
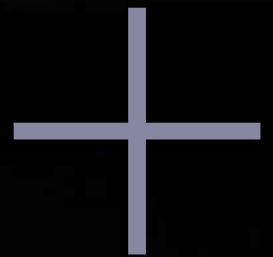


WEST COAST VETERINARIAN

MARCH 2023 | Nº 50



If not vet med,
then what?



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BABY WILDLIFE 101

**UNWANTED BEHAVIOURS IN
DOGS AND CATS**

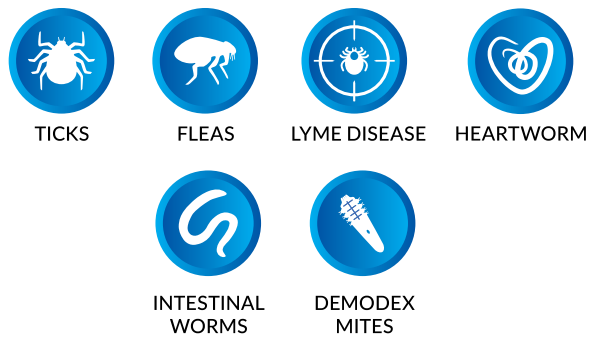
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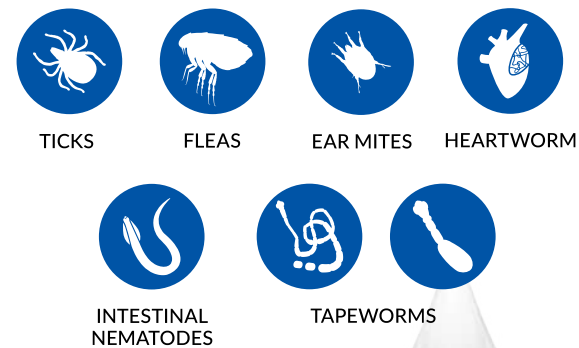


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COREY VAN'T HAAFF
EDITOR

» TO THE EDITOR

Letters from members are welcome. They may be edited for length and clarity. Email us at wcveditor@gmail.com.

COVER PHOTO BY MULYADI / UNSPLASH.COM

By the time you read this column, we should know if the BC government was willing to secure 40 IPA (interprovincial agreement) seats for BC students at Western College of Veterinary Medicine. According to the 2019 Labour Market Study, this one act would go the farthest toward addressing the shortage of veterinarians in BC. Increasing funded seats from 20 to 40 means that 40 BC students will enter veterinary school, and we know anecdotally that most will return home to practise.

For the current non-IPA students from BC at WCV, life has been stressful. They are on the hook, knowingly of course, for more debt than they had previously imagined. When the BC government stepped in last year and agreed to pay their tuition at the IPA rates, it immediately reduced their debt load acquired in that one year. If the BC government does not permanently fund these students, the future looks bleak.

The students have told me that some of them are reaching their student loan cap, and they are trying to make do by securing higher interest lines of credit through other financial institutions. These students also tell me they do not know how they can afford to work for typical starting wages in BC if they have debt loads of up to six times that of a funded student.

There are a couple of bright lights. The first is that the BC government seems to now understand that animal welfare, animal health, public health, and public interest objectives are all met with permanent funding of 40 BC students. Both the Ministry of Agriculture and the Ministry of Advanced Education have new Ministers and we have written to them outlining the current dire situation.

The other bright light is that those graduating with higher debt loads might look favourably at a job offer that includes some type of debt repayment assistance. Communities and regional districts or species groups that can find creative ways of funding some type of debt repayment scheme to offer much-needed financial help for these students will be more enticing options for students, which in turn would make much-needed veterinary care available in those communities. This option would be worth exploring, as remote, rural, and northern communities struggle to find sufficient veterinarians for their food and companion animals. [WCV](#)

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WCV
MARCH 2023

WEST COAST VETERINARIAN ISSUE 50

West Coast Veterinarian is the quarterly magazine of the SBCV



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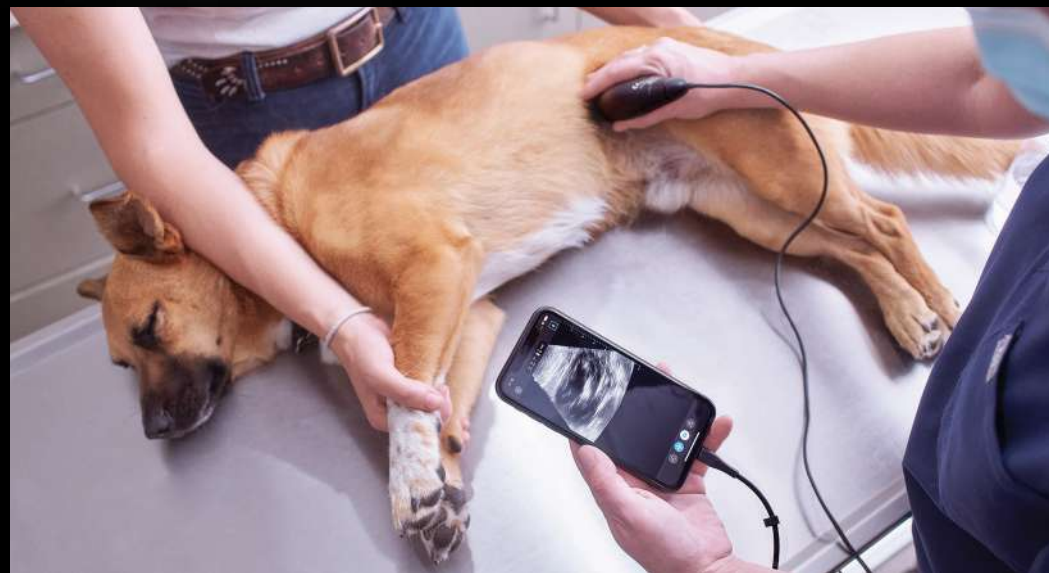


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1. Rufener L, Danelli V, Bertrand D, Sager H. The novel isoxazoline ectoparasiticide lotilaner (Credelio[™]): a non-competitive antagonist specific to invertebrates γ-aminobutyric acid-gated chloride channels (GABA_ACl_s). Parasites & Vectors. 2017 Dec;10(1):1-5.
2. Elanco CVMP assessment report for Credelio Plus CA 2021
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KOHARIK ARMAN, BSc, DVM, graduated from the Atlantic Veterinary College in 2007 and entered feline-specific practice in Ottawa. She moved to Vancouver in early 2009 and worked at Cats Only Animal Hospital for almost 13 years. She also did some locum work at North West Nuclear Medicine for Animals, is a member of the Board of Directors of the CVMA-SBCV Chapter, and is currently working as a veterinary consultant for TELUS Health MyPet.



LAUREN FRASER, MSc, CHBC, completed her MSc in clinical animal behaviour through the University of Edinburgh's Royal (Dick) School of Veterinary Studies. Her research there examined the behaviour of horses subjected to forced "laying down" during training. She sees horses, dogs, and cats with behaviour problems, both in person and remotely. She also teaches and lectures on horse behaviour and training.



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.



LEXIS LY, BSc, is a PhD student in the University of British Columbia's Animal Welfare Program. Her research focuses on how we can use data to understand animal sheltering from a One Welfare perspective. Her interests include companion animal ownership in vulnerable communities, climate change, veterinary disaster response, and methods to reduce intake and increase adoption in shelters.



ALEXANDRA PROTOPOFOVA, PhD, CAAB, has a doctorate in behaviour analysis from the University of Florida. She is an assistant professor in the University of British Columbia's Animal Welfare Program. Her research focuses on the physiology and behaviour of and welfare problems experienced by companion animals housed in shelters and pet homes.



ERIN RYAN, MSc, RPBio, is the Specialist, Wild Animal Welfare, with the BC SPCA Science & Policy team. She is a Registered Professional Biologist, and completed her MSc in Applied Animal Biology with the University of British Columbia's Animal Welfare Program. She is an experienced science communicator who specializes in wild animal welfare, including human-wildlife co-existence, wildlife rehabilitation, exotic animals, and wildlife and rodent "pest" control.



MARGIE SCHERK, DVM, DABVP (Feline), graduated from Ontario Veterinary College in 1982. In 1986 she opened Cats Only Veterinary Clinic in Vancouver, practising there until 2008. Dr. Scherk became board certified in feline practice by the American Board of Veterinary Practitioners in 1995, recertifying in 2004 and 2014. She founded the feline medicine folder on VIN in 1994. An active international speaker and past president of the AAFP, Dr. Scherk has authored numerous book chapters and scientific papers and is the co-editor of the *Journal of Feline Medicine and Surgery*.

The holiday season this year was fraught with weather issues that resulted in disaster and disruption. I hope you were all able to make it through and were able to see your friends and family safely and that things are becoming more manageable for you. This year will hopefully bring many changes that will help us all. We will still have to be aware of COVID-19 but we should know how to deal with it by now.

I would like to share some changes that affect us.

We have two new provincial Ministers to welcome. The Honourable Minister Pam Alexis is now the Minister of Agriculture and Food and the Honourable Minister Selina Robinson is the Minister of Post-Secondary Education and Future Skills. We look forward to working with them and offering our expertise and assistance. We are still advocating for a permanent increase from 20 to 40 BC students funded through the inter-provincial agreement. We anticipate some clarifications—and hopefully some certainties—for this current and coming years.

The SBCV also has a few changes to its board and committees.

Dr. Paul Kennedy, who had a practice in Prince Rupert for many years until he retired, was the SBCV regional director for the North. He has stepped down after many years of serving the SBCV. Please join me in thanking Paul for his guidance over those many years. We at the SBCV wish him a good, relaxing retirement.

I would also like to thank Dr. Christiane Armstrong for serving for six years on the CVMA council as the representative for the SBCV. Christiane was the Lower Mainland regional representative on our board. Christiane spent many hours working with the SBCV board and committees, keeping the board apprised of issues and activities of the national CVMA, so that we could augment activities or create new opportunities. Thank you, Christiane. We will miss you. Good wishes for your new endeavour.

Dr. Cori Stephen is a mixed animal veterinarian from Vanderhoof who has been appointed as the regional director for the North. We welcome Cori and look forward to having her perspective on food-producing animals as well as the North's needs. Thank you for stepping up, Cori.

Dr. Ko Arman is serving as a director again after leaving us a few years ago to focus on her family, with our full support. We are pleased to have her back on the board. She has jumped right into being heavily involved with our magazine, offering her ideas and also serving as the board liaison to the editorial committee.

Dr. Fraser Davidson has stepped into the vice president's role, and Dr. Jess Robertson and Dr. Sarah Armstrong remain on the board as directors-at-large. Dr. Rob Ashburner remains as treasurer.

Dr. Marco Veenis has stepped up to be our CVMA council representative. He will have many meetings and reports to assess. Marco will continue the excellent work that Christiane has provided for many years. Thank you to all directors.

The Continuing Education Committee has been working on the spring continuing education sessions and has already been making changes for November's conference. This year, it will be held at the Richmond Conference Centre at the Sheraton Vancouver Airport Hotel. Keep a lookout for the topics and speakers. The Spring Sunday CE Sessions will have already started by the time you read this issue of *West Coast Veterinarian*.

The Animal Welfare Committee is working on a variety of topics under the guidance of our chair, Dr. Katelyn Behm. We also have a new SBCV liaison to the CVMA Animal Welfare Committee in Dr. Cathy Schuppli. This position helps us to keep up with national issues regarding animal welfare and offer our thoughts and ideas. We also have a representative on the Ministry of Agriculture's Farmed Animal Welfare Framework Assessment. Dr. Clare Tompkins will be our lead on this and will have Dr. Adam Hering as the secondary person. This is a very active committee. If you have any topics or concerns about animal welfare issues, let us know.

