

# What Can't Be Taught

## Ce qui ne s'enseigne pas

### New grad chronicles: Clinical practice is not mandatory

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It was a typical Alberta day, when the sky is blue and the sun is shining. I was heading back from a large animal call during which I had actually managed to not get lost on the way to the farm (it was before the GPS and smart phone era). Driving back from calls was always my favorite part of practice as there was slightly less apprehension and I could appreciate the beautiful foothills and watch for hawks along the roadside. It was too easy to speed though, especially if Paul Brant's "Alberta bound" was playing. In this particular instance, I suddenly noticed red and blue lights up ahead in a town with no stoplights (and definitely no Tim Horton's). Could I have been speeding again? Should I pretend that I am on my way to a calving? That had apparently saved a colleague of mine from a very expensive ticket and she even got a police escort to the farm. Suddenly, I realized that I also had a gun in the back seat, for euthanasia purposes, and that I was covered head to toe in some combination of blood, feces, and urine after a urethrotomy or "water belly surgery." Sure enough, it was a police check, and as I pulled up, I was considering to whom I should make my single post-arrest phone call. The policeman looked at me a little apprehensively, but then waved me on; the bank robber he was looking for apparently looked nothing like me.

When I look back on my time in mixed animal practice, it is scenes like this that I remember. Unfortunately, the idealistic image depicted by James Herriot was not the norm for me. A lot of blood, sweat, and tears were involved and not all experiences turned out well. I assumed that all new graduates are nervous, and I committed myself to undertake all those pregnancy checks, semen tests, and spays. Surely, I reasoned, all vets fresh

out of veterinary school want to throw up before every routine surgery, just like I did. Farmers often asked me where I grew up and were always disappointed with my urban upbringing. This disconnect widened with other questions and comments such as, "where are all the male vets?" and "they sure don't make them like they used to!" While these comments did not do much to boost my miniscule confidence, the real jab came when they asked when they would be able to see the veterinarian. And was I truly expected to diagnose all problems over the phone? Is it really the "real world" to perform a blood transfusion or gastric dilation and volvulus surgery by myself with surplus equipment from the Korean War era or earlier? If I called for some diagnostic tests to confirm or rule out a suspected diagnosis, the owner might decline treatment. I remember thinking on multiple occasions, "This animal really needs to see a veterinarian;" because my hard-learned version of veterinary practice seemed alien to so many of my clients. There seems to be a mantra in our profession that clinical practice is an essential right of passage, the only worthy goal of every DVM student. After 2 years of never reaching a point of satisfaction with clinical practice, I left clinical practice and have never looked back. I feel much more competent and confident as a pathologist than I ever did in practice.

During veterinary school, I often wondered if I had made the right decision to attend and was convinced that the admissions committee had made some kind of mistake. Admission to veterinary school is something that so many people dream about and strive to achieve, and yet disillusionment was common amongst my classmates both during veterinary school and within the first few years of practice. The number of my classmates that have left clinical practice continues to grow and these vets seem to have much greater job satisfaction utilizing their DVMs in non-practice settings.

Regardless of a DVM graduate's career choices, life delivers greater stress and challenges after graduation than during those 4 hard years of study. Thus, learning methods of coping with stress will become incredibly helpful. If I have one regret from veterinary school, it is not doing more yoga (and maybe drinking too much whiskey). The most challenging parts of "real" life more commonly involve the lack of communication, miscommunication, and other deficiencies in "soft skills" rather than one's technical capacities.

While I definitely miss my former clients who were crazy in good and wonderful ways and while I tend not to get as many chocolates around Christmas time, now I get to tackle really

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profound problems of a much larger scale, such as ensuring diagnostic capacity in North America for emerging diseases. As a pathologist, every case is a puzzle waiting to be solved. The field of pathology is constantly evolving and it is fascinating to get new insights into diseases and diagnostic methods. While I am no longer in clinical practice, I certainly use my veterinary education and feel lucky to be part of such a diverse profession. It is not a new concept that there is a need for veterinarians to be engaged in public and population health (1). The foundation of veterinary medicine can be linked to an acknowledgement of links between human and animal health. The first veterinary school in the western medical tradition, the Royal Veterinary School in Lyon, France, was established by Claude Bourgelat in 1761 to battle rinderpest. Veterinarians have a strong foun-

ation in zoonotic diseases and basic concepts in food safety and epidemiology. More than ever, there are opportunities for further education in these fields, including, but not limited to: residencies, non-thesis Master's in public health and preventative medicine, and PhD programs. I encourage all DVM students and graduates to explore "non-clinical" ways of utilizing a DVM degree. Global challenges, in which an understanding of epidemiology, zoonotic diseases, physiology, anatomy, and pathology can contribute to better evidence-based decisions, are growing faster than our capacity to understand and manage them.

### Reference

1. Hoblet KH, Maccabe AT, Heider LE. Veterinarians in population health and public practice: Meeting national needs. *J Vet Med Educ* 2002;30:232–239.

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