

ISSUE N°56 SEPTEMBER 2024

WEST COAST

VETERINARIAN

ACCESSIBILITY IN
VETERINARY MEDICINE

PRACTICAL DIVERSITY
AND EVERYDAY
INCLUSION

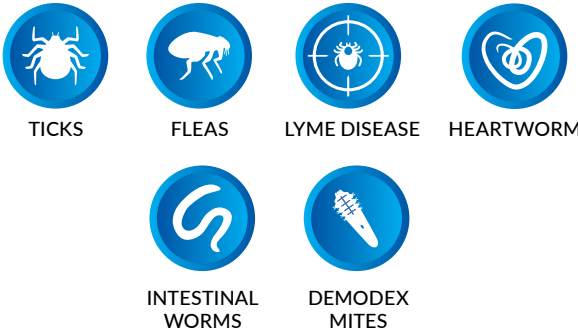
LIFE AND LEADERSHIP
LESSONS

SELLING YOUR
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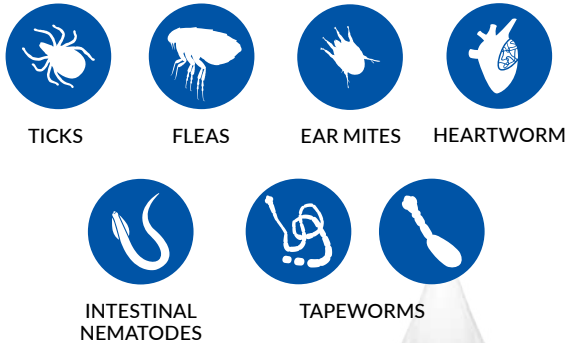


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COREY VAN'T HAAFF
EDITOR

TO THE EDITOR

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

ON THE COVER

#EveryoneEverywhere Campaign.
PHOTO BY RICK HANSEN FOUNDATION.

Accessibility—physical accessibility—has always been important to me, but never more than in 2012, when I was stopped at a red light on a main thoroughfare in Surrey. The work van travelling behind me had his eyes on other things and wasn't able to stop before colliding with my car. It changed my life.

I am reminded daily about my reduced mobility. Not so much because I remind myself but because every trip outside of my home requires me to plan for my mobility needs. Where's the parking? Are there stairs? How many? What type of railing? Elevator? Any resting spots? Chairs or benches in waiting spots? Telling me to stand and wait for ten minutes with no chair is the same as telling me to climb a hundred stairs; I cannot do either.

So, I was happy to commission Samantha Craig to write this issue's main feature about accessible veterinary workplaces. I recall being at one specialist practice with my dog many years ago and seeing the front receptionist moving around in her wheelchair without obstacles stopping her. The counter was perfectly positioned for her. I've seen a locum veterinarian who used a hearing device to check my dog's heart rate. And my own veterinary practice recently added two wide, gorgeous, reserved parking spots for those with mobility issues, and I just about cried seeing how lovely they were. Not being able to park close to a door, in some cases, means knowing that by bedtime, I will suffer excruciating pain just from the extra 30 feet of walking.

I see the people who need these accessibility accommodations. I feel their frustration, their pain, and their hurt when the buildings where they take their animals for care don't seem to care about the humans. To bring our animals inside, we ourselves need to get inside. To hire excellent staff, the building needs to be accessible to staff.

Please read our feature story. There are so many practices that have made accessibility a priority, and organizations that exist to help make workplaces accessible. Many accessibility changes are small with huge payoffs. Some require more of an investment or extra planning; it's always worthwhile.

If you are thinking about what you can do during your days to help others who may be challenged in some way, I'm going to share with you what I do. I don't have a lot of time between work, family, and three animals, all of which get daily medications, but I have a lengthy history of volunteering and feel I'm not currently doing my share. I've become a volunteer at Be My Eyes, an online app-based way of helping blind and low vision people. When a blind or low vision person needs help seeing something, they put out a call on their app. The app on my mobile phone rings, and if I am able to, I answer. This connects me instantly to the user's camera and microphone (and my microphone) so I can be their eyes and explain what I'm seeing. I've read a registered letter, helped adjust a thermostat, set a washing machine to NORMAL from BRIGHT WHITE, and set a crock pot. I've even seen a street corner in Montreal and helped a person to the nearest restaurant. It takes only a few moments out of your day and makes a world of difference to those who need help. And it's totally anonymous. If you're interested, download Be My Eyes and get involved. It's a small commitment; maybe six calls per year. [WCV](#)

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WEST COAST VETERINARIAN ISSUE 56

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“WHAT CAN I DO?”: NAVIGATING ACCESSIBILITY IN VETERINARY MEDICINE



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SHAUNIE BAYFORD is originally from the United Kingdom. She made the exciting move to Vancouver in 2021. She is a passionate animal lover and graduated as a veterinary assistant in 2023. Since then, Shaunie has been dedicating her skills to Burrard Animal Hospital + Emergency with dreams of becoming a veterinary technician in the future. She's had the amazing opportunity to care for animals around the world, from street dogs in India to pandas in China. At home, Shaunie enjoys the company of her adorable foster cat, Snoop.



JIM BILENDUKE, DVM, DACVP, was born in Dauphin, Manitoba, in 1962, the middle of three children. At age five, his family relocated to BC, eventually settling in Pemberton, north of Whistler. A lifelong love of animals crystalized into the desire to become a veterinarian at age 14, when the family dog was run over and killed. The nearest veterinary care at that time was 150 km away. Dr. Bilenduke was accepted into Western College of Veterinary Medicine (WCVM) in 1982 where his intention of becoming a mixed practitioner was sidetracked by a love of pathology. After graduation in 1986, he took a summer job at Associated Veterinary Clinics (AVC) in Calgary as an emergency veterinarian. At his sister's urging, he relocated to Toronto, working at Willowdale Animal Hospital until receiving a job offer from his former employers at AVC that brought him back to Calgary as a full-time emergency veterinarian in June of 1987. In 1989, with funding from the province of Alberta, Dr. Bilenduke returned to WCVM to do a residency in clinical pathology, graduating in 1992, and becoming board certified in Clinical Pathology with the American College of Veterinary Pathologists in 1993. Before graduation, he had accepted an offer from Central Laboratory for Veterinarians (CLV) based in Langley, BC to help establish a laboratory in Calgary, which he managed from 1992–2002. During that time, he met Dr. Margie Scherk, a feline specialist from Vancouver, at American College of Veterinary Internal Medicine Forum 1997 in Orlando. They became a long-distance couple and married in 2002, resulting in a transfer to the Langley laboratory. In 2007, CLV was sold. Dr. Bilenduke resigned his position, doing locum pathology work until a group of local veterinarians convinced him and a former CLV colleague and classmate, Dr. Allan Berrington, to open True North Veterinary Diagnostics (TNVD) in 2009. He is currently a diagnostic pathologist, president of TNVD, and a member of its board of directors.



HELENE CHILDS, DVM, graduated from the Western College of Veterinary Medicine in 2015 after completing a degree in Health Sciences from the University of Calgary. She moved to Vancouver and started her own practice, West End Veterinary Clinic, in 2017. Dr. Childs loves being on the West Coast, hiking with her dog, Hazel, and skiing in the mountains.



SAMANTHA CRAIG is a Capilano University student entering her third year of a BA in Communication Studies. Growing up with a parent in the veterinary field, she has always been passionate about animal welfare and has worked as a veterinary assistant for the last three years. Aiming to pursue a career in journalism, Samantha is excited and grateful for the opportunity to contribute to *West Coast Veterinarian* magazine.



SARAH DAVIS, RVT, graduated in 2021 and has been working in small animal general practices in BC and Alberta. She completed her Applied Animal Biology degree from UBC, then pursued her Animal Health Technology degree through Thompson Rivers University. She credits mentorship from incredible veterinarians and RVTs and now passes along her knowledge to clients, veterinary support staff, and RVT students. When not busy wrangling patients, Sarah enjoys hiking, yoga, and cooking. She lives in the beautiful Okanagan with her bouncy Blue Heeler mix, Turkey, and her slightly-less-bouncy cat, Patrick.



KRISTA HUXHAM, DVM, is a partner and practising veterinarian at Island Tides Veterinary Hospital in Courtenay, BC. She has diverse interests and enjoys connecting with people with the common goal of enhancing pet wellness. At home, she has two chihuahuas named Sprout and Fern, a cat named Bow, and a horse named Doc. Dr. Huxham is also a mom to a little boy, Nate, who is the light of her life. In her spare time, she enjoys horseback riding, walking her dogs, gardening, and spending time with her family at the lake.



MARINA JOHN, BSc, RVT, has been an RVT for over 10 years. She received her Specialized Honours Bachelor of Science degree from York University and her RVT diploma from the University of Guelph. Currently, Marina serves as the vice president of the British Columbia Veterinary Technologist Association and is an instructor at Vancouver Island University. Recently, Marina launched her own locum RVT business, embracing a fulfilling career as a traveling veterinary technologist.



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



KATHERINE KORALESKY, PhD, completed her MSc and PhD in the Animal Welfare Program at the University of British Columbia and is now a post-doctoral fellow in the program. She uses qualitative and social science research methods to understand the human dimensions of animal welfare on dairy farms, in companion animal sheltering and protection, animal welfare law, on-farm assurance programs, and in emerging agricultural technologies. Her doctoral work investigated how animal sheltering policies and animal protection laws organize what happens to animals. Dr. Koralesky's research illuminated frontline work practices involved with responding to concerns about animals in distress, helping animals with behavioural problems, and One Welfare initiatives.



JONATHAN O'CONNOR, BComm, LLB, has extensive experience acting for buyers, sellers, and issuers, both public and private, in a variety of industries, including regulated professional practice acquisitions (e.g., roll-ups with respect to the veterinarian, dental, and pharmacy industries), manufacturing, financial institutions (including credit unions), natural resources, liquor/cannabis, and technology. This experience has been developed through a variety of mandates, with special focus on purchases and sales of business/professional practice, corporate governance advice and structuring, and capital raising. On multiple occasions, Jonathan has been recognized as one of the Best Lawyers in Canada for his work in mergers and acquisitions, corporate law, and natural resources law.

My fellow SBCV members and colleagues,

I hope that all of you are having a wonderful summer so far and have been busy while also getting time away from work to enjoy sunshine, family time, alone time, the great outdoors, books, and all your favorite summertime hobbies.

This summer, I attended my second CVMA convention as your president. It was a very different experience for me this year, having previously been through the meetings with the other provinces' boards and committee leaders. I found the meetings and sessions very insightful, and we all left feeling proud and hopeful for the future of the profession we are all a part of. Despite all experiencing quite different workdays, we are all connected by a common cause of trying to improve animal health and welfare, enhance our communities, and support one another. The CE courses offered were amazing, and the social aspects of the convention are always fun and a great way to connect with colleagues without having to talk about things like dog's anal glands and pregnancy testing cows.

For our members, we continue to try and navigate many of the same past issues, with the centre points being mental health and wellness as well as workplace shortages. While separate topics, they are certainly intimately connected. The recent meetings with our other provinces highlighted the fact these topics and issues are not unique to BC.

I really want to encourage you to consider coming out to our fall conference this year. Outside of the CE opportunities, getting together in more social settings is such a great way for us to reconnect and reinvigorate our passion for why we got into this amazing profession in the first place.

I hope to see you all in the near future. Please feel free to reach out if you have any ideas you want to share on how we can better serve our members as a whole. [WCV](#)



SBCV President Dr. Fraser Davidson, SBCV Director and Liaison to CVMA Dr. Marco Veenis, and new SBCV Program Coordinator Chelsea McAfee raise a glass at the CVMA Convention in Calgary.

“WE ALL LEFT FEELING PROUD AND HOPEFUL FOR THE FUTURE OF THE PROFESSION.”



Fraser Davidson, BVSc, grew up in Vancouver and spent most of his childhood adventuring around the West Coast (mainly the Gulf Islands and Whistler). He is a dual citizen of both Canada and New Zealand, where he trained to become a veterinarian. He graduated in 2005 and spent five years working and travelling around Europe before moving back to Canada in 2010. He and his family moved to Squamish in 2017 and opened Sea to Sky Veterinary Clinic late in 2021. Dr. Davidson has two wonderful children, 11 animals, and an amazing, loving, and supportive wife.

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

CANADIAN VETERINARY MEDICAL ASSOCIATION EXPLORES ANIMAL SENTIENCE AT CANADA'S ONLY NATIONAL MULTI-SPECIES CONVENTION

The CVMA explored the importance and challenges of animal sentience as well as the legal status of animals as sentient beings during its annual convention in Calgary. The CVMA Summit: Animal Sentience: What Does It Mean, Why Is It Difficult to Define, and What Effect May It Have on the Veterinary Profession? examined the evolving recognition of sentience in animals. The discussion included why sentience is a polarizing issue that has the potential to bring animal rights groups and animal industry into conflict with each other and why politicians are hesitant to get involved in discussions. Visit the Media Centre section under the About CVMA tab CanadianVeterinarians.net to read the full media release.

CVMA RELEASES 2023 ANNUAL REPORT

The CVMA annual report aims to provide the association's stakeholders with an overview of the CVMA's achievements and financial standing for the fiscal year. Visit the Annual Report section under the About CVMA tab of our website to access the report.

THE CVMA HAS RELEASED THE FOLLOWING NEW AND UPDATED POSITION STATEMENTS

- Animal Welfare at Auction Markets
- Animal Science
- Transport of Dogs and Cats

View all position statements under the Policy and Outreach page of CanadianVeterinarians.net.

REGISTER NOW FOR FALL 2024 THE WORKING MIND COURSES

The Working Mind (TWM) program is a must for all veterinary staff as it addresses workplace mental health issues caused by inherent workplace stresses such as day-to-day workflow pressures, interpersonal relationships, and conflicts. The Working Mind Employee and Manager courses use trained facilitators and personal goal setting to enact the coping skills within the program. Visit the Veterinary Health and Wellness section of CanadianVeterinarians.net to learn more and register.