Probably the most significant change this year is our Resiliency Program and its three pillars. It has taken a few years to get through the planning and implementation of this very important project. Dr. Fraser Davidson has been the board's chair for these special projects. There have been a number of program challenges as well as discussions about how best we can help our members, and we are resolving all the issues so we can start helping our members. I hope that by the time you have this edition of *West Coast Veterinarian* everything will be up and running. I also hope the Resiliency Tool Kit and Wellness Wednesdays will be up and running for those who need the help. Finally, our peer support program has one last hurdle to clear and then will be active. Many veterinarians could use some support, including peer support, in dealing with a variety of health concerns and other problems. The Resiliency Program has been a dream of the board's for most of the years that the SBCV has been functioning. We have to thank Corey and her staff Lily and Andrew for working so hard to make these projects a reality.

We have had to say goodbye to our copy editor, Eva. After several years' working with the WCV magazine, she has decided to scale back her time and work less. Thank you, Eva, for all your wonderful work on *West Coast Veterinarian*. We will miss you. We are very happy to welcome someone highly recommended by Eva, Lesley Cameron.

As you can see, your SBCV is a busy and important part of veterinary medicine in BC. Please take the time to review what we offer and let us know what you like and what other things you feel we should be doing. Take care, look after yourselves, and have a great spring. [WCV](#)



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.

As your CVMA president, it is my pleasure to update you on some of the CVMA's initiatives.

MARCH IS NATIONAL TICK AWARENESS MONTH

While the veterinary community may not be able to stop tick expansion, we can help change public perceptions and behaviours around tick control. In 2016 the CVMA and Merck Animal Health launched National Tick Awareness Month (NTAM). Thanks to the enthusiastic efforts of the Canadian veterinary community, a growing number of pet owners across the country are now aware of tick exposure risks and are taking measures to protect both their pets and their families. This year's theme is "Outsmart Ticks. Anytime, Anywhere." Visit www.canadianveterinarians.net/veterinary-resources/practice-tools/national-tick-awareness-month/ and www.TickTalkCanada.com to access resources, graphics, and tools you can use to educate your clients.

NEW AND REVISED POSITION STATEMENTS

- **New: Role of the Canadian Veterinary Profession in Addressing the Challenges of Climate Change**

The CVMA recognizes that the Canadian veterinary profession must play an active and prominent role in supporting society's efforts to mitigate, prepare for, and adapt to the effects of a changing climate in accordance with the profession's involvement in applying the concepts of One Health and One Welfare.

- **Revised: Importation of Dogs into Canada**

The CVMA holds that dogs should be imported into Canada only after careful identification, assessment, and mitigation of individual and population-level risks to animal health, safety, and welfare; human health and safety; and ecosystem and wildlife health.

- **Revised: Veterinary Dentistry**

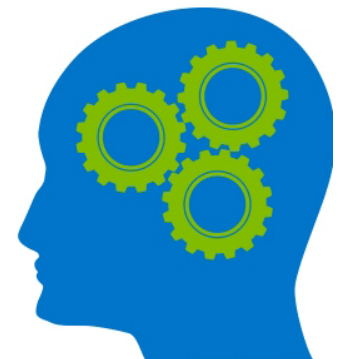
The CVMA holds that all dental procedures performed on animals should only be performed by a licensed veterinarian within the scope of their education, training, and experience or delegated by a licensed veterinarian to an appropriately trained individual in accordance with the relevant jurisdiction's regulations. The CVMA considers anesthesia-free or sedation-free dentistry, including non-professional dental scaling, to be inappropriate since these practices are associated with animal welfare concerns and offer only minimal health benefits.

View all the CVMA's Position Statements at www.canadianveterinarians.net/policy-and-outreach.

THE WORKING MIND PROGRAM

Veterinary staff face workplace mental health issues caused by workflow pressures, interpersonal relationships and conflicts, and ethical and moral distress. The Working Mind (TWM) program offers ways to deal with these stresses. Visit www.canadianveterinarians.net/veterinary-resources/veterinary-health-and-wellness-resources to learn more and register. [WCV](#)

The Working Mind



Chris Bell, DVM, MVetSc, DACVS (Large Animal), grew up on a family horse farm in Airdrie, Alberta. He has a BSc with high honours and a DVM with distinction from WCV. He completed a one-year clinical internship at the Arizona Equine Medical and Surgical Center followed by a three-year surgical residency program, and completed an MSc in upper airway surgery. He is a board-certified Equine Surgeon and Diplomate of the American College of Veterinary Surgeons (DACVS), and an adjunct professor of equine surgery and sports medicine at WCV. Dr. Bell has multiple commitments to the CVMA and the Manitoba Veterinary Medical Association (MVMA) and is a member of the CVMA Canadian Veterinary Reserve and the WCV Educational Advisory Committee.

THE IMPACT OF FUNDING FROM THE GOVERNMENT OF BC FOR WCVM STUDENTS

BY FIONA LAMB, BSc

In April 2022 the government of BC agreed to provide \$10.7 million to increase the province’s seat quota at WCVM from 20 to 40 (see Table 1). The funding included \$1.2 million to cover the additional \$55,000 of tuition for 24 BC students already enrolled with non-interprovincial agreement (non-IPA) seats. For veterinary students, this financial support has been life-changing in many ways, and it offers some hope to the pet owners, veterinarians, and farmers who are currently struggling because of the shortage of veterinarians.

This year, the funding has eased fears stemming from financial uncertainty and allowed veterinary students to consider opportunities that may otherwise not have been open to them. “There are no words to describe what it’s like not knowing if you’re going to be able to afford to graduate,” said Ruth Patten (class of 2024, Kelowna). Such uncertainty had become a stark reality for many non-IPA veterinary students, adding to the stress of participating in an academically rigorous program. For Emily Holmes, a third-year student from Nanaimo, having her tuition supplemented by the province of BC has “relieved so much financial stress and allowed [her] to focus more on school and less on how [she] will pay for school.” For others, the government support has given them the financial freedom to explore potential future career opportunities and shifted barriers imposed by financial limitations. “This funding has allowed me to consider the possibility of completing a lower-paying one-year internship post-graduation rather than a more financially lucrative position in general practice. This was not even a consideration for me prior to this funding decision due to financial limitations,” said Ella Macquisten (class of 2024, Victoria). The funding also has long-term implications for veterinary students. “Knowing I’ll be able to pay off my student

IPA seats	2022–2023 academic year	2023–2024 academic year
British Columbia	40	20 or 40 ^{1,2}
Saskatchewan	20	25 ^{2,3}
Manitoba	15	20 ^{2,3}
Territories (Yukon, Nunavut, Northwest Territories)	1	1
Education Equity Program	2	2
Non-IPA seats	5 ⁴ 5 open to international students	0-20 ^{4,5}

TABLE 1: IPA (Interprovincial agreement) and non-IPA seat allocation for the 2023–2023 and 2023–2024 academic years.
¹BC seat funding renewal to be determined in March 2023.
²One seat allotted for applicants of Indigenous ancestry and seats allotted for applicants with agriculture/food animal focus.
³Saskatchewan and Manitoba received additional funding to increase IPA seats.
⁴Initial seat prioritization is for applicants from WCVM’s partner provinces (BC, SK, MB). If seats are unfilled, applicants from the northern territories and AB will then be considered.
⁵Non-IPA seats will only be offered if continued funding from the Government of British Columbia is not maintained at 40 seats.

loans faster gives me the freedom to buy a house and start a family sooner,” said Emily Holmes (class of 2024, Nanaimo). Despite these significant strides in support for BC students at WCVM, past debt, loan limitations, and the uncertainty of continued funding remain a challenge. The average non-IPA student in the class of 2024 has paid non-IPA rates for their first two years at WCVM, and as a result has taken on an additional \$110,000 of debt compared to an IPA student. Factoring in the cost of living, many students are dealing with debt loads over \$200,000. This burden is exacerbated by loan restrictions. “Scotiabank has been leading the way in lending us the highest amount of \$200,000 in the form of a student line of credit, but as of today is unable to lend beyond this amount as it is considered a financial risk,” said Ruth Patten (class of 2024, Kelowna). The loan limitations mean there is the very real possibility that “[I will] not have enough to finish my DVM degree at a non-IPA rate,” said Taylor Westbrook (class of 2026, Prince George). In addition, some veterinary students are opting to work in higher-paying jobs outside of the veterinary sector during the summer to help make their debt load more manageable. “This past summer, I chose employment in the service industry because it provided substantially more income than working at a clinic,” said Ella Macquisten (class of 2024, Victoria). Especially with the high cost of living within BC, managing a high debt load creates added pressure to “get into the work force [to] start earning right away after graduation” (anonymous, class of 2024). Adding to the stress of these existing financial challenges for non-IPA veterinary students is the uncertainty of continued funding for the 2023–2024 academic year until a decision is made in March 2023. The potential for the funding to be withdrawn raises the stakes

“VETERINARY STUDENTS WHO ARE WELL ACQUAINTED WITH THE WAY COSTS CAN LIMIT ACCESS TO OPPORTUNITY AND THE ABILITY TO LEARN ARE BOTH ANXIOUS AND HOPEFUL.”



PHOTO COURTESY DAVID STOBBER

BC students in the class of 2026.

for students when they are deciding on where to work this summer. For example, “I took a job at a dream clinic of mine in Alberta for this upcoming summer—but not knowing until March if the funding will continue makes it difficult to budget to [determine the affordability of renting] in a second location starting in May,” said Madeleine Flahr (class of 2025, Courtenay).

Veterinary students who are well acquainted with the way costs can limit access to opportunity and the ability to learn are both anxious and hopeful. The current financial support from the provincial government for the 2022–2023 academic year has created opportunities for BC students, and continued support would have far-reaching effects on the paths they choose after graduation. There is an urgent need for additional veterinarians to support overwhelmed practices, and no shortage of qualified, eager students from BC who want to meet that need in their home communities. “Helping students to afford their schooling will help them to move back to BC,” said Emily Holmes (class of 2024, Nanaimo). Anecdotal evidence supports this, as we know that a student’s home city is the highest predictor of where they will work after graduation. As students await BC’s decision on continued funding, I can say with certainty that the current funding has made all the difference for veterinary students who have forged ahead in pursuit of their dreams despite significant cost-related barriers. [WCV](#)



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 and completed her thesis, which focused on human-animal relationships of companion animals. After graduation, she looks forward to exploring her interests in public health, small animal medicine, and poultry medicine.

RETAINING RVTs

BY OFFERING THEM OPTIONS AND OPPORTUNITIES

BY AMBER GREGG

As the Executive Director of the BC Veterinary Technologists Association (BCVTA), I am often responsible for providing support for our members, the hard-working Registered Veterinary Technologists (RVTs) of BC. I receive requests for advice from our members every day on how to navigate discussions with their clinic owners, practice managers, and veterinary co-workers when it comes to protocols, policies, and procedures in their practices. Questions and concerns often include patient safety and outcomes, utilization of skills, compensation packages, and personal safety. I can tell you with absolute certainty that these members are seeking support because they are often torn between wanting to be a good team member by not “causing trouble” and advocating for patients, clients, and their own personal safety and well-being.

Recognizing the value of RVTs in the veterinary field and fully utilizing their skills can help alleviate veterinarians’ heavy workloads. The Veterinarian’s Act and College of Veterinarians of BC (CVBC) bylaws allow veterinarians to delegate a range of tasks to RVTs. According to the BCVTA’s 2022 Employment and Wage Survey, nearly 100% of respondents have additional certifications and credentials including Veterinary Technician Specialties, Certified Canine Rehabilitation Practitioner, and Veterinary Practice Management Certificate. It is clear that most RVTs

are not satisfied with careers where they are restricted to performing the same old daily tasks and procedures, and often pursue continuing their education beyond what is required to maintain their membership. Does this mean that RVTs are not satisfied with their career choice? Absolutely not! Does it mean that they are looking to get out of veterinary medicine? Again, absolutely not! It means that RVTs want to pursue opportunities that allow them to apply all of their knowledge and skills and grow within the profession.

