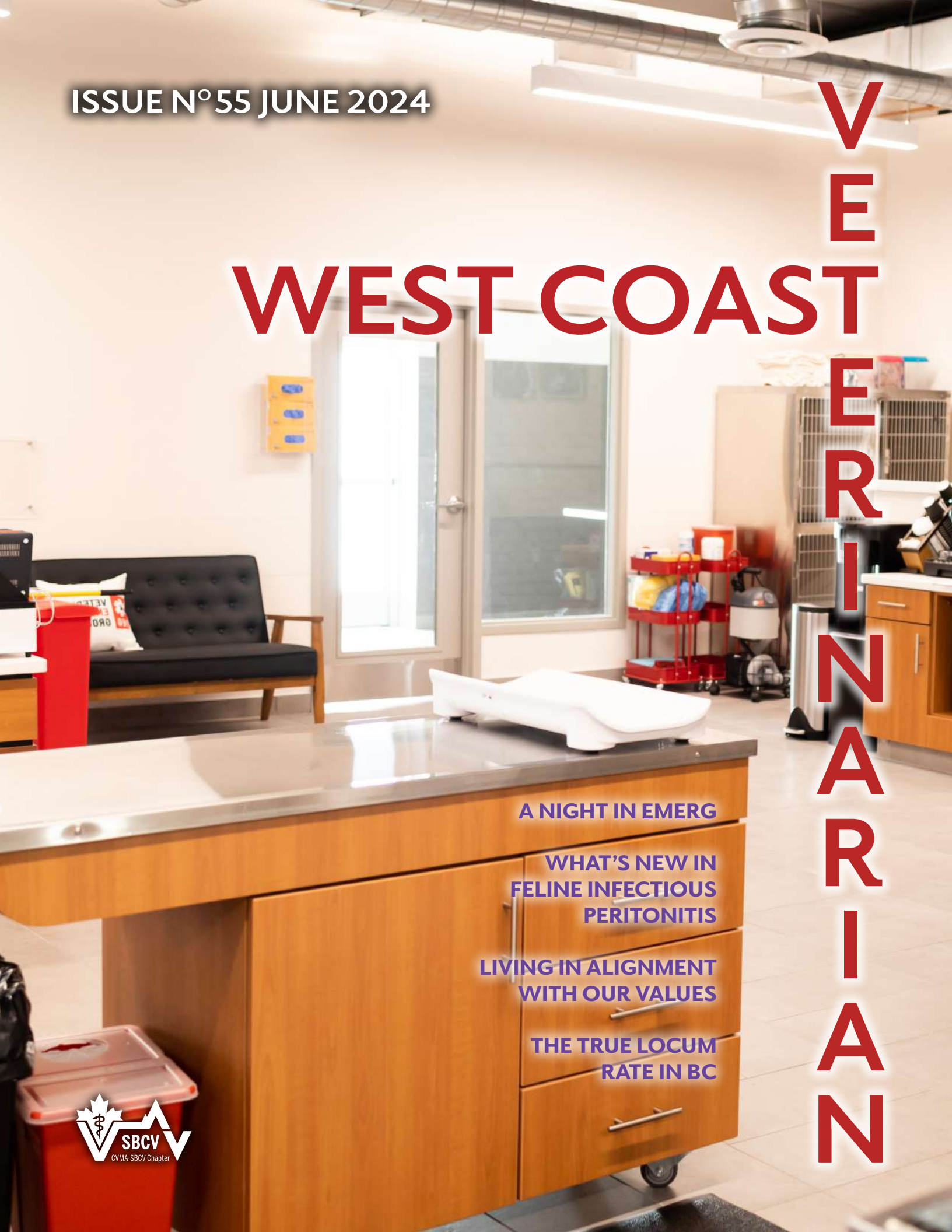
ISSUE N°55 JUNE 2024

WEST COAST VETERINARIAN



A NIGHT IN EMERG

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FROM THE EDITOR

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

An image of an open-concept veterinary hospital. PHOTO SUPPLIED BY DR. MANSUM YAU.

I look at our organization as a two-way street, a two-way conversation with members. It's always been this way, but these last few months have highlighted this point for me and the SBCV.

Take our economic reports as an example. These are a benefit of membership, are paid for by our members, and should benefit only our members. I carefully guard these reports as your property and make sure they only are sent to those entitled to receive them. So when one SBCV member called to question me about how information in one of the reports was derived, I was excited to delve in and contact our economic advisor and ask the questions posed by our members. I was enlightened by the answer and immediately requested a story assignment so I could share this information with all of you. It's what we do when we are working together to help each other.

Or when we realized there was more we could do, with our now-robust regional rep structure, by looking at how we can deliver information in a more friendly format. Trust me, we are working to try to reduce repetitive emails while still keeping all the necessary benefits those repetitive emails gain for the organization.

Another example is our Wellness Wednesday program, which we in the office love. That is not an exaggeration. We source great speakers, challenge them on topics we've heard our members mention, whether in passing or intentionally, and we deliver a year's worth of great resiliency CE in one-hour chunks. I was therefore a bit surprised when I heard from more than one member that they too loved the program but felt it was cumbersome to reserve 12 individual tickets (they are free for SBCV members) to be able to attend each session. I had no idea that this process created even a moment's annoyance or inconvenience, and once I heard this, I immediately created an annual pass system that allowed one reservation for a year's worth of resiliency.

You just need to ask. We try to anticipate where bottlenecks might happen, when access to a service might not be expedient, or how a program may fail to fully respond to a stated need. But we so appreciate when our members let us know about their pain points because we are committed to relieving them to the best of our ability.

Please never hesitate to pick up the phone (ask for me, Corey) or email us (at the SBCV main email, cvma-sbcv@cvma-acmv.org) so we can try to make things better. WCV

Email: wcveditor@gmail.com

WCV
JUNE 2024

WEST COAST VETERINARIAN ISSUE 55

West Coast Veterinarian is the quarterly magazine of the SBCV

WEST COAST VETERINARIAN

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As a provincial organization, the SBCV recognizes that its members occupy the traditional and unceded lands and territories of BC's Indigenous Peoples and asks its members to reflect on the places where they reside and work.

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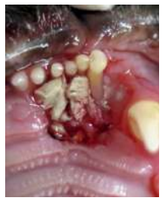
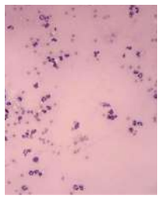
OPEN-CONCEPT VETERINARY HOSPITALS

JUNE





ANGELICA (ANGIE) BEBEL, DVM, DAVDC, is a veterinary care specialist. She began her veterinary career as a registered animal health technician. In 2014, she graduated from the Western College of Veterinary Medicine program and practised general medicine in Vancouver before starting a residency in veterinary dentistry at West Coast Veterinary Dental Services, Vancouver, where she continued working after receiving Diplomate status in July 2018 with the American Veterinary Dental College. Her interests include feline oral medicine and surgery and promoting oral health in companion animals. When not at work, Angie enjoys time with her family and one-eyed cat, Spook.

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

TIFFANY JAGODICH, DVM, DVSc, DACVECC, completed her veterinary degree at the University of Guelph, Ontario Veterinary College. She subsequently completed a rotating internship at Tufts University and then returned to the University of Guelph for her residency in emergency and critical care as well as a graduate degree focusing on respiratory physiology and high-flow nasal cannula oxygen therapy in dogs. She is currently the founding criticalist for a private practice in BC, and trauma medical director for her hospital. Her areas of interest include respiratory medicine, mechanical ventilation, trauma, and much more.

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, CEC, DVM, 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, MSc, 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. Her research illuminated frontline work practices involved with responding to concerns about animals in distress, helping animals with behavioural problems, and One Welfare initiatives.

MATTHEW KORNYA, BSc, DVM, DVSc, DACVIM (SAIM), Resident ACVECC, is an Internal Medicine Specialist and Emergency and Critical Care Resident at the Ontario Veterinary College. He previously worked for several years as a feline veterinarian. His areas of interest include hematology and coagulation medicine, feline medicine, and extracorporeal therapies. He lives with his many cats and a cockatiel.

DARREN OSBORNE, MA, is the director of economic research for the Ontario VMA and economic consultant for the Veterinary Hospital Managers Association, several State VMAs, the Canadian Veterinary Medical Association, and veterinary study groups across North America. Darren attended York University and completed his master's degree in economics in 1992.

CAMILLE ROUSSEAU, PhD, is an anthrozoologist who specializes in canine-assisted interventions for young people in educational settings. She currently works with the Building Academic Retention through K9s (B.A.R.K.) program at the University of British Columbia Okanagan Campus.

V. VICTORIA SHROFF, KC, is widely credited as one of Canada's first and longest serving animal law lawyers and the longest serving in BC. Shroff practises animal law in Vancouver at Shroff Animal Law (Shroff & Associates), is an adjunct professor of animal law at UBC's Allard School of Law, and a member of faculty at Capilano University. Shroff is an associate fellow at the Oxford Centre for Animal Ethics and founding chair of the Canadian Animal Law Study Group. Recognized locally and internationally as an animal law expert, she is frequently interviewed by media and is author of the textbook Canadian Animal Law.

MELISSA SPEIRS, MSc, is the manager of Farm Animal Welfare at the BC SPCA, where she works to improve policy and standards for farmed animals. Melissa completed her MSc in Animal Behaviour and Welfare at the University of Guelph before working at industry associations focusing on extension work. Melissa has participated as a member of the development committee of the National Farm Animal Care Council Code of Practice for the Care and Handling of Goats and is currently participating in the revision of the Canadian Organic Standard.

MANSUM YAU, BSc (Honours), DVM, is a locum veterinarian, writer, and artist who resides in Vancouver. She was born in Hong Kong, raised in Syria and Lebanon, and graduated from the Ontario Veterinary College in 2010. When she is not helping cats, dogs, and small mammals, she is writing, drawing, raising awareness for endangered animals, and exploring nature with her adventuring cat, Boo, and one-eyed dog, Penny.

My fellow SBCV members and colleagues,

I hope you have all had a wonderful start to spring and have been keeping busy with work, while still finding time to relax outside of the "office."

The start of the year has seen ups and downs on various levels. The Vancouver Canucks are now out of the playoffs (down) interest rates haven't dropped (down), a warm winter led to a sub-par skiing season for alpine enthusiasts (down), days are longer (up), and we are always working to address the concerns of our colleagues and trying to better our profession (up).

SBCV Q1

The first quarter of 2024 has been an excellent one, with the SBCV continuing to offer excellent CE opportunities (both in-person and online). It's always great to see you all (whether online or in-person) and connect.

SBCV PRESIDENT'S TRAVEL ITINERARY

This spring and summer, I will be travelling to various conferences to meet with other provincial boards and discuss the issues and topics that make our profession so rewarding but also challenging. I'm looking forward to this opportunity and will always welcome any thoughts and ideas that you may want me to bring up with the board on behalf of BC veterinarians.

WORKFORCE CHALLENGES

The shortage of veterinarians continues to be the main topic of concern across BC and Canada. There are many irons in the fire that we are exploring to continue to address this and try to come up with a long-term, viable solution.

In addition to the workforce shortage, and very much tied into the problem, we are always striving to improve the support and mental health of our colleagues. Our job can be challenging and can take a heavy emotional toll on us at times. It is a lot easier to cope when we stand together and support one another.

As always, please keep communicating with us. Let us know how we can be serving you better. We are here to be your voice and address issues that are concerning you as a person and as a professional.

I look forward to chatting with you all more and connecting throughout the spring and summer. WCV

SBCV staff and special event staff arrive at Corey's home at 6:00 am to prepare for the Spring Sunday CE Sessions.

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. He has two amazing 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.

2024 CVMA CONVENTION IS IN CALGARY, ALBERTA | JUNE 26–30

The CVMA is excited to host our 76th annual convention featuring keynote speaker Anthony McLean who will discuss mental health awareness. A respected voice in his field, McLean has delivered hundreds of inspiring talks across the world, rocking the stage at conferences, colleges, and corporate events. Visit the Education and Events section of www.canadianveterinarians.net to register.

THE CVMA HOLDS PARLIAMENT HILL PRESS CONFERENCE TO CALL ON FEDERAL GOVERNMENT TO ADDRESS WORKFORCE SHORTAGE

The CVMA was on Parliament Hill on March 20 to call on the federal government to address workplace shortages and support a robust veterinary workforce through additional investments for programs, projects, and veterinary infrastructure, as well as investing in the mental health of all veterinary professionals. Visit the Latest News section of www.canadianveterinarians.net for more information.

RECORDED WEBINAR: LEARN STRATEGIES FOR RECRUITING INTERNATIONALLY TRAINED VETERINARIANS

This webinar outlined strategies for recruiting internationally trained veterinarians to address the industry's talent demand in Canada. Visit the CVMA YouTube channel to view the recording.

THE CVMA'S BUSINESS MANAGEMENT PROGRAM IS DESIGNED TO SUPPORT OUR MEMBERS

In collaboration with the provincial veterinary medical associations, the CVMA Business Management program distributes surveys which produce important benchmarking reports. These reports support veterinarians and assist in veterinary practice management. Visit the Business and Management section of www.canadianveterinarians.net to learn more.

REGISTER NOW FOR 2024 THE WORKING MIND COURSE

The Working Mind 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 Manager course uses trained facilitators and personal goal setting to enact the coping skills withing the program. Visit the Veterinary Health and Wellness section of www.canadianveterinarians.net to learn more and to register. WCV

Trevor Lawson, DVM, grew up on a small farm in rural New Brunswick and was heavily influenced by his grandfather, a lifelong small farmer. Dr. Lawson pursued studies at the Nova Scotia Agricultural College, later known as the Dalhousie Agricultural Campus, the University of Manitoba, and the Atlantic Veterinary College, where he earned a DVM in 2004. Dr. Lawson is a committed volunteer and has served with the Nova Scotia Veterinary Medical Association (NSVMA), becoming president in 2010, and has served with the CVMA since 2010 on the Animal Welfare Committee, National Issues Committee, Council, and Executive to present. He is a firm believer that the CVMA, as a national and international leader for our profession, must serve all members of our profession no matter their area of practice. Trevor, his wife Tammy, and children Isaac and Charlotte are proud to call Nova Scotia home.

NAVIGATING IMPOSTER SYNDROME IN VETERINARY SCHOOL

BY FIONA LAMB, BSc

"Do I really belong at WCVM?" These words of self-doubt resonate with many veterinary students, and I am no exception. At the start of veterinary school, Dr. Chris Clark, our Associate Dean Academic at the time, introduced the idea of imposter syndrome. He explained how it can involve self-doubts in the validity of our achievements, a fear of being exposed as an imposter, and a tendency to attribute success to external factors.[1] As students navigate various challenges in veterinary school, many find themselves intimately familiar with these feelings of "imposterism."

In veterinary school, the sheer volume of material to learn is often likened to drinking from a fire hose. Students can encounter challenges with imposter syndrome when the ability to succeed academically is internalized as a representation of our competency as future veterinarians. A lot of the information can feel clinically relevant, and falling short of personal expectations to retain and apply this knowledge can "generate anxiety towards our careers and doubts that we will do right by our patients," shared Rebecca Juan (class of 2025, BC).

Without regular client-patient interactions, contextualizing and applying information given through lectures becomes challenging, and the uncertainty in the ability to translate this information in practice is daunting. For the first three years of veterinary school, Imara Beattie (class of 2024, BC) experienced uncertainty in whether she would be able to perform the role of a veterinarian as well as she wanted to. However, she found that the "best way to fight that uncertainty is to test the waters, and fourth year is the perfect environment to do just that."

For fourth-year students, practical learning opportunities during rotations and externships have bolstered their confidence in stepping into the role of a veterinarian. It's within these clinical settings where students can learn to apply, integrate, and develop their skills with patient and client considerations at the forefront. As Beattie noted, with time "it [becomes] rewarding to start recognizing [your] own strengths, and to practise the skills that [you] perceive as weaknesses and to build them into strengths."

> "...LEARNING TO BE VULNERABLE WITH OTHERS AND PRACTISING SELF-COMPASSION ARE IMPORTANT STEPS IN RECONCILING FEELINGS OF INADEQUACY."

Hands-on surgical opportunities, such as second-year cadaver labs, third-year feline spays, and low-cost spay and neuter programs (e.g., CatSnip), have also been invaluable in alleviating feelings of self-doubt.

A CVBC bylaw limits the tasks that registrants may permit veterinary students to perform under their direct supervision. Surgical procedures such as sterilizing dogs or cats, suturing minor skin lacerations, lancing and treating minor abscesses, and similar minor surgical procedures are restricted to veterinary students entering their final year of study. Due to this bylaw limiting the scope of practice for many veterinary students working in BC, some BC students feel uncertain of their surgical proficiency and preparedness during their summer placements.*

Most of all, creating a support system has made all the difference for students in learning to navigate feelings of self-doubt within veterinary school. Without close relationships, it can be easy to feel alone in your personal struggles. Some students experienced the most imposter syndrome in first-year veterinary school as they were isolated due to COVID-19. The transition to online learning during COVID-19 created significant barriers in connecting and building relationships with other veterinary students. For some, this isolation exacerbated feelings of uncertainty of their place within the program. Some students expressed that they were very insecure about having been admitted under a Non-Interprovincial Agreement seat, as they felt as though they had bought their way into WCVM. For others, the belief that sharing feelings of self-doubt will be met with judgment and criticism creates additional barriers in seeking support.

Students from the class of 2025 after their 2nd year cadaver feline spay lab.

Eden Rowe (class of 2025, left) and Fiona Lamb (class of 2025, right) during their first cadaver feline spay in their 2nd year at WCVM.

