

What Can't Be Taught

Ce qui ne s'enseigne pas

Lessons for the first year in “practice”

Kathryn Welsman

What will your first year be like as a veterinarian? Well I'm sure for everyone it is different but for the sake of sharing, here are some stories from my first year.

I remember thinking it was a bit of a mind trip to go from student to veterinarian. It seemed on one arbitrary day I was given the privilege to be a doctor and I could leave behind the student part. Think how embarrassing it was when I forgot I was the doctor and told one client “the veterinarian will be right in.” This led to an awkward pause and an even more awkward explanation — I don't recommend this approach!

In those last few months before graduation, I was very worried about getting out into practice, which was luckily mitigated because at my first job I had a great group of people supporting me. They wanted me to succeed. There was none of the mentality of “I suffered as a new grad, so I will make you suffer too.” The value of mentorship cannot be overstated. I was only at that clinic for a few short months because family life took me west. However, under the guidance of those mentors, I lost some of the newness and got over a few firsts. I remember my first diagnosis; it was a fractured leg, and a pretty obvious one at that, but I still felt a little thrill. Then I wrote my first prescription. Now you might think that seems like a silly thing to remember, but I was full of doubt wondering how would I know what dose, what drug, and for how long to use something. All of a sudden, I had to use my best judgment and clinical experience. When

you don't have much clinical experience that makes things a bit tough. So I thought it was a minor little achievement when I wanted to prescribe metronidazole and I opened up Plumb and had to make a decision. Celebrate your achievements, big or small!

I remember my first disagreement with a fairly intimidating client. He wanted me to falsify a document about his dog's medical condition. I tried to remember all of my training from the communication classes at OVC and talk my way out of this awkward situation. I wasn't one to back down from a good argument but when his voice got louder all I wanted to do was write the damn letter and get him out of the building. When I walked out of the examination room, I remember seeing most of the staff standing outside the door with shocked expressions on their faces. I was horrified that I'd caused a scene and probably lost the clinic a client. However, everyone had heard the exchange and the clinic owners were maybe more amused, not angry, that I hadn't allowed myself to be bullied and done the “right” thing by not writing the letter. I gained confidence knowing I couldn't be pressured. Going forward though I have learned that it can be very difficult to find that balance between helping a well-meaning client and not compromising your ethics.

When I moved west, I was going to start working at an emergency clinic and I was terrified. Sick to my stomach—want to vomit, kind of terrified. So, in order to prepare myself, I bought Dr. Mathews' emergency textbook for the drive across the country. While my husband drove, I read. When I drove, he quizzed me on drugs and dosages and protocols. When I showed up for my first shift I wanted to make a good impression. I didn't want to be the “new” vet all over again. I was doing pretty well until a c-section walked in the door. I started talking to the tech doing the anesthesia and she asked me “how do I like to do c-sections?”, as if I'd done hundreds of them. I was 24 years old and pretty sure I looked it, so I was rather pleased that this seasoned tech had been fooled into thinking I wasn't a new grad. I burst that bubble pretty quickly when I came right out and said that I'd never done one before. That tech abruptly started to treat me like I was an idiot and from then on I had to work extra hard to show her that I wasn't! I feared technicians just a little bit after vet school and this seemed to solidify it. I'm sure it isn't easy for technicians to deal with new veterinarians; so I quickly learned how to work as a team, ask for their input and really value their skills.

The next lesson is one I sincerely hope many of you never learn first hand, let alone in your first year out. I think I was

Dr. Welsman graduated from the Ontario Veterinary College in 2007 and has worked in regular small animal practice as an associate, in emergency practice, and now as a locum. Her two biggest interests are police dog/tactical medicine and public health. Dr. Welsman has completed a public health diploma program through the University of Sydney and is a member of the CVR. She also works as an inspector for her provincial licensing body and is a board member of a local animal shelter. She is currently advising on an isolation facility being built for that shelter. Dr. Welsman and her husband have two small kids, two horses, two cats, and a dog to keep them busy.