As a veterinarian, practice manager, or practice owner, you can support your RVTs in a number of ways. Ask them what their professional goals are and work with them to achieve those goals. Can you give them a continuing education budget that will help them meet their goals? Are there opportunities for them to get hands-on experience in your practice, or can you allow them time off to be able to seek that experience elsewhere? Supporting your RVTs’ career goals will allow them to expand their knowledge and skills, which will help them create meaningful and long careers. Include your RVTs in decision-making when appropriate and consider their opinion, especially with changes to protocols, procedures, or equipment that will affect their day-to-day responsibilities. Including RVTs in these types of discussions can go a long way to helping them feel like they are a valued member of

the patient care team—and studies show that when people feel fulfilled, engaged, and appreciated, morale goes up, along with employee retention rates.

The BCVTA’s vision is for every animal care facility in BC to employ and fully utilize RVTs, and we believe this is a key factor in the longevity and well-being of these amazing professionals. The association is grateful for the opportunity to share our thoughts on issues like this, and we are always happy to discuss them further. If you have any questions or comments, feel free to reach out to us at bcvtaboard@gmail.com. WCV

“SUPPORTING YOUR RVTs’ CAREER GOALS WILL ALLOW THEM TO EXPAND THEIR KNOWLEDGE AND SKILLS, WHICH WILL HELP THEM CREATE MEANINGFUL AND LONG CAREERS.”



Amber Gregg, RVT, is the Executive Director and Past President of the BCVTA. She graduated from the TRU 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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HOME-TO-HOME REHOME: A NEW WAY TO KEEP PETS OUT OF SHELTERS

BY LEXIS LY, BSc, AND ALEXANDRA PROTOPOPOVA, PhD, CAAB

“WHILE SHELTER STAFF WORK TO IMPROVE THE EXPERIENCES OF ANIMALS IN THEIR CARE, THEY MAY ALSO LOOK TO THE COMMUNITY FOR HELP...”

Researchers and animal shelter professionals agree that animals often experience stress in shelters because they are in an unfamiliar environment, receive insufficient enrichment, and are separated from their former family. While shelter staff work to improve the experiences of animals in their care, they may also look to the community for help in easing the burden on shelter resources and addressing capacity concerns by reducing the intake of animals or increasing the number of adoptions. Interventions that reduce intake are called intake diversion strategies (IDS) and can ultimately lessen the pressure on shelter facilities and increase the resources available for the animals that do enter the facilities. Often, IDS are based on community needs. For example, if a shelter has a high proportion of intakes from unwanted litters of puppies and kittens, they might offer low-/no-cost spay/neuter services to help reduce this intake population.

One IDS is supported self-rehoming, where owners relinquish their animal directly to a new owner without first surrendering their animal to a physical shelter. Previous studies have found that those who do surrender animals to shelters or rescues often attempt to rehome their animal through other means first before bringing the animal to a facility, but they may need support to do this successfully. Whereas pet owners were likely to use personal networks or unregulated marketplaces (e.g., Facebook, Craigslist) to rehome their pets in the past, they can now use dedicated pet rehoming websites. These websites facilitate pet rehoming for individual pet owners, and also post animals available for adoption through shelters and rescues. In 2017, for example, Adopt a Pet launched a supported self-rehoming program called Rehome. Given the lack of any research evaluating dedicated supported self-rehoming programs, we saw an opportunity to develop a better understanding of the use of programs like Rehome to divert intake of animals from shelters and rescues. Our primary research

aim was to understand which animal and owner characteristics predict increased odds of diversion (i.e., direct adoption of the pet from the Rehome program versus relinquishment by the owner to animal shelters or rescues). Our secondary aim was to investigate what characteristics predict animals from the diverted population being adopted by a new family versus being kept by their original owner.

We collected dog and cat listings posted on the Rehome website from January 1, 2017, to May 21, 2021. When owners post an animal on Rehome, they provide basic information such as sex, age, spay/neuter status, purebred/mixed breed, and whether the animal was microchipped. They also note the size and breed for dogs. Behavioural information about the animal is available for all pets, including whether the animal is housetrained and good with other dogs, cats, and children. Pet owners can also indicate whether the animal has special needs or requires an experienced adopter. They also select how long they have to rehome their animal (i.e., by which date they need to find a home) and a reason for rehoming.

Overall, 87.1% of dogs and 85.7% of cats were successfully diverted from animal shelters through the Rehome website. Through a multinomial logistic regression, we found that:

- Dogs and cats that are morphologically preferred are more likely to be diverted and adopted:** In alignment with in-shelter research, we found that younger and purebred dogs and cats had greater odds of being diverted. For dogs, we also found that smaller dogs and those in most other breed groups (e.g., sporting, toy, herding) had greater odds of being diverted in comparison to larger dogs and terrier dogs, respectively. These results were similar among diverted animals, wherein morphologically preferred dogs and cats were more likely to be adopted rather than kept.
- Dogs and cats that are behaviourally preferred are more likely to be diverted and adopted:** Animal shelters and online adoption websites may include tags such as “good with kids” and “needs experienced adopter” to inform potential adopters about the animals’ behaviour. In agreement with our hypothesis, dogs and cats that were good with dogs and children had increased odds of both diversion and being kept. Dogs labelled as “special needs” had lower odds of diversion, perhaps because the label suggests the pet will have significant and potentially costly medical expenses or other requirements.
- Pet owners who have more time to engage in the rehoming process are more likely to divert and keep their pets:** As the deadline for rehoming increased, the odds of diversion increased greatly. Conversely, pet owners with short deadlines (i.e., one week or less) were more likely to relinquish their animal to a shelter. Among diverted animals, those whose owners had longer deadlines were more likely to be kept by their original owners, rather than adopted to a new home. This may indicate that they had more time to access services to help them keep their animal. Perhaps pet owners in the earlier stages of the relinquishment decision-making process may be more successful candidates for pet retention interventions, which may enable pets to remain with their families. However, we still need to understand how to best connect with pet owners who are considering relinquishment.

TOP PHOTO BY RYAN MIGUEL CAPILI/PEXELS.COM

Overall, our findings indicate that diversion is driven by adopter preference: dogs and cats that are morphologically and behaviourally preferred by adopters are likely to be diverted. Animals with less desirable characteristics have the greatest odds of being relinquished to animal shelters, and so organizations may end up with unexpectedly large populations of pets with fewer preferred characteristics that stay for longer and require more resources for their ongoing care.

It is important to note that the relinquished population represented in our Rehome sample is only a portion of animals that may end up in shelters. Our study shows that online supported self-rehoming platforms do provide pet owners with an alternative to relinquishment that may remove the need for the animals to enter the shelter altogether. While further research is needed to understand the impacts of self-rehoming on the overall population of pets, it is evident that this community-based IDS can help lessen the burden on animal shelters.

The research presented in this article is reported in full in Ly, L., and Protopopova, A., “Predictors of Successful Diversion of Cats and Dogs Away from Animal Shelter Intake: Analysis of Data from a Self-Rehoming Website,” *Animal Welfare*, 32 (2023): E13. doi:10.1017/awf.2023.8. WCV

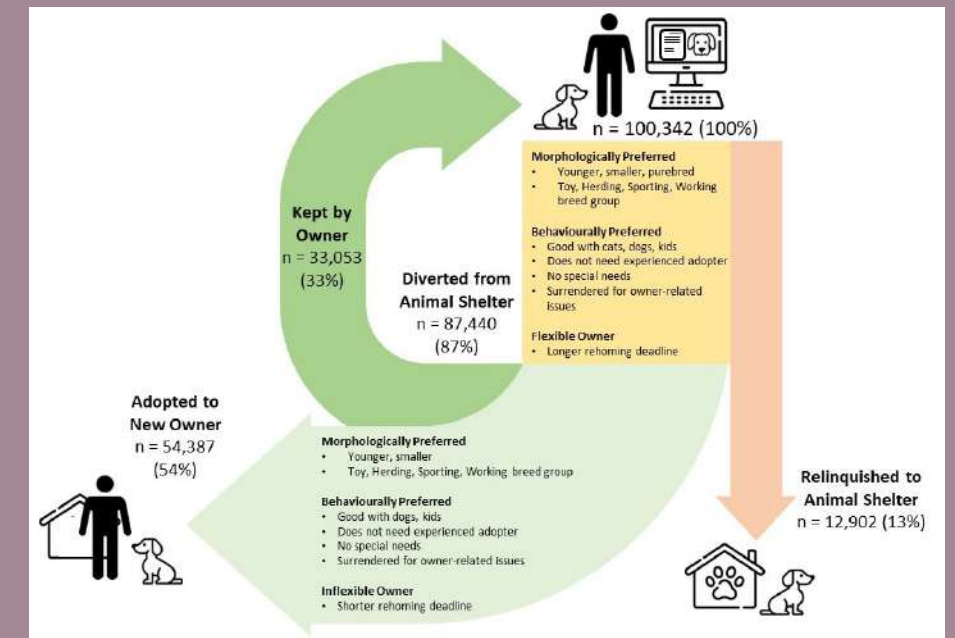


FIGURE 1: Animal- and owner-related characteristics that predicted increased risk of 1) diversion versus relinquishment and 2) adoption versus keeping of dogs posted on a self-supported rehoming website.

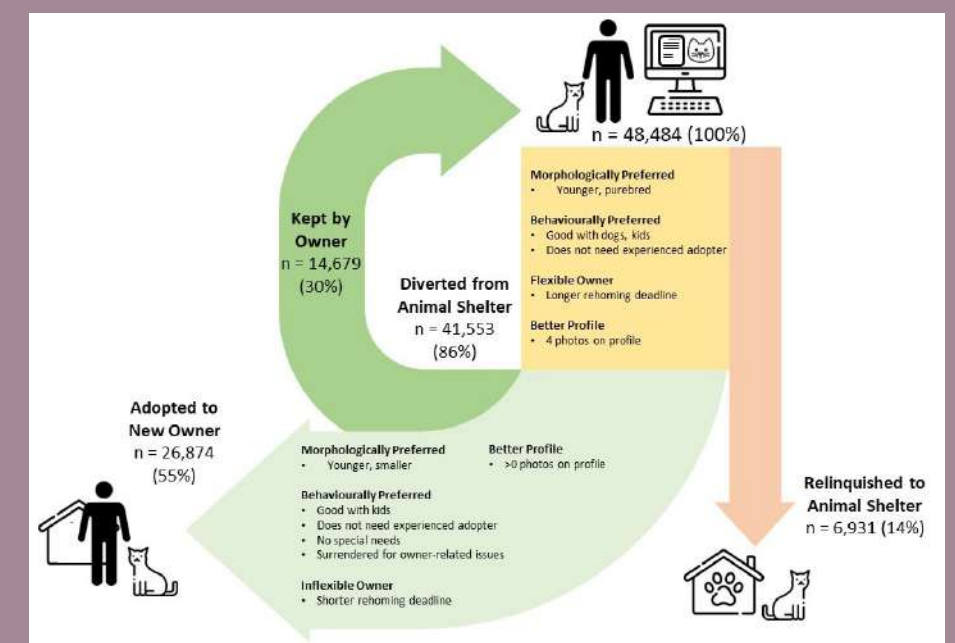


FIGURE 2: Animal- and owner-related characteristics that predicted increased risk of 1) diversion versus relinquishment and 2) adoption versus keeping of cats posted on a self-supported rehoming website.

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 feline health.