Often, "it can be easy to fall into the misconception that everyone else in your class is thriving and feeling confident with their place in the program if you were to isolate yourself in your own insecurities," said Juan. Instead, learning to be vulnerable with others and practising self-compassion are important steps in reconciling feelings of inadequacy. Dr. Chris Clark says that "[the] best advice is to make friends and then slowly build up to honest conversations. This is the only way for students to understand how universal the feeling [of imposter syndrome] is and to normalize it. Once [there is the] realization that the fear is normal, [it] gives everyone a huge relief."

Ultimately, normalizing and de-stigmatizing imposter syndrome is critical in building a support system within our profession. For new graduates and existing practising veterinarians in the veterinary field, imposter syndrome is likely still prevalent, and learning to develop resiliency early on in veterinary school through community building is essential. Emily Yau (class of 2026, BC) considers that "[her] discomfort with imposter syndrome [is more of a] reaction to the vast amount of growth [that she] will undergo during [her] time at WCVM. When all else fails, [her advice is to] look around you and to be open with your peers—we are all in this together and we deserve to be here."

EDITOR'S NOTE: Some registrants may feel that active instruction is more valuable in early learning and may lead to increased competency and confidence.

To save space, the references and footnotes for this article are made available on the SBCV website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. WCV

PHOTOS SUPPLIED BY FIONA LAMB

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.

Fiona Lamb (class of 2025) during her first cadaver feline spay in her 2nd year at WCVM.

Eden Rowe (class of 2025) performing a cat spay during CatSnip at WCVM.

USING INSTITUTIONAL ETHNOGRAPHY TO UNDERSTAND EVERYDAY WORK PRACTICES IN ANIMAL SHELTERS

BY KATHERINE KORALESKY, MSc, PhD

Efficient adoption programs where companion animals are placed into new homes are an important aim of animal shelters, but this may be difficult for animals such as those with behavioural incompatibilities that require additional behavioural rehabilitation. These animals require additional care and monitoring, but how is this achieved in the day-to-day operations of animal shelters?

Working as a researcher in partnership with the BC SPCA, I studied everyday work practices of various workers in animal shelters: frontline staff, animal protection officers, administrators, managers, veterinarians, and veterinary technicians as they worked with the animals, each other, and members of the public. I used a research approach called institutional ethnography, which begins by observing and recording everyday work practices, talking with staff about the work they do, and then mapping how these practices are connected to, and sometimes constrained by, the established procedures and policies of the organization. This let me see that most animals were successfully adopted, but some, particularly those with behavioural incompatibilities, faced barriers to adoption.

When animals enter a shelter, they undergo a physical exam. Healthy dogs over five months of age also undergo a behavioural evaluation that includes a standardized assessment and review of medical and intake documents. Staff explained that the goal of the behavioural evaluation is to identify dogs that need behavioural modification and management, as well as to identify important information to share with potential adopters and to facilitate successful adoption. This information may be used to restrict adoption only to adopters with suitable home circumstances, such as no-cat homes for dogs that are deemed to have a significant prey drive. The evaluation also provides a record of the dog's behaviour and identifies dogs that require special handling in the shelter.

HOW IS BEHAVIOURAL MODIFICATION AND MANAGEMENT ACCOMPLISHED IN EVERYDAY WORK?

Behavioural modification is a specialized task that involves specific principles and techniques, but it is not part of the scheduled duties of frontline shelter staff. I observed how frontline staff tried to fit these activities into a busy workday using, for example, counterconditioning techniques and practices for dogs who react strongly to other dogs. Staff spent time with anxious or fearful animals, though these activities were carried out mostly when staff found extra time, such as during their breaks. This was challenging and stressful for staff who felt responsible to work with these animals and make them suitable for successful adoption outcomes, while recognizing that their behavioural health could worsen the longer they stayed in the shelter.

"STAFF SPENT TIME WITH ANXIOUS OR FEARFUL ANIMALS, THOUGH THESE ACTIVITIES WERE CARRIED OUT MOSTLY WHEN STAFF FOUND EXTRA TIME, SUCH AS DURING THEIR BREAKS."

I observed staff perform numerous everyday tasks with animals: moving animals within the shelter to accommodate their needs, providing daily care, anticipating new arrivals via transfers from other shelters, preparing kennels for stray, neglected, or relinquished animals from the community, and tracking this information in the shelter database. This work involves coordination with other staff members as well as communication with the public to answer questions about adoptable animals, coordinate animal relinquishment, and address other concerns. While these everyday practices achieve good outcomes for most animals, staff were challenged to find time to work with those animals needing additional support. Before considering how to address those animals with behavioural needs, it was vital for me to learn exactly what tasks staff were doing to care for shelter animals.

Solutions for improving the welfare of animals and of the humans who care for them might include further observations with staff to gather more insight into behavioural modification and management. Additional improvements might involve allocating dedicated staff time to work with animals with special needs, and having well-trained fosters who would have time to do behavioural modification with animals one-to-one in the quiet of their homes.

For more details, read Koralesky, Katherine E, Janet M Rankin, and David Fraser. 2023. "Using Institutional Ethnography to Analyse Animal Sheltering and Protection II: Animal Shelter Work." Animal Welfare 32 (January). https://doi.org/10.1017/awf.2023.83. WCV

A NIGHT IN EMERG

THE ROLE OF THE CRITICALIST

BY TIFFANY JAGODICH, DVM, DVSc, DACVECC

There is nothing that will keep you awake at night like an animal whose life needs saving. As a criticalist at Boundary Bay Veterinary Specialty Hospital's Emergency & Critical Care department, I know this intimately.

Meet Eden, the most beautiful middle-aged Leonberger dog you have ever seen. Over the course of a few days, Eden developed a cough and suddenly could barely get out of bed. Eden is seen first by her family practitioner who deems her to be in respiratory distress and advises she is taken to a specialty ER centre like ours. "STAT triage" is paged by reception, and the ER triage team gets to work. A skilled triage nurse receives her before the ER veterinarian performs a physical examination, takes a history, makes an assessment, and plans for initial diagnostics and treatments. First steps include bloodwork and chest x-rays, the latter showing shocking results. The astute ER veterinarian walks up to the criticalist attempting to leave for the day (me) and asks for advice on this case that is becoming more critical by the minute. Eden has a fever, and her breathing rate and effort are steadily increasing, to the point that respiratory fatigue appears inevitable. I have a look at the x-rays—showing severe diffuse interstitial to alveolar pattern—and am likewise concerned. I advise we perform an arterial blood gas that gives us a true measure of the oxygen and carbon dioxide levels getting to and leaving Eden's tissues. Unfortunately, Eden's values are incompatible with life, but thanks to veterinary training and modern science, this is not the end. It is, however, time for life support in the form of a ventilator, the same type used during COVID-19 but which, due to a criticalist's specialized training, allows us to save dogs and cats of all sizes. This day shift has become a night shift.

As I examine Eden, my veterinary technician specialist in emergency and critical care, Jo (a specialist nurse), prepares the sedatives that allow us to place Eden in a medically induced coma. These medications are critical to provide comfort, amnesia, and facilitate acceptance of our ventilator settings. Eden's owner, Jane, is brought back to our ventilation room to get a few precious moments with her girl before we induce Eden's coma. Together with Jane, my technicians and I embark on the emotional rollercoaster that is life support, fraught with moments of positivity and disappointment, in hopes we can get Eden through this crisis. There is often a bond that develops between an owner and the team in critical care cases, as we all fight and hope with our whole hearts to get a patient home.

As we insert the endotracheal tube, we are able to collect thick respiratory secretions for cytological evaluation, crucial to obtaining a diagnosis. The results come back showing Eden has a highly inflammatory lung disease called eosinophilic bronchopneumopathy. The great news is that this disease is treatable with steroids to quell the inflammation. As the response time to steroids is often one-to-two days, we place her on our Draeger V500 critical care ventilator, "Pegasus", to breathe for her while we wait for the treatment to work.

Given my additional years of training and board certification, I often work during the day to support the ER veterinarians and help other specialists get their patients through challenging moments such as high-risk surgeries. But, if I stay overnight, it is often because a patient needs to be put on life support, like Eden was. To help explain how the roles of an ER veterinarian and criticalist (i.e. board-certified specialist in emergency and critical care) may differ at night, I thought I would share an explanation of the difference between both parts of the accreditation.

For one, the day-to-day job is different. The ER veterinarian is your first-line doctor who is there to provide patients the care they need, day or night. It's our ER doctors' jobs to assess patients, create plans on behalf of the correct specialty, and admit animals for those workups the next day. . . tasks done in between repairing a laceration, getting a dog to vomit up a sock, and helping a pregnant animal give birth. What does board-certified mean then? And what do I do?

To be board-certified or board-eligible, a veterinarian has undergone an additional three or more years of training, exclusively in their field of medicine. After this, we must pass an epic two-day marathon of an examination to prove that we were fully trained and can recall the information from our training. Really, tests don't determine if a clinician is good at their job, but the additional three years of residency training in that field are essential to becoming a specialist. The grand total for me was 11 years: Bachelor of Science (three years), Doctor of Veterinary Medicine (four years), internship in medicine/surgery/emergency (one year), and residency in emergency/critical care (three years), concurrent with a graduate degree where I investigated ways to help animals breathe better.

So what do I do on a night in emerg? Circle back to Eden—here I am, in my passion, with my team, and with an owner who is emotionally and financially committed to the journey. Fortunately, Eden has been insured since she was a puppy, giving her owner the option to press forward without bearing a large financial burden.

I ensure my settings and alarms are correct, double check the math, coordinate the settings with the disease process, and off we go—life support in action. Eden is not only on the ventilator; she also has a urinary catheter, a sampling catheter, an arterial catheter for blood pressure monitoring, her body positioned specifically to avoid pressure sores and limit regurgitation, an ECG, a thermometer probe, and more. We monitor every vital sign multiple times an hour, take frequent blood oxygen levels to titrate the ventilator settings, and administer the treatments she needs to be comfortable and reduce the disease in her lungs. It's now 2:00 am and I am usually up at 5:30, but this is nowhere near the longest I have been at the hospital. While we have been working away on Eden, the overnight ER veterinarian has been managing all the ICU patients and incoming emergencies to ensure everyone gets through the night.

Do I eat? Do I take a break? The answer is yes and then no, in that order. There is never a good time to step away from a patient who is critical, but if you've ever met me, you know I will be having a snack every other hour, and a coffee too. (Insider tip: if you have to visit us at BBVSH, the best coffee is "Portside blend" from the machine in front reception.) Jo and I take turns making our fifth coffee of the day and standing outside the ventilation room to take a sip. That is all there is time for as we alternate monitoring Eden and her ventilation settings.

The overnight ER veterinarian soon comes up to me and asks for my opinion on an abnormal electrolyte value in another one of the ICU patients as I take a second sip—this is another part of my job; I collaborate on other clinicians' cases to ensure they have optimized supportive care in the ICU. As an ICU specialist, we fine-tune treatment plans to give the patients the best chance of recovery, so even though your dog had a surgery with one of our fantastic surgeons, I will have spent at least part of my day assessing the dog's fluids and pain medications, and ensuring they can breathe calmly. There's rarely a case in this hospital that my hands or thoughts haven't touched.

Pegasus suddenly beeps excessively loudly—something is wrong. The ventilator screen flips between various concerning alarms: HIGH PRESSURE, OBSTRUCTION. Jo checks over the ventilator connections for kinks, as I look at the graphs on the screen and determine there is likely a mucus plug blocking her breathing tube. We try to quickly suction the plug, but the secretions are too thick—we have to exchange the tube. This process is often high-risk, as we are removing her breathing support all at once. Jo and I call the ICU team to be on standby, and we use our preset intubation tray. Jo removes the tube, I prepare to replace it, and suddenly Eden's heart rate drops—103-94-68-39 beats per minute. . .

"Atropine, give the atropine," I say.

Atropine is a medication used during CPR to help block the vagus nerve that is responsible for this bradycardia. I replace the breathing tube, restart the ventilator, the atropine kicks in, and Eden just barely avoids death. This moment is only one example of many that can happen over 24 hours with a ventilated patient. For the team and myself to think and act under high pressure, work together, and debrief from these events is, of course, emotionally demanding. To then have to notify Jane of her dear pet's recent brush with fate is so disappointing for us, as we have been trying our best all night.

Jane comes back to see Eden after this event, and Eden's heart rate and spontaneous breathing rate increase when her mom talks to her. This is a common finding, even in our ventilated patients. We don't know exactly what it means, but it is repeated across so many patients that I believe they can hear their families. It's 8:00 am, and Jo has arranged a team of senior ICU/anesthesia technicians and my co-criticalists to take over Eden's care. This team is equally trained and better rested—Eden deserves fresh minds to take her through the next 12 hours. Jo and I will be back tonight.

As I am walking out the doors, I see Jane, who tells me how grateful she is that we are able to offer her sweet dog the care she needs, offering respite for worries of inadequacy I may be feeling. Despite years of experience, papers published, articles reviewed, and veterinarians I have trained, there is always a feeling of wishing you could control the outcome for every patient. Life and science do not allow for that, but this simple act of humanity from Jane made every bit of exhaustion worth it.

After Eden's 36 hours on the ventilator, we are able to wake her and get her off the ventilator. I still have the video of her walking out of our building, tail wagging. I love working nights in emerg because we can make a difference, as we did with Eden. WCV

"THERE IS OFTEN A BOND THAT DEVELOPS BETWEEN AN OWNER AND THE TEAM IN CRITICAL CARE CASES, AS WE ALL FIGHT AND HOPE WITH OUR WHOLE HEARTS TO GET A PATIENT HOME."

PHOTO BY JAKE ESPEDIDO/UNSPLASH.COM

TECH CASE STUDY

VOICES OF BELONGING:

HARNESSING THE POWER OF STORYTELLING FOR CHANGE IN DIVERSITY, EQUITY, INCLUSION, AND BELONGING

BY MARINA JOHN, BSc, RVT

As an RVT working in private practice, I've seen and experienced first-hand the lack of diversity in veterinary medicine. One out of every four Canadians, or 26.5 per cent of the population, belongs to a non-white and non-Indigenous visible minority.[1] The largest of these groups in 2021 were South Asian (2.6 million people; 7.1 per cent), Chinese (1.7 million; 4.7 per cent), and Black (1.5 million; 4.3 per cent). This diversity is not reflected in veterinary medicine (US Bureau of Labor Statistics shows that 91.4 per cent of veterinarians are white). These statistics underscore the concerning gap between veterinary service providers and the demographics they serve. The main worry is that this lack of diversity in the workplace could hinder the entry of more individuals into the field. If we don't appeal to younger generations, we may soon face a serious employment crisis that will inevitably have a negative impact on the overall wellbeing of animals.

Research also indicates that pet owners belonging to minority groups tend to exhibit the lowest veterinary spending and visit rates. A significant factor contributing to this trend is the challenge faced by these owners in finding veterinarians who share their cultural background. A person's cultural affiliations influence various aspects of their healthcare-seeking behaviour, including where and how they seek care, how they articulate symptoms, and their adherence to care recommendations. Understanding not only the immediate medical needs of clients but also their values, beliefs, and background can facilitate better communication and foster trust, thereby establishing a sustainable veterinarian-client-patient relationship (VCPR).

"WHEN DIVERSITY IS PRIORITIZED, EMPLOYEES ARE MORE LIKELY TO FEEL VALUED AND RESPECTED FOR THEIR UNIQUE IDENTITIES."

RVT Christina El Hamzaoui, a first-generation Canadian of mixed ethnicity, grapples with the complexities of identity both in her personal and professional life. With a mother from England, a father from Guyana, and a spouse of Moroccan heritage, El Hamzaoui's journey resonates deeply with individuals of diverse backgrounds, including this writer, who is a person of colour. One incident from El Hamzaoui's veterinary experience stands out, reflecting the challenges of navigating racial dynamics in the workplace. While completing a post-dental surgery discharge for a regular client and remarking on the pet's exceptional behaviour throughout the day, the client expressed doubt, remarking, "He usually doesn't like brown-skinned people." Realizing that she was being perceived and judged based on her skin colour, El Hamzaoui felt her work as an RVT was being overlooked in favour of her appearance. This experience also stirred up memories of El Hamzaoui's upbringing, where she felt caught between two worlds. She reflects on feeling "too white" for her dad's side of the family and "too brown" for her mom's side. Yet, over time, she has come to embrace her unique identity and skin tone, lovingly referring to it as "beige." El Hamzaoui now finds empowerment in sharing her background story, highlighting the beauty and richness of her diverse heritage.

Dr. Evy van Nobelen, an Asian Canadian veterinarian who previously worked in the Netherlands, faced racial discrimination in both her personal and professional life. While shopping in Utrecht, a stranger's hateful remark to "go back to your own country" left her shaken. Sadly, such incidents continued into her professional career, where a client overtly expressed his preference for a Dutch veterinarian over Dr. van Nobelen. Dr. van Nobelen, like many in similar situations, chose to internalize her feelings and swiftly concluded the consultation. Now practising in BC's Okanagan region, Dr. van Nobelen continues to grapple with the aftermath of her experiences abroad. She finds it challenging to find supportive groups with whom she can openly discuss her experiences without fear of reprisal. Dr. van Nobelen's story sheds light on the pervasive nature of racial discrimination in veterinary medicine and the barriers individuals face in seeking support. Her courage in speaking out underscores the urgent need for systemic change and the creation of safe spaces where all veterinary professionals feel valued and respected.

PHOTO BY DON ROSSIII/UNSPLASH.COM

During her 2015 Ted Talk, Dr. Dawn Bennett-Alexander, a lawyer and associate professor of Employment Law and Legal Studies at the University of Georgia, recounts an experience at a GP office with her four-year-old daughter shortly after relocating from Washington D.C. to Florida. While waiting to be seen by the physician, her daughter expressed disbelief upon noticing that all the doctors her mother pointed out were white. Having grown up in Washington, where 60 per cent of the population was Black, her daughter assumed only Black people could be doctors. Dr. Bennett-Alexander emphasizes in her TED talk that she never explicitly conveyed this notion to her daughter. Throughout her presentation, she emphasized the importance of implementing practical diversity measures to transition inclusion from theoretical concepts to everyday realities. Her three key principles for success are to follow the golden rule (treat other people as you would like to be treated), to not be judgmental, and to figure out what your messaging is.