WELCOME TO THE 2024-2025 CVMA EXECUTIVE COMMITTEE

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Timothy Arthur, DVM, is a companion animal veterinarian with a special interest in ophthalmology and wildlife medicine. He is a 1982 Ontario Veterinary College graduate who completed externships at Angel Memorial Animal Hospital in Boston and the University of Pennsylvania in Philadelphia, and after two years in practice, he established the Coxwell Animal Clinic in Toronto. Dr. Arthur has volunteered with the Toronto Academy of Veterinary Medicine, organized Toronto's Annual Rabies clinics, sat on the College of Veterinarians of Ontario (CVO) Complaints Committee, was part of the Ontario Veterinary Medical Association working group that established a voluntary fee guide for the profession, was a council member and president of the CVO, and was a board member and president of the Toronto Wildlife Centre. He lives in a bilingual family with son Jake, partner Jennifer, and multiple four-legged friends.

PASSING THE TORCH: VETERINARY STUDENTS CONNECT WITH YOUTH WITHIN THEIR COMMUNITIES TO SPARK AN INTEREST IN VETERINARY MEDICINE

BY FIONA LAMB, BSc



Danielle Groenendijk (BC, class of 2027) teaching about bovine anatomy to kids from Cowichan 4-H Holstein Club.



Danielle Groenendijk (BC, class of 2027) teaching about Brix readings to kids from Cowichan 4-H Holstein Club.

For students at the Western College of Veterinary Medicine (WCVM), it was not long ago that the thought of becoming a veterinarian was a distant possibility. These aspirations are now a close reality, and some students have engaged in opportunities to pass along their passion for veterinary medicine by connecting with youth within their community. Through various programs and platforms such as the Science Ambassador Program, WCVM's Summer Pilot Youth Outreach Program, or online presentations, veterinary students at WCVM are mentoring and inspiring the next generation of potential veterinarians.

Every summer, there are veterinary students that participate in the Science Ambassador Program, which provides culturally responsive science activities in classrooms across northern Saskatchewan. Through the WCVM Committee on Indigenous Engagement and the College of Arts and Science, veterinary students such as Tannicka Reeves (YT, class of 2025) are provided the opportunity to share their passion for veterinary medicine and science to others.

As an Indigenous woman herself, Reeves hopes to “foster a curiosity for [science-based] learning in Indigenous youths and to impart the belief that they can achieve their wildest dreams even if they are discouraged by others.” She feels that inspiring and equipping students to pursue veterinary medicine is also important in improving the accessibility of veterinary care. Given that a student's home city is a predictor of where they will work post-graduation, mentoring students with an interest for veterinary medicine within remote communities may help bridge barriers to accessibility. For Reeves, she intends to return to her home territory in the Yukon or her First Nations community in Atlin, BC, as a veterinarian after graduation.

At WCVM, a new Summer Pilot Youth Outreach Program was also recently created for veterinary students to promote veterinary medicine to youth within their home communities. Through engagement within classrooms, clubs, or farms, some students from WCVM had the opportunity to share their knowledge and to inspire kids to learn more about animal welfare, agriculture, and animal health.

This summer, Danielle Groenendijk (BC, class of 2027) organized a tour at her family's farm in Chemainus (Greendike Farm Ltd.) for students in sixth grade from Duncan Christian School. During their visit, students learned about the dairy industry and participated in milking demonstrations, discussions of treatments for different ailments, and discussions on calf care. Groenendijk also visited kids from Cowichan's 4-H Holstein Club to share her journey to veterinary medicine and to teach about colostrum, calf care, radiology, and anatomy. She incorporated various hands-on opportunities to learn about bovine anatomy (e.g., models, skeletons) and colostrum quality (e.g., Brix refractometer).

Groenendijk felt that this experience was a “great opportunity to share more about being a veterinarian but also about dairy farming and agriculture. After doing the presentations and talking with the students and club members, I realized that there are a lot more young people who want to be veterinarians when they grow up. I am glad that I am able to share more about the veterinary profession and to give them someone they can reach out to if they have any questions.”



Danielle Groenendijk (BC, class of 2027) teaching about bovine anatomy to kids from Cowichan 4-H Holstein Club.



Danielle Groenendijk (BC, class of 2027) with grade six students from Duncan Christian school at her family farm in Chemainus (Greendike Farm Ltd.).

Some veterinary students have also explored online platforms to connect with pre-veterinary high school and undergraduate students. Last October, I had the opportunity to share various considerations for veterinary school applications to students as part of Community Veterinary Outreach's fundraiser. From my own pre-veterinary experience, navigating the different academic and experience-related prerequisites can be challenging, but guidance from my mentors was useful in broadening my understanding of the veterinary profession. Given the significant role mentorship has played in my own path to veterinary medicine and the current challenges with the veterinary shortage, I believe that supporting the next generation of future veterinarians through mentorship is invaluable in safeguarding the quality of animal care and the well-being of veterinary professionals.

From the Canadian Occupation Project System, a veterinary shortage is projected until 2031,¹ and its impact on burnout among veterinary professionals and access to animal care have been previously reported.² Among veterinarians, a cross-sectional study found that 89.2 per cent experience some form of burnout involving high exhaustion, high depersonalization, or low professional efficacy.³ Therefore, efforts to invest in mentoring potential future veterinarians may be useful in mitigating the negative impacts of the veterinary shortage.

With the challenges in the accessibility of veterinary care and the shortage of veterinarians, continued engagement with youths to spark an interest in veterinary medicine is critical in supporting growth and resiliency within this profession. Many veterinary students such as Groenendijk are eager to give back to the communities that have always given so much to them. The pre-veterinary journey can be challenging, but mentorship can make all the difference in fostering the perseverance to pursue a veterinary career. From my own mentors, I take with me the perspective that rejection is redirection, and uncertainty is an opportunity for growth.

The references for this article are made available on the Chapter's website at www.canadianveterinarians.net/sbcu/west-coast-veterinarian-magazine. **WCV**

“AS AN INDIGENOUS WOMAN HERSELF, REEVES HOPES TO ‘FOSTER A CURIOSITY FOR [SCIENCE-BASED] LEARNING IN INDIGENOUS YOUTHS.’”



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

QUALITATIVE RESEARCH— WHAT DOES IT MEAN TO VETERINARIANS?

BY KATHERINE KORALESKY, PhD

Animal welfare science has been recognized as a discipline for over 50 years and historically has focused on understanding animal health, behaviour, and affective or emotional states. Over the past few decades, however, animal welfare scientists have observed that the people who care for animals in various settings have an impact on whether animals can live a reasonably good life. This awareness has led to the use of qualitative research to understand the behaviours, attitudes, and values of people who care for animals, recognizing that these and other human factors influence animal welfare.

Qualitative research is diverse and evolving, and data sources include not only interviews and focus groups but also observations of human-animal interactions, comparisons of animal welfare policy, and historical analyses detailing how our relationships with animals have changed over time. A core similarity across qualitative research, however, is that it captures what cannot be described numerically. The University of British Columbia's Animal Welfare Program (UBC AWP) has used qualitative research to investigate topics related to animal welfare. In this article, I describe three qualitative research approaches used in recent AWP publications focused on the people and animals involved in dairy farming.

UNDERSTANDING VETERINARIAN-FARMER RELATIONSHIPS

A large body of research has explored veterinarian-farmer relationships, investigating communication styles, relationship types, and why farmers adopt (or do not adopt) advice provided by veterinarians. In 2021, UBC AWP alumni Katelyn Mills (PhD 2020) and colleagues examined how farmers consult veterinarians, as well as other advisors, when making management decisions. Dr. Mills interviewed farmers and the herd veterinarians

separately, and by analyzing these in-depth interviews, she found that farmers sought advice from veterinarians similar to how they consulted experts on breeding and nutrition. One key finding was that the farmers wanted veterinarians to share all information—good and bad—as farmers felt this was necessary to make the best management decisions. As well, some farmers saw how collecting farm data (e.g., using a checklist to track colostrum management) could help veterinarians to better advise their herd. Thus, this research showed the diversity of information sources farmers consult, and it provided insight into how farmers consider advice when managing their animals.

EVALUATING ON-FARM INTERVENTIONS

Interventions developed to improve on-farm practices are often used by dairy cattle extension agents, researchers, veterinarians, and animal industry groups. But why do interventions work on some farms and not others? In 2021, my colleagues and I developed a study to examine this question. We developed an on-farm intervention and met with farmers over a series of meetings where we modified standard operating procedures (SOP) for newborn calf care. As part of this study, we also encouraged each farm to set goals related to the SOP. We used the research approach 'Realistic Evaluation,' which is designed to examine the complexity of how interventions work in different settings. From analysis of audio-recorded meetings, observations, and field notes, we noted that while some farmers thought the SOP was helpful for teaching new staff, others saw the SOP as useful only for compliance with on-farm assurance programs. A key contextual feature across all farms, however, was whether farmers believed they had capable staff to follow new procedures; modification and use of the SOP did not occur unless this was the case. Here, our use of a specific research approach enabled us to understand the key reasons why interventions may succeed or fail on farms.

SUPPORTING GROUP REFLECTION AND LEARNING THROUGH FOCUS GROUPS

Focus groups, or group interviews, are a common qualitative research method. Typically, five to eight individuals meet to discuss a topic, often guided by a facilitator. In a 2023 study, UBC AWP alumni Christine Sumner (PhD 2018) and colleagues held focus groups with Canadian dairy veterinarians to promote learning and reflection about dairy calf welfare. Among her findings, Dr. Sumner found that the focus groups provided a space for veterinarians to broaden their understandings of calf welfare. For example, one participant described their experience working in sales barns with calves. The participant recognized inadequate nutrition, and thus hunger, as a welfare problem. Others then discussed body condition and behaviour as indicators of hunger and related this to milk allowance. Ultimately, the participants came to an agreement that hunger is a welfare problem. Focus group participants also shared ideas for improving calf welfare. They discussed potential strategies to decrease the transport of very young calves and shared new practices they successfully

“ANIMAL WELFARE SCIENTISTS HAVE OBSERVED THAT THE PEOPLE WHO CARE FOR ANIMALS IN VARIOUS SETTINGS HAVE AN IMPACT ON WHETHER ANIMALS CAN LIVE A REASONABLY GOOD LIFE.”

PHOTO BY SCOTT GRAHAM/UNSPASH.COM

implemented with farmers, such as improved disbudding methods. Thus, engaging in research methods that facilitate conversations provides an enriching learning environment; in this case, the focus groups enabled group reflection on how and why calf welfare problems develop and provided a space for veterinarians to share improved practices.

What, then, can we learn from qualitative research? Qualitative research has improved our understanding of veterinarian-farmer relationships by highlighting how farmers consult other advisors and sources of information. Approaches designed to evaluate interventions have helped explain why changes are (or are not) made on farms. Veterinarians have participated in research to share their views and learn through facilitated discussions with their peers. In the future, animal welfare scientists can adopt new qualitative approaches and develop interdisciplinary relationships that will improve our understanding of the human dimensions of animal welfare.

These studies were all approved by The University of British Columbia Behavioural Research Ethics Board. For more details: Mills et al. 2021. Social referents for dairy farmers: who dairy farmers consult when making management decisions. *Animal*. <https://doi.org/10.1016/j.animal.2021.100361>; Koralesky et al. 2021. Using Realistic Evaluation to understand how interventions work on dairy farms. *Animal*. <https://doi.org/10.1016/j.animal.2021.100233>; Sumner et al. 2023. Using focus groups with dairy cattle veterinarians to explore learning about calf welfare. *Animal Welfare*. <https://doi.org/10.1017/awf.2022.7>.

If you are interested in learning more, Caroline Ritter, Katherine Koralesky, and others wrote a review article on this topic: Qualitative research in dairy science: A narrative review. 2023. *Journal of Dairy Science*. <https://doi.org/10.3168/jds.2022-23125>. 



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— from the SBCV

A NIGHT IN EMERG

THE ROLE OF THE ANIMAL CARE ATTENDANT

BY SHAUNIE BAYFORD

In the world of emergency veterinary care, time seems to stand still. The doors of our hospital never shut, welcoming a constant stream of anxious pet owners seeking aid for their beloved companions. As an animal care attendant at Burrard Animal Hospital + Emergency, I ride this whirlwind with a mix of compassion, professionalism, and a touch of humour. Because let's face it, when you're decorated in a pet's bodily fluids, sometimes laughter is the best remedy.

The night doesn't start with the setting sun but with the ringing of phones and the chatter of our team gearing up for the shift ahead. Each call brings a new challenge, a new chance to apply our expertise and dedication. From Yorkshire Terriers encountering escalator mishaps to Siamese cats swallowing hair ties and Poodles stepping on rusty nails, there's no shortage of bizarre situations for us to tackle. As animal care attendants, we anticipate the needs of pets in distress by ensuring we have bandages, sick buckets, and suture packs at the ready.

Throughout the shift, our clinic transforms into a lively hub, filled with barks, meows, and the occasional squeaks. Animal care attendants are versatile; we typically operate as a silent force in the background, always ready to lend a helping hand wherever it's needed. Our duties are diverse and demand adept multitasking skills. One moment, we may be aiding the veterinarian in taking notes during a consultation, and the next, we could be assisting in restraint for radiographs on a cat with suspected congestive heart failure.

When I first started in the role, I initially found it challenging to seamlessly transition from deeply engaging in one task, such as coaxing an inappetent patient to eat, to swiftly providing immediate support elsewhere, whether that entailed running samples on in-house analyzers or administering oxygen to a hamster with respiratory issues. After spending a short period in such a rapid-paced setting, I was compelled to adapt to managing such environments, and it eventually became instinctual. It evolves into a sixth sense, intuitively

recognizing which pets might need extra assistance from the team and being prepared to offer it at a moment's notice.

I've always found it fascinating how the diverse needs of our inpatients can significantly impact our workload. At times, despite a high number of hospitalized patients, their requirements may be minimal—they handle eating and bathroom tasks independently and mainly spend their time resting peacefully. This grants us extra time to attend to other clinic duties, like restocking supplies or cleaning the surgery suite. However, there are occasions when even a small number of inpatients can pose unique challenges. For instance, one might repeatedly tangle their fluid line, another may persistently escape their cone (despite us trying various techniques to keep it on), or we might have a particularly spicy cat with diabetic ketoacidosis staying overnight for a blood glucose curve. In such situations, we simply have to adapt and give our best with the time available. The needs of our patients always come first, taking precedence over all other tasks.