MATURE ADULT CATS – WHEN THINGS START GOING WRONG

BY MARGIE SCHERK, DVM, DABVP (Feline Practice)

After the frequent and intense clinic visits during a cat's first year of life, unless cats (and their people) are encouraged to come in for assessment on at least an annual basis, we may not see them again until problems arise. These "lost years" may extend to the mature adult stage (7–10 years) or even later. Prebooking semi-annual reassessment appointments before the patient leaves the practice works in human dentistry and can work just as well for veterinary practices. The advantages are numerous, especially for prevention of illness and early detection of problems. Cats, being solitary survivors, mask their signs of pain or illness so very well that seeing increases or decreases in body weight and body/muscle condition score (BCS, MCS) may be important. Once in the clinic, a client might also remember something that "seems off."



Obesity is common in cats.

PHOTO BY LISA ANDERSON

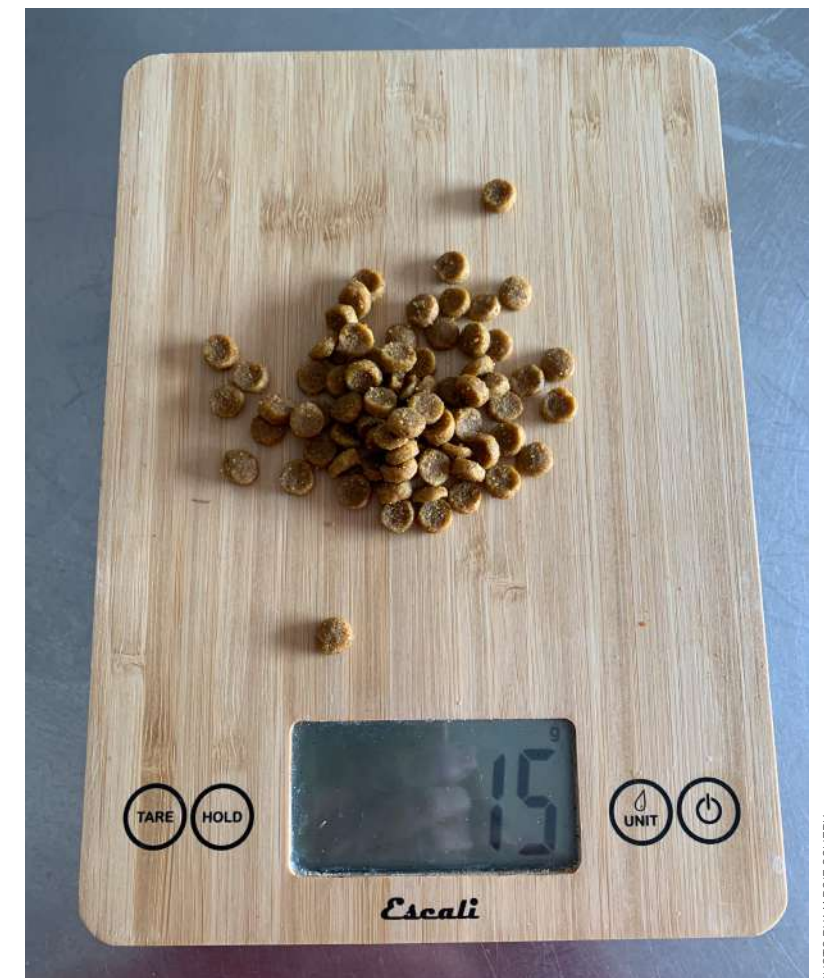
“UNLIKE MOST PEOPLE AND DOGS, CATS EAT ALONE.”

By the time a cat reaches their third life stage, they are predisposed to numerous problems, some of which could have been prevented or ameliorated through client education about environment, behaviour, hydration, and nutrition. Many of these conditions are related to oxidative stress and inflammation; others appear to be affected by ongoing stress. The conditions that cats between 7 and 10 years of age are at risk for include obesity, diabetes mellitus, hyperthyroidism, dental disease, hypertension, calcium oxalate uroliths, early stages of chronic kidney disease (CKD), small airway disease/asthma, chronic enteropathies (IBD, lymphoma), pancreatitis, liver disease, early to moderate arthritis, and heart disease.

At every visit to the clinic a body weight should be measured. In 2019, Campigotto reported that 9,886,899 (52%) of 19,015,888 cats had only one weight recorded in their medical record. This may reflect a low frequency of preventive health care visits but may also be a result of insufficient emphasis being put on getting regular weights. Measuring body weight is easy, and preventing obesity is much easier than treating it.

Obesity is extremely common whether cats have outdoor access or not. Risk factors for becoming overweight or obese include being male, neutered, and middle-age; living in single or two-cat households; living indoors; having endless access to food; and being inactive. Genetics may play a role, but husbandry and type/quality/quantity of interaction with cats definitely play a role. Ready access to highly palatable, calorie-dense diets (especially, but not only, dry food) with reduced opportunity to express cat-typical behaviours (exploration, hunting, observing, etc.) may result in boredom and the consumption of excess calories.

Unlike most people and dogs, cats eat alone. People often misinterpret the initiation of contact by their cat as a request for food. Rewarding the behaviour rapidly results in the person being positively conditioned (trained) to feed the cat. Other behavioural factors possibly contributing to obesity include the failure to establish a normal feeding routine. Hunting provides a mentally and physically stimulating regime with challenges interspersed with success. Anxiety and depression may result in the failure to develop control or awareness of satiety. Weighing food, using feeding puzzles, and encouraging activity need to be incorporated if not already part of the cat parent's repertoire. The AAFP Consensus Statement on how to feed a cat may be found at www.catvets.com/guidelines/practice-guidelines/how-to-feed with client information is at www.catfriendly.com/be-a-cat-friendly-caregiver/how-to-feed-a-cat/.



Weighing your cat's food is one way to avoid over-feeding.

PHOTO BY MARGIE SCHERK

Another useful website is www.foodpuzzlesforcats.com.

Neutering has been shown to reduce the energy requirements (resting metabolic rate) of cats by 20%–25%. Weight and fat gain following gonadectomy is in part due to increased serum leptin levels. Additionally, this alteration in leptin levels may contribute to the decreased insulin sensitivity (resistance) seen in overweight cats. Insulin resistance and glucose intolerance develop in obese cats and at an increased incidence in male cats. Middle-aged male cats are at increased risk for developing diabetes mellitus.

Unfortunately, changing the type of diet and restricting calories are usually insufficient measures in the home environment (vs. lab setting). Expectations and communication are key for success. While a cat may be 30% overweight, even a loss of 10% of their starting weight improves well-being. Success should be measured by the initial weight loss and its maintenance, rather than focusing on an "ideal weight." For the weight-loss maintenance to become permanent, the pet parent's habits have to change. By focusing on improvements that are less related to the number on the scale and more on energy and comfort, the human companion may be more motivated to continue with measuring quantity and being cognizant of the contribution of treats to the total dietary intake.

In addition to getting a detailed diet history (what, how much, where, how often) and checking % weight change and body and muscle condition scores as at any age, the comprehensive physical examination should also pay special attention to dental health. Given the progression from gingivitis to periodontal disease, providing oral health during the “lost years” provides acute and chronic benefits: 70% of cats over 3 years have periodontal disease and resorptive lesions are present in 50% of cats 5 years and older.

While hypertension is a treatable problem in its own right, detecting it in cats supports the need for further health screening. As many as 65% of cats with chronic kidney disease—of any International Renal Interest Society (IRIS) stage—are hypertensive. Approximately 25% of cats with hyperthyroidism develop hypertension after initiation of therapy or even once euthyroidism has been achieved. Identification of this problem is critical to prevent damage to those organs that are exceptionally sensitive to blood pressure, namely the eyes, brain, heart, and kidneys. For a more detailed discussion, see the WCV article on blood pressure from summer 2022 at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine.

My cat:	Yes	Maybe/sometimes	No
Is less willing to jump up or down			
Will only jump up or down from lower heights			
Shows signs of being stiff			
Is less agile than 3, 6, 12 months ago**			
Cries when lifted			
Shows signs of lameness or limping			
Has difficulty getting in or out of the cat door			
Has more accidents outside the litterbox			
Spends less time grooming			
Is more reluctant to interact with me			
Plays less with other animals or toys			
Sleeps more and/or is less active than 3, 6, 12 months ago**			
Cries out loudly for no apparent reason			
Has become more fearful and/or more aggressive			
Appears forgetful			

MODIFIED TABLE COURTESY OF DANIELLE GUINN-MOORE

TABLE 1: Mobility/cognitive dysfunction questionnaire.*
 *Ensure there have been no environmental reasons for the change
 ** Please indicate at what time the change occurred, i.e., compared to 3 months ago, etc.

As well as following trends in weight, BCS, MCS, and blood pressure, identifying the individual cat’s healthy hematology, biochemical, and urine parameter baselines helps to detect problems in their earlier stages. The AAHA/AAFP Feline Life Stage Guidelines (see www.catvets.com/guidelines/practice-guidelines/life-stage-guidelines) recommend performing these tests annually during this stage (7–10 years, and every 6 months after 10 years of age). These tests will help detect diabetes, hyperthyroidism, urolithiasis, CKD, hepatopathies, and other inflammatory problems. Not surprisingly, in 100 apparently healthy cats over 6 years of age (grouped 6–10 and >10 years) that were screened—examination including BCS, indirect fundoscopy and blood pressure, blood and urine analyses, and retroviral serology—Paepe found the most significant changes in the older group. However, of note was a 14% FIV seropositivity in 6–10-year-old cats. Given that gingivitis, periodontitis, stomatitis, and other inflammatory oral diseases are associated with a significantly higher risk of seropositivity for FIV (stomatitis) and FeLV (any of the others), checking the retrovirus status in any cat with oral disease—even if they are housed indoors and even if they were previously negative—is warranted.

Annual orthogonal plain radiographs should be exposed to look for calcium oxalate ureteroliths. Positioned appropriately, they can also be used to evaluate skeletal changes in the spine, hips, stifles, shoulders, and elbows. More cats in the oldest category will have arthritis, but changes suggestive of degenerative joint disease (DJD) start a lot younger. Lascelles et al. prospectively evaluated cats of all ages to determine the prevalence of radiographic signs of DJD. Most (92%) cats had radiographic evidence of DJD; 91% had at least 1 appendicular site affected and 55% had >1 site of axial DJD. Affected joints in descending order of frequency were hip, stifle, tarsus, and elbow. The thoracic segment of the spine was more frequently affected than the lumbosacral segment. Grading the severity of each of the radiographic changes identified, they found that for each one-year increase in cat age, the expected total DJD score increased by an estimated 13.6%. They concluded that radiographically visible DJD is very common in domesticated cats, even in young animals and is strongly associated with age. Therefore, questions about changes in mobility and ease of movement are warranted and may prompt further investigation (see Table 1). A true appreciation of whether a cat is experiencing arthritic changes requires that the cat parent take some videos of the cat moving on the flat as well as jumping and climbing up and down.

This life stage really offers the opportunity to reap the benefits of earlier education. At the very least, having cat parents notice and report changes in their cat’s younger behaviours and actions will give the veterinary team a chance to improve the welfare of their cat.

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. [WCV](#)



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Any Questions?
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If not vet med,
then what?

BY KOHARIK ARMAN, BSc, DVM

I never ever envisioned myself leaving clinical practice. Like so many in the veterinary profession, I wanted to be a veterinarian as far back as I can remember. I didn't grow up around pets and animals, but that was never a deterrent. I had one goal in life, and I was intent on achieving it.

I graduated in 2007 and subsequently spent 15 years working as a companion animal veterinarian before leaving clinical practice in April 2022. I wasn't actively looking for a career change, but I had an opportunity to practise telemedicine from home and help grow a new virtual veterinary platform. I thought long and hard before making the leap to a new career path. Would I enjoy working behind a computer screen, not interacting with patients, clients, and colleagues face to face? Was I ready to say goodbye to the amazing people I worked with in the clinic, and the clients and patients I'd known for well over a decade? Would the time pass slowly at home, with me staring at the clock and wondering what I'd done with my life? Would this new job be as fulfilling, rewarding, and exciting as clinical practice could be? So many unknowns!