We could all benefit from referring to these principles as we look to develop a clear and consistent Diversity, Equity, Inclusion, and Belonging (DEIB) message, one that reflects your authenticity and resonates with your audience, whether it be clients, colleagues, or stakeholders. It's not only about doing what's morally right; it's also about securing a competitive advantage and ensuring long-term sustainability in a rapidly evolving industry.

Research has shown there are many more benefits to a diverse and inclusive workplace, including[2]

- Higher revenue growth and an increased ability to innovate.
- Increased ability to recruit from a diverse talent pool.
- Increased employee retention.

Furthermore, research on company culture shows that inclusion in the workplace is one of the most important keys to retention. When employees trust that they will be treated fairly regardless of race, gender, sexual orientation, or age, they are

- 9.8 times more likely to look forward to going to work.
- 6.3 times more likely to have pride in their work.
- 5.4 times more likely to want to stay at their company.

Diversity is a key factor that practices can leverage to outperform their competition. In their report, "Diversity wins: How inclusion matters," the McKinsey group studied more than 1,000 companies in 15 countries and found that companies in the top 25 per cent for gender diversity on their executive teams were 21 per cent more likely to have above-average profitability. Looking at ethnic and cultural diversity, companies in the top quarter were 36 per cent more likely to outperform less diverse competitors.[3] Given these compelling benefits, it's clear that investing in DEIB is not only the morally correct thing to do but is also a strategic business decision that can drive long-term success and sustainability.

When diversity is prioritized, employees are more likely to feel valued and respected for their unique identities. This allows them to let go of their emotional armour and authentically engage with their work and colleagues. DEIB starts right at the top with owners, managers, and leaders. The first step towards a successful DEIB initiative is for the people in those positions to learn.

Learn about how systems of pervasive oppression operate in the wider culture, learn about your employees and what really matters to them, and learn what psychological safety means. As is said in the veterinary oath, "As a member of the veterinary medical profession, I solemnly swear that I will use my scientific knowledge and skills for the benefit of society."

What great benefit can we, as an industry, provide society by recognizing how people from different races, ethnicities, genders, sexual orientations, and socio-economic backgrounds have different needs when it comes to their animals' well-being? Presently, when looking at the field of veterinary medicine, I see a one-size-fits-all approach, lacking cultural diversity. Veterinary medicine is the vanilla ice cream of dessert options. Instead, I think we should strive to resemble Baskin-Robbins, offering 31 flavours, each catering to different cultural nuances, preferences, and needs. . . a unique flavour for every day of the month.

To save space, the references and footnotes for this article are made available on the SBCV website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. WCV

RABIES UPDATES
FROM BC'S PUBLIC HEALTH VETERINARIAN

BY ERIN FRASER, BSc, MSc, DVM

In BC, bats are the only reservoir for rabies, but all mammals, including humans, are susceptible to the rabies virus. Periodic spillover cases of bat-variant rabies virus have been detected in BC in species such as humans, cats, and skunks. The percentage of positive specimens (all species) with human and/or domestic animal contact has fluctuated over time but has remained low overall, ranging from 0.76 to 7.56 per cent positive specimens per year. In bat populations, it is estimated that < 0.5 per cent of bats are infected with rabies. A higher proportion of tested bats are positive (4–10 per cent), as bats with altered behaviours due to rabies are more likely to come into contact with people and animals and subsequently be sent for testing.

"VETERINARY CLINICIANS PLAY AN INTEGRAL PART IN RABIES SURVEILLANCE AND RESPONSE IN BC."

As spring and summer approach and outdoor activities for humans and pets increase, it is timely to discuss and remind ourselves of the risk of rabies and the role of veterinarians in disease response. Veterinary clinicians play an integral part in rabies surveillance and response in BC. Animal rabies is reportable to the BC Office of the Chief Veterinarian and the Canadian Food Inspection Agency (CFIA).

Should you suspect a rabies case or exposure in an animal, it is your responsibility to conduct a thorough rabies risk assessment, promptly vaccinate any animals exposed to rabies regardless of their vaccination status, and collect and submit samples for testing to the CFIA rabies laboratory if indicated. Veterinarians fulfull their reporting requirements by submitting samples from a suspect animal to the CFIA rabies laboratory. While your clients are responsible for veterinary fees and shipping costs, the rabies lab covers the expenses of the rabies test in cases where an animal or person has been exposed to the suspect specimen. See Figure 1 for a brief guide on veterinary management of potential rabies exposures in animals.

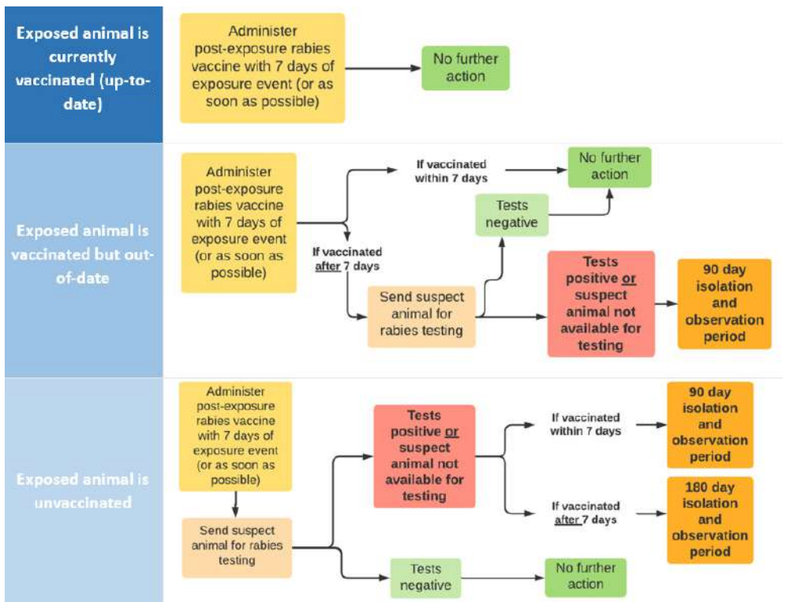


FIGURE 1: BC veterinary management of rabies exposures in animals.

Human exposure to a suspected or confirmed rabid animal requires prompt notification of local public health authorities. In BC, the Reporting Information Affecting Public Health Regulation requires veterinarians to report to a Medical Health Officer (MHO) all known or suspected cases of a person exposed to rabies. Your regional authority will conduct a human rabies risk assessment and work with you to coordinate testing of the animal specimen as needed.

The BC Centre for Disease Control (BCCDC) has comprehensive rabies guidelines for veterinarians and clinic staff, including contact information for BC Regional Health Authorities. The guidance document is available on the BCCDC website at www.bccdc.ca/health-info/diseases-conditions/rabies. WCV

West Coast Veterinarian's "A Year in the Life" is a four-part column written by one veterinary specialist about one topic that has four distinct life phases. Through the course of the year, each instalment highlights how this topic affects animals at a certain life stage and what veterinarians should know about how to treat it. This year's focus is canine and feline dentistry.

ORAL HEALTH IN **SENIOR PATIENTS**

BY ANGIE BEBEL, DVM, DAVDC

As our pets age, they are at an increased risk for oral problems. A good oral examination should be performed at every veterinary visit to identify these problems, including periodontal disease, fractured teeth, tooth resorption, and oral neoplasia.

PERIODONTAL DISEASE

As discussed in the previous article in this series, periodontal disease is one of the most common health issues seen in veterinary patients with a reported prevalence of over 80 per cent in dogs and cats over two-to-three years of age. In younger patients, it begins as gingivitis, as the host responds to bacterial plaque, eventually progressing to periodontitis. Left untreated, this chronic inflammation, influenced by the continued accumulation of bacterial plaque and dental debris, ultimately leads to destruction of the supporting tooth structures: the gingiva, alveolar bone, cementum, and periodontal ligament. This loss results in permanent and irreversible damage recognized as clinical loss of attachment with the eventual loss of the affected teeth. It is these late changes that are commonly diagnosed in senior veterinary patients due to poor oral hygiene during their lifetime. (Figure 1)

Attention to a senior patient's oral health is important for various reasons and should be part of every physical examination. Neglecting oral hygiene affects not only their oral health but can contribute to other local and systemic disease processes. Older patients may experience weakened immune systems and a decreased ability to fight off infections, making them more vulnerable to dental disease. This can significantly impact their quality of life and lead to more severe health problems if left untreated.

Dogs with chronic inflammation and bacteremia from periodontal disease may have a greater risk of developing cardiovascular and renal disease than those without periodontal disease. Furthermore, as the severity of periodontitis increases, the risk of developing these other diseases may also increase.[1] Histological examination of kidney, hepatic, pulmonary, and cardiac tissues in dogs found pathological lesions induced by periodontal pathogens, and the severity of the periodontal disease burden may contribute to the development of systemic pathology in these dogs.[2]

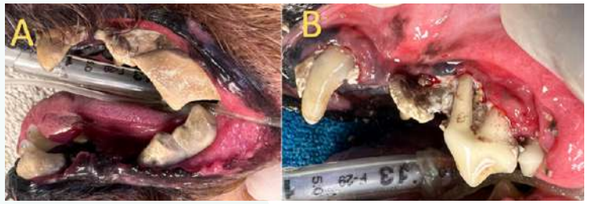


FIGURE 1: 14-year-old terrier cross with advanced (stage 4) periodontal disease. A) Marked generalized calculus and plaque accumulation with buccal and alveolar mucositis. B) Once removed, severe attachment loss was noted including gingival recession and bone loss resulting in furcation exposure, severe periodontal pocket formation, and tooth mobility. This patient needed full mouth extractions.

FIGURE 2: A) 12-year-old patient presented with hypersalivation with blood. Clients noted a slow decline in appetite with weight loss. B) Oral examination found a ventral lingual growth. A biopsy revealed squamous cell carcinoma.

FIGURE 3: A) 10-year-old male domestic Shorthair with blepharospasm and epiphora of the left eye. B) 14-year-old female domestic Shorthair with severe bloody mucoid discharge from the right nostril. Both patients were diagnosed with advanced maxillary squamous cell carcinoma.

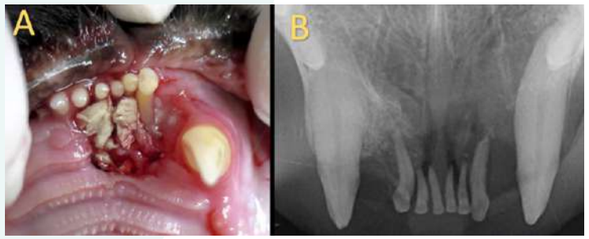


FIGURE 4: A) Oral examination in this 11-year-old feline patient found a poorly defined, necrotic lesion involving the maxillary incisors. B) Intraoral radiographs found this lesion involved the incisive bone, parts of the maxilla extending from the left and right maxillary canines, and the nasal passages. Computed tomography would help to provide detail on the extent of this lesion. Histopathology identified changes consistent with squamous cell carcinoma.

PHOTOS BY ANGIE BEBEL

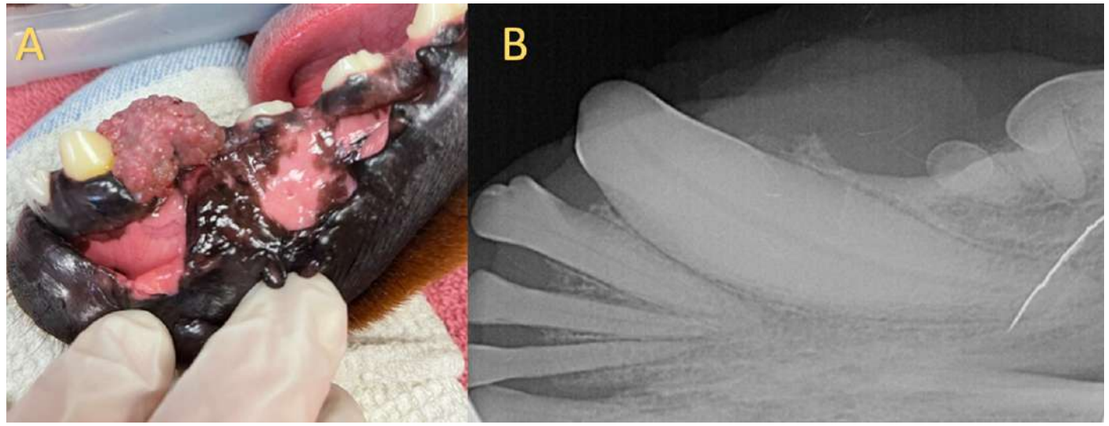


FIGURE 7: Canine acanthomatous ameloblastoma (CAA). Considered benign and locally aggressive with invasive properties into surrounding bone. A) Oral examination reveals an exophytic gingival mass with an irregular surface between 304 and 306. This tumour arises from remnants of odontogenic epithelium located in the gingiva in the tooth-bearing regions of the jaws but can arise intraosseously infiltrating and breaking out of bone. Treatment includes surgery with wide 1 cm surgical margins recommended. Radiation therapy has been shown to have good results. B) Radiographs of this mass do not show extensive bone involvement. Treatment includes surgical excision of the growth and the associated tooth/teeth and underlying bone (En Bloc) with 0.5 cm margins for best results. Incomplete excision results in a high risk of recurrence.

Advanced periodontal disease will result in painful mouths, leading to a decreased appetite. In senior patients suffering from concurrent illnesses such as chronic renal, hepatic, or intestinal disease, oral pain will only make their appetites decline, further compromising these patients.

The best time to start professional evaluations with cleanings is in the first one-to-two years of life to prevent periodontal disease. At its earliest stage (stage 1, gingivitis) periodontal disease is reversible, whereas stages 2–4 are not and require treatments discussed in the previous article of this series. Attention to our patients' dental health during their lifetime with regular professional veterinary dental cleanings and a good daily home care program can help reduce the severity of disease in these patients, improving their quality of life while helping to reduce the negative impacts of dental disease on their health.

Anesthesia is necessary to provide adequate oral and dental care. A common reason why a senior patient's oral health is neglected is the concern for the need of a general anesthetic. As a result, these patients are not treated, as they are considered too old and unlikely to do well during the procedure. It should not be assumed that age is an anesthetic risk. Failing to address a medical problem that is treatable or curable when an older patient is healthy enough to do well under anesthesia can result in unnecessary suffering and allow the problem to worsen over time.

Senior patients can be anesthetized and can have uneventful anesthetic and dental procedures. However, because of their advanced age and possible physiological deficits, these patients should receive

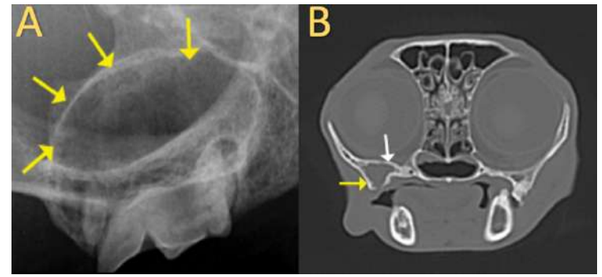


FIGURE 5: A) Cyst-like structure along the caudal right maxilla in this eight-year-old feline patient (yellow arrows). B) Computed tomography helped determine the cyst boundaries (white and yellow arrows) and assisted with surgical planning. Imaging also found this lesion did not involve the periorbital structures or nasal passages.

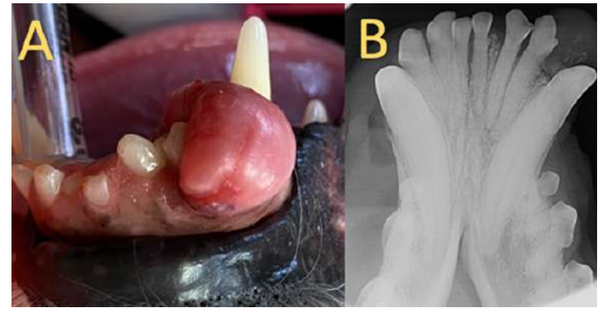


FIGURE 6: A) Peripheral odontogenic fibroma (POF). There is a large, well demarcated, smooth, firm mass from 302 to 304 resulting in displacement of teeth 302 and 303. These are mesenchymal tumours previously described as fibromatous and ossifying epulides. These are benign, slow-growing oral tumours, believed to arise from the periodontal ligament. The surface epithelium often appears normal. B) Intraoral radiographs may show mineralization without further changes to the surrounding bone, as seen in this example.

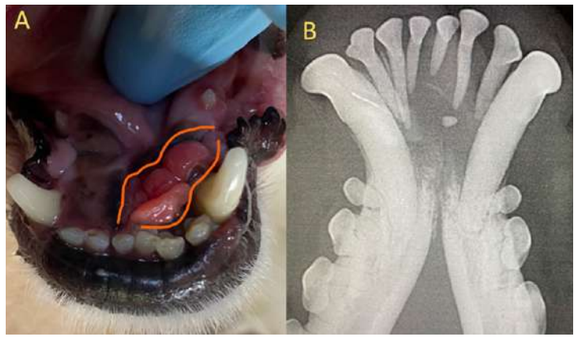


FIGURE 8: Oral squamous cell carcinoma in a nine-year-old Cavalier King Charles spaniel. A) Oral examination found a poorly defined soft tissue swelling along the lingual margins of the rostral mandible that included teeth 401 and 301–304 (orange outline). The mandibular incisors were mobile and displaced rostrally with gingival recession noted along the lingual margin of 304. B) Intraoral radiographs found severe, osteolytic changes of the left and right rostral mandible. Treatment included a rostral bilateral mandibulectomy.