In the world of an animal care attendant, managing fractious felines can often feel like a high-stakes game of cat and mouse. No matter how well-seasoned you are, every encounter with a feisty cat sends a rush of adrenaline through your veins, leaving you with goosebumps of anticipation. Quick reflexes, leather gloves, and a keen understanding of feline behaviour are essential in our arsenal. It's a delicate dance of care and caution, ensuring the safety and well-being of all involved. Being a Fear Free certified clinic, we prioritize the emotional welfare of our patients. This culture aims to create a stress-free environment, not just for cats, but for all animals under our care. We use various techniques, such as providing privacy with towels, using pheromones to alleviate fear or anxiety, and considering sedation for those with moderate to severe signs of stress. Additionally, simple measures like a slight readjustment with restraint, playing calm music, or offering gentle nose boops can sometimes make all the difference in bringing calm to the situation.

Amidst the organized chaos, there's always an unspoken unity that emanates from our team when faced with heartache. When a sombre case arrives—if it's a beloved companion nearing the end of their journey or a patient fighting for their life—we all come together as a cohesive support system. There's a weight in the air and a shared acknowledgment of the tough road ahead. In these moments, as animal care attendants, we step into the role of trusty guardians, aiming to ensure every need is met and every comfort provided. We could be performing cardiopulmonary resuscitation, wrapping a cozy blanket around a shivering patient, or illuminating memorial lights to honor a departed friend. Either way, we strive to alleviate the burdens of our patients, their devoted caregivers, and our respected team members.

PHOTO BY JAKE ESPERIDOU@UNSP.LASH.COM



Parting ways with a companion can be one of the most challenging aspects of the job. There's a unique intensity to these situations when they occur in the silent hours of the night while the rest of the world sleeps, making them feel especially harrowing. The responsibility of saving a patient's life changes from being a collective effort to resting on the shoulders of a skeletal team, often comprising of just three individuals. When patients do not respond to critical care, we empathize deeply with our clients' sorrows, offering solace through gentle words and understanding glances. It's a reminder of the deep connection we share with our animal friends and our unfaltering commitment to their well-being. Navigating these emotional highs and lows, while maintaining composure and extending support to all involved, can be emotionally taxing.

But even in the darkness, there's a glimmer of hope. Within our clinic, a sense of fellowship connects us. We're warriors in scrubs, united by a common mission: to heal the sick, comfort the worried, and maybe indulge in a coffee and a snack if we're lucky.

Through the unpredictable nature of emergency veterinary care, there's a comforting familiarity in the regular patients who visit our clinic. Consider the terrier mix as an example, a frequent visitor, currently on their fourth stay for tetrahydrocannabinol toxicity. Similarly, there's the Labrador Retriever who's developed a fondness for ingesting socks and blankets, leading to recurrent visits for ultrasounds and endoscopies. Then there are patients like the timid, big-eyed cat who requires regular subcutaneous fluids. This patient prefers to remain hidden behind a stack of clothes inside their carrier, making brief appearances only when necessary. Despite the familiarity of their conditions, each encounter brings its own unique challenges and rewards. These regular patients add depth to our clinic's tapestry, reminding us of the bonds we form with our furry patients.

As animal care attendants, we often stand at the heart of the hospital, serving as a vital link between the pet owners, the animals, and the veterinary team. Throughout the visits, we ensure that the needs of both the patients and their owners are met with empathy and efficiency. Be it comforting an anxious dog with love and peanut butter or educating clients on prescription diets and preventatives, we aim to make our presence felt in every aspect of the patient's stay.

As the night progresses, our hospital remains a beacon of hope for pet owners in need. And though the hours may be long and the challenges many, there's a profound sense of fulfillment in knowing we've made a difference. For every life we save, every tear we dry, we're reminded of the incredible power of teamwork and compassion.

My journey into this profession was propelled by a deep love for animals and a desire to make a difference in their lives. Being able to provide comfort and aid to animals and their owners in moments of need is incredibly rewarding and gives purpose to my work every day. Witnessing the joyful reunions between pets and their owners following a health scare and a stay at the clinic fills me with warmth and represents the highlight of my profession. So, here's to embracing another day as an animal care attendant, brimming with chaos, empathy, and the occasional wrestling match with a furry giant. **WCV**

“...MANAGING FRACTIOUS FELINES CAN OFTEN FEEL LIKE A HIGH-STAKES GAME OF CAT AND MOUSE.”

TECH CASE STUDY THE ROLE OF REGISTERED VETERINARY TECHNOLOGISTS IN NUTRITION COUNSELLING

BY SARAH DAVIS, RVT

Taco was an 11-year-old male, neutered, indoor domestic shorthair cat when he first presented for an initial visit at my hospital. Purchased from a pet store as a kitten, Taco was fed a grocery store brand of dry cat food for the majority of his life. When his owner appreciated some weight gain, he researched online and switched Taco to an over-the-counter weight management dry diet. Taco had a history of chronic, recurrent inappropriate urination since he was young, but it had recently worsened. The volume of urine was typically medium to large and occurred on horizontal surfaces. A single, hooded, self-cleaning litter box was used, which contained a silica crystal litter. Other concerns reported included rare vomiting and coughing. The client hoped to develop a management plan for the inappropriate urination and the excess weight.

Medical records revealed a history of aural discharge, muscle atrophy, suspected osteoarthritis, and an elevated body condition score (BCS). Taco had presented frequently for inappropriate urination, with one possible urinary tract infection (*Escherichia coli* was cultured from a free catch sample, but there were no cellular abnormalities on urinalysis). During his life, Taco had been exposed to a variety of potential stressors (moving homes, the loss of a feline companion, and a new puppy in the home). Suspected of having feline idiopathic cystitis (FIC), his previous veterinarian recommended a therapeutic urinary stress diet (wet and dry formulas) and provided a feeding recommendation to the client.

Reviewing his weight history, Taco weighed 7.3 kg one-and-a-half years prior to presentation. At that time, he was estimated to be 20-25 per cent over an ideal body weight (IBW) of 6 kg. His weight was unchanged two months later. After following his previous veterinarians feeding recommendation for one year, Taco weighed 6.5 kg. When I first met Taco, he weighed 6.6 kg but was still estimated to be 20 per cent over IBW.

“THE VETERINARIAN AND I AGREED THAT TACO SHOULD BE TRANSITIONED TO A THERAPEUTIC URINARY STRESS WEIGHT LOSS DIET, WITH AN INCREASED WET TO DRY FOOD RATIO.”

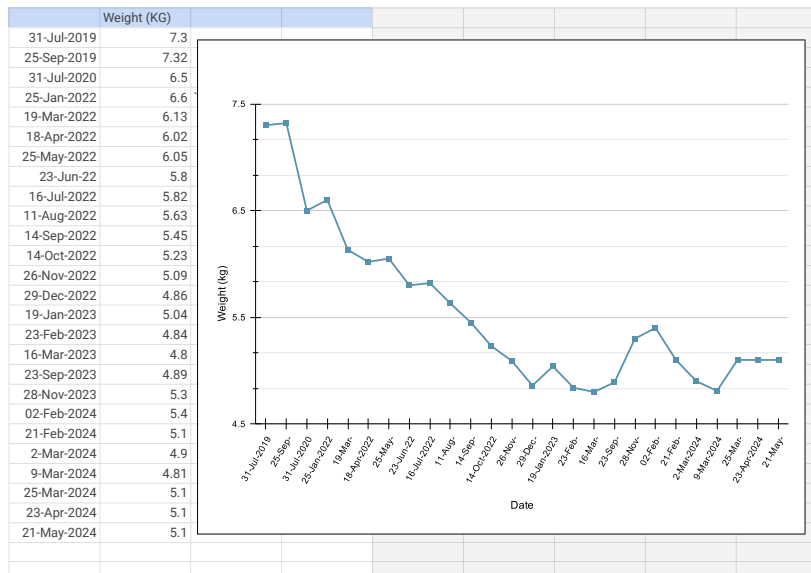


FIGURE 1: Taco's weight loss progress.

Lab work was unremarkable, but thoracic radiographs showed changes suspicious for chronic bronchitis. Inhalant medications were discussed but not pursued.

I started his nutritional consultation by recalculating his IBW as 5.5 kg, emphasizing the need for frequent re-assessments during weight loss by a knowledgeable professional (such as an RVT). The veterinarian and I agreed that Taco should be transitioned to a therapeutic urinary stress weight loss diet, with an increased wet to dry food ratio. I calculated his maintenance energy requirements (MER) based on his new estimated IBW, and the client was provided a feeding recommendation (including grams per day to feed and a compatible treat recommendation). I recommended monthly reweighs, and every month, I checked in with the client and calculated the weight loss rate to ensure a safe progression.

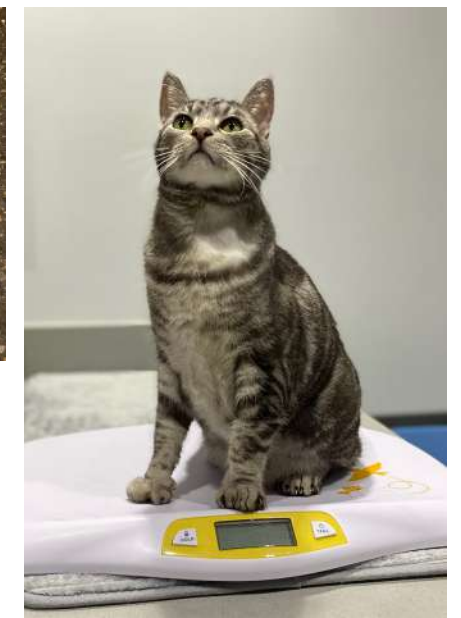
Taco weighed 6.02 kg three months later, now only 10 per cent over his IBW (Figure 1). His urinary and respiratory symptoms improved (suspected to be secondary to weight loss), but there was an episode of gastroenteritis that required management (imaging and lab work were unremarkable).



Taco September 2021.



Taco July 2022.



Taco March 2024.

When his weight loss stalled, I transitioned him to a 100 per cent wet diet. I also solved two problems (increased begging and early morning bilious vomiting) by transitioning him from two to three meals daily. When his therapeutic diet became temporarily unavailable from the supplier, I was able to submit a veterinary case consultation through the diet manufacturer to help find the solution (switching him to a therapeutic weight loss diet supplemented with alpha-casozepine and l-theanine).

Taco continued to steadily lose weight and reached his estimated IBW (5.5 kg) five months later. At a BCS reassessment appointment, I determined that he was still 5-10 per cent over IBW, so I recalculated both his IBW (4.9 kg) and his MER to provide updated feeding recommendations to the client. Two months later, he weighed 5.09 kg, only 4 per cent over his IBW. Unfortunately, a FIC flare up occurred and required management. He was prescribed gabapentin (for neuropathic pain and anxiolysis) and pentosan polysulfate sodium injections (for his osteoarthritis and bladder lining health). We also discussed litter box preferences, and modifications were made. His true IBW was reached one month later, and a change to his daily intake was made when his weight loss rate was noted to have increased above the ideal 0.5-1 per cent per week.

Taco presented a few months later with an increased frequency of vomiting. Concerned for either food-responsive or inflammatory bowel disease, his veterinarian recommended an elimination diet trial using a hydrolyzed or novel protein diet. With no therapeutic hypoallergenic diet indicated for weight loss, different options were discussed between me, the veterinarian, and the client. We decided to temporarily transition Taco to a 100 per cent dry hydrolyzed urinary diet, in part because Taco had palatability concerns with the only wet hydrolyzed diet available. I recalculated his MER (using his current body weight to avoid nutrient deficiencies) and provided an updated feeding recommendation.

Although the diet trial was a success, some weight gain was seen. The veterinarian recommended a diet challenge using a novel protein (duck-based) wet diet to see if we could manage the vomiting while getting the weight reduction benefits of a wet diet. Risk of FIC relapse was discussed as no novel protein wet diet is specifically indicated for urinary health. The veterinarian was less concerned for Taco due to a lack of crystalluria and urolithiasis historically, but urinalysis was recommended post-diet transition. His other behavioural nutraceuticals and medications were also to be continued in hopes of preventing a flare up. Yet again, I provided an updated feeding recommendation to the client.

No relapses in vomiting occurred during the challenge, his urinalysis was unremarkable, and his weight loss resumed. We decided to keep him on this diet on a long-term basis, with a plan to recalculate his MER as his weight trended downwards. He was prescribed frunvetmab to help manage his arthritic pain and keep him as active as possible.

Despite our active efforts, Taco presented one year later with some weight gain (5.4 kg), rare vomiting, and an increased frequency of coughing. A trial of oral prednisolone was prescribed, with the possibility of transitioning to inhaled fluticasone pending his response. The steroid resolved both the coughing and the vomiting entirely, so the veterinarian recommended continuing on a tapered low dose to control his clinical signs. The client was instructed to monitor for signs of iatrogenic disease (e.g. polyuria, polydipsia), but none was noted. Increased begging behaviours and hunger signs were appreciated by the client despite a lack of weight loss, so the veterinarian suggested attempting another diet challenge, but this time with another therapeutic weight loss diet.

A pork-based wet diet was found, and, you guessed it, I provided an updated feeding recommendation to the client (using the MER previously utilized for his IBW of 4.9 kg). While not a true novel protein diet, Taco had not been fed a pork-based diet previously. The hope was that it would not trigger an adverse food reaction when used in conjunction with the anti-inflammatory (although the client was certainly advised of the risk). Thankfully, the combination of therapeutic diet, pharmaceuticals, nutraceuticals, and environmental modifications seemed to do the trick, managing his various clinical signs.

With how busy veterinary hospitals are in recent times, I think it is likely challenging for veterinarians to obtain detailed diet histories and discuss the other nuanced components of a nutritional recommendation (e.g., costs, budgets, textures preferences, environmental factors) with clients during a 30-minute appointment slot. Partnership between the veterinarian, who can perform a nutritional screening evaluation, and the RVT, who can perform an extended evaluation and have it approved by the veterinarian, can help ensure that a nutritional recommendation is made, as they say, for “every pet, every time.” Personally, I was motivated to help my veterinarians with nutrition counselling so that I could spend time educating clients on the importance of nutrition in terms of both preventative health and the management of medical conditions (certainly not exclusive to obesity). Taco was a challenging but rewarding case; while nutrition was only one component of his treatment plan, it unequivocally helped to improve his quality of life. His case exemplifies how expanding the role of RVTs, when it comes to diet counselling, adjustments, and monitoring, can benefit many aspects of the veterinary-patient-client relationship. I can only hope that as my nutrition studies continue, I can continue to keep Taco (and all my other patients) well fed. [WCV](#)

ALL PHOTOS SUPPLIED BY SARAH DAVIS

THE STEPS TO CONSIDER IN SELLING YOUR PRACTICE

BY JONATHAN O’CONNOR, BComm, LLB

Time to sell your practice? This is very often an existential question for practice owners and one that often begins with unsolicited inquiry, rather than active pursuit. Unlike selling one’s home by way of a “For Sale” sign on the front lawn, coupled with a suggested offer price and feature sheet through a Multiple Listing Service posting, most practice sale processes kick-off in a reactive manner triggered by either a potential acquiror showing interest or a transaction advisory firm looking to take the practice to market.