**“I THOUGHT LONG AND HARD
BEFORE MAKING THE LEAP TO A
NEW CAREER PATH.”**

PHOTO BY TIAGO BANDEIRA/UNSPLASH.COM



PHOTO BY ALEXANDER GREVJUNSPASH.COM

Ultimately, I took the leap and said goodbye to being a frontline veterinarian. Lo and behold, I found myself not just enjoying my new job but thriving in it. Working from home makes life with our five-year-old child so much easier. I love the flexibility of being able to do school drop-offs and pick-ups without cutting into clinic hours and being home to have dinner as a family rather than rushing home in the late evenings just in time to say goodnight to my child before bedtime. Furthermore, I found telemedicine to be every bit as professionally fulfilling and rewarding as clinical practice. The hours flew by at a pace that astonished me. My passion for telemedicine and helping pet owners in a low-stress setting grew daily. My virtual colleagues are all incredible individuals, and I have as much fun with them every day as I did with my clinical co-workers. Surprisingly, working on my computer has been as exciting as practising hands-on medicine, and I have been learning and growing exponentially in my new role.

After I left the brick-and-mortar practice I realized that I had been feeling somewhat burnt out as a clinical veterinarian. As much as I loved my role in practice, it wasn't until I experienced the lightness and excitement of "going to work" each day in my new position that I realized how much the hectic pandemic practice pace and staffing shortages in our profession had been impacting me. While I hadn't been looking to leave general practice, the move seems to have agreed with me intellectually, emotionally, and logistically.

In my new role, I have been speaking with vets across the country, building teams of telemedicine veterinarians. Every day I hear similar stories from them. Many veterinarians are exhausted post-pandemic, and plenty are looking for a change of pace. They want a better quality of life for themselves and their families, but they don't want to abandon their profession and the degrees they worked so hard for and invested in financially. Plenty wish to stay in clinical practice with reduced hours, and the appeal of working from home and the flexibility it provides has brought them to look for part-time opportunities in telemedicine. Some veterinarians have left clinical practice altogether but want to practise telemedicine to continue helping patients and pet owners who have difficulty accessing care.

As veterinary students, our education is decidedly geared toward careers in clinical practice, but not every veterinarian ends up enjoying what they trained to do. So what other options do our degrees provide us with? I decided to speak with veterinarians who moved out of general clinical practice to see what motivated them to make the change and how they subsequently felt about their decisions. Many veterinarians and veterinary students are unaware of what other opportunities are open to them, but in discussing alternative careers with the vets I interviewed for this story, I learned that DVM degrees can be quite versatile. Veterinarians can work in public health and food safety, pharmacy, the nutrition and diagnostics industries, wildlife and conservation, army reserves, academia, epidemiology, One Health, animal welfare, veterinary consolidators, telemedicine, artificial intelligence, and more.



PHOTO BY SUNG WANG/JUNSPASH.COM

“MANY VETERINARIANS ARE EXHAUSTED POST-PANDEMIC, AND PLENTY ARE LOOKING FOR A CHANGE OF PACE.”

Dr. Fran Rotondo is a technical services veterinarian at Boehringer Ingelheim Animal Health Canada who has been working in industry since 2007 and absolutely loves her job. Dr. Rotondo left clinical practice after nine years because of what she now knows was compassion fatigue. At the time she just knew she was unhappy. She still vividly recalls the moment years later when she first heard the term “compassion fatigue” at a VMX conference and thought, “Aha! That’s what I experienced.” She emphasizes that compassion fatigue is a very real problem in all health care professions, and that experiencing it and going through the transition to industry was a frightening time. She thought she was qualified to be a practising veterinarian and nothing else, and it was terrifying to think, “I can’t do this every day for the rest of my life.”

Fortunately, Dr. Rotondo knew a classmate who worked in industry and connected with her for encouragement and guidance. It took time, but eventually she obtained a position with Wyeth Pharmaceuticals. There was a significant learning curve, but she was able to use her skill-set and knowledge base from her clinical practice, and she grew confident that she would not need to return to school to find a new career trajectory. Today Dr. Rotondo is passionate about the work she does and loves that she makes an impact beyond one clinic. She gets to share ideas, teach and instruct other vets, and ultimately help pets across the entire country.

When I asked what path she would potentially have taken if she could go back in time and have a do-over, Dr. Rotondo said she would still have become a vet, but would have gone into pathology or academia. During her years in clinical practice she had accumulated a variety of responsibilities such as mortgage payments, and it was too challenging to return to school. Her overarching advice to other veterinarians and veterinary students who wish to enter industry is to spend a couple of years in general practice even if you don’t feel it’s a good fit. The experience is helpful when you consult with other veterinarians because you’ve been in the trenches yourself. And while it can be challenging to break into industry without previous experience, keep trying. Whether you want to move into pharmaceuticals, nutrition, diagnostics, or imaging, keep applying for positions, even if you don’t fulfil all the criteria. Let the employer decide if they want to take a chance on you or not. Don’t worry about the job description requirements. You could turn out to be the best applicant. If you obtain an interview, you will have the chance to sell yourself at the meeting.

I also had a conversation with Dr. Nicole Andrews, a veterinarian working in BC as a senior talent acquisitions partner at VetStrategy. Dr. Andrews has spent time in both clinical practice and industry, and has been an associate veterinarian, a locum veterinarian, a technical veterinarian with Hill’s Canada, and, since 2022, a recruiter with VetStrategy. She has always greatly enjoyed the people-oriented aspects of veterinary medicine and has had a special interest in business as well. Her job with VetStrategy is a perfect fit, allowing her to expand professionally in both areas. Dr. Andrews loves connecting with people, particularly other veterinarians. She finds fulfillment in helping veterinarians find clinics that are a good fit, helping them achieve their goals, and finding the right position for them at the right time.

While Dr. Andrews loved clinical practice and sometimes misses interacting with pets, she relishes the family benefits of hybrid remote work in her current position. Her advice to veterinarians who might be looking for alternatives is to seek out career counselling, just as she did. Search for what kind of job will provide you with meaning as an individual: “What will fill your soul and keep you professionally driven?” Speak with other people who have taken different paths, and consider that perhaps there are other avenues within clinical practice you haven’t yet thought about that may give you more meaning, support, or a creative professional outlet.

Dr. Megan Atwood is a veterinarian who decided to find one such alternative clinical avenue within companion animal practice. She is employed as a veterinary ultrasonographer at Boundary Bay Veterinary Specialty Hospital, and while she isn’t yet board certified as a radiologist, she works full-time reviewing x-rays and performing ultrasounds, and thoroughly enjoys how she has redirected her clinical career. Multiple factors played into her decision to become a radiologist. Having received no grief management training in school, Dr. Atwood experienced compassion fatigue from performing euthanasia, and she desired a break from the intensity of direct communication with owners about emotional decisions. She also felt that in general practice she was moderately skilled in a broad array of areas, but she yearned to excel in a single area of practice instead.

Radiology allows Dr. Atwood to apply her artistic side in everyday life because both she and the work are highly visual in nature. The extremely focused investigations and problem-solving entailed in imaging are more stimulating to her than general practice. While better working hours were another motivator for pursuing a specialty, she’s still working to achieve that goal. Dr. Atwood’s advice is that “specializing is a great alternative route. Follow your passion and find what you love. Look for what will bring you happiness and job satisfaction.”

After speaking with Drs. Rotondo, Andrews, and Atwood, and having experienced my own career pivot, it is clear to me that veterinarians can pursue many different types of employment that will bring fulfillment, balance, and financial stability. The first step is often the simple act of reaching out to a colleague to obtain guidance, support, and connections. Being a frontline veterinarian is a rewarding career that most of us choose because it’s our passion, but compassion fatigue and long working hours can take a toll. The general practice of veterinary medicine may not be a good fit for every DVM because of the unique challenges it presents, but it doesn’t mean that those veterinarians need to leave the profession altogether. A veterinary education provides us with many career options and opportunities. As Dr. Andrews observed, “Anything is possible with a vet degree.” **WCV**

BABY WILDLIFE 101

BY ERIN RYAN, MSc, RPBio

Animals of all species sometimes arrive at veterinary clinics without notice. In 2012 I was an undergrad working part-time at a local veterinary clinic. One day three young girls walked in holding a naked baby bird in a napkin nest. My heart sank. I threw out questions like “What now?” “Should the bird go back to their nest?” “Should we—could we—euthanize them?” “Is there someone who could take a baby bird?” to the veterinarian while also frantically searching for options online.

Luckily, the final outcome was a good one. The girls led me back to where they found the bird, and I was able to carefully place the baby back in the nest, where Mom was quick to come and check in.

Veterinary clinics across the province are often the first place the public thinks of when both domesticated and wild animals are in need. Thankfully, since my encounter with the baby bird, more resources have become available to veterinarians, animal care organizations, and the public. When the BC SPCA Animal Helpline opened in 2013 it was intended to provide a centralized point of contact for complaints about animal cruelty. It quickly evolved into a service to address a variety of needs. In 2022 general wildlife help calls represented 20 per cent of the calls to the Animal Helpline.

When it comes to wild animals, the Animal Helpline can:

- Assess potentially orphaned animals to determine if they need help (or if they should be left alone)
- Locate the nearest wildlife rehabilitation centre—the Wildlife Rehabilitators Network of BC’s directory, at www.wrncbc.org, lists all permitted facilities in the province
- Provide general help on a wide variety of wild animal issues including coexistence

Calls about baby wildlife are most common in the spring and summer months—the busy baby season! At the BC SPCA’s Wild Animal Rehabilitation Centre (Wild ARC), approximately 70 per cent of patients arrive between April and September. This is about the same window of time in which veterinary clinics get a lot of calls about baby animals.

Here are some points to consider when you receive a call about a wild animal.

DOES THE ANIMAL EVEN NEED HELP?

Whether it’s a baby bird, squirrel, deer, seal, raccoon, or skunk, a baby animal’s best chance for survival is with their mother. A baby animal that is alone isn’t always in trouble. Often, the human finder won’t need to do anything at all. But if the baby is hurt or sick, or the finder knows for sure the mother is dead and the baby isn’t old enough to be on their own, the best option is to find a wildlife rehabilitator as soon as possible. If a wildlife rehabilitator isn’t available, the next best option is humane euthanasia to prevent further suffering.

You can also advise people to call the BC SPCA Animal Helpline to help assess the situation. The BC SPCA’s website—www.sPCA.bc.ca—has a number of infographics showing common baby scenarios, including “Found a baby bird,” “Found a deer fawn,” and “Found a baby seal.”

WILL MOMS REJECT THE BABY IF THEY SMELL LIKE PEOPLE?

Birds have a poor sense of smell and will not reject babies touched by people. This means a human may be able to place baby birds back in their nest. Mammals have a much keener sense of smell but are also very dedicated parents. A reunion under the guidance of a wildlife rehabilitator may still be possible even when babies have been handled.

DO THEY NEED FOOD OR WATER?

A member of the public should never give water or food to a baby animal unless instructed to do so by a wildlife rehabilitator because this can often cause more harm than help. Water can even be an environmental hazard. For example, if the water spills during holding or transport, a wet and cold baby could quickly become hypothermic. Similarly, if the baby has any balance issues or trouble staying upright, their head could droop into the water, causing the animal to drown, even in a shallow dish. As with feline and canine patients, it’s best if wild patients arrive with their systems clear of any food in preparation for treatments they may need.

WHERE TO FIND HELP

Many veterinary clinics provide invaluable services as temporary drop-off locations for patient transfers and/or emergency euthanasia for wild animals in critical distress. Veterinarians who build a relationship with a permit-holding wildlife rehabilitator will help more wild animals get the professional care they need to return home to the wild.

