitled to require you to continue to come to work during that time and to pay you during that time and to permit you to have reasonable time off during your notice period to look for other work, while continuing to be paid for that time off. Alternatively, the employer may simply tell you that you are not permitted to attend the workplace any longer and pay you for ten months of work. All of this should be set out in your employment agreement in advance, including how the amount of notice to be provided is calculated. Again, this is not a clause you should agree to without first having legal advice, particularly if you are the employee.

**FINAL THOUGHTS AND PROTECTING YOURSELF**

We hope we have given you enough information in this article to understand that you should always review any employment contract carefully and ensure that you have a thorough understanding of them before you agree to them. You should obtain legal advice in virtually every instance before you enter into such an agreement, whether you are the employer or the employee. How to draft such an agreement, whether the proposed terms of such an agreement are reasonable, and what they mean are what employment lawyers are for. Do not let the complexity of such contracts overwhelm you to the point of frustration so that you sign them without fully understanding your rights, whether you seek legal advice or not. Do not let anyone pressure you into signing such an agreement by suggesting that it is just "boiler plate" and the "usual stuff" or by suggesting that if you do not sign, they will offer the job to someone else. We would strongly suggest looking elsewhere if you are told any of those things to obtain your signature without having an opportunity to completely understand the contents of the agreement.

Seeking legal advice is obviously essential if you are faced with an employment contract that you do not understand. You should also speak with an employment lawyer, however, even if you are simply unsure about the meaning of terms in the agreement. You should also consider talking to an employment lawyer if you do understand the contract but believe that you have not received what you are entitled to. A good employment lawyer will negotiate with your employer on your behalf, aiming to secure fair and balanced terms. Good advice will empower you to make an informed decision about the entirety of the agreement and whether you need to make changes to it before accepting the employment offer. Ultimately the choice is yours, of course. You are the client, and you make the decisions. The employment lawyer is there to better inform those choices and to ensure you make the most informed choice possible in the circumstances. [WCV](#)



Scott Nicoll, BA, MA, LLB, is a member of the Law Society of British Columbia and a partner at Panorama Legal LLP. He acts for professionals, including defending professionals who are the subject of complaints to their professional colleges.



Gurinder Cheema, BA, LLB, is a member of the Law Society of British Columbia and an associate lawyer at Panorama Legal LLP.

CUT OUT THIS PAGE IF YOU WISH TO SAVE IT.

**Any Questions?  
ASK FLASH!**

**50<sup>th</sup> ANNIVERSARY**

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