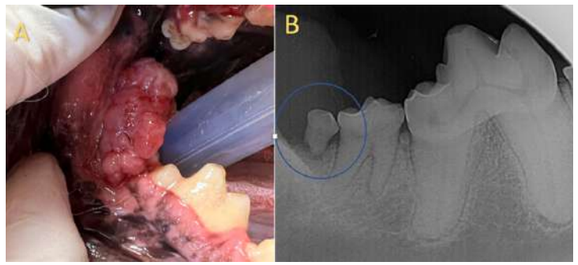


FIGURE 9: Malignant melanoma in a 10-year-old Golden Retriever. A) Oral examination found a broadly based, ulcerated, poorly defined growth at the level of 410 and 411. B) Radiographs found mild, focal osteolysis at the level of 411. Tooth 411 had root resorption and was mobile. Treatment included a caudal mandibulectomy followed by melanoma vaccine therapy.

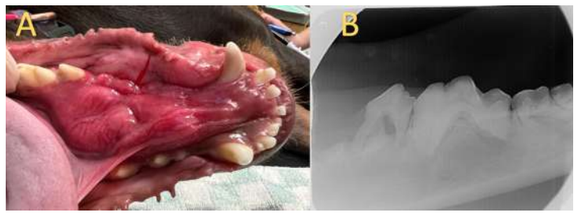


FIGURE 10: Fibrosarcoma in an eight-year-old mixed-breed dog. A) Oral examination found an extensive, firm, lobulated swelling of the left mandible extending from 301 to 311, which also involved the sublingual mucosa and right mandible. B) Intraoral radiographs found swelling with osteolytic changes of the left mandible. Teeth 308 and 309 had extensive root resorption. Surgery was not recommended in this patient due to the extensive nature of the tumour and the poor prognosis for this patient.

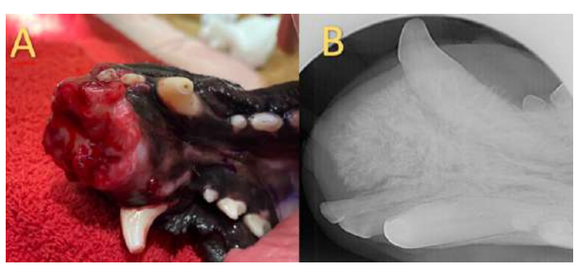


FIGURE 11: Osteosarcoma in a seven-year-old German Shepherd. A) Oral examination found a poorly defined, ulcerated and bleeding mass of the rostral mandible. B) Intraoral radiographs found an osteoprolific mass extending from 304 to 404. Several mandibular incisors were missing. Treatment for this dog included a rostral bilateral mandibulectomy.

special attention. All patients, including senior patients, should be evaluated to determine their overall health, ASA status, and anesthesia risk. If a patient has concurrent illnesses, a thorough physical examination and blood work should be conducted to determine whether a dental procedure should be performed. Additional tests may be recommended based on the findings of these examinations and the patient's history and may include echocardiograms, abdominal ultrasounds, and thoracic radiographs. In some cases, having a board-certified veterinary anesthesiologist assist with the general anesthesia may be recommended, or, alternately, you may consider referring the patient to a dental specialist. If your practice has access to either an anesthesiologist and/or dental specialist, it is strongly encouraged to contact them to discuss these more challenging cases.

In my experience, senior patients that have been thoroughly examined with the appropriate work-up and their medical conditions well-managed do very well during their anesthetic procedure for a dental. These patients often return for their surgical follow-up, with clients reporting a significant improvement in their pet's appetite, energy, and overall demeanour. In many instances, clients comment that their pets are acting like puppies or kittens again.

ORAL TUMOURS

Swellings and masses can occur at any age with most oral tumours commonly occurring in older patients (greater than six years of age). Patients may present with a history of inappetence or anorexia, hesitancy of picking up, chewing, or swallowing food, dropping items, chattering, or drooling with or without blood. Patients may also present with facial swellings, exophthalmos, blepharospasm, and nasal discharge, depending on the location of the oral swelling (Figure 2, 3). However, some patients may not show any clinical signs and a thorough awake oral examination in all patients is therefore recommended during any visit. In some cases, these swellings and masses are incidental findings during a dental procedure, as an awake oral examination may not have been possible due to the patient's demeanour.

Once a swelling or mass has been identified, the first step is to determine the type of tumour that is present with a biopsy for histopathology. A closed biopsy or fine needle aspirate is not recommended, as this will not provide an adequate sample of the swelling or mass and is often non-diagnostic. An open biopsy (incisional or excisional biopsy) is recommended, as this will provide a better representation of the architecture of the tissue that is present. To reduce the risk

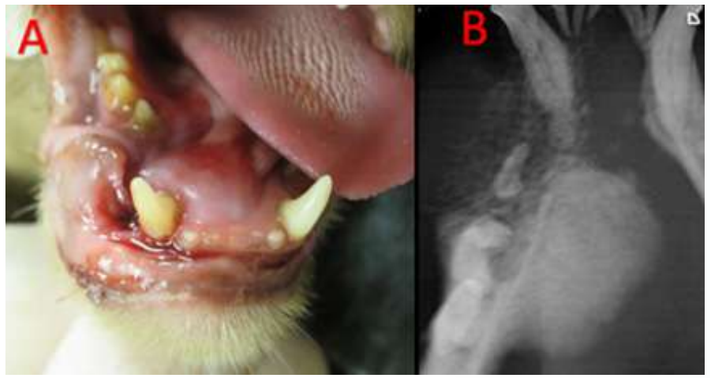


FIGURE 12: Oral squamous cell carcinoma in an 11-year-old feline patient A) Oral examination found a large, poorly defined, ulcerated swelling of the right rostral mandible that was extended past midline. The right mandibular third and fourth premolars (407, 408) were mobile. B) Radiographs found both osteolysis and formation of a large, firm, well defined lesion along the lingual surface of the right mandible. The mandibular symphysis has been compromised, resulting in rostral mobility.

"DOGS WITH CHRONIC INFLAMMATION AND BACTEREMIA FROM PERIODONTAL DISEASE MAY HAVE A GREATER RISK OF DEVELOPING CARDIOVASCULAR AND RENAL DISEASE..."

of a non-diagnostic sample, it is important to collect a deep tissue sample. This will avoid obtaining only the superficial layer of the mass, which often consists of only inflammatory cells and necrotic tissue lacking the deeper abnormal neoplastic cells.

If an oral tumour is suspected, a comprehensive workup should be performed. This is particularly important to rule out metastasis if one suspects the presence of a malignant tumour and will help stage a patient and provide a more accurate prognosis if treatment is considered. This should include blood work (CBC, Chemistry) with urinalysis, chest radiographs, and possible abdominal ultrasound and lymph node evaluation.

Intraoral radiographs should be performed during the initial evaluation to help determine the initial extent of the tumour and tooth involvement. Computed tomography may be recommended to determine the extent of a tumour and will also aid in surgical planning (Figure 4, 5).

Oral swellings and masses can be divided into two categories: odontogenic and non-odontogenic (malignant) tumours.

Odontogenic tumours are those derived from epithelial, ectomesenchymal, and/or mesenchymal elements that are involved in tooth development. These are benign, with malignant odontogenic tumours being rare in veterinary patients. These tumours remain localized in the mandible or maxilla, resulting in swellings and distortion of the surrounding tissues and tooth displacement. While there are no reports of metastasis of odontogenic tumours, they will continue to grow over time. This can lead to difficulty eating, trauma to the tumour, bleeding, oral pain, and tooth loss. Treatment is therefore always recommended.

Surgical excision with 0.5 cm to 1 cm margins is recommended for most and is usually curative, depending on the type of tumour. The most common odontogenic tumours in veterinary patients include peripheral odontogenic fibromas (POF) and canine acanthomatous ameloblastoma (CAA) (Figure 6, 7). Odontogenic tumours in feline patients are less common.

Non-odontogenic tumours are malignant tumours that are fast-growing and locally aggressive, often resulting in marked destruction of surrounding tissues and tooth loss. These tumours have a higher risk of metastasis; staging is important in order to determine the prognosis for the patient and to determine the best treatment option. Surgical removal of these tumours is the recommended treatment, giving the best chance for the patient to be cured. However, depending on the tumour type, location, and size, other adjunctive treatments may be recommended and may include radiation therapy, chemotherapy, and immunotherapy (melanoma vaccination). Common malignant tumours in canine patients include squamous cell carcinoma (Figure 8), malignant melanoma (Figure 9), oral fibrosarcoma (Figure 10), and osteosarcoma (Figure 11). The most common malignant tumour in feline patients is squamous cell carcinoma (Figure 12).

The goal of this four-part series was to help familiarize veterinarians with some of the more common dental and oral pathologies seen in clinical practice during different stages of a patient's life. While many of these conditions tend to occur at a certain age, there can be overlap with some diseases seen at any age. Therefore, it is recommended that veterinarians continue to perform a comprehensive oral examination at every visit and to be critical of their observations. If there is any doubt about what is found on examination, veterinarians are encouraged to take photographs and discuss their findings with a dental specialist, if this is an option.

To save space, the references and footnotes for this article are made available on the SBCV website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. WCV

EXPLORING OPEN-CONCEPT VETERINARY HOSPITALS:

A NON-TRADITIONAL MODEL OF PRACTISING VETERINARY MEDICINE

BY MANSUM YAU, BSc (Honours), DVM

"IF THEIR PET IS NOT TREATED RIGHT AWAY, PET OWNERS CAN SEE WHY THERE IS A WAIT. THEY CAN SEE HOW HARD THE VETERINARY STAFF WORK."

Dog receiving affection during a hospital visit.

Most of us have heard of open-concept floor plans, but have you heard of open-concept veterinary hospitals? In the open-concept model of practising veterinary medicine, pet owners are allowed to follow their pets every step of the way—from the initial exam to blood draws, and even during CPR and surgery.

Many pet owners are terrified of going to the veterinarian, especially when there is an emergency. Many are stressed when they are separated from their pets and vice versa. Being able to stay with their pet the whole time, in the same vein as pediatric medicine, helps reduce some of the fear, stress, and misconceptions families may feel in veterinary hospitals.

One of the pioneers of the open-concept model is Adobe Animal Hospital in California. This primary care veterinary hospital with up to thirty veterinarians has been using the open-concept model in various buildings since it was founded by Dr. Dave Roos in 1964.

I interviewed one of the veterinarians at Adobe Animal Hospital, Dr. Brennen McKenzie. When met with criticism regarding the open-concept model, he points out he has been practising it for 20 years. He explained the open-concept model helps build the veterinarian-client-patient relationship (VCPR). It helps reduce misunderstandings when it comes to "big, scary, expensive" procedures.

In cases where they are unable to save a pet, e.g., during CPR, people leave saying, "I'm glad you did all that you could" instead of questioning what the veterinary team did to help their pet. Family-witnessed CPR may seem intense, but it is something people willingly watch on TV. Studies show family-present CPR reduces mistrust. CPR performed in an urgent, calm way with a patient's family as witnesses and a chaperone explaining what is happening to the pet has better emotional outcomes for the family than having them hear commotion in the back and possibly making assumptions.

Dr. McKenzie does not think it takes longer to explain things to pet owners because he and other staff members walk owners through procedures as they happen. If anything, it helps owners understand the procedure better because they can see it happening in real time. Not to mention, certain procedures sound worse than they look (e.g., cystocentesis).

Practising the open-concept model can feel like being in a fishbowl, Dr. McKenzie said. However, in his opinion, once one overcomes the fear of being watched or judged, the open-concept model can help build bonds with clients more efficiently. He is aware some veterinary staff find interacting with clients the most difficult part of the profession.

"Open-concept" does not mean there are no boundaries with clients; guidelines still need to be in place. At Adobe Animal Hospital, pets are allowed two family members at a time to prevent clients bringing family members in the double digits. Each visitor is given a sheet with guidelines such as not petting other people's pets and not talking on the phone while visiting. Hostile or aggressive clients and those who are interfering with quality care of patients can still be asked to leave, just like in conventional veterinary hospitals. Distraught clients are given privacy, as are euthanasia appointments. Clients are accompanied by staff and only go where patients go, i.e. not into the staff lunchroom or the doctors' offices. Controlled drug lockboxes are monitored by two security cameras.

Adverse client reactions to watching procedures, such as fainting, are rare. Adobe Animal Hospital has not experienced an increased incidence of pet owners being injured, nor an increased incidence of lawsuits, as compared to typical veterinary hospitals.

Most people are just grateful for the opportunity to accompany their pets in open-concept veterinary hospitals, whether it is a breeder whose dog needs a C-section or an owner whose pet needs chemotherapy.

Dr. McKenzie also pointed out that veterinarians rely on pet owners to help with patients in small towns where veterinary technicians are scarce. They have no choice but to practise the open-concept model.

PHOTOS SUPPLIED BY VETERINARY EMERGENCY GROUP (VEG)

A veterinary hospital overnight room.

Another American veterinary hospital group known for the open-concept model is Veterinary Emergency Group (VEG), founded by Dr. David Bessler in 2014. Allowing pet owners to follow him to the back felt natural to him and mirrored his experience taking his children to the ER.

At new VEG hospitals, after walking through the initial double doors (to prevent pets from escaping), pet owners walk straight into a treatment room where they are greeted by a triage veterinarian and veterinary technician. If their pet is not treated right away, pet owners can see why there is a wait. They can see how hard the veterinary staff work.

When I interviewed one of the veterinarians who works for VEG, Dr. Anna Foster, Chief of Staff to the CEO, she described feeling like a hero at work. She now gets thanked regularly by pet owners, as opposed to when she worked in a conventional veterinary hospital. In her opinion, thankfulness is an antidote to burnout in the veterinary profession.

She finds pet owners are calmer in open-concept veterinary hospitals because they can stay with their pets. At VEG, pet owners are even allowed to stay overnight in the hospital with their pets and can order food to be delivered there. The overnight rooms have sofa beds, iPads, and snacks.

She also finds pet owners are more trusting in an open-concept veterinary hospital due to the transparency. The surgery rooms all have windows. Pet owners can watch their pet's surgery. Human surgeons have even been allowed to scrub in.

She rarely sees people faint at work. If people prefer not to watch, the windows have blinds on them. Pet owners can leave if they are not able to handle the sight of blood. There are seating nooks as well as privacy rooms for humane euthanasia, feral cats, and exotic animals.

Controlled drugs at VEG hospitals are securely stored in CUBEX machines with fingerprint technology and inventory tracking.

The staff have break rooms off limits to pet owners (unless invited in) where staff can store their bags and lunch. Some VEG hospitals even have meditation rooms with massage chairs and twinkle lights. Amenities like these give introverted staff a place to recharge. Valuing transparency and being willing to go above and beyond for clients plays a bigger role in how well staff thrive in an open-concept model than introversion or extroversion, in Dr. Foster's opinion.

As for client communication in the open-concept model, in her experience, it does not take much time to explain procedures to pet owners. If there are multiple pet owners in the treatment room at the same time, she can address them as a group rather than individually. Pet owners can also explain things to other pet owners in the treatment room.

I interviewed Kenichiro Yagi for a veterinary technician's perspective on the open-concept model. Yagi has 17 years of open-concept experience and is now the chief nursing officer at VEG. He stressed the importance of having sufficient competent staff in open-concept hospitals to maintain a high standard of care and cleanliness, as well as to chaperone clients.

VEG does extensive CPR training and values leadership qualities for both veterinary technicians and veterinarians because being a solid leader is important, especially when there are more people in the room.

Yagi also stressed the importance of taking care of patients' emotional health—and, by extension, patients' families—not just physical health. In his experience, people who care about other people and pets—and outwardly show it—thrive in open-concept veterinary hospitals. Being forgiving and understanding are two other traits that make a difference, according to Yagi.

When I asked if he thinks veterinary technicians are treated better by clients and by veterinarians in open-concept hospitals, he agreed. Clients can see what a big role veterinary technicians play in pet care when they are allowed to accompany their pets. The transparent nature of the open-concept hospital also means veterinarians are more mindful of what they say to technicians. Conversely, veterinarians and technicians also need to be mindful of what they say about clients and patients, but one should ask the question of whether they should be behaving in a way they would not like to be seen by clients to begin with.

Like Dr. McKenzie, Yagi finds explaining procedures to clients as the procedure is taking place beneficial because it leads to better comprehension, and, therefore, better owner compliance. He feels the open-concept model gives clients more opportunities to ask questions, to process information, and to get to know the staff better.

Another benefit of the open-concept model, according to Yagi, is how clients can see the value in what they pay for when they are present every step of the procedure, instead of just seeing the (possibly) big bill when they pick up their pet. For example, when they see their pet anesthetized and monitored by a technician, the equipment used, and how difficult it can be to find and remove foxtails, the bill at discharge makes more sense.

Although new VEG hospitals do not have reception rooms and have one big treatment room instead, conventionally designed veterinary hospitals do not have to change their layout to practise the open-concept model. Adobe Animal Hospital has been using the open-concept model in various buildings with conventional hospital layouts for decades.

One caveat I do have to point out is space. If a hospital barely has enough space for staff, allowing pet owners to follow their pets every step of the way can be physically uncomfortable.

The open-concept model may not be the right fit for every veterinary hospital. Pros and cons need to be weighed before considering adoption of the open-concept model.

Dog receiving cuddles during an overnight stay.