The BC SPCA Animal Helpline—1-855-622-7722—is open from 8:00 a.m. to 6:00 p.m., seven days per week. **WCV**

“...A BABY ANIMAL’S BEST CHANCE FOR SURVIVAL IS WITH THEIR MOTHER.”

CAUSES OF UNWANTED BEHAVIOURS IN DOGS AND CATS

BY LAUREN FRASER, MSc, CHBC

Pain is a highly subjective physical and psychological experience that occurs when an animal is exposed to stimuli that have the potential to damage bodily tissues. The ability to feel pain is necessary for survival, but it also causes suffering. When undetected in companion animals, pain can lead to the display of behaviours that may be attributed to other causes, such as the animal being “naughty” or “dominant.” If the pain is left untreated, the animal’s suffering may be exacerbated by attempts to address these behaviours misidentified as being caused by dominance or naughtiness.

Veterinarians take an oath to prevent and alleviate the suffering of the animals they treat. To help them do this, they can learn to detect pain in companion animals, and therefore reduce suffering. Kat Pankratz, DVM, DACVB, recently presented on this topic at the 2022 Society of BC Veterinarians Fall Conference and Trade Show. The slides from that presentation will be summarized and expanded upon in this article.

In Dr. Pankratz’s presentation, “Undetected Pain and Subsequent Behavior Problems,” she discussed not only the importance of pain detection in companion animals but also the benefits of pain prevention. For example, dogs who were treated with pre-operative Carprofen prior to ovariohysterectomy surgery were shown to experience a greater analgesic effect than dogs given post-operative Carprofen. Pre-emptive pain management improves patient quality of life and can shorten the length of time the animal experiences pain and can reduce the likelihood of maladaptive pain conditions developing.

While tissue trauma, whether from injury or life-enhancing surgery, causes pain, many animals feel pain as part of daily life without experiencing a known trauma. Osteoarthritis, for example, is a common cause of pain, affecting 40% of dogs and 50% of cats seen in general practice in the USA. Research from 2010 found that in a sample of 100 cats from a single practice, equally distributed across four age groups (0–5; 5–10; 10–15, and 15–20 years old), 92% had radiographically visible degenerative joint disease (DJD). Younger cats (0–5 years) were more likely to have appendicular DJD, with the incidence of axial DJD increasing dramatically across the remaining age groups. Selective breeding by humans for specific traits, such as chondrodysplasia or brachycephaly, further increases the likelihood of companion animals being predisposed to painful conditions. Furthermore, patterns of movement that result from underlying pain may even be viewed as normal for particular breeds by their admirers. For example, the excessive hind limb angulation and subsequent movement viewed as desirable within some lines of German Shepherd can be correlated with the existence of painful conditions such as hip dysplasia and degenerative lumbosacral stenosis.

A client may visit a veterinary clinic because of concerns about their animal’s behaviour, with no suspicion that it stems from pain.

For example, a dog with undiagnosed osteoarthritis may suddenly be snapping at the grandchildren when they walk by, and the client may be looking to discuss training protocols to address the issue, or even behavioural euthanasia. Abnormal behaviour can also exacerbate undetected pain. For example, a dog experiencing separation-related anxiety may chew the metal bars of their crate, thus aggravating pain from existing dental disease.

BEHAVIOURAL INDICATORS OF PAIN’S ORIGIN

Dr. Pankratz explained in her presentation that an animal’s behaviour can indicate if pain is present, or even give clues to the origins of that pain. For example, restlessness, aggression, and vocalizations can all indicate pain. Smacking or licking the lips or repeated swallowing can indicate nausea. Destructive chewing can indicate possible gastrointestinal upset. When pain is felt in a specific area of the body—for example, neuropathic or orthopaedic pain—the animal may overgroom or even self-mutilate the affected region. Excessive licking of surfaces and fly-biting can occur because of gastrointestinal disease. Treating the underlying medical issue(s) can result in an improvement or even resolution of the undesirable behaviours. However, the behaviours, such as pica or acral lick granulomas, may have underlying causes unrelated to pain.

“THE VETERINARIAN MAY GET A MORE OBJECTIVE ASSESSMENT IF THEY PROMPT THE CLIENT TO DESCRIBE WHAT THEY SAW AS IF THEY WERE PAINTING A PICTURE.”



The prevalence of radiographically visible degenerative joint disease is very high in cats.

Behavioural signs of pain can be subtle and go undetected, or be viewed as insignificant. If the animal has “always behaved that way,” the behaviour may be dismissed as a personality trait. It is therefore crucial to tread carefully when attempting to diagnose underlying conditions.

OBTAINING ACCURATE HISTORY

The ability to take a comprehensive history and obtain the relevant information is critical to the effective detection of pain. However, the client may not describe the issue in a way that provides the veterinarian with the required information. Clients commonly attribute labels to observable behaviours, and when prompted for descriptions may report behaviours in terms of, for example, “the dog goes nuts” or “she is spiteful because . . .” The veterinarian may get a more objective assessment if they prompt the client to describe what they saw as if they were painting a picture or recounting the scene in a film. What exactly did the dog do when the person walked past? Did she stand or remain seated? Did she vocalize? Where did she bite the person?

OTHER RELEVANT FACTORS

In addition to conducting objective descriptions of behaviour, it is helpful to

gather other relevant information to aid in diagnosis. Antecedents are salient stimuli that can either directly or immediately trigger or set the stage for a behaviour. For example, a dog may growl as someone approaches their bed. A cat that jumps out of the arms of a teenager in the morning may swat at the teen’s parent when they attempt to stroke the cat some hours later.

Another source of valuable information in the context of diagnosis is what happens immediately after an animal exhibits problem behaviour. If a particular behaviour alleviates or stops an animal’s pain, that behaviour will be reinforced by the desirable consequence of pain reduction. Even once pain has been detected and addressed, such behaviours may persist in the same circumstances that originally caused pain. The animal effectively develops a “pain memory” that prompts them to repeat the behaviour as they anticipate pain. In these instances, the use of low-stress, evidence-based behaviour modification techniques like counter conditioning and systematic desensitization can be used to reintroduce triggers and change the animal’s perception of what that trigger may predict.

OBSERVATIONS, PALPATION, AND OTHER DIAGNOSTICS

Observation and physical examination of the patient can also aid in the detection of pain. During the examination, it can be helpful to note the animal’s demeanour, how they carry themselves, and the activities in which they engage while in the exam room. Palpation of the animal is a valuable tool, but when used alone it may not be the most definitive tool. Further diagnostic tests—such as imaging or empiric trials of analgesics—may be necessary to confirm the presence of painful conditions. Veterinarians therefore need to be mindful of limitations that can impact findings. For example, despite the high prevalence of radiographic osteoarthritis in cats, physical examination does not detect osteoarthritic pain nearly as frequently.

Subjective gait analysis can be a useful tool to aid in the detection of musculoskeletal pain. However, it is critical to hone the observational skills necessary to detect small deviations in movement. Clients can be taught how to create gait analysis videos at home, which can help when visible lameness is transient in nature and may not exist when the animal is presented to the clinic for evaluation. It can also be helpful for monitoring response to treatment. Dr. Pankratz provided a link to a video that instructs clients on how to capture appropriate videos: www.youtube.com/watch?v=6u7sTgUmYb8



Owners may not interpret reduced activity as a sign of pain.



Healthy-looking animals may experience undiagnosed pain without suffering any known physical injuries.



Changes in performance in sporting dogs may be early indicators of undiagnosed pain.

FACTORS IMPACTING DETECTION AND DIAGNOSIS

Various factors can impact the detection of pain in a clinic setting. Highly aroused animals can be difficult or dangerous to examine. Animals experiencing emotions such as fear or anxiety may mask their pain, or their emotions may sensitize them to existing pain, increasing discomfort caused by palpation. Fear, anxiety, and stress can also result in rapid escalation of escape or avoidance behaviours and cause animals to behave aggressively, risking injury to veterinary staff, the client, and the animal. Tension may cause guarding or splinting, making it difficult to undertake a thorough exam. These arousal and affective states can also negatively impact physiology and result in inaccurate diagnostic test results. Finally, if stress and fear are not appropriately managed during examination or treatment, animals may develop iatrogenic behavioural injuries. Such injuries can be permanent if left untreated and will likely worsen future patient compliance with husbandry or veterinary procedures. Thus, veterinary clinics should consider taking steps to increase patient comfort and compliance during the examination.

Industry guidelines for the handling of veterinary patients emphasize the numerous potential benefits of low-stress handling during examination and treatment. In their article “AAFP and ISFM Feline-Friendly Handling Guidelines,” the American Association of Feline Practitioners (AAFP) and International Society of Feline Medicine (ISFM) discuss how using low-stress handling approaches can reduce fear and pain for cats, increasing the likelihood of detecting early medical and behavioural concerns, and reducing the likelihood of obtaining inaccurate test results due to stress-induced changes to physiology. Such approaches also reinforce the veterinarian-client-animal bond, increase veterinary team efficiency, productivity, and job satisfaction, and result in fewer injuries to clients and the veterinary team. While behavioural observation, including recognizing signs of arousal, is critical to success with low-stress handling, in some instances the addition of anxiolytic pre-visit pharmaceuticals to reduce patient fear and stress may be required.

PAIN DETECTION TOOLS

Validated pain scales or client-directed questionnaires rely on the ability of observers to note changes in behaviour to aid in pain detection. Pain scales use characteristic responses of a given species to known pain to help observers detect pain in a variety of contexts. Veterinarians may be familiar with scales such as the UNESP multi-dimensional pain scale and the Feline Grimace Scale. Validated, client-directed questionnaires may also help elicit further information to aid in diagnosis. While these tools can be valuable, they are not without limitations. Users may need to undergo training to achieve reliable results, and scales and questionnaires are not stand-alone diagnostic tools.

SUMMARY

Our companion animals commonly experience pain, and they suffer as a result. Pain may manifest as new behaviour problems, and existing behaviour problems may be worsened by undetected pain. Veterinarians can improve their ability to detect pain in their patients by developing their history-taking, observation, and examination skills. Clients can aid in both the initial detection and ongoing monitoring of pain by taking video footage of their animal at home. Tools such as pain scales and client-directed questionnaires may enhance pain detection but should not be considered diagnostic tools. [WCV](#)

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and the **people** who love them.

MINDSET RESET

BY ELAINE KLEMMENSEN, DVM, CEC

As an executive coach, I spend a lot of time exploring mindset in a safe, non-judgmental space. Mindset, the set of attitudes and beliefs you hold that influence how you feel, think, and behave, is categorized as limiting or growth. It can prove to be limiting or liberating when it comes to your sense of accomplishment and well-being. Your mindset affects how you make sense of both the world around you and yourself in that world. Thanks to the work of researchers like Carol Dweck, who wrote *Mindset*:

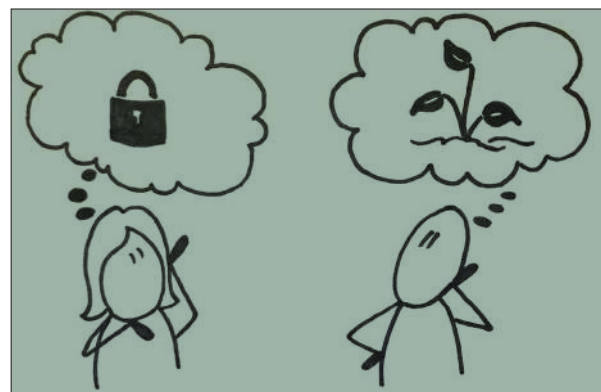
“THEY ARE HELD CAPTIVE BY A FEAR OF FAILURE.”

The New Psychology of Success, we have new insights into the impact mindset has on our success and our well-being. The problem is, we all have personal blind spots that limit our ability to explore our mindset without bias. You don't know what you don't know.