While price and valuation play a key role in deciding to go to market, in my experience, the alignment of practice owners (shareholders) in cases where there is more than one shareholder is the fundamental question. In such cases, those shareholders may be at different stages of their careers and therefore have different priorities and financial needs (e.g., valuation for a close-to-retirement practitioner versus continued employment and working culture for a practitioner who will continue with the acquiror).

A well-drafted shareholder agreement that contemplates a number of exit options for shareholders can be invaluable when the shareholders are not unanimous in the sale decision. It is often too late for a shareholder agreement when a sales process has begun so care should be taken when the practice starts, or new shareholders are introduced and whether such an agreement is appropriate. In a recent transaction with multiple shareholders, the acquiror was relieved after they reviewed the shareholder agreement and understood that there was a clear path to complete the transaction notwithstanding a small minority block of shareholders were thought not be in favour of the transaction.

HOW WILL MY PRACTICE BE VALUED?

Keeping with the real estate market comparison, practice valuations are much more difficult to assess outside of retaining experienced advisors or going to market, as sales data is generally not available and valuation by reference to “comps” is not as valuable given that no two practices are the same. That said, most practice owners willing to sell have their own internal valuation expectations and a number in their heads, and it is up to an acquiror to meet this expectation or to convince the owner why their expectations are too ambitious and not reflective of the then market.

Practice owners need to understand that valuations for the most part are usually based on a multiple of earnings over the past one to three years. I have been involved in transactions that have collapsed because it became apparent to the potential acquiror that the earnings in the current year were not tracking historical performance by a material degree. In this case, the transaction was paused to see that if through passage of time the practice could regain its prior performance levels. On the other side, I have had practice owners hold off on exchanging financial information as part of diligence until the financial statements for its then most recent fiscal year were complete because of massive uptick in performance for which they wanted to be fully compensated for.

Notwithstanding the above, macro-economic factors are relevant and external factors such as financing environment (interest rates and lender covenants), strategic fit and economies of scale (how does the practice fit within acquiror’s portfolio) will impact how motivated the acquiror is to pursue the transaction.

IS PRICE THE ONLY ITEM TO CONSIDER?

In our experience, price is not the most important consideration for practice owners. Many practice owners live in the communities they serve and have expressed to me the worry that certain acquirors may run the practice in a manner that is more business-focused than patient-focused. In this case, we can assist the practice owner in doing their own diligence on the potential acquiror and its reputation. Some factors to consider are whether it is a large corporate consolidator, where is its head office and administrative functions located, and its service delivery and pricing model. That said, there are some practice owners that have prioritized practice sale price and take great personal satisfaction about receiving a high dollar buy-out amount as it objectively reflects the many years of sweat equity they have invested in the practice.

Assuming price is agreed, transition and working conditions for the practice owner is usually a matter of great importance (and negotiation). Questions about whether the practice owner will stay on (the case in vast majority of transactions), for how long (we usually see at least three years), under what terms and conditions (often comparable to historic levels and not part-time) are only some examples that the sales process identifies.

HOW LONG DOES THE PROCESS TAKE FROM DECISION TO SELL TO CLOSING?

In terms of a transaction arc, we typically want the parties to first enter a confidentiality agreement (also known as a non-disclosure agreement) to permit the flow of potentially commercially sensitive information with appropriate safeguards in place.

Following some degree of information sharing, we recommend that the parties enter into a letter of intent (LOI) or term sheet to ensure that at a high level there is an understanding of what the transaction will look like. The purpose of the LOI is to ensure some degree of alignment and that the parties are not wasting their time given the investment of time, money, and resources required by each of the party to finalize a transaction. It is worth noting that LOIs by their nature are not typically binding (although certain clauses such as exclusivity are made binding), and a signed LOI is no guarantee that the transaction will complete or that a party will later not request changes to any of the terms in the LOI.

Once the LOI is finalized, the parties will begin working on the definitive purchase agreement (either an asset purchase agreement or a share purchase agreement). It is most common for the acquiror to take the lead on preparing the first draft of the definitive agreement, and the parties will then engage in negotiating its terms. The transaction terms that require special consideration in negotiations include

- Composition and payment timing of purchase price—Is the purchase price being paid in cash at close or is some portion thereof subject to deferral? If the parties agree on the latter, will this deferred portion be subject to interest or otherwise be secured? Does the purchase price have an earn-out or bonus component and what are the criteria to realize same?

- Representations and warranties—These are statements of fact given by the parties to the other to induce the other party to enter the agreement. They are a snapshot in time and must only be true as of the date given. Special attention and careful consideration of the representations and warranties is vital as if it is later discovered that any of them are untrue, the vendor could face an action for breach of contract with the potential for the award of significant monetary damages.
- Satisfaction of conditions—The acquiror will often need certain events to occur before they are willing to complete transaction. The conditions that we find to raise the most deal completion risk are typically ones that involve third parties and include (i) receipt of all due diligence results (e.g., tax authorities may take weeks to provide results), (ii) agreement of key staff to enter into new employment agreements, (iii) landlord consent to the transaction, and (iv) no material adverse change to the business.
- Exclusivity and binding obligations—We are now seeing many acquirors insist on what is referred to as a “sign and close,” whereby the definitive agreement (and the binding obligations that come with it) only arise at the moment of closing. This has the effect of practice owners being left exposed in that they have no certainty that the transaction will complete until the very last moment. Acquirors also usually have the benefit of exclusivity from the LOI such that the practice owner cannot be engaged in concurrent negotiations with another potential acquiror. For this reason, special attention is required to minimize any grant of exclusivity to the least amount of time reasonably required to complete the transaction.

“A WELL-DRAFTED SHAREHOLDER AGREEMENT THAT CONTEMPLATES A NUMBER OF EXIT OPTIONS FOR SHAREHOLDERS CAN BE INVALUABLE...”

- Post-closing items such as continued employment and non-competition matters—The major questions are whether either of the parties want the practice owner to continue with the practice and if so, for how long? Assuming the practice owner will continue in practitioner capacity, the parties need to come to an agreement on items such as salary, schedule, remote working, and vacation time. Distilling the above into a timeline, each party should expect three to six months from the date the confidentiality agreement is entered into.

IF A PRACTICE OWNER IS CONSIDERING SELLING THEIR PRACTICE, IS THERE ANY PREPARATORY WORK THEY CAN DO IN ADVANCE?

Acquirors gain confidence and are more likely to complete a transaction when the vendor is organized and can present requested information in a compelling manner. I often draw the analogy to home staging in the real estate context when discussing the sales process with practice owners. Professional legal and financial advisors that have mergers and acquisitions expertise (particularly in the veterinarian medicine field) can do a pre-transaction evaluation of the practice, its books, and its records and work to address any noted concerns prior to information being shared with the acquiror. [WCV](#)

I N M E M O R I A M



PHOTO SUPPLIED BY DR. KENNEDY'S FAMILY

DR. PAUL GEORGE KENNEDY | 1950-2024

Provided by Dr. Kennedy’s family

Dr. Paul George Kennedy, a beloved husband, father, grandfather, and dedicated community member, passed away on July 21, 2024, at 74. He was born in New Westminster on July 9, 1950, and grew up in Pitt Meadows. He graduated in Salmon Arm before attending UBC and the University of Saskatchewan’s College of Veterinary Medicine. Dr. Kennedy led a life marked by service, dedication, and love for animals.

Dr. Kennedy was married to his loving wife, Vicki Kennedy, and together, they built a family that brought him immense joy and pride. He is survived by his children Raegan (Kevin Sawka), Melissa, James, and Atarah (Roman Blain). His legacy continues through his grandchildren Cameron, Nathan, Stevie, Jay, Felix, and Bridget, who will always remember him with love and admiration. Dr. Kennedy is also survived by his siblings Colleen (Bruce) Melton, John (Lisa) Kennedy, and Bill (Jill) Kennedy. He was predeceased by his parents, Arthur and Betty Kennedy of Tappen, BC.

Dr. Kennedy devoted 44 years to his career as a veterinarian, owning and operating Pacific Coast Veterinary Hospital until his retirement. His compassion and expertise touched the lives of countless animals and their owners, making him a respected figure in the veterinary community. Dr. Kennedy will be dearly missed by all who knew him.

Dr. Kennedy served on the board of the Society of BC Veterinarians and was steadfast in his support of BC veterinarian members and of the organization itself. During meetings and between meetings, Dr. Kennedy provided wise counsel and advice to the staff of the SBCV and was a vocal supporter during our advocacy for the provincial funding for the additional 20 BC seats at Western College of Veterinary Medicine. We will miss his service and his support.

A celebration of life was held on August 24, 2024, where friends and community members gathered for afternoon tea at the Highliner Hotel.

Donations can be made in Dr. Kennedy’s memory to the Canadian Cancer Society. His family expresses their gratitude to his palliative team, both through homecare and Acropolis Manor, for their excellent care and support.

SAFEKEEPERS — THE HUMAN-ANIMAL BRIDGE TO SAFETY

BY LIDIA KEMENY

Safekeepers is the BC SPCA's pilot program funded by Vancouver Foundation that provides foster care for the pets of people fleeing interpersonal violence. Knowing a pet will be cared for enables guardians to establish a new life, which often includes finding pet-friendly housing. Safekeepers is a dynamic program, responsive to the needs of the community and populations we serve. The program has supported over 20 individuals, providing more than 1,300 days of foster care.

A principle of the Safekeepers program is maintaining the human-animal bond. This is done by frequently sharing photos and stories of the animal's experiences to the guardian. As the foster is never in direct communication with the guardian for confidentiality reasons, BC SPCA staff play an intermediary role to ensure regular communication. This ensures the guardian maintains a connection to their pet and is critical in situations where children are involved.

When individuals flee a violent home, they may sever existing communication networks, which provide challenges for regular communication. Social workers can play an important liaising role with an animal guardian. This is important when medical or behavioural issues arise in foster. When a social worker is not involved, the identification of an emergency contact is critical to ensure appointed and trusted decision makers can provide direction for care of the pet.

A potential barrier to foster placement is lack of spay or neuter. Open communication and education of animal guardians can result in their decision to spay or neuter their pet. It can be challenging to have these conversations during a stressful time but having the pet spayed or neutered can increase the chances of finding a foster family and permanent housing. The program covers the cost of spay/neuter surgery.

Urgent medical issues requiring a veterinary consultation arise while pets are in foster care. Connecting with the animals' usual veterinarian is preferred. However, in an emergency, foster parents will reach out to their nearest veterinarian for treatment. Access to a knowledgeable veterinarian ensures the best options for care while providing support to foster families.

In certain cases, if an animal is reactive or exhibits behaviours during staff assessment that prevent foster placement, they are returned to the owner. Some animals in the Safekeepers program have behavioural issues that arise only after they are placed in a foster home. Some fosters ask to exit the program, and a new foster is found. On a few occasions, an AnimalKind trainer has been hired to work with a foster family to address concerning animal behaviours. Sometimes, animal guardians are unable to take their animals back and decide to have the BC SPCA find them a new permanent home. Often, this is because the guardian moves away, is unable to find pet-friendly housing, or does not have the capacity to care for their pet.

The average length of foster placement is 60 days, with extensions provided in select situations. For families fleeing interpersonal violence, two months may not be enough time to find pet-friendly housing and in many cases, a new community. All clients are required to sign a program contract. Ensuring pet guardians understand all aspects of the program has motivated program staff to frequently revise the contract to be easy to understand.

Safekeepers is currently offered in Metro Vancouver and Vernon for dogs, cats, rabbits, and small animals. An evaluation of this initiative's impact will inform long-term plans after the pilot program's conclusion in 2025. **WCV**

“A POTENTIAL BARRIER TO FOSTER PLACEMENT IS LACK OF SPAY OR NEUTER.”



Lidia Kemeny is Senior Manager of Outreach with the BC SPCA, which has provided the perfect intersection between her passion for human, community, and animal well-being. With a 35-year career in community health promotion, she is excited to amplify innovative solutions to support the human-animal bond among BC's most vulnerable animals. Lidia is an avid bicycle rider and the immensely proud guardian to her rescue pittie, Sadie.

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“WHAT CAN I DO?”

NAVIGATING ACCESSIBILITY IN VETERINARY MEDICINE

BY SAMANTHA CRAIG

“BY ADDING DEVICES FOR PEOPLE WITH DISABILITIES AND NEW EMPLOYEE TRAINING, THESE MEASURES WILL GREATLY IMPROVE WORKING IN THE VETERINARY INDUSTRY.”



Laetitia Mfamobani reading Braille at the Vancouver Community College, 2015.

PHOTO SUPPLIED BY RICK HANSEN FOUNDATION

It is no secret the veterinary field lacks accessibility in more forms than one. From rising costs to public demand, the industry has become ridden with inaccessible flaws that are harder to bandage than a fractious cat.

But these challenges are nothing new. Veterinarians, staff, and clientele with disabilities have been navigating these barriers for years, striving for quality veterinary care and an accessible future.

This year, the BC government took a big step forward, releasing a new employment accessibility standard, a policy that will ensure change in a field like veterinary medicine. As stated in the government release, the new standard “provides guidance on how to remove barriers for people with disabilities across the whole continuum of employment including hiring, training, retention and accommodation.” This new policy is applied to all organizations in BC. The Provincial Accessibility Committee is interested in phasing in the requirements of the standards, and it believes that most organizations could reach compliance within two years from implementation of the regulation.