PROS	CONS
1. Fosters the VCPR. 2. Better perceived value, as pet owners can see the equipment used, the time spent, the trained professionals involved in the care of their pet, etc. 3. Better comprehension of medical procedures. 4. Lower levels of stress for pets who do not like being separated from their owners. 5. Lower levels of stress for pet owners who do not like being separated from their pets. 6. Lower levels of mistrust due to increased transparency. 7. Increased gratitude towards veterinary staff, which can lead to increased job satisfaction and lower rates of burnout. 8. Gentler treatment of pets (who should, of course, be treated gently regardless of whether owners are present) by veterinary staff. 9. Better treatment of technicians by clients, as they see the core role technicians play. 10. Sets a veterinary hospital apart from the competition.	1. Practising the open-concept model can feel like being in a fishbowl. 2. Veterinarians and technicians who find client relations difficult may find the open-concept model draining. 3. Veterinarians and technicians with low self-esteem may find the open-concept model draining. 4. Extra guidelines need to be set in place to run an open-concept hospital efficiently. 5. Extra staff training is needed to run an open-concept hospital efficiently. 6. Insufficient staffing can lead to significant challenges in an open-concept hospital. 7. The hospital must be reasonably sized to accommodate the extra individuals in treatment rooms, surgery rooms, etc. 8. Expenses are added through sofas, snacks, etc. for pet owners. 9. Although rare, clients may faint while watching their pet's procedures. Care needs to be taken to avoid them hitting their head in these cases. 10. This model of veterinary medicine will need to be explained to colleagues unfamiliar with the concept.

Note—some pets do better when away from their owners.

With pet owner guidelines and staff training systems in place, the open-concept model embraces transparency when it comes to procedures traditionally done away from pet owners. Setting aside the discomfort of having pet owners watch us perform procedures leads to better relationships with pet owners, a better client understanding of what veterinary staff does, and pets and pet owners alike being less stressed, as they can stay together instead of being separated.

To save space, the references and footnotes for this article are made available on the SBCV website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. WCV

SPECIALIST COLUMN

WHAT'S NEW IN FELINE INFECTIOUS PERITONITIS

BY MATTHEW KORNYA, BSc, DVM, DVSc, DACVIM (SAIM), Resident ACVECC

Feline Infectious Peritonitis (FIP) has always been a complex disease, often poorly understood by veterinarians and cat owners alike. However, in recent years, our understanding of this disease and its treatment options have expanded significantly. FIP is in the midst of a transformation from a difficult-to-diagnose death sentence to a disease where a diagnosis and therapy are both readily possible. Recent changes in availability of therapeutics have made a cure for FIP a reasonable goal for most veterinarians in Canada.

A REVIEW OF FIP

In order to understand recent advances and changes in FIP, it is crucial to have an understanding of the pathophysiology of the disease. FIP is ultimately caused by a complex interplay of exposure to a pathogen, immunogenetics, and random factors. While more complex than many diseases, FIP is readily understood when the disease is broken into a series of steps:

1. Infection with the enteric biotype of Feline Coronavirus (abbreviated as FeCoV) occurs. This ubiquitous pathogen is spread feco-orally and infects up to 70 per cent of cats. The virus infects the bowel and causes mild, self-limiting enteritis. Cats may be repeatedly infected, though there is no carrier state. In most cats, infection ends here.
2. In less than 10 per cent of cats, FeCoV changes tropism from enterocytes to macrophages, due, in large part, to mutations in the spike protein. A variety of different mutations that result in this change have been described, and multiple mutations may be required. This change means the virus is no longer shed in the stool and circulates systemically within infected macrophages.
3. In some cats, a strong cell-mediated immune response occurs, clearing the infection. If a humoral response predominates instead, viral killing is ineffective. Large numbers of ineffective antibodies bound to antigens (immune complexes) accumulate, resulting in a Type 3 hypersensitivity response. Macrophages and lymphocytes are recruited to the site of infected macrophages but are unable to kill infected cells, resulting in granuloma formation.
4. Cats who maintain a degree of cell-mediated immunity form granulomas in multiple tissues. The clinical signs and laboratory abnormalities that occur depend on the organs involved. Common sites of inflammation include the eyes, brain, ileocolic junction, spleen, and kidneys, though involvement of lungs, heart, liver, skin, and other organs has been reported. This diffuse, granulomatous inflammation associated with FIP is classically referred to as "Dry FIP" and may last from days to months.
5. Cats with a very poor cell-mediated response produce large numbers of antibodies, which form circulating immune complexes. These deposit in vessel walls and create systemic vasculitis, resulting in inflammation and fluid transudation within the abdomen, thorax, or other cavities. This syndrome of cavitary effusion is referred to as "Wet FIP" and is generally fatal in days to weeks.

Note that this situation is not as black and white as it may seem. Most cats will mount a combination of TH1 and TH2 responses, and the Wet-Dry classification should be seen as a spectrum and not a dichotomy. Some cats with Dry FIP will develop a stronger humoral response over time, resulting in a transition from Dry to Wet. It does not appear that cats naturally transition from Wet to Dry forms.

Regardless of the type of FIP, this disease causes systemic inflammation, vasculitis, and immune complex formation. Increased antibodies are biochemically demonstrated as high globulins. Acute phase proteins (especially alpha-1 acid glycoprotein) are elevated. Albumin is often decreased both as a negative acute phase response and as a component of fluid transudation. Neutrophilia occurs as a consequence of inflammation, and a cyclic fever is often seen. Anemia is a result of RBC destruction in inflamed blood vessels, with a secondary increase in bilirubin. Anemia is also contributed to by non-regeneration.

As FIP progresses, cavitary effusion, anemia, and organ dysfunction become more severe. Death occurs as a result of anemia, organ failure, starvation, or pleural effusion.

FIP is classically seen in cats less than a year old, though it may occur in animals of any age. It has been suggested that the stress of weaning, vaccinating, neutering, and rehoming experienced by kittens, combined with an underdeveloped immune system, may predispose them to FIP development.

PATHOPHYSIOLOGY OF FIP – RECENT UPDATES

Recently, the pathophysiology of FIP has been elucidated in greater detail. One fact that has become apparent is that systemic infection with the enteric form of FeCoV is possible, meaning that the isolation of coronavirus from tissues or bodily fluids is not sufficient to diagnose FIP.

While specific spike protein mutations associated with FIP have been described, it has also become clear that these mutations may not be necessary or sufficient for transformation of FeCoV to a FIP biotype.

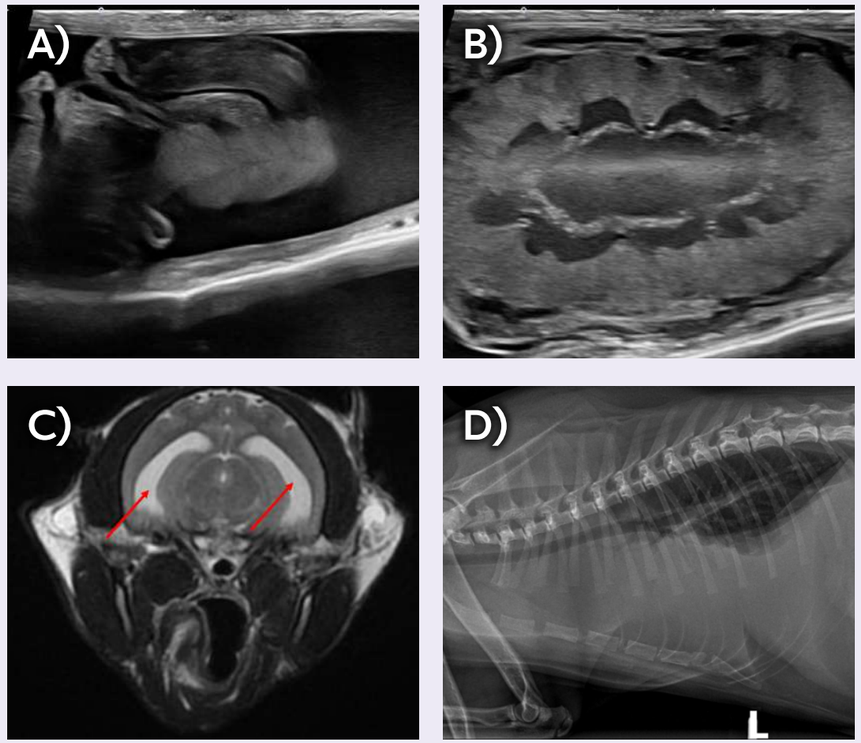


FIGURE 1: Diagnostic imaging findings of FIP. A) Free fluid visible on point of care ultrasound. B) Subcapsular fluid present around a kidney seen on abdominal ultrasound. C) MRI showing bilateral ventriculomegaly. D) Thoracic radiograph showing pleural effusion.

PHOTOS BY MATTHEW KORNYA

While it has long been recognized that purebred cats are overrepresented as FIP cases, the exact cause has been less clear. This may be due in part to greater exposure to FeCoV in catteries, though it also seems that immunogenetics play a role in a cat's ability to clear the infection. Genes for interferon, IL-10, and other severe immune genes have been implicated in defective viral killing. It has been suggested that rather than the influence of a single or a cluster of genes on the immune response to FIP, it is a general loss of immune heterozygosity that alters their immune response.

PRESENTATION

FIP may present with a variety of clinical signs ranging from mild hyporexia or "poor doing" in kittens with early/Dry form, to the moribund presentation of animals with late-stage Wet form. Several "classic" presentations exist:

- Neurologic – Often diffuse CNS signs, including seizures, ataxia, and blindness, associated with brain and meningeal inflammation.
- Ocular – Uveitis and retinal lesions, often seen in association with neurologic disease.
- Ileocolic – An uncommon presentation that occurs as a mass-like lesion surrounding the ileocolic junction, often associated with gastrointestinal signs.
- Effusive – Large volumes of ascites, pleural effusion, or both.

There are also a wide variety of nonspecific signs, and FIP must remain a differential diagnosis in any cat with unexplained systemic illness, especially if it is found in combination with elevated globulins, fever, or anemia.

The effusion present in cats with FIP is often described as "straw coloured" for its pale yellow, slightly cloudy appearance. It is generally mildly viscous with a sticky consistency. The effusion may vary in composition, and gross appearance is not diagnostic. Abdominal lymphadenopathy is often identified either on palpation or diagnostic imaging. Splenomegaly and renomegaly may be present. Fever is common, but often waxes and wanes over the course of days, leading to false impressions of improvement.

DIAGNOSIS OF FIP

Definitive diagnosis of FIP has classically been difficult, and antemortem diagnosis has often been based on exclusion and strong clinical suspicion. The gold standard test for FIP is immunohistochemistry, demonstrating coronaviral antigen in perivascular inflammation on histopathology. This is often not attained antemortem due to the invasiveness of sampling.

In a cat with clinical signs consistent with FIP, consistent hematologic and biochemical findings include:

- Mild to moderate non-regenerative anemia.
- Mild to moderate hyperbilirubinemia.

"RECENT ADVANCES IN ANTIVIRAL THERAPY HAVE OPENED THE DOOR TO SAFE, EFFECTIVE, DURABLE, AND CURATIVE THERAPY FOR FIP."

- Neutrophilia with or without left shift, with concurrent lymphopenia.
- Elevated globulins, low albumin, and an A:G ratio < 0.4.

Cytology of ascitic or pleural fluid generally shows a high protein transudate or exudate with sterile suppurative to pyogranulomatous inflammation.

An inexpensive and readily available screening test for FIP is the Rivalta test. To perform this test, a drop of glacial acetic acid is added to a tube of distilled water (a larger ratio of table vinegar is often substituted in clinical practice). A drop of effusion is then gently placed onto the top of the fluid and observed as it descends. In a positive test, the effusion remains intact and descends as a "jellyfish". In a negative test, the drop dissolves. A positive Rivalta test confirms the effusion contains a high concentration of inflammatory proteins. In a kitten with abdominal effusion, it is up to 95 per cent specific for FIP. Neoplastic and septic effusions will also be positive, reducing the specificity in older cats. The sensitivity is very high, so a negative test makes FIP unlikely.

Due to the lack of fluid to sample, Dry FIP is traditionally more difficult to diagnose than Wet. Tests suggestive of Dry FIP include elevated acute phase proteins, consistent findings on fundic exam, classic brain MRI findings, consistent cytology from tissue aspirates, or definitive diagnosis by IHC on organ biopsy. A summary of the diagnostic tests available for FIP is given in Table 1.

DIAGNOSIS – RECENT UPDATES

PCR has recently become one of the most useful diagnostic tests for FIP. While PCR tests for coronavirus, or specific RT-PCR for FIP mRNA have been available for some time, identification of spike protein (S) mutations that are (at least in part) responsible for the generation of FIPV from FeCoV has given us an additional tool in diagnosis. The development of reverse-transcriptase quantitative PCR for these mutations allows for the identification of FIPV in effusion or bodily fluids. This is less invasive than collection of biopsies, is less costly and operator-dependent than immunohistochemistry or immunocytochemistry for coronavirus, and offers rapid turnaround.

With the use of clinical signs and history, Rivalta test and cytology, and PCR, the diagnosis of Wet FIP is relatively straightforward. A recommended diagnostic plan by many authors for diagnosis of FIP in cats with consistent clinical signs is to perform PCR on effected fluids, first for FeCoV and, if positive, for the FIPV biotype. PCR should be performed on cavity effusion, if present. If not, aqueous humour or CSF may be used in animals with uveitis or neurologic signs respectively, though their diagnostic accuracy is not fully understood. In suspected Dry FIP with no ocular or neurologic signs, it is recommended to submit fine-needle aspirates of liver, spleen, kidneys, and abdominal lymph nodes, along with EDTA whole blood for PCR.

The finding of FIPV by PCR in any fluid or tissue of an animal with consistent clinical signs is strongly supportive of a diagnosis of FIP, and confirmation by biopsy and IHC is rarely needed. A negative PCR result for FeCoV does not rule out FIP but should prompt clinicians to investigate other possible diagnoses.

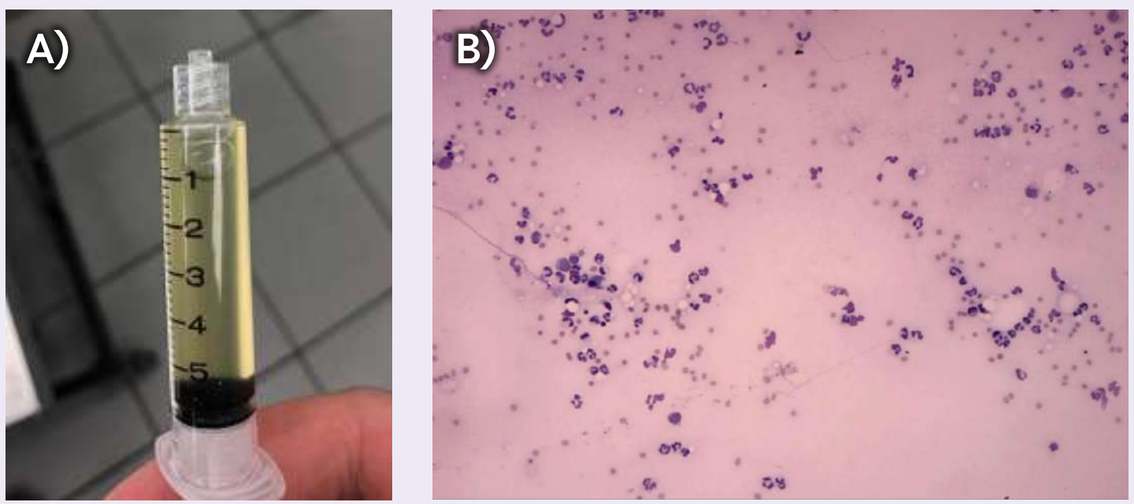


FIGURE 2: Abdominal effusion from a cat with Feline Infectious Peritonitis. A) Gross appearance of yellow, slightly viscous fluid. B) Cytology of effusion showing pyogranulomatous inflammation.

Diagnostic Test	Sample Type	Pros	Cons
Immunohistochemistry*	Biopsy of lesion	Gold standard for diagnosis of FIP	Expensive, invasive, not always practical
Rivalta Test*	Effusion	Inexpensive, easy	Not definitive, especially in older cats
FIP PCR*	Effusion, tissue, blood	High sensitivity and specificity	More difficult in dry FIP, false negatives possible
Coronavirus Antibody	Blood	Easy, inexpensive	Very poor specificity
Kinetic ELISA	Blood	Easy to sample	Very poor specificity, no advantage
7b ELISA	Blood	Easy to sample	Very poor specificity, no advantage
Cytology	Tissue or effusion	Readily available, fairly inexpensive	Poor specificity, not definitive
FIP mRNA	Effusion, tissue, blood	High sensitivity, relatively easy sample	Poor specificity, expensive
Coronavirus IFA	Blood	Easy to sample	Poor specificity, expensive
Brain MRI	Diagnostic Imaging	Fairly pathognomonic changes	Expensive, only valid in neurologic cases

TABLE 1: Diagnostic tests for FIP in cats and the advantages and disadvantages of each. Tests recommended by the author are indicated by *.

There are several drawbacks to FIPV PCR. The first is the possibility that mutations which generate FIPV may occur and are not identified by the primers used in the test. This is of particular concern when a positive FeCoV PCR of the FeCoV biotype is present in a cat with consistent clinical signs. In this case, the possibility of occurrence of a novel mutation causing FIP must be weighed against the possibility of incidental systemic FeCoV infection with an unrelated primary disease.

DIAGNOSIS – FUTURE DIRECTIONS

Despite developments in FIP testing, the ideal diagnostic tool for this disease remains elusive. An ideal test for FIP would be performed on readily available samples (such as blood or urine) and be rapid, inexpensive, and reliable. To date, tests approaching these goals exist for Wet FIP (i.e. the Rivalta test or spike protein PCR) yet are much more difficult in Dry FIP.