I like to live in life's shades of grey, and I believe mindset exists on a continuum, with most of us falling

somewhere in the middle of such extremes as positive versus negative mindsets or scarcity versus abundance. When we think about mindsets on a continuum we can change them through intentional thoughts and exercises. Dweck's work centres on the differences between a growth mindset versus a fixed one and how mindset influences success in various life domains. According to Dweck, individuals with a fixed mindset believe that abilities are something we are born with, a fixed trait that can't be changed. With this mindset, there is an underlying belief that talent and intelligence alone are responsible for success. Effort plays a minor role. Conversely, individuals with a growth mindset believe their abilities and talents can be developed over time through practice, persistence, and hard work. The table on the next page gives examples of the different thinking patterns.

As we look to improve the well-being and resilience of both individuals and teams in veterinary medicine, findings from Dweck's research warrant deeper consideration. Research has shown that mindset plays a critical role in our level of satisfaction with our life and



ALL IMAGES COURTESY OF ELAINE KLEMMENSEN

how we cope with life's challenges. In the world of a fixed mindset, success is about validation—proving you are smart or talented. In this world, having to work hard or exert effort is a bad thing because smart, talented people are innately competent and don't have to work hard. In the extremes of a fixed mindset, it is not enough to be talented and smart. You need to be flawless—and you need to be flawless right away. High-performing individuals with a fixed mindset may fall victim to perfectionism. They are held captive by a fear of failure. They see failure not as an action (I failed) but as an identity (I am a failure). Mistakes and failures are therefore to be avoided at all costs for fear they will reveal you are not talented or smart. Tying identity and self-worth to outcomes is a dangerous game. It denies us the freedom to be human, to make mistakes and grow from experience. It can lead to thinking, “If you're somebody when you're successful, what are you when you're unsuccessful?” Perhaps even more dangerous is the way fixed mindset thinking can lead to individuals attempting to repair their brittle self-esteem by making excuses, denying responsibility, or assigning blame.

In a world of a growth mindset, success is about learning and about stretching and developing yourself. It is about putting in the effort, finding reward in the challenge, and celebrating your progress. Failure is still a painful experience, but with a growth mindset, it doesn't define you. It is simply a problem to be dealt with, an opportunity to learn something, or a setback that means you aren't there yet. Ability can change and be developed with time and effort. Building a growth mindset has a valuable side effect: it helps you build complementary skills including resilience, positivity, and self-compassion.

Developing a growth mindset will help you build a fuller, richer life. As we shift our mindset to focus on opportunities, learning, and growth, we open ourselves to a broader range of experiences that can in turn contribute to our living a life with more meaning

and joy. How do we do this? First, remember that mindsets are just beliefs. As Dweck herself came to realize, the power in mindset work comes in knowing you have a choice. Often we hold onto a certain mindset because it served us well in the past. Second, ask yourself if your mindset is helping or hindering you in reaching your current goals. Then consider where you want to go and choose which mindset will help get you there. The following practices can help you reframe and then reset your current mindset.

PRACTISE GRACE

We all have flaws, imperfections, and a little weirdness that combine to make us unique. Learn to accept your imperfections with the same love and acceptance you offer others. Permit yourself to make mistakes and, when you do mess up, take time to acknowledge your mistake, learn from it, and move forward with clarity and kindness.

TAKE ON CHALLENGES

Some challenges, like placing a chest tube for the first time or facing an angry client, instantly trigger our sympathetic nervous system, sending us into a fight, flight, or freeze reaction. If you find yourself terrified in the face of a serious challenge, consider the opportunity it offers. Initially this may be difficult, but challenges can be an invitation to a new experience. Sort of like going on an adventure. When you embark on an adventure, it is normal to feel a little afraid but you jump in anyway because the situation is exciting and full of possibility. Shifting your perspective to see the “adventure” can make it easier to engage.

PAY ATTENTION TO YOUR THOUGHTS AND WORDS

We can all be our own worst critics. Start paying attention to the words you speak as well as those you think. If your inner dialogue is dark or negative, that will come across in your attitude and behaviours. Listen more closely to what you are saying and thinking and censor yourself. Replace your inner critic with an inner sage and become your own guide. When you hear judgment, replace it with acceptance. When you think negative thoughts, replace them with positive ones. Challenge yourself to find at least one gift that came out of a negative situation.

LEARN TO VALUE THE PROCESS OVER THE RESULT

It's easy to focus on a goal or final destination. While this focus gives us purpose and drives improvement, make sure it isn't at the expense of being present for the rest of your life. There is value in the journey. When you fixate on the end result, you may miss out on all the things you could be learning along the way. Take time to stop, reflect on what you've learned, and celebrate your success with those who are on the journey with you.

FIXED MINDSET	GROWTH MINDSET
Either I am good at something or I am not.	I can learn to do anything I want.
I can't change. That's just who I am.	I am a constantly evolving work in progress.
If you have to work hard, you don't have the ability.	The more you challenge yourself, the smarter you become.
If I don't try, then I won't fail.	I only fail when I stop trying.
This job is totally out of my league. It would be crazy to apply.	This job position looks challenging but I've done hard things before. I'm going for it.

“NOT YET” IS OKAY

Words matter. Start incorporating words to remind yourself that despite the struggle, you can achieve your goals with patience, persistence, and time. Consider how the message in the sentence “I haven't mastered abdominal ultrasound” changes when you add the word “yet.”

One of my favourite sayings is “Success is simply the ability to go from one failure to the next with no loss of enthusiasm.” Research has shown that fostering a growth mindset allows us to navigate stress and challenges better, leading to increased levels of well-being. Developing reflective practices that enable learning from mistakes helps us build self-acceptance and self-compassion. Finding courage and moving forward despite being afraid helps us build resilience and prepares us for future adversity. As we work toward creating a healthier, more resilient profession, let's make sure we remember to choose the mindset that will best help us on this journey.

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. **WCV**

TICK-BORNE DISEASES AND COMPANION ANIMALS: INVITING BC VETERINARY PRACTICES TO PARTICIPATE IN A NEW STUDY

BY ERIN FRASER, MSc, DVM

with substantial contributions from NICOLE COLAPINTO, DVM, STEFAN IWASAWA, BSc, KATHY KEIL, MA Psych, DVM, and AIMEE PORTER, DVM

As climate change continues to impact the extent of suitable habitats, existing tick species in Canada are growing and new vector species are appearing. British Columbia has unique features that can support a diverse set of ticks and tick-borne diseases that can affect both human and animal health. The epidemiology of Lyme disease in BC, where the Western blacklegged tick (*Ixodes pacificus*) is the primary vector of Lyme disease, differs significantly from that of eastern Canada, where *Ixodes scapularis* is the primary vector that transmits *Borrelia burgdorferi*. At-risk populations (people and pets), health providers, and decision-makers need clear information about tick distribution and risk of tick-borne diseases in BC in order to address current and future trends.

The British Columbia Centre for Disease Control (BCCDC) is the agency responsible for monitoring trends in ticks and tick-borne diseases in BC. Its Public Health Laboratory collaborated with Merck Animal Health on a recent tick surveillance project. The objective was to identify tick species and determine *Borrelia burgdorferi* infection prevalence of *Ixodes* ticks obtained from 10 companion animal veterinary clinics in the Lower Mainland, in the Okanagan, and on Vancouver Island between 2018 and 2020. It was found that 76% (n = 234/307) of ticks submitted were *Ixodes pacificus*, 0.8% of which were positive for *Borrelia burgdorferi*.

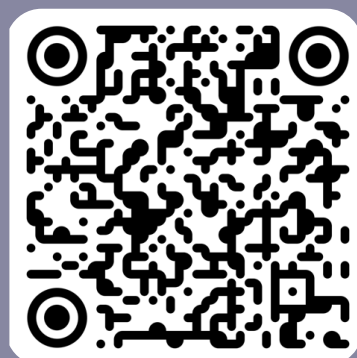
Although the percent positivity for *Borrelia burgdorferi* in *Ixodes* spp. in BC has been consistently demonstrated as relatively low over the last decade (<1%), a recent Canada-wide survey revealed a higher BC positivity rate of approximately 6%. Any difference in positivity rate may indicate a change in risk or a potential hot spot area of infectivity, so this change attracted significant interest. Further research is needed to understand if *B. burgdorferi* infectivity in *Ixodes* ticks is increasing in BC.

In 2021 the province of BC joined eTick.ca, a free public platform for image-based identification and population monitoring of ticks in Canada. The data from eTick.ca helps to inform the BC tick surveillance program by monitoring trends in tick distribution across the province. Although the platform can rapidly identify ticks using photographic identification techniques, it cannot test ticks for pathogens that can affect humans and animals.

This year the BCCDC is collaborating with Merck Animal Health in a second surveillance study to provide pathogen testing of *Ixodes* spp. ticks submitted to the eTick.ca platform. All veterinary clinics across BC are eligible and encouraged to participate in this study.

REFERENCES AND RESOURCES

Clinic toolkit



www.eTick.ca: A public platform for image-based identification and population monitoring of ticks in Canada.

www.ticktalkcanada.com: A website offering a series of educational videos for pet owners as well as resources for veterinary clinics to promote tick awareness at their clinic.

www.bccdc.ca/health-info/diseases-conditions/lyme-disease-borrelia-burgdorferi-infection: Lyme disease information provided by the BCCDC.

HOW TO PARTICIPATE:

1. Submit an image of a tick removed from a companion animal to the eTick.ca platform. *Keep the tick in a sealed container at your clinic.*
2. If the tick is identified as *Ixodes* spp., you may receive instructions on how to submit the tick to the BCCDC Public Health Laboratory for pathogen testing using BCCDC PHL's multiplex tick-borne pathogen panel (*Borrelia* spp., *Anaplasma* spp., *Ehrlichia* spp., *Babesia microti*, and *Rickettsia rickettsia*).

While the study is underway, the test results will be communicated to the submitting clinic. Following completion of the project, results will be shared with the veterinary community to assist with tick and tick-borne disease control guidance for companion animals.

Veterinarians have an important role to play in surveillance and public health efforts regarding tick awareness, tick prevention, and tick-borne disease risks. This is your chance to get involved and contribute to expanding our knowledge of ticks and tick-borne diseases in BC. We have therefore created a toolkit containing an informative poster and templates for social media posts for clinics to use to raise awareness among pet owners and encourage them to bring any ticks they find on their pet to your clinic.

To save space, the references for this article are made available on the Chapter's website at www.canadianveterinarians.net/documents/west-coast-veterinarian-spring2022-list-of-references.pdf. WCV



Erin Fraser, BSc, MSc, DVM, is the BC Centre for Disease Control's public health veterinarian and a clinical assistant professor at the University of British Columbia. She received her BSc in 1993, DVM in 1998, and MSc in 1999, all from the University of Guelph. She has over 20 years of experience as an epidemiologist, public health veterinarian, researcher, and executive director. Dr. Fraser's professional interests include One Health, zoonotic and vector-borne diseases, antimicrobial stewardship, and climate change and health. She co-founded Veterinarians without Borders-Canada, and has worked with interdisciplinary and multicultural teams to develop One Health initiatives.

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PROFESSIONAL NEGLIGENCE CLAIMS: THE BASICS

BY SCOTT NICOLL, BA, MA, LLB, AND GURINDER CHEEMA, BA, LLB

CUT OUT THIS PAGE IF YOU WISH TO SAVE IT.

Previous articles in this column have discussed what you should and should not do if you are the subject of a complaint to the College of Veterinarians of British Columbia (the "College"). Of course, complaints to the College are not the only type of dispute you may become involved in. This column will focus on civil negligence claims and what you should know before and after you become the subject of such a law suit. Professional negligence claims against veterinarians have received relatively little judicial consideration compared to other health care professional negligence claims. However, the relative infrequency of veterinarian negligence claims should not lull you into a sense of complacency regarding the duty of care you owe to the owners of your patients. As with any other professional health care provider, you must understand the elements of your duty of care.