Along with BC’s new employment accessibility standards, new building codes were implemented this past March. These new codes will help ensure buildings are designed and constructed so everyone can approach, enter, and move through spaces, use facilities and services, and exit buildings. These new mandates will only apply to new builds, ensuring existing buildings do not have to change unless they undergo renovations, have portions or parts replaced, or experience changes to use or occupancy.

So, what does this mean for veterinary practices? Ranging from new builds to grandfathered facilities, many practices on the West Coast would require changes in their architecture. By adding devices for people with disabilities and new employee training, these measures will greatly improve working in the veterinary industry. For veterinarians like Dr. Jennifer Miller, these regulations can change the field forever.



Hans (Uli) Egger assessing the wayfinding signage to see if the sign is tactile.



Dr. Jennifer Miller discusses the care of a bird.

**“SOME PRACTICES
TALK THE TALK...
BUT THEN
TURN AROUND
AND BECOME
JUDGMENTAL OF
MY ABILITIES. AND
IT MAKES ME FEEL
LIKE I HAVE TO
APOLOGIZE.”**

Dr. Miller, a veterinarian here in BC, has worked for over 20 years, serving cats, dogs, and her favourite, birds. Practising at Allondale Animal Hospital and Night Owl Bird Hospital, her veterinary experience is extensive and has brought joy beyond words but getting there wasn't exactly easy.

As someone who is Deaf, Dr. Miller has faced challenges in veterinary medicine from the start. “I applied to almost every veterinary school within the United States [and Canada], explicitly stating that I was Deaf. I only heard back from a handful.” After numerous interviews, Dr. Miller finally landed at the University of California Davis (UC Davis), a school that provided accessibility to students.

At UC Davis, American Sign Language interpreters worked with Dr. Miller in her studies, helping break the communication barrier. “Compared to the other [schools], the environment was welcoming, people were dressed casually, and spoke to me as they would anyone else.”

As Dr. Miller evolved in her career, she began to use tools and learn about devices that could help make public areas accessible to the Deaf and hard of hearing. “There's a device called a hearing loop which connects to hearing aids and cochlear implants. It amplifies sound and makes it clearer and sound closer...but I've never seen one in a veterinary hospital.”

Dr. Miller also uses a stethoscope that Bluetooths to her cochlear implant. “With my stethoscope, I can hear murmurs and arrhythmias in tiny birds like canaries and finches that my colleagues can't.” This feature is a unique aspect of an accessible tool.

Recently, Dr. Miller was presented with the unexpected challenge of the pandemic. “As someone who reads lips, masks made it difficult to communicate...there were masks with the clear panel, but they weren't as common because of the cost.”

COVID-19 also enforced the rule of no clients in buildings, making phone calls the most important aspect of client

communication. Dr. Miller explains, “For me, speaking on the phone is not preferred...if I do have to make a call, I usually try and have one of the other staff members call for me.”

Like Dr. Miller, Dr. Angela Oakley, a veterinarian in Grand Prairie, Alberta, says accessibility in veterinary medicine has been nothing but lacklustre. As a wheelchair user, physical barriers within hospitals are prevalent, with very few having even a ramp to enter the facility. “I was practising in a hospital with two floors, and the only bathroom in the entire building was upstairs. How can I use that?” said Dr. Oakley.

Dr. Oakley observed, “Even in new buildings, there's really no difference from the older ones. Accessibility is not implemented because [practitioners] don't think it's needed, as they don't have clients with disabilities.... There's a reason you don't have clients with disabilities.”

As a long-time advocate of accessibility standards and member of the CVMA Diversity, Equity, and Inclusion (DEI) committee, Dr. Oakley says that physical barriers are not the only challenge she faces. “I've had people try to tell me that I can no longer be part of the [veterinary] profession. Just because I have a disability does not mean I cannot do my job. No one gets to decide what I can and cannot do except for me.”

Speaking briefly on the topic of the emotional and mental health effects of working in veterinary medicine with a disability, Dr. Oakley expressed her experience. “It's hard. All I want is to pursue the career I worked so hard for and love without being questioned.”

Dr. Kathy Keil, director of the DEI committee for the CVMA, works alongside Dr. Oakley, gathering resources and information regarding accessibility to share with veterinary professionals.

While veterinarians are often at the forefront of the industry, support staff are equally integral members of a team. Allysha Reeves, a veterinary assistant in BC, has worked in multiple clinics, having a strong passion for animal welfare and a love for pocket pets and exotics. “As someone with visible and non-visible disabilities, it's really important for employers to understand what accessibility means, provide continuing education, and keep the conversation going with their staff,” said Allysha. “I've worked in both private and corporate-owned clinics and the best ones have proper staff communication and knowledge.”

Part of this ongoing conversation is the employer's role in accountability. “Some practices talk the talk, have videos and education available, even Human Resources involvement, but then turn around and become judgmental of my abilities. And it makes me feel like I have to apologize.”

Like Dr. Oakley, Allysha also explained the realities of working in veterinary practices with physical accessibility barriers, such as long walking distances from parking lots and cluttered reception areas with minimal seating. More specifically in her role as a veterinary assistant, carrying large or heavy objects can also be difficult: “When I have a cart that I can put a bag of food or a pet crate on, it helps so much...power doors are also fantastic.” The challenges faced by individuals like Allysha highlight the importance of

employers aligning their stated commitments to accessibility with meaningful actions.

Achieving accessibility does not have to be hard, and Brad McCannell emphasizes that. Vice President of Access and Inclusion for the Rick Hansen Foundation (RHF), Brad has been an integral part of updating facilities and new builds across the globe. From projects like the 2008 Beijing Olympic and Paralympic Summer Games to local spaces such as the Vancouver International Airport (YVR) and Rogers Arena, his work has shown how accessibility is possible everywhere.

In the veterinary world, it can feel like an immense task to ensure your facility is up to par with accessibility standards, but it doesn't have to feel so heavy. “Don't let it become overwhelming. Think: What can you do, how can you do it, and who can help you do it,” said Brad. “There are simple solutions, such as delayed action low-resistant door closers, or hinges that add two inches to a door frame for \$11. These are options that are cheap, fast, easy, and invisible. And they can take an older facility and improve it even by the smallest fraction. It's a way of saying, ‘we give a shit.’”

Exam room accessibility is another topic for Brad. He suggests that variable height exam tables in veterinary hospitals are a fantastic way of improving accessibility for clients and staff. These tables allow clients to feel included during their pet's exam, and veterinarians do not have to be on the floor. Staff no longer have to lift bigger pets onto the exam room table, and staff with disabilities can practise comfortably.

The RHF has been providing education to architects, engineers, planners, and others passionate about accessibility through their Rick Hansen Foundation Accessibility Course (RHFAC), a program supported by Brad: Brad suggests that if possible, veterinary hospitals become RHFAC certified and focus on web access. His goal is for no one to have to think about accessibility again, and it will become part of everyone's daily life.

Like Brad and the RHF's mission, Untapped Accessibility, a Vancouver-based social enterprise, aims to remove barriers in Canadian organizations, providing support for accessibility planning, community engagement, and education.

Untapped Accessibility recognizes the conventional ideas of barriers, such as physical ones, but realizes that these barriers also include the social and emotional aspects of an environment. They also consider attitudinal barriers, policy barriers, information and communication barriers, and technology barriers.

Understanding how medical facilities, like veterinary practices, operate, the Untapped team advised veterinary practice owners to think about what the demands are from not just their clients but staff too. They recommend that practice owners commit to learning about all forms of accessibility, be transparent, and discuss with people with disabilities about the barriers of accessibility of the practice's space and services.

The journey towards true accessibility in veterinary medicine is marked by both progress and persistent challenges. From the inspiring stories of Dr. Miller and Dr. Oakley to the promising strides by the BC government, it's evident that change is underway. However, this is just the beginning. With support from organizations like RHF and Untapped Accessibility, the veterinary world can transform their facilities, education, and outlook, creating a more inclusive environment.

In embracing these initiatives and advocating for accessible veterinary care, the veterinary community enhances accessibility but also creates compassionate and effective standards of care for all. This commitment to accessibility is not just a provincial requirement but a step towards equity and respect within veterinary medicine, ensuring that every veterinary staff member and pet owner, regardless of ability, feel valued and supported in their journey towards animal health and well-being. [WCV](#)

THREE DECADES ON THE FENCE— WHAT I HAVE LEARNED FROM 30+ YEARS AS A DIAGNOSTIC PATHOLOGIST

BY JIM BILENDUKE, DVM, DACVP

Veterinary medicine has changed significantly over the 38 years since I graduated from veterinary school. There are now patent-protected diagnostic tests that are heavily marketed, often obfuscating the actual performance of those tests. Point-of-care testing has become more common, and the equipment used to perform that testing has become more sophisticated.

Despite the ease, this puts more onus on general practitioners to assure the results of those tests. Advanced diagnostic imaging, such as digital radiography, ultrasound, CT, and MRI, is now more readily available, and pet insurance can cover the cost of this, providing state-of-the-art non-invasive testing. There is also a lot more access to specialists of all disciplines, leading to increased referrals. One thing that has not changed is the struggle to help our patients to the best of our ability. We have unprecedented access to scientific information from the internet, but now the profession must also cope with “Dr. Google” second guessing us.

I remember becoming enthralled with pathology in the second year of my veterinary training—how deviation from normal causes disease and starting to understand the mechanisms by which this occurs. Fast forward to third year and I had found my passion: clinical pathology, the use of diagnostic tests to determine the cause of illness so that specific treatment could be used for the benefit of the patient. It combined two of my favorite things—solving puzzles and helping sick animals. I knew I wanted to be a diagnostic clinical pathologist rather than an academic one. I thought it would be a good idea to get some experience as a practising veterinarian so I could hopefully give practical advice to veterinarians whose clients might not have the same resources as the ones who come to a tertiary care centre. Three years working as an emergency veterinarian in Calgary and Toronto certainly allowed me to see a wide range of clients and sick animals and face the economic—and other—realities of private practice.

In 1989, I returned to my alma mater, the Western College of Veterinary Medicine (WCV) in Saskatoon, to begin my post graduate pathology training. In 1992, after completing my MVSc in clinical pathology, I was fortunate to be hired by Dr. Sally Lester to manage a new veterinary diagnostic laboratory that Central Laboratory for Veterinarians (CLV) was opening in Calgary. In 1993, I became certified by the American College of Veterinary Pathologists as a Clinical Pathologist. In 2002, I transferred to the main CLV laboratory in Langley, BC to be in the same city as my fiancée (now wife), Dr. Margie Scherk. In December 2006, CLV was sold. I had a brief two-year career as a locum pathologist at a lab in Everett, Washington State, and at the Atlantic Veterinary College in Charlottetown, Prince Edward Island. In 2009, my colleague Allan Berrington and I, along with investors from the local veterinary community, opened True North Veterinary Diagnostics in Langley, where I continue to work as a diagnostic pathologist.



PHOTO BY JASON LEUNG/UNSPASH.COM

Throughout my career, the laboratories I have worked at have provided interpretations and oversight of all tests released by the laboratory. Assuming 150 reports per day (a very conservative estimate), five-day work week, and 49-week year, this represents roughly 1.1 million reports with my comments or initials at the bottom over a 30-year career (three years of graduate studies and two years of locums got rolled into the “average”). That N number brings an awareness of the tremendous variability in normal biology as well as diseases, how tests succeed and fail, and direct visualization of epidemiologic statistics in action. This leads to the well-documented tendency of pathologists to “sit on the fence,” including me (or at least, that is my excuse). My wife likes to point out that this spills over into the mundane happenings of everyday life, where I tend to qualify answers to even the simplest of questions.

During the first lecture we had in veterinary school, Dr. Otto Radostits told us that most of our patients would get better despite, rather than because of us. I remember thinking that was a discouraging thing to say to people who were just starting their veterinary careers. In hindsight, I recognize the validity of the statement. People and animals are born with multiple mechanisms to fight disease and heal themselves. Intervention by healthcare professionals may not influence the outcome, positively or negatively. Another professor, Dr. John Iverson, was fond of telling us we could “slide to glory on the descending slope of the epidemiologic curve.” In other words, the patient was already getting better when it came to the veterinary clinic, but we would get the credit for the recovery since whatever we suggested for treatment would be effective. For many diseases, there are no specific treatments beyond supporting the patient with hydration, nutrition, analgesia, and allowing innate mechanisms to complete the healing process. For those types of diseases, how much time, effort, and resources should be committed to making a specific diagnosis? The diseases and conditions where specific interventions are needed for a positive outcome are the ones where obtaining an accurate, specific diagnosis is paramount.

What is a diagnosis? From the American Heritage Dictionary of the English Language, 5th Edition, diagnosis is defined as

1. The act or process of identifying or determining the nature and cause of a disease or injury through evaluation of patient history, examination, and review of laboratory data.
2. The opinion derived from such an evaluation.
3. A critical analysis of the nature of something.

We can also add diagnostic imaging and potentially response to therapy as part of our evaluation and examination. It is worth noting that a diagnosis is achieved by accumulation of evidence from multiple sources rather than the results of a single test. This is important, since all tests (and equipment) can fail. Biologic variability in health and disease as well as overlap between diseases with similar clinical signs limits the sensitivity and specificity of any diagnostic test and therefore restricts the usefulness of

a single test in making an accurate diagnosis. If you are interested in a more in-depth discussion of the statistical basis for this, the following article, available online, is a good starting point: Trevethan R. Sensitivity, Specificity, and Predictive Values: Foundations, Pliabilities, and Pitfalls in Research and Practice. *Front Public Health*. 2017 Nov 20;5:307. doi: 10.3389/fpubh.2017.00307. PMID: 29209603; PMCID: PMC5701930.

A common, good example is feline leukemia virus (FeLV) testing. We have an exceptional test that has limitations due to the nature of the disease (its ability to cause latent infection) and low prevalence in client-owned cats. Despite the excellent sensitivity and specificity for FeLV antigen tests (greater than 90 per cent), when the prevalence of a disease is low, statistically there is a much greater chance that a positive test will be a false positive. This is particularly true when a healthy cat tests positive. Checking the FeLV status using alternate methodology such as immunofluorescence antibody tests (IFA) or polymerase chain reaction (PCR) is something that is routinely carried out. If we have other evidence, however, such as an abnormal complete blood count (CBC) or a sick cat from a shelter or hoarding situation, it is much more likely that the positive test is a true positive. However, we might still elect to confirm the result.