Current research into FIP diagnostics is ongoing and includes the development of protease or other viral protein ELISAs/LFIs, the use of acute phase protein profiles for diagnosis and prognosis, and investigation of novel diagnostic techniques. The prediction of response to therapy and risk of relapse has also become a focus of new research.

TREATMENT AND PROGNOSIS

Treatment of FIP has traditionally been considered futile, with therapies focused on minimizing clinical signs and prolonging quality of life for short periods. Until recent years, the disease has been effectively 100 per cent fatal.

Basic supportive care, including fluid support, appetite stimulants, pain control, and antinauseants, has formed the core of therapy. The use of steroids has been controversial; some endorse their use to decrease the immune response and reduce inflammation, while others feel the immunosuppression may result in increased viral replication. Regardless, either NSAID or steroid use is generally advocated to reduce inflammation.

TREATMENT AND PROGNOSIS – RECENT UPDATES

Recent advances in antiviral therapy have opened the door to safe, effective, durable, and curative therapy for FIP. In the past several years, several drugs which effectively halt coronaviral replication have been developed. These include the nucleoside analogue GS-441524, its prodrug Remdesivir, and the protease inhibitor GC376. GS-441524 and GC376 have been demonstrated to effectively inhibit FIPV replication in vitro and to induce lasting remission in both experimental and natural infection. Many studies demonstrating the effectiveness of these drugs have been published, with evidence suggesting GS-441524 may be the more efficacious of the two. Remdesivir, marketed in human medicine as a treatment for COVID-19, has been shown to be as efficacious as GS-441524 in the treatment of FIP. In most reports, efficacy of the drug has been cited at ~85 per cent for durable remission.

Development of GS-441524 as a commercial FIP treatment has been delayed due to its development by the patent holder for several human diseases, including COVID-19. However, several international manufacturers have been producing large quantities of the drug and exporting it to North America. This grey-market drug is readily purchased online, either directly through the companies or via social media buying groups. For the past several years, this dubiously legal method of drug acquisition has been the only way to treat FIP and has caused significant debate in the veterinary profession. Despite the unknown provenance and quality of many of these drugs, they have anecdotally, and in several research papers, been shown to effectively treat FIP.

In recent months, Canadian veterinarians have been able to access legal Remdesivir and GS-441524 on an Emergency Drug Release. This process allows veterinarians to file paperwork with the government and place an order with a foreign company to import the drug into Canada. At this point, most veterinarians have been accessing this from the United Kingdom. The EDR form is easy to access and fill out, and relatively inexpensive to file (~$57 at the time of writing). Due to the emergent nature of treatment, veterinarians are permitted to order the drug without a specific patient in mind, and then specify the patient at time of use. While the drug remains expensive, it has allowed legal access to curative therapy for FIP.

TREATMENT AND PROGNOSIS – FUTURE DIRECTIONS

As with most developments, the new revolutions in FIP therapy are not perfect. Even though we are early in the course of therapy, resistant strains of FIPV have already been described. These will likely become more common in the future. Alternative medications, like molnupiravir, have been shown to have some efficacy in resistant infections. There is also significant uncertainty as to the ideal dose and duration of treatment, with recent data suggesting frequently administered higher doses for a shorter time may be preferable to the current regimes.

Adverse effects of anti-coronaviral drugs are also increasingly recognized and include sterile injection site abscesses, bladder stones, and, possibly, glomerular disease. While these remain uncommon and are likely preferable to the alternative of not treating, they are increasingly recognized as possible side effects that must be monitored for.

Additional questions that remain to be answered include the ideal dose, frequency, and length of antiviral therapy, the utility of co-administration of other medications, and the use of multiple antivirals concurrently. New questions and concerns will likely emerge as our familiarity with these treatments grows. However, at this point, the use of Remdesivir and GS-441524 by Canadian veterinarians appears to be the recommended first line therapy for FIP, and cure is not only possible but common.

To save space, the references and footnotes for this article are made available on the SBCV website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. WCV

EMERGENCY DRUG RELEASE FORMS ARE AVAILABLE FOR VETERINARIANS AT THIS LINK:

www.canada.ca/en/health-canada/services/drugs-health-products/special-access/veterinary-drug.html

Treatment is via a SQ injection or oral pill administered every 12–24 hours for ~80 days. Cats with neurologic or ocular involvement may require higher doses. Co-administration of corticosteroids, vitamins, fluids, anti-thrombotic, and other treatments have been discussed, but their utility is not currently understood.

LIVING IN ALIGNMENT WITH OUR VALUES: MARY'S STORY

BY ELAINE KLEMMENSEN, CEC, DVM

Some might say Mary was not an inspirational person. An Italian immigrant to a small mining community in the mountains of BC, she lived a small life. To many, her journey through the world might seem unremarkable at best, or humdrum at worst, but, to me, Mary was inspiring.

When I met Mary, she was in her senior years. Spry, witty, and quick to laugh, she was a friend to furry and feathered creatures alike. As a veterinarian, it was inevitable our paths would cross, and cross they did as Mary brought feral cats to my veterinary hospital to be sterilized, in an attempt to reduce the burgeoning cat overpopulation problem in her neighbourhood. She insisted on paying for their surgeries and I insisted on giving her a big discount. I looked forward to her visits and, over the years, she became one of my favourite clients.

On a slow day, after examining one of her cats, I casually asked Mary if she had any human children or just furry ones. She laughed and quipped, "I narrowly escaped the marriage racket" and went on to share her story about being engaged to the son of a well-respected family, where her fiancé told her to enjoy a pre-wedding vacation without him because once they were married, he would decide where she went and with whom. Those words haunted Mary, who called off the wedding and confirmed to herself that no man would ever control how she lived her life.

Even today, there are some women who do not have the privilege of choice that Mary had when she chose to live life on her terms, in alignment with her values of respect and autonomy, even when doing so risked personal loss, judgment, and disappointment.

Research supports what Mary knew intuitively; making choices that reflect our values paves the way for a more genuine and satisfying life. Aligning our values with actions that support them has been shown to improve our wellbeing, increase our resilience, and promote a sense of purpose and fulfillment. When we make decisions that go against our values, we create tension, and, over time, this can leave us feeling uneasy and stressed, increasing the risk of burnout.

This is not to say that living in alignment with one's values is easy. Imagine Mary's inner turmoil as she replayed her fiancé's words during her time in Italy. It is one thing when the stakes are small, or the consequences are unlikely to disrupt our lives in any significant way. It is quite another to live our values when the consequences are high, with the potential to cause personal pain or hardship. This takes courage, inner fortitude, and a willingness to sit in discomfort, knowing that to do so is to honour our future wellbeing. Psychologist Susan David calls it "walking our why" and says, "when we make choices based on what we know to be true for ourselves, rather than being led by others telling us what is right or wrong, important or cool, we have the power to face almost any circumstance in a constructive way."

The first step in living a more meaningful and aligned life is to spend some time exploring what you care about and what matters to you. Who you are, what inspires you, what upsets you, and what you hold dear are all reflections of your personal values. Grounded in our beliefs, values are guiding principles that drive our decision-making. When written as a single word like family, courage, or kindness, they are a shorthand way of describing what is important to us at a particular moment in time. Values aren't static but will shift and evolve as we move through life. A value that might be inspiring and meaningful in our twenties may no longer fit when we turn forty.

To spark insight into your values, David suggests spending some time reflecting on your answers to the following five coaching questions:

1. Deep down, what matters to me?
2. Which relationships do I want to build?
3. What do I want my life to be about?
4. During which activities do I feel most alive?
5. If all my stress were gone, what would my life look like? What new things would I pursue?

Take a moment to write out your answers to these questions and look for any common threads that run through them. It was during my studies in values-based leadership that I started to pay attention to my own values and consider how they showed up in my life. Reflecting on the above questions revealed themes around nature, adventure, exploration, play, continual learning, human connection, and family. This helped me define my core values of courage, enthusiasm, fun, and community.

Another way to reveal your values is to start paying attention to what irritates you. Can you think of a conversation where you felt frustrated, negatively challenged, or angry? What might be underlying that feeling? For me, judgmental comments and rigid black-and-white thinking are depleting and frustrating. This realization helped me name another of my core values—curiosity.

After defining your values, the next step is identifying what it looks like to live them. What does it mean to be curious? What does the value of community look like in action? In the words of Brene Brown, "living into our values means that we do more than profess them, we practise them. We walk our talk—we are clear about what we believe and hold important, and take care that our intentions, words, thoughts, and behaviours align with those beliefs." Values are something we can use, a moral compass or North Star to point us in the right direction. An invaluable source of guidance, regardless of whether life's weather forecast is for sunny skies or stormy days ahead.

Although Mary has passed away, her story touched me deeply. She was thoughtful and kind and lived a simple life aligned with her values. Some may say her impact was small—fewer feral cats in her neighbourhood—but I disagree. Defining our values, walking our why, and building a life that brings us joy and meaning impacts those around us in ways we may never see. Mary's story reminds me that each of us can create small ripples of "goodness" that make the world a better place for those around us. WCV

PHOTO BY DENNIS PERREAULT/PEXELS.COM

CANINE WELFARE CONSIDERATIONS FOR VETERINARIANS OF THERAPY DOGS PARTICIPATING IN CANINE-ASSISTED INTERVENTIONS

BY CAMILLE ROUSSEAU, PhD

Canine-assisted intervention (CAI) is an umbrella term that encompasses practices involving dogs—typically therapy dogs—to positively affect human health and well-being. These types of interventions are underpinned by human-animal interaction and human-animal bond theories such as the biophilia hypothesis, the neurobiological explanation, and social support theory. CAIs range in scope from therapeutic interventions (i.e. canine-assisted therapy) for individualized care from a professional service provider such as a counsellor, occupational therapist, or physical therapist, to canine visitation (i.e. canine-assisted activities) offered to a group of individuals (e.g., seniors or students), or even canine-assisted learning for educational enrichment. Research suggests that time spent with therapy dogs can improve physical, social, and emotional health and well-being.

During CAIs, each therapy dog works alongside a handler, typically their owner, to provide social and emotional support to a variety of clients in diverse settings such as hospitals, long-term care residences, educational institutions, and mental health institutions. Therapy dogs are distinct from service animals in that they provide support to multiple individuals, they are not defined and protected under Canadian legislation such as the Guide Dog and Service Dog Act, and they cannot enter public spaces or areas with "no pets" policies. Equally, therapy dogs do not receive specialized training to work one-on-one with an individual with a disability.

ASSESSMENT OF DOG-HANDLER TEAMS

There is no unified canine or handler assessment method implemented across organizations. Selection requirements for dog-handler teams are independently stipulated by organizations, but researchers are working toward transparency in requirements and the implementation of fundamental requirements for organizations working in diverse CAI contexts.

Screening allows program managers to initiate a preliminary review of canine behaviour, health and well-being, volunteer availability, and prior volunteer experience in CAI contexts. Often, handlers are asked about their dog's physical health profile, including whether they are vaccinated and neutered/spayed. Veterinarians are well positioned to provide clear recommendations to owners regarding participation in CAIs based on canine health and well-being, recognizing that therapy dogs interact with many vulnerable populations (e.g., children, hospice patients, and immunocompromised clients). Additionally, as clients might interact with many therapy dogs in a single CAI session, consideration must be given to the increased risk of disease transmission between dogs. Therefore, when medical concerns arise or a dog is taking antibiotic or immunosuppressive medications, veterinarians ought to inform owners of any potential risks of participating in CAIs pertaining to their dog, human clients, and other therapy dogs. During the screening phase, prospective handlers should also be asked about their dog's exposure and socialization with other dogs and vulnerable people, and dog training history.

Dog training is typically the responsibility of the handler. The skills handlers work on with their dogs should be tailored to the requirements of the organization they wish to be affiliated with. However, some canine skills and behaviours are necessary across CAI contexts. These include basic obedience, secure attachment to the handler, a calm temperament, a human-centred focus, sociability with strangers, comfort being touched, the ability to work near other dogs, low reactivity, and lack of fearfulness. Specialised CAI contexts, including hospitals, airports, nursing homes, and schools may require specific skills and behaviours, such as the ability to walk through crowds, comfort around medical equipment, and tolerance of dynamic environments with ample stimuli.

Similarly, handlers should also be trained by their CAI organizations. Training handlers ensures that each dog-handler team has CAI competencies and expertise in therapy dog welfare and dimensions of human well-being to appropriately support clients, particularly the target groups they will work with (e.g., young children, seniors with dementia, or displaced university students). Of particular importance is the handlers' awareness of canine stress signals. Qualified CAI managers and veterinarians are well positioned to educate handlers on stress indicators to be aware of. Changes in baseline canine behaviour that indicate discomfort or stress might include, but are not limited to, excessive licking, pacing, panting, turning away from the client, yawning, and vocalizing.

To ensure that participating in CAIs is appropriate for each dog-handler team, dogs and handlers should be evaluated both individually and as a team, during both a mock assessment and a formal assessment. To safeguard canine welfare, handlers must be attuned to their dogs' behavioural cues that indicate physical discomfort or stress, and dogs should be responsive to the handlers' directions.

Before being fully accepted into a program, prospective dog-handler teams may also participate in an internship phase or probationary period which aims to gradually expose them to real-world CAI contexts under supervision and mentorship. Once accepted into a CAI organization, ongoing assessment of dog-handler teams is necessary to safeguard the well-being of all CAI participants and maintain optimal canine welfare standards.

SAFEGUARDING CANINE WELFARE

Canine welfare is central to the success of all therapy dog programs. For this reason, appropriate processes and resources to safeguard animal welfare must be structured and made available even before the commencement of any intervention.

PHOTO BY FREYA L.L. GREEN PHOTOGRAPHY

The application of the One Health approach, originally a public health framework, is encouraged in the planning of CAIs. This approach fosters thoughtful reflection on how CAIs impact human well-being, animal welfare, and the environment. In practical terms, this might include consultations with CAI experts, veterinarians, healthcare providers, and experienced dog handlers to develop a program that respects and integrates evidence-based research, professional knowledge, and expertise of key stakeholders. This interdisciplinary co-design approach also helps bridge the gap between theory, research, and practice, across the multidisciplinary field of human-animal interactions. Developing guidelines, protocols, and clear expectations is crucial to safeguard animal welfare and human safety, particularly as individuals structuring and delivering CAIs vary in CAI training and educational background. Guidelines ought to delineate appropriate behaviour for clients (e.g., no food, no roughhousing) and equipment for dogs (e.g., type of collar and leash), limit the number of clients at a time per dog to avoid overcrowding, and the duration of sessions to prevent overworking the therapy dog. Guidelines should also prevent interactions between dogs to prioritize human-centred behaviour during CAIs. Protocols might include scaffolding children's introduction to dogs (an instructional practice where a teacher gradually removes guidance and support as students learn and become more competent), supporting at-risk students who require additional help, supporting dog-handler teams that need a break, or steps to manage emergencies. Expectations must be clear regarding the role and responsibilities of the handlers during CAIs. These should at a minimum include monitoring canine welfare, advocating for their therapy dog, managing canine behaviour (e.g., preventing facial licks and pawing), and providing timely and appropriate communications with clients to facilitate client interactions with the therapy dog. As handlers engage with clients with varied exposure to (and disparate experiences with) dogs, handlers must be cognizant that not all CAI participants are immediately comfortable engaging with dogs or recognize what is considered appropriate behaviour around dogs. Handlers must know how to appropriately set expectations with clients and educate them about canine welfare as needed. Other expectations might relate to human hygiene (e.g., no perfumes), canine hygiene (e.g., cleaned and brushed), canine health, and canine diet.

Dog nutrition is primarily a concern for zoonotic disease transmission, particularly as therapy dogs may encounter immunocompromised clients. There are conflicting findings related to the support of raw food diets for dogs participating in CAIs despite the elevated potential risk of infectious pathogens. Most CAI organization guidelines exclude dogs on raw meat diets and treats but very few organizations (< 15 per cent) follow up on this restriction. This is concerning, as research has demonstrated that 48 per cent of raw food diets are contaminated with Salmonella, and 20 per cent of raw food diets are contaminated with Clostridium and Listeria spp. A commercial raw diet associated with the transmission of tuberculosis was also documented. Veterinarians might consider whether the therapy dog they are caring for regularly interacts with clients, particularly immunocompromised patients, when recommending a diet.

"...APPROPRIATE PROCESSES AND RESOURCES TO SAFEGUARD ANIMAL WELFARE MUST BE STRUCTURED AND MADE AVAILABLE EVEN BEFORE THE COMMENCEMENT OF ANY INTERVENTION."

By contrast, healthcare and eldercare facilities are often unaware of the diet of visiting therapy dogs and the potential risk it poses to their patients or residents. In this way, consideration must be given to the contextual understanding of CAI milieu, as well as environmental factors such as the exposure to potential hazards (e.g., toxic foods or medications).

Dog-handler teams should also have access to appropriate resources and supports including identification (e.g., identifiable uniform), a private break space, emergency support numbers, access to a water bowl for each therapy dog, and the availability of program organizers to assist with emergencies.

THE EXAMPLE OF B.A.R.K.

Building Academic Retention through K9s (B.A.R.K.) is a research-driven CAI program at the University of British Columbia Okanagan campus. It boasts 12 years of CAI programming to support the social and emotional well-being of university students, children, and law enforcement personnel through drop-in services, intervention studies, and workshops. Led by program director Dr. John-Tyler Binfet and program coordinator Freya Green, B.A.R.K. is currently the largest on-campus stress reduction program in Canada, with 64 therapy dogs, 62 volunteer dog handlers, and 21 student volunteers.