Riverside Small Animal Hospital, Kamloops, British Columbia.
Address all correspondence to Dr. Kathryn Welsman; e-mail: kwelsman@live.ca

Use of this article is limited to a single copy for personal study. Anyone interested in obtaining reprints should contact the CVMA office (hbroughton@cvma-acmv.org) for additional copies or permission to use this material elsewhere.

probably the first in my graduating class to be sued, along with several coworkers. It was an eye opener for sure. It made me realize that good medical records aren't just good medicine but also integral to showing other people you practice good medicine. I felt fearful for a long while about every case I saw, wondering if I was making any mistakes, because to this day, I believe we did everything we could to help the patient in question and yet we were taken to court. I felt shaken because if I was sued over something I did that wasn't wrong, I wondered what could happen if I truly had messed up. I'd like to think I would have kept good medical records either way, but this really hammered home the point about writing not only good records but timely ones. Don't put them off for another day if you can avoid it as details will start to get blurry. The other key lesson is good communication with clients. Explain everything carefully and make sure they truly understand, and of course document those conversations because otherwise they really didn't happen.

Now on a lighter note, I don't advocate lying or being unethical, but sometimes you might have to be a little discrete about your answers. I remember the day my first solo GDV walked into the building. I knew what to do. I'd done some with other vets and I was ready to tell the client all the pros and cons, all the risks, the costs and so on. What I wasn't prepared for was this one little question they asked: "how many of these have you done?"...Now I'm hoping they asked that question because I looked like I was 12 and not because I sounded incompetent or inexperienced. In the space of a second I had to decide what the "right" answer to that was. I was rather proud of my answer...

"trust me, you don't want to know"! I wasn't lying and I wasn't stressing the owner out unduly. The dog did great and I think I got a nice thank you card for that.

I've sweated tons over a bleeding uterus or over chest tube placement but nothing, and I mean nothing, makes me want to run away faster than a euthanasia gone sideways. Nothing can be more uncomfortable and horrifying for the clients and for myself. So if all you remember in your first year out, is to always put your best foot forward when you are helping a beloved pet to the other side. You will get more acknowledgement for euthanasia done well than you will for a major technical surgery. On the flip side, you will also get more complaints and bad press if it doesn't go well.

Now this last little story, you might want to pay close attention to. I rushed into the office one day in a mild panic about this very ataxic, head bobbing little Chihuahua that was urinating everywhere and I was frantically searching through my neuro notes. The more seasoned vet working that day asked me what I was working on. He listened in a somewhat bored manner then shrugged, turned back to his computer and told me to go back in the room and ask about marijuana use. That stopped me in my tracks. I'm absolutely certain I did not learn how to ask someone if their dog had ingested an illegal substance. Since then I've somewhat mastered the technique of "blaming" a walk in the school yard or maybe there could be a "neighbor" who has access! To this day asking clients about marijuana access is still one of the funniest conversations in a really really really awkward way!

Submit Your Article Online

Both *The Canadian Veterinary Journal* and the *Canadian Journal of Veterinary Research* are accepting manuscripts through the online submission system, **ScholarOne**, by way of the CVMA website (www.canadianveterinarians.net). Go to publications, choose the specific journal you want, then choose submit manuscript. This will take you directly to the **ScholarOne** site where you can log on.

The Instructions for Authors are provided on the same website. Please follow these instructions carefully before submitting your manuscript.

Please call 613-236-1162, ext. 117 or 1-800-567-2862, ext. 117 with any questions if you are having difficulty.

Soumettez votre article en ligne

La *Revue vétérinaire canadienne* et la *Revue canadienne de recherche vétérinaire* acceptent des manuscrits par l'entremise du système de soumission **ScholarOne**, auquel on peut accéder sur le site Web de l'ACMV (www.veterinairesauCanada.net). Allez à publications, puis à la revue particulière que vous désirez, puis soumettez l'article. Vous serez acheminé directement au site **ScholarOne** où vous pourrez ouvrir une session.

Les Directives à l'intention des auteurs sont fournies sur le même site Web. Veuillez suivre attentivement ces directives avant de soumettre votre manuscrit.

Veuillez composer le 613-236-1162, poste 117, ou le 1-800-567-2862, poste 117, avec vos questions si vous éprouvez des difficultés.