I have had many discussions with veterinarians about how to interpret single tests that are out of range in apparently healthy animals. In most cases, the answer is, “Let’s wait and see if this abnormality is repeatable.” Rechecking tests in a few weeks or months (pro tip—try to take advantage of repeat testing pricing offered by your lab) is what I typically advise. Another thing to be aware of is that tests that have a reference interval (e.g., CBC or chemistry panels) only identify 95 per cent of normal individuals. There are 2.5 per cent of normal individuals that can have results that will either be above or below the reference interval (usually just slightly out of range). When we test large numbers of parameters, as we often do with screening tests, the likelihood increases that at least one of the tests will be slightly out of range. How much time and/or resources should be committed to pursuing these types of statistical anomalies/normal biologic variations?

At the 2023 American College of Veterinary Internal Medicine Forum, there were multiple presentations about the difficulty in differentiating severe lymphocytic inflammatory bowel disease and small cell, well-differentiated alimentary lymphoma in cats. It is highly likely that cases of lymphoma evolve from chronic inflammatory lesions. The clinical presentation is almost identical and attempting to differentiate between the two requires intestinal biopsies, immunohistochemistry (IHC) testing, and PCR for antigen receptor rearrangement (PARR) testing. Despite the advent of improved IHC tests, definitive differentiation is not always possible. The two diseases are treated almost identically so the question arises, if the final diagnosis does not change how we will treat the patient, how important is it to have a definitive diagnosis? In general, if you are running a diagnostic test, it should provide some type of useful information or alter the treatment plan. In some cases, tests may be done due to insistence of the animal caregiver to have more definitive information. This example also illustrates a disease where a short track to an invasive test is the most efficient use of resources. Non-invasive testing, such as B12/folate, ultrasound, and cytology, will not provide the necessary information. It is a waste of time and resources pursuing it unless information is needed to convince the caregiver that a more invasive test is needed.

“I REMEMBER BECOMING ENTHRALLED WITH PATHOLOGY IN THE SECOND YEAR OF MY VETERINARY TRAINING—HOW DEVIATION FROM NORMAL CAUSES DISEASE...”



New tests are their own special category. These may be completely novel tests previously unavailable or what will hopefully be an improvement on a current test that underperforms. Historically, the initial evaluation of these types of tests tends to show better test performance than the long-term evaluation. This is in part due to the small sample size during the initial evaluation, which is often less than 100 and seldom more than a few hundred individuals. It is difficult to obtain a representative enough sample that includes all the various permutations of a disease to be able to accurately assess the performance of the test. You typically need to test at least 5,000–10,000 patients before you can accurately assess the strengths and weaknesses of a particular test. The other issue is that usually the test results are compared to healthy individuals versus those with a similar disease or condition. The test must perform well in differentiating between patients with similar clinical signs but a different disease versus the disease you are testing for, and there is often more overlap. In the modern landscape of diagnostic testing, most new tests are patent protected, and therefore, publications require the involvement of the test developer. Independent third-party assessment is often lacking, at least initially. It is important to carefully read the methods and results to have a thorough understanding of how the test is likely to perform.

Anyone who attended WCVI in the 1970s and 1980s will undoubtedly remember another of Dr. Radostits’ sayings, “More things are missed for not looking than not knowing.” I don’t think he meant diagnostic testing but rather to keep an open mind when approaching a sick patient. We do have to be careful about excessive testing given that we may need to spend a lot of time sorting through false positive test results. One of my fellow graduate students in pathology said, “There may be a one in million chance that a patient has a particular disease, but if that patient is in your waiting room, there is a 100 per cent chance that is what they have.” Common things are common, and rare things are rare, but we should never completely discard the rare possibility. It is important to use diagnostic tests as the powerful tool they are. Have a plan—it generally makes sense to start with a broader screen before picking a very specific test unless you have a strong indication to do so...but remember that the more tests you run, the greater the chance of false results. Try to avoid “throwing **** at a wall and hoping something sticks” because things can get confusing in a hurry. Don’t be afraid to discuss your cases with colleagues or better yet, call your local pathologist—sometimes we can slide off the fence long enough to give some reasonable advice. [WCVI](#)

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SPECIALISTS

SURGICAL ONCOLOGY:

Dr. Bernard Séguin is a board-certified Veterinary Surgeon who obtained his DVM from the University of Montréal and has advanced training in Surgical Oncology. He is an ACVS Founding Fellow, Surgical Oncology. He has worked in clinical practice in both university and private practice settings. He works closely with our radiation and medical oncology teams to develop the best treatment plan for pets affected by many types of cancers.



Bernard Séguin
DVM, MS, DACVS

MEDICAL ONCOLOGY:

Dr. Jacqueline Bowal is a board-certified Veterinary Medical Oncologist who obtained her DVM from the University of Calgary. After graduation, she completed a rotating internship at the Veterinary Specialty Hospital in San Diego, CA. She then returned to Canada for an oncology-focused internship at the Ontario Veterinary College where she later completed her residency in Medical Oncology, concurrently earning her Doctor of Veterinary Science degree. Using primarily chemotherapy and immunotherapy, she provides compassionate, comprehensive diagnostics and treatment plans for pets affected by many different types of cancers.



Jacqueline Bowal
DVM, DVSc, DACVIM

RADIATION ONCOLOGY:

Dr. Genevieve Hammond is a board-certified Radiation Oncologist who attended the Western College of Veterinary Medicine and has been in clinical practice since 2002. After working several years as an Emergency Veterinarian, she moved to Northern California and completed a Veterinary Medical Oncology, Radiation Oncology, & Surgical Oncology Internship at the University of California, Davis. Her current focus is to use radiotherapy, chemotherapy, and immunotherapy to be able to improve and maintain the quality of life of pets affected by a wide variety of cancers.



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DVM, DACVR

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PRACTICAL DIVERSITY:

BRIDGING EQUITY THEORY WITH EVERYDAY INCLUSION PRACTICES

BY MARINA JOHN, BSc, RVT



“CREATING REAL CHANGE REQUIRES ONGOING COMMITMENT AND WILLINGNESS TO LEARN AND EVOLVE.”

As veterinary professionals, we are a group of “fixers” who tend to embrace a spirit of problem-solving. We experience adulation when we accomplish tasks and feel frustration over wasted efforts. When we extend this line of thought to the idea of practical diversity, it becomes evident that true progress is gained through consistent, daily, habit-forming practice of inclusivity ideals. By translating abstract concepts into tangible actions, we can achieve gratifying results. But the success of any Diversity, Equity, Inclusivity, and Belonging (DEIB) initiative requires a top-down commitment. It's essential to begin at the helm, with owners, managers, and leaders setting the example by first engaging in a crucial period of introspection by considering the following:

1. How does diversity and equity factor into your business strategy?
2. How does your team contribute to fostering a sense of “belonging” at your practice?
3. How does your practice prioritize accessibility standards to ensure inclusivity?

By answering the above questions, leaders can intentionally craft psychological safety measures for employees by establishing mentoring programs, providing unconscious-bias training to management, and crafting work-family-ability based accommodation policies. The key to inclusion is understanding who your employees really are and what matters to them.

In her recent exploration of developing inclusivity through accessibility in veterinary medicine, Dr. Angela Oakley bravely shares her journey as a veterinarian reliant on a wheelchair [readers can learn more about Dr. Oakley in our main feature, “What Can I Do?” Navigating Accessibility in Veterinary Medicine].¹ From encountering subtle forms of discrimination to outright being denied consideration for positions, she has confronted a myriad of unnecessary obstacles that have been attributed to perceptions about her disability. According to the Centers for Disease Control and Prevention, in the year 2023, approximately 27 per cent of the population lives with a disability²—a figure poised to escalate significantly as our society ages.

Dr. Oakley's story helped me reconsider the accessibility of the veterinary practice where I currently work. Suddenly, I found myself scrutinizing the practice environment with fresh eyes and a newfound awareness. Despite being a part of this practice for years, it was only now that the realization sunk in that since our staff room was situated down a flight of stairs, this space was inaccessible to anyone suffering from mobility concerns. A brief glance at the practice entrance revealed another glaring issue; we were afflicted by what Dr. Oakley calls the “curb cut off” syndrome. At the front entrance of the practice, the hard cement curb physically bars access to any persons in a wheelchair or scooter or anyone who may be temporarily injured. By failing to account for accessibility in practice layout and flow of operations, we had inadvertently obstructed access to veterinary care for an entire segment of the population. Are any of us fine with losing potential clients due to lack of simple accessibility?

When setting DEIB goals, we must remember the idea that veterinary professionals by and large self-identify as “fixers.” By selecting diversity-related metrics that already align with successful practices within your

veterinary practice, you will likely produce the most favorable outcomes. One effective method for identifying such practices in your goal setting process is through diligent triaging.

STRATEGY 1: TRIAGE RELENTLESSLY

In veterinary medicine, most of us are familiar with the Red (R), Yellow (Y), Green (G), and Black (B) colour-coded system for patient emergency triage. R indicates immediate intervention needed, Y represents urgent care, G signifies that minor procedures may be required, and B includes your dead on arrivals or patients with a grave prognosis. The patients who fall into the black category are the ones you must move on from.³ We can adapt a similar structure when it comes to DEIB goals at the veterinary practice. Your diversity goals can be identified and established and then prioritized by urgency. Goals coded as red must be met within the year, yellow goals are included in a three-year plan, green goals are given a five-year plan, and black goals include items which can face a lengthy wait or be eliminated.

Once you have identified your goals, conduct internal reviews asking leaders and employees to assess each other on how they are living up to the diversity standard set by your practice. Managers may believe they're giving helpful feedback when they tell a large Black man to smile more so that his white colleagues won't fear him, when they ask a Latina who advocates passionately for a project to dial it down, when they encourage a no-nonsense white woman to be “nicer,” or when they urge a soft-spoken woman of East Asian descent to speak more forcefully. But all such messages make it harder for these employees to bring their talents and perspectives to the table.

Rather than group stereotypes, performance feedback and evaluation criteria should be based on bona fide task requirements. Conducting employee engagement surveys

using criteria such as gender, ethnicity, generation, geography, tenure, and roles in the organizations can provide a wealth of insight. A one-on-one discussion with a manager can be the most powerful tool for finding out what an employee cares about when it comes to career sustainability. But for these conversations to be effective, the manager needs to have an open-door policy and exude a “tell me anything” persona. Hiring third party companies with no vested interest in the outcome is also a good alternative means of allowing employees to speak freely.

STRATEGY 2: INCENTIVIZE DIVERSITY

For inspiration, look at what companies on the Forbes list of Best Employers for Diversity are doing. Consider, for example, the food service giant Sodexo,⁴ since its workforce is 50 per cent female, the company set a goal of reaching the same gender balance on its board of directors. Sodexo was able to reach this goal in part due to executive compensation being tied to the level of diversity leaders are able to achieve. Enabling equality of opportunity is critical to ensure a level playing field in career advancement. The use of analytics tools shows that promotions, pay processes, and the criteria behind them are transparent and fair. Some assignments can set you up for promotion; other assignments are necessary but are more internal “grunt” work. A recent article in the Harvard Business Study Journal states that women and people of color are much more likely to get grunt-type assignments than to get assigned to work that leads to promotions.⁵ Veterinary practice managers and owners can fix this imbalance by keeping track of how projects are assigned in the organization. Also, by spreading out the assignments which are public facing versus internal only, managers can ensure that all eligible employees are considered and not just those who come to mind first.

STRATEGY 3 - TARGET YOUR DIVERSITY EFFORTS TO LOCAL CIRCUMSTANCES

Consider the question, “Does your practice reflect the gender, racial, and ethnic diversity of your surrounding area?” When clients come to your practice, can they see people who resemble themselves in age, race, ethnicity, gender, or educational level? After all, diversity in Harlem, New York, looks vastly different from diversity in Montreal, Quebec. Some ideas for achieving engagement at a grassroots level includes having open house days at your practice where you invite in the population you serve, hosting tours of your clinic to elementary and high school students, and offering student mentorship opportunities within your community. When you lack visibility of mentors and individuals who look like you, who speak like you, or who have similar cultural backgrounds in the positions you aspire to achieve, it can make those aspirations seem even more distant, far-fetched, and unattainable. Increasing diversity in the veterinary industry in the long run involves establishing a clear pipeline for children of minority backgrounds who are at a stage in life where they are considering available career options.

Creating real change requires ongoing commitment and willingness to learn and evolve. By implementing the above-mentioned strategies, organizations can move beyond surface-level discussions of diversity and truly foster a sense of belonging for all employees, leading to a more inclusive and equitable workplace culture. Together, we can build a veterinary community that reflects the rich diversity of the world we serve.⁶ To use the analogy of a dinner party, diversity is having your name included in the party invitee list, equity is getting an invite to the party, inclusivity is getting a seat at the dinner table, and belonging means feeling comfortable enough to actively engage and contribute to the dinner party conversation happening around you. Simply having a seat at the table is no longer “good enough.” Access isn't inclusion. With this in mind, as we move forward, let us consider, “Who will we be inviting to the table and how do we make them feel at home?”

The references for this article are made available on the Chapter's website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. **WCV**

BC PREPARES FOR HPAI IN CATTLE

BY THERESA BURNS, MSc, PhD, DVM

In April 2024, the United States Department of Agriculture (USDA) confirmed the detection of Highly Pathogenic Avian Influenza (HPAI) in dairy herds across multiple states. The Canadian Food Inspection Agency (CFIA) is the lead Canadian agency on HPAI in farmed animals and poultry. Due to the high density of poultry and dairy farms in the Fraser Valley and the connections with the USA, preparedness planning started immediately with a focus on reducing the risk of HPAI infections entering BC herds; preventing farm-to-farm transmission; and reducing the risk of infections in humans. A rapid assessment was conducted to understand animal movement within BC dairy herds and common herd management practices, identifying potential pathways for HPAI introduction and spread, and informing practical preventative measures and protocols in the event of a local outbreak.