B.A.R.K. has a rigorous assessment to ensure that dogs and their handlers each have the necessary skills, desire, and ability to work with the public within the boundaries of B.A.R.K. programming. Prospective handlers must first complete a registration form to provide information about themselves and their dog. Successful applicants are then invited to attend an information session that reviews the purpose of the program, the roles and responsibilities of the B.A.R.K. team members, expectations for prospective and successful handlers, and the assessment process. This information session allows applicants to reflect on whether the B.A.R.K. program is a good fit for them and their dog before moving forward with more technical skills assessment. Therefore, the assessment is thoughtfully designed to safeguard animal welfare and to ensure that successful applicants thrive in their individual roles and their ability to work as a team to meet the goals of the program. During the formal assessment, prospective dog-handler teams are holistically assessed by multiple evaluators with CAI and dog training expertise. Prospective dog-handler teams are then tentatively accepted into the B.A.R.K. program for a four-to-six-month internship, which is intended to provide them with mentorship and support during abbreviated CAI sessions. Upon completion of the probationary period, therapy dog teams are certified to work within the scope of B.A.R.K. programming. Dog-handler teams are continuously monitored throughout their volunteering careers to ensure that the teams are continuously thriving and enjoying the work. For more information about the B.A.R.K. program, visit www.bark.ok.ubc.ca. WCV

FROM BC'S CHIEF VETERINARIAN

NEW STUDENT PROGRAM
TO SUPPORT FOOD ANIMAL VETERINARY CLINICS

BY THERESA BURNS, MSc, PhD, DVM

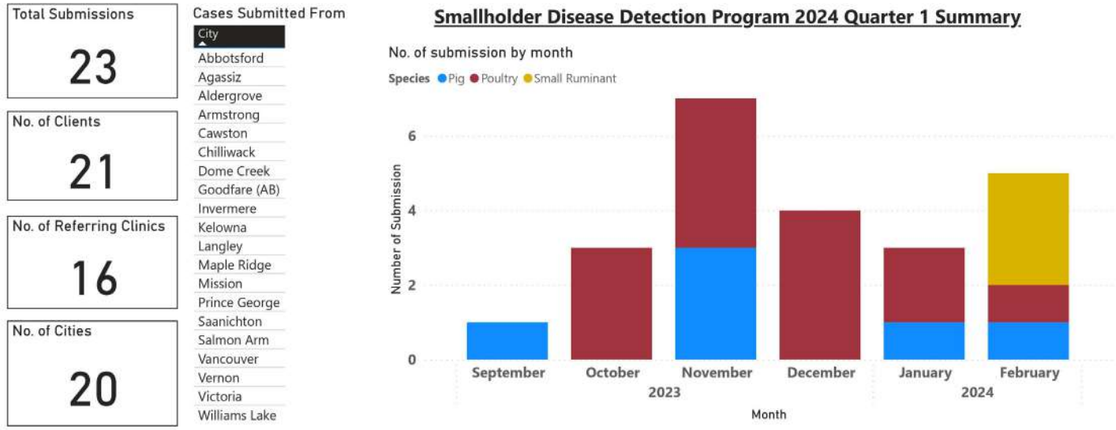
FIGURE 1: A chicken with Marek's Disease presented leg paresis from peripheral nerve dysfunction. This is a common clinical presentation, with one leg stretched forward and one leg backward.

The BC Ministry of Agriculture and Food was pleased to announce a 2024 program to support veterinary and veterinary technologist students working in BC food animal practices (the VVTS program). The Office of the Chief Veterinarian (OCV) is leading the Ministry VVTS team. The goal of the program is to provide greater exposure for veterinary professionals-in-training to rural communities and food animal practices and, longer term, to maintain or increase access to veterinary services for BC farmers seeking care for their animals. To do this, the program provides financial assistance to veterinary practices in hiring students enrolled in veterinary and RVT training. Eligible veterinary practices must be accredited by the CVBC and provide services for food animals that may include cattle, pigs, sheep, goats, poultry, bison, and fish.

For more information about the VVTS program or to learn more for an application in 2025, please visit www2.gov.bc.ca/gov/content/industry/agriculture-seafood/programs/veterinary-and-veterinary-technologist-students-working-in-bc-food-animal-practices.

"THE GOAL OF THE PROGRAM IS TO PROVIDE GREATER EXPOSURE FOR VETERINARY PROFESSIONALS-IN-TRAINING TO RURAL COMMUNITIES AND FOOD ANIMAL PRACTICES..."

SMALLHOLDER DISEASE DETECTION PROGRAM UPDATE



Smallholder disease detection program summary for the first quarter of 2024.

Small Flock Disease Highlight - Marek's Disease (MD), a **highly contagious viral infection caused by a herpesvirus**, is the most common diagnosis in small poultry flocks at the Animal Health Center over the last quarter. MD is a widespread neoplastic disease in backyard chickens characterized by **T-cell lymphomas and peripheral nerve enlargement**. The clinical outcomes depend on various factors, including the strain and dose of virus, age at exposure, the host's immune status, vaccination status, and genetics. Once infected, birds remain carriers for life, capable of spreading the virus to other birds via feather dander. MD leads to nerve enlargement and the formation of tumors in various organs, resulting in a range of clinical manifestations such as paralysis (figure 1), visceral tumors, and cutaneous tumors. The diagnosis of MD is based on history, clinical signs, gross pathology, and histopathology. Unfortunately, there is no effective treatment for MD. **Vaccination, along with strict biosecurity and sanitation, are the key strategies for prevention and control of MD**. The available commercial vaccines require purchase in large quantities and storage in liquified nitrogen. For full efficacy, the vaccine must be handled carefully during reconstitution and administered at hatch or *in ovo* to embryos at the 18th day of incubation. For these reasons, MD vaccines are not readily available to some backyard chicken owners. Therefore, to reduce the incidence of MD, it is crucial to implement strict biosecurity and sanitation measures, and to source chicks that have been fully vaccinated against MD.

*The Smallholder Program was extended to sheep and goats in January 2024.

In fall 2023, the BC Ministry of Agriculture and Food launched the smallholder disease surveillance program in poultry, pigs, sheep, and goats* in BC. The program provides subsidized postmortem examinations to premises with fewer than 100 farmed animals or poultry to support these producers and their veterinarians and to increase the likelihood of early detection of serious animal diseases. The program also offers subsidized courier fees for veterinary practices outside of the Fraser Valley. As of March 1, 2024, 23 cases from 20 cities and 16 clinics across the province were submitted to the Animal Health Centre, the accredited full-service laboratory in Abbotsford. Most of the cases were poultry (60 per cent), followed by pigs (26 per cent), and small ruminants (13 per cent). The top three diagnoses from poultry submissions were 1) Marek's disease, 2) yolk peritonitis and salpingitis, and 3) respiratory infections. At this point, we do not have enough swine and small ruminant submissions to provide a diagnostic summary for these species. For more information about the program, please visit www2.gov.bc.ca/gov/content/industry/agriculture-seafood/animals-and-crops/animal-health/office-of-the-chief-veterinarian/26527#surveillance. WCV

PHOTOS SUPPLIED BY GIGI LIN

Theresa Burns, MSc, PhD, DVM, is the chief veterinarian of BC, and is the former director of CAHSS. She is a veterinary epidemiologist and has experience working as a practising veterinarian in mixed, equine, and small animal practices. She received DVM and MSc 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.

UNLOCKING POTENTIAL: EMPOWERING RVTS FOR **PROFESSIONAL GROWTH**

BY AMBER GREGG, RVT

Many RVTs venture outside the field to explore career avenues that better tap into their potential. The BCVTA's vision is for all animal care facilities in BC to employ and fully utilize RVTs. This goal remains unattainable if we continue to lose talented RVTs because they are unable to fully leverage their education and training. We empower RVTs with the skills they need to thrive in practice, and we are now engaging stakeholders to showcase the breadth of those skills and the value of expanding the role of an RVT.

Encouraging RVTs to grow often feels like preaching to the choir, not because they lack confidence or effort, but because their potential remains largely untapped. However, the ever-evolving RVT role presents many possibilities, allowing these professionals to dive into their work with passion and finesse, ultimately validating their years of education and training.

BC RVTs are not currently regulated and do not currently have a scope of practice, which means that the only guidelines available for animal care facilities employing RVTs are the CVBC bylaws, specifically Part 4, Division 4.7: Delegation and Supervision. This bylaw provides some structure for what tasks can be delegated to "anyone deemed capable" under the three levels of supervision: direct, direct personal, and indirect. Veterinarians must not delegate responsibilities that leave them open to liability. The bylaw above does not, however, provide a comprehensive list of what an RVT is capable of with additional support and training.

At the 2023 BCVTA Fall Conference, Alberta RVT Becky Taylor, co-owner of BS Communications, delivered a presentation titled "Goodbye Utilization, Hello Mobilization!" In her lecture, Taylor proposed a shift toward strength-based teams within veterinary practices, emphasizing that not all RVTs possess identical skills or interests. She advocated for embracing individual strengths rather than adhering to a one-size-fits-all RVT job description.

The ABVMA, for example, provides a comprehensive list of skills deemed delegable to an RVT with associated guidelines to ensure appropriate task delegation. Similarly, the American Animal Hospital Association (AAHA) recently released "Veterinary Technician Utilization Guidelines," a resource that offers insights into maximizing the potential of talented veterinary professionals.

"THE BCVTA'S VISION IS FOR ALL ANIMAL CARE FACILITIES IN BC TO EMPLOY AND FULLY UTILIZE RVTs."

Taking a closer look at the tasks performed by RVTs in your practice, you might discover opportunities for expansion that fall within those permitted by CVBC bylaws. Veterinary technology students graduate with a diverse skill set and are capable of immediately performing a wide range of tasks. Over time, many RVTs develop preferences for specific areas, and actively seek opportunities for professional growth to practise advanced skills. Help support them so they can develop in areas that will benefit your patients, clients, and practice.

By recognizing the unique skills and interests of RVTs and actively supporting their professional development, animal care facilities can enhance the quality of care provided to patients, strengthen client satisfaction, and optimize overall practice efficiency. Embracing a strength-based approach allows for tailored utilization of RVTs' abilities, ultimately benefiting both the practice and its stakeholders, and providing practices with the opportunity to empower their RVTs and foster a culture of continuous improvement. WCV

Amber Gregg, RVT, is the executive director and past president of the BCVTA. She graduated from the Thompson Rivers University Veterinary Technology program in 2007 and spent eight years in mixed animal practice before gaining experience in not-for-profit management. She joined the BCVTA Board of Directors as vice president in 2020 and served a one-year term as president in 2021 before being appointed to the executive director position in 2022. Amber is grateful for everyone who made the BCVTA the strong and healthy organization it is today, and she is proud to work with the Board of Directors and members of the BCVTA to continue to advance the veterinary technology profession.

THE CONNECTION OF AGRICULTURAL HEALTH AND **SAFETY TO VETERINARY MEDICINE**

BY WENDY BENNETT, MBA, CRSP

AgSafe is one of 13 health and safety associations in BC that promote and develop industry-specific resources, not only to prevent workplace injury and disease but also to support the safe return of workers who have recovered from injury. As the health and safety association for the agriculture sector, we provide resources, support, education, and mental wellness resources to farmers and ranchers in BC.

The role of veterinarians is essential to agriculture in BC. WorkSafeBC considers 'veterinary' to be an agriculture-related industry. In this capacity, AgSafe can help veterinary workplaces achieve a certificate of recognition (COR) in safety excellence and reduce WorkSafe premiums. There are many other benefits to safety certification, including a reduction in injuries, less time lost, financial incentives, and overall better regard for health and safety, all addressing the many hazards present in the veterinary workplace.

In addition to veterinary safety procedures, veterinarians attending to animals on a farm should be made aware of the safety program and protocols in place at every farm they visit. While veterinarians are exposed to many health and safety risks in a clinic, what they may be exposed to when dealing with farm animals can be a very different story.

AgSafe supports the veterinary community in many capacities. With our growing attention to mental health, there are opportunities for veterinarians, technicians, and other staff at veterinary clinics to get involved in our AgLife initiative as connectors.

"THE ROLE OF VETERINARIANS IS ESSENTIAL TO AGRICULTURE IN BC."

Dr. Andria Jones, at the Ontario Veterinary College's Department of Population Medicine, has done research into the mental health of both farmers and veterinarians, particularly noting the high burnout levels for both groups. Farming, like veterinary medicine, can be a stressful job due to its unpredictability, lack of personnel, and long hours. When BC experienced extreme flooding in November 2021, our team at AgSafe knew we had to do something to support farmers' mental wellbeing, not just in disasters, but always. Part of this initiative is a partnership with mental wellness practitioners to provide counselling services at no costs to BC farmers. We also recently partnered with the Canadian Mental Health Association (CMHA) in BC to help launch AgLife, a suicide prevention and life promotion initiative that includes training "connectors" who interact with farmers, to help identify those who may be struggling with their mental wellness and connect them to professional help. We are happy to provide additional information to veterinarians to inform them of the resources available to their farmer clients.

If you have any questions, want to learn more about workplace health and safety, our COR program, or our AgLife initiative, please do not hesitate to reach out to us at www.agsafebc.ca or www.aglife.ca. WCV

Wendy Bennett, MBA, CRSP, is the Executive Director of AgSafe, the COR Certifying Partner for BC's agricultural and associated industries. AgSafe offers a Certificate of Recognition (COR) program for large and small employers.

GOVERNMENT ADVISORY COMMITTEE RECOMMENDS
SIGNIFICANT CHANGES TO FARMED ANIMAL WELFARE IN BC

BY MELISSA SPEIRS, MSc

"VETERINARIANS SHOULD CONTINUE TO PLAY AN ESSENTIAL ROLE IN EVALUATING ANIMALS IN DISTRESS..."

Pardon the pun, but veterinarians are not flocking to rural and farmed animal practices, amplifying the effects of the shortage of veterinarians. Veterinarians have an important role in helping to ensure farmed animal health, but there is a second role for veterinarians: increasing public trust in the system by overseeing farmed animal welfare.

There is no shortage of factors impacting the welfare of farmers, farmed animals, and farm animal veterinarians, including farmed animal market pressures, the impact of climate change, and severe weather events. But the lack of public trust in the animal agriculture sector is significant, with only 34 per cent of Canadians feeling that our food system is headed in the right direction, down from 47 per cent in 2020.[1] Some of this might be caused by a lack of understanding and transparency about how animals are raised on commercial farms.

To improve the level of transparency and to encourage a higher level of trust, the BC Ministry of Agriculture and Food formed an Advisory Committee, which brought together farmers, veterinarians, the BC SPCA, the National Farmed Animal Care Council (NFACC), and animal welfare scientists to review and recommend improvements to the farmed animal welfare framework. Focusing on animals farmed for food throughout 2023, the committee developed recommendations on training, transportation, and processing, as well as integrating and prioritizing farmed animals in emergency response. The committee recognized an opportunity to better support farmed animal protection by creating a new government-funded inspection and enforcement function to assume oversight of the Prevention of Cruelty to Animals Act (PCA Act) with respect to farmed animals.

One of many farmed goats.

Multiple farmed chickens.

Multiple farmed cows.

PHOTOS SUPPLIED BY MELISSA SPEIRS

KEY RECOMMENDATIONS

Recommendations made by the committee were recently published by the government. These recommendations not only influence the welfare of animals but also have broader implications for public health and food safety, and are supported by the BC SPCA, provided they are read in totality and actioned collaboratively.

THE BC GOVERNMENT MUST ADDRESS THE SEVERE SHORTAGE OF VETERINARIANS, ESPECIALLY THOSE WHO WORK WITH FARMED ANIMALS AND IN RURAL AREAS

Programs that increase the overall number of veterinarians in BC and incentivize veterinarians and veterinary students to consider rural and farmed animal practice are strongly supported. Veterinarians should continue to play an essential role in evaluating animals in distress under the PCA Act. Additionally, a new government enforcement agency should be created, with an inspection and enforcement function within the Ministry of Agriculture to enforce the PCA Act for farmed animals. This agency would become responsible for responding to cruelty complaints and conducting proactive inspections of commercial farms. It should include additional enforcement abilities for companion and farmed animals, such as fines, to incentivize compliance. After consultation, the equine industry indicated that it would like to be included under the new enforcement agency. It is recognized that a well-funded, proactive inspection system is critical for better animal welfare across all agricultural sectors involving animals.

PUBLIC REPORTING ON ANIMAL WELFARE

The new government enforcement division and the BC SPCA should combine their data on farmed and companion animal inspection and enforcement to create a public report on the state of animal welfare in the province.

IMPROVEMENTS DURING TRANSPORT AND SLAUGHTER

Annual inspections of provincial slaughter facilities, including Farmgate and Farmgate Plus license holders, should be conducted. Collaboration between the province and the Canadian Food Inspection Agency (CFIA) will ensure federal transport and slaughter legislation is enforced. Training for transporters working with farmed animals and slaughterhouse workers should be provided, and farmed animals at BC Ferries crossings should be prioritized.

WORK TO ENSURE THE WELFARE OF FARMED ANIMALS IS CONSIDERED IN EMERGENCY PREPAREDNESS AND PREVENTION

As evacuating thousands of animals is complex, special provisions are needed to ensure that farmers, caretakers, veterinarians, and emergency responders can care for animals sheltering in place on farms.

These recommendations are unique because they were developed by diverse stakeholders and have broad industry support. The BC SPCA is eager to work with the provincial government, committee members, farmers, veterinarians, and others on the implementation of these recommendations.

Developing a new inspection and enforcement division of the BC Ministry of Agriculture and Food will require significant government investment. Although the recommendations made by the committee require extensive cross-ministerial and industry collaboration, which will take time to both evaluate and implement, the committee is grateful to the Ministry of Agriculture and Food for commissioning this report on behalf of the province's farmed animals.

Until there are changes implemented, the current process for farmed animal cruelty investigations remains the same. Please continue to report concerns to the SPCA Animal Helpline at 1.855.622.7722, open from 8:00 am to 6:00 pm, seven days a week.

