

# What Can't Be Taught

## Ce qui ne s'enseigne pas

### Establishing self-confidence through learned knowledge

Sara Watt

**M**y first year of practice brought new challenges, adventure, and excitement. After graduating from WCVM in the spring of 2009, I had a brief stint of locum experience in the Okanagan Valley at a clinic I had volunteered with since my teens. It was a really great place to start, the vets there were very supportive and patient with me as I flipped through my small animal internal med notes to sort out my differential diagnosis and treatment plans. I could even say I felt they were a bit proud of me finally achieving my goal of becoming a veterinarian myself. It was a hard battle, 4 years of a Bachelor of Science, cleaning kennels and restraining pets during my summers off, then going through 2 interview processes before being accepted to vet med. I remember one of the vets asking me after I did not gain acceptance after my first interview, "Are you really sure you want to be a vet? You know it's still a job right? Dentists earn way more." But no, I had no intention of looking at human mouths all day, I wanted to be a vet.

Anyway, I digress. Once that summer came to an end, my partner and I moved to New Zealand with 1-year working visas, which were effortless to obtain being under the age of 35, and a license to practice by simply paying the relatively inexpensive annual registration fee to the NZ Veterinary Association. By writing the NAVLE exam here in Canada, no further examination was required to practice within the commonwealth, which includes NZ. I had always wanted to travel, and when there weren't any permanent job opportunities in my home town after I graduated, I decided to take the opportunity to live and work abroad. It was a daunting experience, especially being a new grad, honing your skills, wondering if they do things the same as we do here at home. But I am really glad I went. And yes they do do things differently over there, sometimes a whole lot differently!

My first job I took basically over the phone, without seeing the clinic, without meeting the staff, and without seeing the area. I will never do that again! I lasted 2 weeks. Let's just say that clinic was not for me; fortunately, NZ is really short on vets and there were plenty of other job opportunities. I learned

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to be patient and sort through the options until I found a position suitable for me and in a location where we wanted to live. After a month of looking around and traveling, seeing some of the different areas of the south island, we decided to plop down in a little farming town by the name of Culverden, just north of Christchurch on the mid-eastern side of the island. Culverden was home to 500 people and 500 dairy cows to each one of those people. The dairies there were enormous, all rotary milking parlors and grass-fed cows. There were very few left or right displaced abomasums and C-sections, I'm not too sure why, maybe because their cows and calves are smaller and fed differently. One thing I did see a lot of was frothy grass bloat. The dairy farmers there were in many cases relatively new to the dairy industry, having switched over from cattle and sheep farming. They really liked to stab their cows in the rumen to release the pressure, with a knife, not a trocar, but being frothy grass bloat, there wasn't just gas that came exploding out of the hole. Approximately 50% of the cows later succumbed to peritonitis and died. I was only able to convince one farmer the whole year I was there to let me do a rumenotomy to help prevent the extent of abdominal contamination. He always called me after that and he was so happy his cows stopped dying. One farmer, but I guess that's better than none, right? They did have some more advanced equipment that I had never seen before and honestly haven't seen since come to think of it, such as a portable oxygen concentrator which uses room air to power the anesthetic machine, eliminating the need for an oxygen tank. I thought that was pretty neat, and it was especially handy when hooking up a patient to an oxygen cage overnight and not having to worry about using up all the compressed gas.

Boar hunting was another thing the rural New Zealanders enjoyed doing, especially on weekends. I had several after-hours emergencies during which I had to stitch up torn hind limb muscles, flush wounds, and stem jugular vein hemorrhage. I often requested the help of the client in these afterhours situations, and I learned very quickly that some of the things we are comfortable seeing as vets is not something our clients are comfortable seeing, on their own pets especially. I saw many a pale face and instructed the odd burley hunter to have a seat on the floor while I finished up. Many of them swore to me they would never go boar hunting again after witnessing the surgery their beloved boar dog had to go through, and I don't doubt that was true! It was fun working in New Zealand, yes they did things sometimes frustratingly differently, but I just stuck to my guns and I think that they taught me just as much as I taught

them. That is something to remember; as a new grad yes you lack in experience, but you are full of knowledge.

Veterinary medicine is constantly changing, and the new grads gain new knowledge. For me, I was happiest working somewhere where my coworkers were willing to be not only mentors, but also willing to listen and learn from me. The best example I have of that is when I was casually sitting in on a stifle surgery my boss was performing, and just asking him for my own knowledge really, what his anesthetic protocol was. Our conversation went something like this: 'So what was your pre-med?' 'Ace.' Hmm I thought. 'So what was your anesthetic

induction agent?' 'Thiopental.' Still confused, I asked 'Okay so what do you have on hand for pain control?' 'He doesn't need pain control, he's sleeping.' 'What?!' I say in shock, then repeating what I was drilled numerous times during my anesthesia course at vet school, 'Anesthesia is not analgesia!' After scolding him, he calmly asked me what I would have done for pain control, then after the surgery I gave him a copy of the chapter on pain control from my textbook, which I don't believe he actually read, but every time he did another surgery, he asked me what his pain control protocol should be and he did it.