MAINTAINING TRANSPARENT AND TIMELY COMMUNICATION

1. Cross-industry briefing was held to provide poultry and dairy industry representatives and producers with relevant updates on the US outbreak, reporting procedures, and the importance of cooperation. Briefings with impacted industry groups continue to occur as our planning adjusts to the twists and turns of evolving disease information.
2. Industry and producer guidance documents were developed by the Office of the Chief Veterinarian (OCV) staff with animal health information including biosecurity measures and the CFIA voluntary testing program. Also, working with public health colleagues, guidance about protecting worker health was developed. Importantly, the documents provide guidance for dairy producers on what to expect if a farm tests positively for HPAI, including quarantine instructions, testing, milk handling, cleaning and disinfection procedures, and information about human health risks associated with HPAI in cattle.

MULTIAGENCY COLLABORATION

HPAI in cattle does not impact animal health like it does in domestic poultry, so the CFIA's regulatory approach to HPAI detection differs between the two industries. Nationally, our team works closely with the CFIA. Provincially, we collaborate with industry groups, veterinarians, public health officials, and the Ministry of Agriculture and Food's Animal Health Centre (AHC) and the Emergency Management Branch (EMB) to ensure disease control measures are in place.

ROLE OF THE ANIMAL HEALTH CENTRE

The AHC's accredited full-service animal health laboratory played a pivotal role in preparing for HPAI testing in dairy cattle. Testing for HPAI in milk is a novel technique so the team developed validated testing protocols and sampling guidelines in coordination with the CFIA National Centre for Foreign Animal Disease (NCFAD). The availability of the new test at the AHC was communicated to BC veterinarians and producers. Voluntary surveillance testing from dairy herds was initiated to monitor the status of HPAI in the province. As of June 26, 2024, the AHC has tested 38 milk samples from the province's voluntary testing program, all of which came back negative.

EMERGENCY MANAGEMENT BRANCH INVOLVEMENT


EMB, particularly the Premise ID team, provided essential data on regulated poultry and dairy premises, critical for understanding the potential cross-species impact and planning regulatory decisions and epidemiological investigations.

ROLE OF BC CENTRE FOR DISEASE CONTROL

Experts and scientists at the BC Centre for Disease Control (BCCDC) prepared to assess the risk of human exposure, with a focus on farm workers and milk truck drivers. They provided guidance on monitoring, testing, and treating exposed individuals. It was crucial that OCV and BCCDC communicate to ensure coordinated efforts in managing human health.

LESSONS LEARNED AND GOING FORWARD

HPAI in dairy cattle in the USA was highly unexpected. For the OCV, a proactive and coordinated approach was required. In BC, we rely heavily on our veterinary community to report suspect cases in any domestic or wild animal immediately. We continue to run a robust HPAI surveillance program for wildlife, designed to detect circulating strains that might infect domestic animals. Hopefully, we never get a case of HPAI in dairy cattle in BC, but if we do, our preparations will be highly valuable, and the exercise of quickly preparing for an unanticipated animal health event will guide us in the future.

The resources for this article are made available on the Chapter's website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. 



Theresa Burns, MSc, PhD, DVM, is the chief veterinarian of BC and is the former director of Canadian Animal Health Surveillance System. She is a veterinary epidemiologist and has experience working as a practising veterinarian in mixed, equine, and small animal practices. She received MSc and DVM degrees from the Western College of Veterinary Medicine and a PhD in epidemiology from the University of Guelph. Over her career, Dr. Burns has had the opportunity to use methods from multiple disciplines to collaborate on complex issues at the interface of human, animal, and environmental health in Canada and in other countries. She is interested in understanding systems and stakeholder perspectives to develop real-world solutions to complex problems.



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BCVTA WAGE SURVEY

BY LEANNE HILLIS-SCHMIDT, RVT

The British Columbia Registered Veterinary Technologists Association (BCVTA) conducted a wage and employment survey of their members in May of this year. With a response rate of 53 per cent, RVTs demonstrated a strong eagerness to have their voices heard. The survey yielded several key insights for both RVTs and employers to consider.

From the results of this survey, the average number of years an RVT has been in the field is 14 years, up from 11 years in 2022. Historically, RVTs remained in the industry for only a few years before moving onto other careers. This increase in tenure in the field is a positive development that the BCVTA is keen to support.

According to the wage survey, the RVTs who are least satisfied are those that are in the intermediate stage of their careers (11–15 years), earning lower incomes (\$28 per hour and under), and receiving the fewest extended benefits. In contrast, the most satisfied are those that are well into their careers and have been in the field the longest, are not planning on leaving, and who have the highest wages (\$32 per hour and higher) and extended benefits. This group is devoted to the field and their role in it, and they feel highly valued and supported. Satisfaction with employers increases significantly when wages are \$28 per hour or higher and extended benefits, including appropriate CE allowances, are provided. The provincial average for all surveyed groups was \$30.82 per hour (\$62,253 per year). Satisfaction with the current employer was closely tied to wages and the amount of CE allowance offered. When the CE allowance was over \$800 per year, the RVT was more satisfied with the job and more likely to stay in their career.

While all the groups surveyed are dedicated to the industry, many RVTs expressed frustration with their employers. Forty-four per cent of RVTs surveyed were dissatisfied with their compensation package, finding it difficult to afford a basic living in this economic climate. Almost a quarter of RVTs surveyed had a secondary income due to the inadequacy of their primary wage. Higher wages correlated with greater satisfaction and a higher likelihood of long-term job retention. Employees seek employers who prioritize employee well-being, value their contributions, and offer mental health support, formal training opportunities, and job advancement opportunities.

Employers can utilize these survey insights in many ways. They can work collaboratively with the BCVTA and RVTs to offer meaningful career advancement opportunities, such as additional certification. Employers can consider that while registration for CE and conferences are often affordable, the cost of travel and accommodations can limit RVTs' abilities to participate. Additionally, it may not be feasible for RVTs to complete CE activities in their personal time, especially those spanning multiple days, as this can significantly impact their regular income. Nearly

half of the RVTs reported that non-RVT staff are performing tasks typically delegated to RVTs in the clinic. This practice frustrates RVTs, who have dedicated the time, money, and resources to complete and maintain the education required to meet the provincial standard for RVTs. RVTs that are not well utilized are more likely to leave their jobs or the industry altogether. Addressing the RVT shortage by keeping the current RVTs satisfied and fulfilled will reduce turnover, cutting costs on recruiting, and training new staff.

Employers can have a profound effect on RVTs' quality of life by offering appropriate wages, extended benefits, generous CE allowances, and allowing RVTs to utilize their specialized skills. To support RVT employers, the BCVTA has created a focused survey report that provides insight and data with employers in mind. You can access this report here: <https://www.bcvta.com/wp-content/uploads/2024/07/BCVTA-Wage-Survey-EMPLOYER-Report-2024-05-01-1-2.pdf>

For more information, contact us at executivedirector@bcvta.com. [WCV](#)



Leanne Hillis-Schmidt, RVT, graduated from Lakeland College in 2004 as an RVT and has worked in small and mixed animal practice since. She has been involved in the Canadian dairy industry for over 25 years and helped her parents with a successful sheep operation until they sold their herd. Currently, Leanne is a sessional instructor with Thompson Rivers University, where she teaches in the Veterinary Technology program. When she is not teaching, Leanne works as a facilities inspector with the College of Veterinarians of British Columbia.

RETHINKING COMPASSION FATIGUE: INSIGHTS FOR VETERINARY PROFESSIONALS

BY MATT TREBLE, MC

Earlier this year, from May 6 to 12, 2024, I and my colleagues at the Canadian Mental Health Association recognized Mental Health Week with the theme of “Healing Through Compassion.” This year’s theme highlighted the importance of compassion in healing and inspired us all to connect through it. Compassion, derived from the Latin for “to suffer together,” involves a genuine desire to alleviate others’ suffering. However, compassion can have negative connotations when used with the term “fatigue.” Some individuals worry that compassion has a cost and that they may become burned out by being too compassionate. Fortunately, compassion does not need to be a finite resource. With self-care and healthy boundaries, compassion can be sustained and even extended.

Compassion fatigue is a popular concept used to describe the “cost of caring,” or a form of emotional and physical exhaustion that can affect individuals who are constantly exposed to the suffering of others. This condition is considered particularly common in veterinary professionals, who often form strong bonds with both animal patients and human clients. Deciding to euthanize a pet is a particularly heart-wrenching experience requiring tremendous compassion. Adding to this is the work-related stress in the veterinarian profession, such as staff shortages and clients who may be upset, disagree with medical decisions, or are reluctant to pay. These are not just challenges; they are the systematic constraints of your profession, and it’s important to acknowledge them and address them.¹

CURRENT RESEARCH

The concept of compassion fatigue generally views compassion as a finite resource that can be depleted to a point where individuals can no longer feel or express it. However, a growing body of research is challenging our traditional understanding. Dr. Shane Sinclair, an Associate Professor at the University of Calgary, and his team at the Compassion Research Lab have published insightful research that questions common beliefs about compassion fatigue.² This research offers a new perspective highlighting veterinary professionals’ systemic constraints, which can sometimes be misinterpreted as compassion fatigue.

COMPASSION VERSUS EMPATHY AND BURNOUT

Compassion fatigue can be confused with empathy and burnout, but these are distinct concepts. Empathy is about understanding and sharing others’ feelings. Exhaustion can arise not from empathy but from the absence of support and resources to turn empathy into action.

Burnout is a broad term that describes physical, emotional, and mental exhaustion due to prolonged stress, often related to work.

Compassion takes empathy one step further by including a desire to help and can be more sustainable when balanced with self-care and boundaries.

SELF-CARE AND BOUNDARIES

Current research shows that compassion can be replenished through self-care, support, and healthy coping mechanisms.³ Participating in activities that rejuvenate emotional and physical well-being can help individuals sustain their ability to be compassionate. It’s important to remember that looking after mental and physical needs are not signs of weakness but essential steps in managing compassion fatigue. You are not alone in this journey, and there is support available. Support systems, such as counselling services and peer support groups, can help manage stressors and should be used. Open communication and education about the profession’s challenges can also help build support both internally and externally.

Setting healthy boundaries can build resilience. Recent research has found that boundaries have an essential role in compassion capabilities. Author, researcher, and psychologist Brené Brown states that compassion is not sustaining without boundaries. Focusing on things you can control, such as setting specific rules for services, payment, and working hours, are a few healthy boundaries that can be implemented in a veterinary setting.

“...COMPASSION FATIGUE GENERALLY VIEWS COMPASSION AS A FINITE RESOURCE THAT CAN BE DEPLETED...”

CONCLUSION

We all have the power to be compassionate, which can create enormous healing power for those around us. While the veterinary field is stressful and has systematic constraints that cannot be ignored, compassion does not need to be constrained. Compassion can be sustained by building a work environment that promotes support, collaboration, mental health initiatives, and healthy boundaries. Most importantly, it’s crucial for veterinary professionals and staff to remember that they are not only compassionate caregivers but also deserve compassion themselves.

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The references for this article are made available on the Chapter’s website at www.canadianveterinarians.net/sbcu/west-coast-veterinarian-magazine. [WCV](#)



Matt Treble (he/him), MC, is the manager of Suicide Prevention and Life Promotion at the Canadian Mental Health Association—BC Division (CMHA BC) and facilitator for British Columbia’s AgLife Network Connector Training. The AgLife Network is a suicide prevention and life promotion initiative developed in collaboration and partnership between AgSafe and the CMHA BC. Matt has a Master of Counselling from Athabasca University and is passionate about increasing accessibility to mental health resources and support.

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EMERGING LEADERS PROGRAM: BC'S DELEGATES

BY KRISTA HUXHAM, DVM



PHOTO SUPPLIED BY KRISTA HUXHAM

As the 2024 CVMA Convention comes to a close, I am left feeling grateful for the experience I've had and the opportunity to update my knowledge on a variety of topics presented. Of those topics, I am particularly grateful to the CVMA and SBCV for sponsoring me to attend the Emerging Leaders Program (ELP). Making the jump into practice ownership in March of 2023 was a dream come true and has also presented a new set of challenges in managing a team that I hadn't experienced before.

My name is Dr. Krista Huxham, and I am one of three owners of Island Tides Veterinary Hospital, a veterinary practice in the Comox Valley, BC. I partnered with two other veterinarians, Dr. Laura Davenport-Scherr and Dr. Alexandra Muzzin, to build a small-animal practice with our mutual goals in mind. We have a growing staff of 15 incredible team members where quality of medicine, client experience, fear free patient handling, team culture, and work-life balance are some of our shared priorities. We started off with plenty of time to implement these important qualities to our start-up practice and then quickly became busy and had to shift to also prioritize efficiency. Maintaining an excellent team culture and work-life balance while achieving efficiency in a busy, growing practice has felt overwhelming at times. This is the main reason I wanted to attend the ELP and applied for the sponsorship.

All veterinarians are by nature in a leadership role and therefore could benefit from attending the ELP. Additionally, any team members involved in management could stand to gain valuable skills and perspective from this program. I really didn't know what to expect when signing up to attend this workshop and left feeling a renewed sense of motivation to be the best leader I can be. Among the topics covered were the difference between leadership and management, conflict resolution, how to prioritize people above tasks, transactional analysis, and how to set up a framework of training, mentoring, and coaching individual team members.

The most important thing I learned from the ELP is how as leaders and veterinarians, we can be so unfairly hard on ourselves. Mistakes are learning opportunities, and we need to be kinder to ourselves and each other when these things inevitably happen. How can we expect to step into a management role flawlessly if we have never been formally taught leadership skills? Gaining knowledge in this area can only improve how veterinary practices are run, increasing team member retention and job satisfaction for everyone involved.

At my veterinary practice, we have believed from the beginning that if we take care of our team that they will in turn provide excellent patient and client care. I am so pleased to have gained new leadership skills from the ELP to help improve how we take care of our team. Thank you to Rob Marr, CVMA, and SBCV for the opportunity to participate in the Emerging Leaders Program. **WCV**

BY HELENE CHILDS, DVM

The CVMA Convention is always an excellent opportunity for both CE and creating meaningful connections with other veterinarians and veterinary professionals. My CVMA convention experience was even more invaluable as I was selected by the SBCV to attend the Emerging Leaders Program (ELP). As a small-animal practice owner in Vancouver, this program particularly appealed to me as leadership training is a huge gap in my education.

The ELP featured Rob Marr, a renowned leadership coach, who hosted an interactive session. I found the discussions on human psychology, dealing with conflict, and technology in veterinary practice were the most enlightening. Marr also provided his own book, online resources, and additional resources that I can find at the library; this allows me to continue my leadership education after the conference.