Any changes being considered do not alter the current enforcement of the PCA Act for companion animals and wildlife in captivity. Creating a specialized enforcement function for farmed animals separate from companion animals will allow each to specialize and provide unique and tailored care to support animal welfare.

The BC SPCA continues to advocate for improvements in the PCA Act, NFACC Codes of Practice, Canadian Organic Standards, and CFIA regulations, to better protect farmed animals.

Veterinarians and farmers work daily to promote the health and welfare of animals in our province. A robust process to ensure a safety net for animals is a priority for all. Input from veterinarians and all industry stakeholders will continue to be key in evolving BC's farmed animal welfare framework.

To save space, the references and footnotes for this article are made available on the SBCV website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. WCV

IMPLICATIONS FOR VETERINARIANS FOLLOWING IMPLEMENTATION OF
BC'S NEW FAMILY LAW ACT RECOGNIZING COMPANION ANIMALS AS FAMILY MEMBERS

BY V. VICTORIA SHROFF, KC

In January 2024, BC law took a significant stride forward for animals and humans by recognizing companion animals as family members under the Family Law Act (Family Law Amendment Act, 2023 OIC 0545-2023). BC is the only province in Canada to now have modernized pet custody provisions in its family law statute that factors in relational and contextual aspects of companion animals and their two-legged family members. The BC government introduced this new legislation to provide guidance and certainty around the idea that pets are not inanimate property, like toasters, but that they are valued family members and need to be properly considered when a couple splits up. Pet custody disputes had been steadily increasing over the years, but we saw a huge jump in cases following the pandemic. At the start of the pandemic, pet adoptions soared and then, post-pandemic, families split up in record numbers. Calls for help at my Vancouver animal law firm spiked from folks needing help for their pet custody disputes following the COVID-19 lockdown.

"Custody battles for and involving pets are increasing. There is a necessity to deal equitably with the family pet in separation and divorce, to look at the needs of pets and the humans holistically in the context of a breakup. Ownership of a family pet is more nuanced than who owns the family car."[1]

The new family law legislation breaks new ground by outlining holistic criteria for who gets to keep the pet when the family unit breaks apart. We are seeing the law catch up with societal values. Ideas of animals as sentient beings who need to be accounted for during separation and divorce has been a hot topic of discussion for my animal law students at UBC's Peter Allard School of Law and at Capilano University for many years.

WHAT ARE THE NEW PROVISIONS IN BC'S FAMILY LAWS?

The new pet custody provisions of the Family Law Act apply to spouses who dispute which spouse gets to keep the family pet upon dissolution of a marriage. If the pet custody case goes to court, a judge in BC's Supreme Court or BC Provincial Court (small claims) will order which spouse gets to keep the companion animal.

There are eight factors that the court will consider in making its decision:

1. The circumstances in which the animal was acquired.
2. The extent to which each spouse cared for the animal.
3. Any history of family violence.
4. The risk of family violence.
5. A spouse's cruelty, or threat of cruelty, toward an animal.
6. The relationship a child has with the animal.
7. The willingness and ability of each spouse to care for the basic needs of the animal.
8. Any other circumstances the court considers relevant.

FURRY FAMILY MEMBERS

"The initial changes recognize that pets are an important part of the family, and allow a child's relationship with a pet to be considered and respected," BC Premier David Eby stated in the governmental press release about the new family laws.

DEFINITION OF "COMPANION ANIMAL"

The new legislation defines "companion animal" as an animal that is "kept primarily for the purpose of companionship." Excluded animals include guide and service dogs, animals kept as part of a business, and animals kept for agricultural purposes.

WHAT DO VETERINARIANS HAVE TO DO WITH FAMILY LAW?

The vast majority of Canadians see their pets as family members. This groundbreaking development in BC law underlines the importance of pets, acknowledges the deep human-animal bond, and will likely have implications for allied professionals involved in animal welfare, specifically veterinarians.

Veterinarians already have a duty to report distress, animal abuse, or cruelty. Application of professional judgment and analysis are highly important when it comes to the intersection of veterinary medicine and law. Veterinarians intersect with the family pet unlike any other professional and are privy to how the patient is treated in their family home; they see family dynamics up close of both humans and the four-legged family members in the clinical setting. Veterinarians observe firsthand how the pet is treated and how people behave with their pet. This proximity places them in a unique position to observe the mental and physical health of the animal and the family environment of the pet. This could be particularly relevant in the case of abuse. Veterinarians can play a key role in safeguarding animals within the context of family dynamics, but they can also play a role in spotting and reporting domestic violence on humans. Violence perpetrated on humans and animals overlaps and is known as the Violence Link. The Violence Link is a well-researched and documented fact of overlapping vulnerability, mistreatment, or scope for future harm. Veterinarians may be in a unique position to be able to see these issues percolating early on and can report them to law enforcement and animal cruelty authorities. Close collaboration between veterinarians, women's groups, humane groups, and legal authorities is warranted. Through advocacy, collaboration, and vigilance, veterinarians can bring forward the interests of companion animals and humans.

"VETERINARIANS ARE UNIQUELY PLACED TO OPINE ON THE BEST INTERESTS OF THE ANIMAL WITHIN THE FAMILY SETTING."

Of note, BC courts are not permitted to make orders of joint custody or possession of family pets, but couples may choose to share custody of the family pet by entering into their own private contract. Joint custody does not work in situations involving territorial or fearful companion animals, or if there is a spectrum of family violence—forcing a couple to stay connected through the sharing of the family pet where there has been violence can make a bad situation worse.

Veterinarians are uniquely placed to opine on the best interests of the animal within the family setting. If the pet owners are diligent and up to date on pet medical care, the veterinarian will know this salient information and its implications. Veterinarians can ably assist in identifying the "best interests for all concerned." In my twenty-plus years practising animal law, I've relied consistently on veterinarians to provide me with their opinions and insights into animal health and behaviour, as well as for their expertise in helping me to bridge the gap between the legal and medical framework in pet custody disputes. My clients have benefited from the informed contributions of veterinary professionals, and they have helped me to equitably settle many of my animal law cases over the years. Veterinary opinion can carry significant weight both in court and in private settlements. (It has also been my longstanding practice to rely on the opinion of veterinarians in the context of dogs labelled 'dangerous' who are on death row.)

As trained professionals and front-line observers, BC's new pet custody laws provide a platform for veterinarians to step up and help bridge the medical-legal gap for voiceless companion animal patients and their owners going through separation and divorce.

To save space, the references and footnotes for this article are made available on the SBCV website at www.canadianveterinarians.net/sbcv/west-coast-veterinarian-magazine. WCV

THE TRUE LOCUM RATE IN BC

BY DARREN OSBORNE, MA

Editor's note: I requested this explanation from Mr. Osborne in response to a question from an SBCV member about how the locum rate was tabulated when it did not align with their own experience with locum rates. We value this type of interaction and felt all SBCV members may wish to read the response.

The median locum rate in BC in 2023 was $95.00 per hour. This is higher than the calculated hourly rate for locum veterinarians ($64.71) and higher than the hourly rate reported by veterinarians who were paid by the hour ($90.00) as reported in the Report on Compensation and Benefits for Associate Veterinarians.

The data for the $95 locum rate comes from the same data source, so why the difference?

The purpose of the Compensation and Benefits Report is to provide information to veterinarians so they can compare their wages and benefits with those of their peers in the same region, type of hospital, or experience band. The report is also used by practice owners to determine what they should be offering associate veterinarians in terms of wages and benefits. Benefits are easy to compare—you get the benefits or you don't. Associate wages are more difficult. The most common type of pay is salary, but comparing salaries from one veterinarian to another can be misleading, as the hours worked can vary considerably. For example, two veterinarians can both be earning a $100,000 salary, but one works 2,000 hours per year, and the other works 1,000. Though the salary is the same, the compensation is not. To provide a more accurate comparison, the compensation is divided by the number of hours worked to provide the "calculated hourly rate." In this example, one veterinarian would report $50 per hour and a second would report $100 per hour. The calculated hourly rate shows the difference more accurately.

In the annual Survey of Compensation and Benefits, veterinarians self-classify their role and provide information on (among other things) type of practice, where they work, annual earnings, method of pay, and hours worked. The hours worked is obtained through hours worked per week, and the number of vacation weeks per year. The final report provides a breakdown of earnings by type of practice, annual compensation, hours worked, and calculated hourly rate.

"THE FINAL REPORT PROVIDES A BREAKDOWN OF EARNINGS..."

When the calculated hourly wage was measured for locum veterinarians, total reported compensation divided by total hours worked resulted in a calculated hourly wage of $64.71 per hour. The same group of locum veterinarians reported that they got paid an hourly rate of $95.00 per hour—47 per cent higher than the calculated hourly rate. The difference between the two hourly rates is due to the reported number of hours worked. Consider one veterinarian in the sample who reported earning $70,000 per year, working seven hours per day, three days per week, for a total of 1,050 hours and calculated hourly rate of $66.67. That same veterinarian reported that they get paid $90 per hour—35 per cent more than their calculated hourly rate. In this real example, the veterinarian either over-reported the number of hours worked or reported hours worked that were not billed. This could include driving time, time spent writing records, or days where they were available for work but were not employed.

From the perspective of a locum or veterinarian interested in becoming a locum, the message gained from this analysis is that there is a considerable number of hours where locum veterinarians are working, or ready for work but not remunerated. You might charge the going rate of $95.00 per hour, but, after you factor in driving time and unpaid time, your actual hourly wage is going to be considerably less. From the perspective of a practice owner looking for a locum, the rate of pay is not the calculated hourly rate of $64.71 but rather the hourly rate reported by locum veterinarians of $95.00 per hour.

What about the $90.00 per hour reported by associate veterinarians who get paid by the hour? This figure is lower than the hourly locum rate, but the $90.00 figure includes both locums who are paid hourly and associates who are permanent employees and are paid an hourly rate. In almost all cases, the employees paid an hourly rate receive benefits, while locum veterinarians are contractors and do not receive benefits. Because they have to pay for their own benefits, locums charge a premium—in this case it was $5.00 per hour.

To summarize, the locum rate in British Columbia in 2023 was $95.00 as reported by 14 locum veterinarians. The result is accurate to 3.9 per cent, 19 times out of 20. Future reports will contain specific information on the locum rate of pay.

If you have any questions regarding the SBCV Report on Associate Compensation and Benefits, please contact Darren Osborne at dosborne@ovma.org. WCV

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PRIVACY AND THE WORKPLACE

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

FROM A LAWYER

The importance of protecting the privacy of personal information in the modern world cannot be understated. Historically, privacy was more easily maintained because of the practice of physical record keeping. However, with the evolution of digitalization and the advancement of technology, vast amounts of personal information can now be quickly and easily viewed, transferred, and exploited. Accordingly, privacy has become a significant concern, especially for business owners such as yourselves. As an employer, you may be responsible for the actions of your employees if such employees cause harm or injury to other people. This harm or injury can include the improper collection, storage, and use of personal information. This concept is referred to as vicarious liability. Employers may be vicariously liable for privacy breaches committed by their employees while performing their job duties. As such, it is critical that you understand privacy as it relates to the workplace.

PRIVACY LEGISLATION IN BC

The Personal Information Protection Act[1] (PIPA) is legislation intended to "govern the collection, use and disclosure of personal information by organizations in a manner that recognizes both the rights of individuals to protect their personal information and the need of organizations to collect, use or disclose personal information for purposes that a reasonable person would consider appropriate in the circumstances."[2] PIPA applies to any private sector organization (such as a business) that collects, uses, and discloses the personal information of individuals in BC. It also applies to any private sector organization located in the province that collects, uses, or discloses personal information of any individual inside or outside the province.

PIPA aims to balance the rights of individuals to privacy with the needs of organizations to collect and use personal information for legitimate purposes. Personal information is information about an identifiable individual, including name, age, weight, and height; home address and phone number; race, ethnic origin, sexual orientation, medical information; income, purchases, and spending habits; blood type, DNA code, fingerprints; marital status and religion; education; voice and video recordings; and employment information.[3] It does not include the name, job title, business address, telephone number or other contact information of an individual at a place of business.[4]

PIPA mandates that organizations safeguard personal information to prevent the unauthorized use or disclosure of the same. It contains rules that organizations must comply with when collecting, using, and disclosing personal information of their customers, clients, and employees. Organizations cannot contract out of their responsibilities under PIPA.

CONSENT AND COLLECTION

You must have an individual's consent before you collect their personal information, collect it from a source other than the individual, and use or share such personal information. PIPA considers consent as given when an individual willingly provides their personal information to you and when the individual is aware of the purpose for which such information is collected.

As a veterinary business owner, you can only require an individual to consent to the collection, use, or disclosure of personal information if such information is necessary to provide veterinarian services. You should ensure that you consider the purpose of requiring an individual's consent to the collection, use, or disclosure of personal information. Also consider whether the personal information plays an integral role in enabling you to provide your veterinarian services.

EMPLOYEE PERSONAL INFORMATION

PIPA has specific rules concerning employee personal information. The collection, use, and disclosure of employee personal information must be reasonable for the purpose of establishing, managing, or terminating an employment relationship. Some examples of such employee personal information include job applications, performance evaluations, pay and benefit records, and resignation letters. Employee personal information is applied broadly.

ENSURING COMPLIANCE WITH PIPA

There are several steps you should take to ensure compliance with PIPA. First, you must appoint one or more individuals to be responsible for ensuring your organization's compliance with PIPA. This individual is generally referred to as a privacy officer and their name, position, title, and contact information must be available to the public.

"PIPA AIMS TO BALANCE THE RIGHTS OF INDIVIDUALS TO PRIVACY WITH THE NEEDS OF ORGANIZATIONS TO COLLECT AND USE PERSONAL INFORMATION FOR LEGITIMATE PURPOSES."

You should also develop and implement a procedure for how you handle privacy complaints. This is a requirement under PIPA. Information about such procedures must be available on request.

Your complaint procedures and privacy policy should be easily accessible and straightforward. Many businesses, including many veterinarian practices, publish their policies and procedures online. You should ensure that you notify individuals about your policies and procedures if you receive a complaint. You should also ensure that you investigate all complaints that you receive and respond appropriately.

All of your staff should also be aware of your policies and procedures and have an understanding of the same. Employees should be trained on these policies and procedures to ensure that your organization is compliant with PIPA.

OFFICE OF THE INFORMATION AND PRIVACY COMMISSIONER

Individuals may complain to the Information and Privacy Commissioner (the "Commissioner") if they believe that an organization has violated their privacy or that an organization has not met its obligations under PIPA concerning their personal information. The Office of the Commissioner can also initiate investigations and audits if the Commissioner believes there are reasonable grounds to believe an organization is not adhering to PIPA's requirements.

The Commissioner is empowered to hear privacy complaints under PIPA. The Commissioner is also empowered to review the decisions of private sector organizations that PIPA applies to. For example, the Commissioner can review an individual's complaint that an organization has improperly collected, used, or disclosed their personal information.

The Office of the Commissioner will typically require an individual who wants to complain to first try to resolve the matter directly with the organization. The Office of the Commissioner will generally refer potential complainants to an organization's privacy officer if complainants have not already exhausted that route. PIPA also includes various offences with fines up to $100,000 for organizations. This again highlights the importance of having policies and procedures related to handling complaints in place for your business and ensuring that your employees understand the same.

FINAL THOUGHTS

This column provides you with a rudimentary knowledge of privacy considerations and PIPA. The reality is that you should have a more fulsome knowledge and understanding of the same to prevent any privacy related issues from arising in your veterinary practice. You should also have policies and procedures in place to ensure that you are compliant with PIPA. It is best to consult an experienced privacy lawyer if you are unsure whether your business is complying with PIPA or if you need assistance developing a privacy policy. The Office of the Commissioner has also published several guides to PIPA which outline the requirements of PIPA in more detail. A review of such guides may prove beneficial to your business. WCV

[1] SBC 2003, c 63 ("PIPA").
[2] *Ibid*, paragraph 2
[3] Guide to the Personal Information Protection Act, Office of the CIO, online: www2.gov.bc.ca/assets/gov/business/business-management/protecting-personal-information/pipa-guide.pdf.
[4] *Ibid*

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THE VITAL ROLE OF FINANCIAL PLANNING FOR VETERINARIANS

In the world of veterinary medicine, passion for caring for animals often takes center stage. However, in the business of pet care and medical challenges, it's easy to overlook a crucial aspect: financial planning for you and your practice. As veterinarians, ensuring the health and sustainability of your business is just as important as the care you give to your animal patients and their owners. Here's why financial planning deserves your attention:

1. Stability in Uncertain Times: The veterinary landscape is subject to economic fluctuations and unforeseen challenges. Financial planning helps you with the confidence needed to weather storms, whether it's a downturn in the economy or unexpected veterinary emergencies.

2. Investing in Growth: Strategic financial planning allows you to allocate resources efficiently, whether it's growing your practice, upgrading equipment, or investing in staff training. By identifying opportunities for growth and managing resources well, you pave the way for a thriving practice.

3. Preventing Burnout: Financial instability can contribute to stress and burnout among veterinarians. By proactively managing your finances, you create a buffer against the pressures of running a practice, allowing you to focus on what matters most.

4. Protecting Your Future: Just as you advise pet owners to plan for their pet's future health needs, it's essential to plan for your own financial future. Whether it's saving for retirement, creating an emergency fund, or securing insurance coverage, financial planning ensures that you have peace of mind knowing that you and your practice are adequately protected.

5. Long-Term Sustainability: Your practice is not just a job; it's a legacy that you've built through dedication and hard work. Financial planning lays the foundation for long-term sustainability, ensuring that your practice can continue to thrive for years to come, benefitting both you and the communities you serve.

What have you done lately to plan your future? The Muir Investment Team has three Certified Financial Planners (CFPs). We have been working with veterinarians for the past 25 years and can help you be the most successful you can be.

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