COMPLACENCY

Complacency is the enemy of all professionals when it comes to maintaining professional best practices. First-year professionals are rarely sued for negligence. Why? Because they are terrified of making mistakes. They typically follow established best practices carefully. I do not know at what stage in your practice you are most likely to be sued for professional negligence. I am willing to wager, however, that it is similar to those in my profession. Within the legal profession, lawyers with between five and ten years of practice are the most likely to be sued. The problem seems to be that once professionals have been practising for some time we become more confident. We then become willing to "economize" by taking shortcuts that speed up our ability to perform a certain task. Perhaps we decide to adopt efficiencies that omit one or two steps from what we consider to be an unnecessarily thorough process. If we do, however, we do so at our peril. The most effective way to avoid professional negligence claims is to identify and follow the recognized best practices in your profession regardless of your tenure and experience. Do not allow your professional success and experience to convince you that there is any benefit to doing otherwise.

BASIC CONCEPTS

What are the basic concepts of professional negligence? Someone making a claim of professional negligence against you must prove the following to establish their claim:

1. You owed them a duty of care (you do);
2. You breached that duty of care; and
3. The breach caused them to suffer a compensable loss or injury

We will consider each of these in turn.

DUTY OF CARE

A duty of care is a legal and professional obligation to safeguard others in your care from acts or omissions that could cause them harm. As you know, as a veterinarian you owe a duty of care to both the animal you are treating and their owner. The existence of a legally recognizable professional duty of care, the breach of which may attract damages, is the result of judge-made law (the common law). It is also enshrined in section 204(1) of the College's *Code of Ethics* (the "Code"): "When a veterinarian-client-patient relationship is established, a registrant must uphold the duties pertaining to such a relationship, including but not limited to those set out in the Code." It will therefore be easy to establish that you owe a duty of care to the owner of a patient in most cases.

STANDARD OF CARE

Once you know you have a duty of care, you need to know the standard of care you are expected to provide. A standard of care is the level of skill and judgment that will reasonably be expected from you—more specifically, expected from a member of your profession in your circumstances. The standard of care applicable to veterinarians in most circumstances is that of a reasonably competent veterinarian in practice.¹ The Code conveniently refers to the standard of care in section 204(2): "In every veterinarian-client-patient relationship, a registrant must strive to use the level of care, skill and knowledge expected of a competent practitioner." This language merely enshrines the common law. However, the Code also states that you must only provide services you are reasonably confident you are qualified and competent to provide.²

Generally, adherence to the standard practices of skilled, competent veterinarians will limit your liability in a negligence claim. The standard is not perfection. It does not require you to make the correct decision in every circumstance with the benefit of hindsight. Neither is the standard static. It will evolve with the practice of the profession. Importantly, it is also context-specific. The particular standard to be applied will depend on your circumstances. A lower standard may be applied where the normal standard of care would be too onerous when reasonably considered against a particular circumstance.

CAUSATION

An owner will not succeed against you in a negligence claim by proving only that you failed to meet your duty of care. They must also prove that it was your failure that caused them their injury or loss. Causation means proving that it was your action, and not some other thing, that caused or contributed to the injury or loss suffered by the owner. They must also prove that their injury or loss was a foreseeable consequence of your actions. The test the courts consider is called the "but for" test. Would the animal's owner have suffered the loss *but for* your negligence?

EXAMPLES OF PROFESSIONAL NEGLIGENCE CASES

The following are two examples of how the law has been applied by our courts in the past.

*Priest v. Williams Lake Veterinary Hospital Ltd.*³

In this case, the claimant, Dr. Priest, sued the defendant, Williams Lake Veterinary Hospital Ltd. (the "Hospital"), for damages arising from the alleged negligent care of her dog. Dr. Priest's horse kicked or stepped on the right forefoot of her dog, causing her dog to suffer from a comminuted fracture of the right distal radius and ulna. Dr. Priest informed Dr. S, the veterinarian at the Hospital, that she would be contacting Dr. A, a veterinary orthopaedic surgeon in Prince George, to perform surgery on her dog.

During a telephone call, Dr. A requested that Dr. S give the dog antibiotics and splint the dog's leg for transport to Prince George. There were discrepancies in the evidence as to whether Dr. A specifically asked Dr. S to sedate the dog, as well as the type of bandage or splint that Dr. S was to put on the dog's leg. Dr. Priest's claim was premised on her claim that the Hospital did not properly bandage her dog's leg for the journey to Prince George. She claimed the hospital was negligent and breached a duty of care by failing to administer pain medication.



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The Court found that Dr. Priest did not prove her case. She was unable to prove that her dog's leg was improperly bandaged. The evidence established it was more likely than not (on the balance of probabilities) that the dog's leg was properly bandaged. There was also disagreement between the evidence of the two veterinarians. Concerning those discrepancies between the evidence of Dr. A and Dr. S, the Court found that it was more likely than not that Dr. A did instruct that no pain medication should be administered to the dog. It was not contrary to the standard of care expected of Dr. S to follow the instructions of Dr. A. The Court further stated:

Even if I had found that the evidence supported Dr. [A's] recollection that he told Dr. [S] "If he needs analgesics give them to him now," I could not conclude that, in these circumstances where Shadow [the dog] was exhibiting no signs of pain at the Williams Lake Veterinary Hospital, that Dr. [S] should have disregarded the fact that Dr. [A] had given her a discretion, and simply administered pain control medication. In short, there was no indication Shadow needed pain control, something recognized through Dr. [A's] best recollection of the words he used in his instructions.⁴

Accordingly, Dr. Priest failed to establish her claim of negligence against the Hospital. Her case was dismissed.

*Malcolmson v. Tsolum Mobile Veterinary Health Ltd.*⁵

The applicants in this case alleged that their veterinarian, Tsolum Mobile Veterinary Health Ltd. ("Tsolum"), was negligent in castrating their horse, Chevy. The claimant felt this ultimately led to the horse's death. Tsolum denied negligence and argued that the horse was euthanized because he broke his leg during a secondary procedure following the castration.

Neither party disputed that the horse would not have been euthanized if his leg had not been broken. Dr. X of Tsolum operated on the horse during the second procedure. He tied a rope around the horse's hind leg to move the leg away from the surgical site during the surgery. The applicants argued that Dr. X failed to complete the second procedure quickly enough. He also failed to notice the horse waking up from the anesthesia in time to untie him and prevent him from breaking his leg.

The evidence established that Dr. X passed the other end of the rope to one of the plaintiffs to hold while Dr. X was holding the sedated horse's neck. The plaintiff then tied the rope around the horse's neck with a fixed knot. This was contrary to Dr. X's instructions and done without Dr. X's knowledge. The knot tightened when the horse woke up and moved his leg, causing the horse to flail against the knotted rope and break his leg. Tsolum argued that if the applicant had folded the rope over the horse's neck, as per Dr. X's instructions, the rope would have loosened and slipped off when the horse woke up. The applicants did not dispute this. They argued, however, that Dr. X should have checked to see whether her instructions were followed. The Tribunal disagreed. They found it unreasonable for Dr. X to double-check whether the horse's owner was following her instructions. The Tribunal concluded, "I find the applicants have failed to show that Dr. X's conduct fell below the industry standard of a reasonably competent veterinarian. [...] Further, even if the applicants had shown Dr. X failed to meet the required standard of care, I would have found that Mr. Malcolmson's [the applicant's] knot tying, rather than Dr. X's conduct, caused Chevy's [the horse's] broken leg, which resulted in the joint decision to euthanize Chevy."

There was no negligence found. Notably, the Tribunal in this case said that even if they had found that Dr. X had failed to meet the standard of care in this case, that failure did not cause the horse's injury. There was no causation.

CONTRIBUTORY NEGLIGENCE

You are contributorily negligent if you do something that contributes to your own loss or injury. Mr. Malcolmson would have been found contributorily negligent in the harm he suffered as a result of Chevy breaking a leg if the Tribunal found Tsolum was negligent. Contributory negligence may prevent individuals from recovering for the negligence of others if they were also negligent in causing harm. The courts can apportion responsibility between tortfeasors for the loss they cause or contribute to. An owner's actions or the actions of another professional may factor significantly in determining what if any portion of the harm suffered you may be responsible for, even if you are found to be negligent in a particular case.

FINAL THOUGHTS

We understand this is a dry topic for most, but it is an important one for every professional. As professionals, we should all ensure that we have a basic understanding of these concepts. We should also periodically review them. We began this column by discussing the insidious effects of complacency. Ignorance of the concepts we have discussed above is no better. Adherence to professional best practices is motivated by a desire to do the best job you reasonably can for your patients and their owners. That desire must be tempered, however, with an understanding of the legal framework that creates obligations beyond your own desire to do the best job you reasonably can. It is not sufficient to rely only on your internal motivations for excellence throughout your career. Your understanding of your legal obligations and the standard of care that applies to you remains an important foundation that must inform that internal desire for excellence and those best practices that help you accomplish that excellence.

This column is meant to provide sufficient information to encourage you to ask questions. It is not intended to be comprehensive or legal advice of any kind. Professional negligence claims may be complex and nuanced. You will not be surprised to learn that we strongly recommend you consult your lawyer if you find yourself the subject of a negligence claim. [WCV](#)

¹ *Malcolmson v. Tsolum Mobile Veterinary Health Ltd.*, 2021 BCCRT 926 (CanLII) at paragraph 16 ["Malcolmson"]; *Priest v. Williams Lake Veterinary Hospital Ltd.*, 2011 BCPC 63 (CanLII) ["Priest"].

² Code, section 205(1).

³ *Priest*, supra note 1.

⁴ *Ibid*, paragraph 65.

⁵ *Malcolmson*, supra note 1.



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IS THIS ARMAGEDDON OR CAN I RELAX?

Earlier this month, an acquaintance asked me about all the market volatility we've seen this summer. He wanted to know if he should stay relaxed...or if this was the beginning of a financial crisis. After all, he pointed out, inflation has skyrocketed this year. Interest rates are on the rise, and the media is constantly talking about the possibility of a recession.

How can an investor stay calm in these turbulent times?

In response, I asked him if he remembered early 2020. Who could forget? COVID-19 spread across the planet like wildfire. Stocks plunged into one of the fastest bear markets in history. At one point, oil prices were actually below zero! So many things happened in so short a time, it seemed like financial Armageddon.

But it wasn't.

By the end of spring, the markets had largely recovered – and investors who kept their heads, stayed calm, and held to their long-term strategies got in on the ground floor of an incredible bull market.

It's true that there is a lot of uncertainty in the markets right now. Inflation hit 8.1% in June. In response, the Bank of Canada raised interest rates by 100 basis points, the largest single rate hike since 1998. And with so many Canadians in debt and home prices plunging, it's hard to feel confident about what the future holds.

As uncomfortable as this is, though, none of it is new. The events we're seeing are important, and they unquestionably have an effect on how regular Canadians like you and me live our daily lives. But as long-term investors – which we are – periods of market volatility and economic uncertainty are just sequels to movies we've already seen before. And just as in early 2020, investors who stay patient and relaxed will benefit in the long-run.



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"I would highly recommend the services of Dr. Elizabeth Bellavance for those wishing to sell their veterinary practice. She managed to negotiate a deal that went well beyond our expectations. The financial windfall certainly justified the cost of her services. Her expertise and negotiating skills were indispensable for such a deal to occur...one far more favourable than what we could have achieved on our own."

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"Having gone through a process of purchasing and selling a hospital with a professional (who is also a veterinarian!), we can only highly recommend this to anybody who is thinking about either. It will be money well spent. Negotiations between the sellers initially, and the purchasers subsequently, of the hospital, in the end were left to Elizabeth. Not only was this less stressful for us and a great time saver, it also vastly improved the outcome of the negotiations. Elizabeth was extremely diligent and detail oriented and worked very hard on our behalf."

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