The leadership development workshop gave me practical tools to enhance my leadership and managerial skills within my veterinary practice. Overseeing my clinic team can be challenging; techniques for conflict resolution and effective communication strategies are significantly improving my practice. In turn, I see a positive impact on day-to-day work, the patient experience, the client experience, and the reputation of the veterinary community as a whole.

Along with learning leadership techniques, I was also looking forward to networking with fellow veterinarians, especially those facing similar challenges. The networking lunch was a highlight of the conference for me. I met many other practice-owning veterinarians that are within my area. We exchanged information, and I hope to build long-term, collaborative relationships with them. I was surprised by how many other veterinary professionals (not veterinarians) were in the program and networking with them also contributed to my learning and future opportunities.

As I reflect upon my experience, I am filled with gratitude for the opportunity to participate in such an enriching program—one that will undoubtedly shape my career for years to come. Thank you SBCV and CVMA. **WCV**



PHOTO SUPPLIED BY HELENE CHILDS

LIFE AND LEADERSHIP LESSONS I'VE LEARNED ON MY BIKE

BY ELAINE KLEMMENSEN, DVM, CEC

Afaded yellow ten-speed, a flat prairie road. The smells of lilacs in bloom, hay drying, and manure from a local dairy recently spread across the fields. Spinning two wheels and alone with my thoughts, this teenage version of myself was unaware of the role bicycles would play in my life. The bicycle, a simple two-wheeled machine, has faithfully served me over the years, providing exercise, play, transportation, and therapy. As I struggle to explain the gravitational pull of the open road to others, I realize all I need is one word—freedom. Long-distance bicycle travel seems, at times, an entirely selfish pursuit. A self-centred way to simultaneously lose yourself and find yourself, where life is simplified to the most basic of needs—move, eat, sleep, and repeat. The call to disappear into the world with a husband, a dog, and a bicycle is ringing loudly in my ears, but before I answer, I want to share with you some wisdom gained during long days in the saddle.

IF YOU DON'T HAVE A GOOD TIME, YOU'LL HAVE A GOOD STORY

Sometimes, life throws you a curveball and what you thought was going to be a grand adventure turns into something much different than expected. Rather than lowering your expectations (anticipation is half the fun), beating yourself up about your decision (sometimes what happens is out of your control), or working yourself into a lather (and annoying everyone around you), learn to look for the silver lining, find the humour in the situation, or remind yourself this will be a great story when you share it with friends.

FOCUS ON WHERE YOU WANT TO GO, NOT THE OBSTACLE IN YOUR PATH

I became a mountain biker late in life. For someone used to riding flat prairie roads, it was terrifying. I was bruised and battered from frequent falls and felt like I would never be able to ride the trails I saw other women my age skillfully flying down. Then a mountain bike coach changed my life with a simple tip: "Stop looking at the obstacle in the trail and start looking at the line you will take around it. Your body and bike will follow the path your brain identifies." Trust me, it works and not just for bike trails.

SADDLE SORES WILL HEAL, AND YOUR SKIN WILL GET TOUGHER

Our first long-distance trip was a trial run involving a couple of cheap second-hand bikes and borrowed panniers. Our thinking was if we didn't like long-distance touring, we would ditch the bikes and go home. My bike was too small, and my husband's too big, with the end result being our tender tushes became wickedly blistered—ouch! If you cycle long distances, you know what I mean. With some support (a few days off, new seats, and generous use of butt butter), we healed and

kept peddling only to discover thicker and tougher skin where once were blisters. At some point, life is gonna blister your butt and when it does, take a break, find support, and trust you will bounce back wiser and more resilient.

JUST ASK FOR DIRECTIONS ALREADY

Will someone please tell me why it is so hard to ask for help? We have been lost in foreign landscapes so many times, and every time we finally stop and ask for directions, we find ourselves back on track, often with an invitation to dinner and a warm place to sleep included. I get it—vulnerability is hard, but there is no shame in asking for help. People love to help, and one day, you can pay it forward when you get the opportunity to help someone who is lost.

SOME DAYS, IT IS ALL UPHILL—KEEP PEDDLING

There is no easy way to say this: some days suck—period. You're wet, cold, exhausted, and hungry, with another long climb before you get to the campground. You can get stuck in the suck (and believe me, I have), but at some point, you need to start peddling again. Remember, you can do hard things, and this too shall pass. I believe in you.

DON'T FORGET TO ENJOY THE RIDE DOWN

There is nothing like spending hours climbing a long mountain pass to finally reach the summit knowing there will be a long, well-deserved ride down the other side. Take a moment to celebrate your success and then on the ride down, be sure to grin so big you get bugs in your teeth and squeal with delight.

FIND A GOOD TRAVEL PARTNER

Cycling is a wonderful way to meet fellow travellers. A common story we hear starts like this: "I left home with a friend but...well... after a few months we decided to go our own way." At some point, you are going to show up as the worst version of yourself; tears and tantrums will inevitably happen. Be sure your partner has the fortitude to stick with you when it does and remember to stand by them when it is their turn to "rage." Sure, you can do it alone, but it is more fun with a friend. We were never meant to do the hard stuff alone. We need each other.

RELY ON HUMAN GOODNESS

Lost in a foreign country where we don't speak the language. Hungry and tired with no food to be found. Arriving at a hotel in Johannesburg with no locks on the doors. Landing at the edge of a war zone with no place to sleep. Every time we have found ourselves lost, alone, and not sure where to turn, a stranger appears with an offer of help. Every single time. The media machine would like us to believe that danger lurks around every corner but don't let them poison your human heart. Pay attention, be smart, don't take silly risks, but most importantly, don't let fear hold you prisoner to not living a meaningful life.

Wishing you grand adventures, good stories, loyal travel companions, and the strength to just keep peddling. I believe in you—you've got this. **WCV**

PHOTO BY ELAINE KLEMMENSEN

CUT OUT THIS PAGE IF YOU WISH TO SAVE IT.

JUST CAUSE: KEY CONSIDERATIONS

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

As I have discussed in my earlier columns, the employment relationship is dynamic. The employment relationship evolves as employees and employers adapt to changing circumstances. In some cases, such changing circumstances lead to the termination of employment. As a business owner and employer, you should understand the law as it relates to just cause. Put simply, just cause refers to when an employer has legitimate and serious reasons to terminate the employment relationship without notice to the employee or pay in lieu of notice. Knowledge of just cause is important because it helps you, as the employer, mitigate against the legal risks associated with wrongful dismissal claims.

THE BASICS

An employer must either have just cause for dismissing an employee or alternatively provide reasonable notice or pay in lieu of notice to the employee. Just cause entails more than an employer simply having a good reason for terminating an employee. Rather, the consideration is whether the employee breached the employment contract in such a fundamental nature that the employer is no longer bound by it.

If an employer does in fact have just cause for dismissing an employee, then the employer can legally dismiss the employee without any need to provide notice or pay in lieu of notice. However, proving just cause can be very challenging for employers unless the case is exceptionally clear. Not all instances of employee misconduct constitute just cause. The employee misconduct must be sufficiently severe to irreparably damage the employment relationship. The burden of proving that an employee's alleged misconduct constitutes just cause falls on the employer.

The Court determines whether an employer had just cause on a case-by-case basis. There is no scale of just cause in British Columbia, and there is no such thing as partial cause.

Rather, the law related to just cause is binary. Either an employer can establish just cause, or they cannot.

In some cases, an employment contract will contain a just cause termination clause. Such a clause lists situations in which the employer can terminate the employee's employment for just cause. Typically, theft, harassment and bullying are among this list. The fact that an employment clause may contain situations that constitutes just cause does not mean that just cause is established. If a lawsuit is commenced, the Court still determines whether the employer had just cause and determines the validity of the just cause termination clause. The Court will consider whether the employee misconduct warranted progressive discipline or was sufficient to meet just cause.

CASE EXAMPLE: ACUMEN LAW V. OJANEN'

Mr. Doroshenko, an experienced lawyer, founded Acumen Law ("Acumen") in 2008. Mr. Doroshenko hired Ms. Ojanen as an articulated student in 2016 following her graduation from law school. An articulated student is a law school graduate who is completing their professional training before getting called to practise law.

Ms. Ojanen's articling period would last 12 months, and it would

be interrupted by the ten-week Professional Legal Training Course ("PLTC"—a mandatory course to fulfillicensing requirements to practise law). Ms. Ojanen worked at Acumen for three months before starting the PLTC. Acumen terminated Ms. Ojanen's employment while she was enrolled in the PLTC. Ms. Ojanen was served with the termination in front of her PLTC classmates and that is when she first learned of it.

Acumen claimed that Ms. Ojanen's conduct constituted just cause for her dismissal. In particular, Acumen claimed that Ms. Ojanen committed trespass, theft, was disloyal to Acumen through attempted competition, and permitted access to privileged and confidential materials. Acumen also reported Ms. Ojanen to the Law Society of British Columbia for the conduct it alleged was dishonest.

The Court dismissed Acumen's claim that Ms. Ojanen committed trespass by entering the office after working hours without permission. The Court found that it was obvious that Ms. Ojanen was permitted and expected to attend the office outside of ordinary hours until such time that her keys were taken away. The Court found that Mr. Doroshenko was aware of Ms. Ojanen coming into the office outside of ordinary hours, and he never expressly prohibited her from doing so. The Court also dismissed Acumen's claim that Ms. Ojanen engaged in misconduct by taking files containing confidential and privileged information home without permission. Ms. Ojanen was not informed of any rule to the contrary by Acumen, and she was using the files to learn.

Acumen also claimed that Ms. Ojanen was trying to compete with Acumen because she started a personal blog with similar content to Acumen's website. The Court dismissed this claim for two reasons: the blog was not intended to compete with Acumen as it directed readers to seek legal advice from Acumen and that this was not listed as a reason for Ms. Ojanen's termination and accordingly, Ms. Ojanen did not have an opportunity to provide a response to the same.

Acumen claimed that Ms. Ojanen engaged in disloyal and trouble-making activity at a firm party and restaurant dinner. Ms. Ojanen discussed her salary at the firm party, and it was understood by others that she was complaining about it. Ms. Ojanen was intoxicated at the restaurant dinner, and she complained to her colleagues that another articling student at Acumen was trying to steal her husband. The Court did not find that Ms. Ojanen's poor conduct at the party and following it amounted to a breach of loyalty. The misconduct was not serious enough to constitute just cause for termination.

FROM A LAWYER

“...SERVES AS A REMINDER TO EMPLOYERS TO HANDLE A POTENTIAL EMPLOYEE TERMINATION WITH CAREFUL CONSIDERATION.”

Mr. Doroshenko spoke to Ms. Ojanen about her conduct at the party. Mr. Doroshenko suspended Ms. Ojanen from the firm and refused further discussion with her. He informed Ms. Ojanen to leave the office, but Ms. Ojanen attempted to speak to another lawyer at the firm about what had happened. Ms. Ojanen was eventually permitted to return to work on conditions. Acumen claimed that Ms. Ojanen's insistence on speaking with another lawyer after her meeting with Mr. Doroshenko, and her failure to follow his instruction to leave the office, was an insubordinate act constitute causing for her immediate termination. The Court disagreed with Acumen and found that Ms. Ojanen's response was understandable and that her conduct was condoned by Acumen's decision to continue her employment.

Ms. Ojanen's husband scanned an Acumen client file to his email. The contents included correspondence with a client that Ms. Ojanen's husband should not have seen. Acumen claimed that Ms. Ojanen's failure to notify Mr. Doroshenko of this breach of privilege was an act of dishonesty going to the root of her employment relationship. The Court found that it was not an act of dishonesty going to the root of the employment relationship, but rather Ms. Ojanen was guilty of a serious error in judgment.

Following her termination, Ms. Ojanen suffered from anxiety, depression, inability to focus, irritability, and loss of appetite. The lawsuit distracted her from her PLTC studies, and she was unable to successfully complete the course. She suffered significant emotional harm from the dismissal. The Court found that there was a power imbalance between Mr. Doroshenko and Ms. Ojanen. His actions were deemed disproportionate by the Court. The Court also found that Acumen's manner of termination, particularly the service of the termination on Ms. Ojanen in front of her classmates, was unnecessary and psychologically brutal.

The Court awarded Ms. Ojanen \$18,934 for breach of her employment contract and \$50,000 for aggravated damages. This award was increased by \$125,000 by the Court of Appeal. The Court of Appeal assessed damages for Ms. Ojanen's loss of opportunity to become a lawyer at \$100,000. Although a loss could not be calculated with certainty, the Court of Appeal found that Acumen was not relieved to pay damages for loss of opportunity flowing from the breach of her employment contract. The Court of Appeal also awarded Ms. Ojanen punitive damages, representing \$25,000 of the increased award.

TAKEAWAYS

The Ojanen case serves as a reminder to employers to handle a potential employee termination with careful consideration. You should conduct a comprehensive and impartial investigation into any suspected misconduct on the part of your employees. The investigation should be done in good faith and in confidence. You should also give the employee the opportunity to respond to the allegations. It is important to do so because there could be mitigating factors that you are unaware of or there could be a reasonable explanation for the perceived misconduct.

The Ojanen case also provides an example of condonation—an important concept that you should be aware of when dealing with potential employee misconduct. Condonation occurs when an employer learns of an employee's misconduct but fails to respond to it within a reasonable time. The employer's failure to respond to the misconduct in a reasonable time may have been because the employer did not consider the misconduct severe enough to warrant termination. Therefore, the employer can be found to have condoned the employee's actions, as was the case in the Ojanen case with respect to Ms. Ojanen's behaviour at the firm party. You should be aware that employees can use condonation as a defence if you, as the employer, terminate them for a previous act of misconduct at a later date.

As the employer, you also need to be careful not to terminate an employee with the intent of punishing the employee for misconduct. Even if you feel personally wronged by an employee, you must avoid responding to misconduct in an unprofessional and personal manner that seeks to punish the employee. The termination must not be executed in a harsh or vindictive manner, as was the case in the Ojanen case, and you must act in good faith.

You should consult a lawyer if you are considering terminating an employee for just cause. The threshold for just cause is high, and the possible ramifications of a wrongful termination case are significant. It may be more sensible for you to terminate an employee without cause depending on the amount of severance owed. Again, consulting a lawyer in such a situation is prudent.

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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