

Getting to grips with life in the first six months in practice

IN 2012, Elliott Payne qualified from the RVC and Jonathan Cima from Bristol.

Not only have they shared their experience as newly-qualified vets at Larkmead Veterinary Group in South Oxfordshire but by coincidence they were also the 2012 winners of the Animalcare Final Year Student Award at their respective universities, an award presented to the student contributing most to life in the veterinary faculty based on nominations from fellow classmates.

In this article, they answer some questions and offer advice based on their first few months' experience in veterinary practice.

Elliott Payne...

As a mature graduate of veterinary medicine, I initially studied Animal Science at the University of Reading after leaving sixth-form. During my final year, I applied for veterinary medicine and was given a deferred place with the Royal Veterinary College.

After gaining a first-class degree at Reading, I spent that deferred year putting into practice what I studied by working at the university's Centre of Dairy Research as a scientific technician.

Enrolling in the RVC's accelerated four-year veterinary medicine course, I was in a group of around 40 other graduates and our year consisted of teachings from both the first and second year modules and private study time, then joining the normal third years for the clinical years. During this time, I spent some of my

EMS seeing both large and small animal practice at Larkmead and was fortunate to be offered a job once qualified.

Jonathan Cima...

Having always aimed to become a vet, I was fortunate enough to take a direct route from school to study veterinary science at Bristol. As with Elliott, I did much of my EMS at Larkmead Vets and was offered a small animal job, with one day a week of large animal work for variety.

Before starting work, I went to Greece to help with a spay clinic. It is something I would strongly recommend to anyone wanting further surgical experience, and also a challenge. With little experience and few resources, it put us all outside our comfort zone, but was great fun.

There were many stressful moments, mainly caused by using injectable general anaesthesia, but all of our patients survived as far as I know. I felt more confident starting work knowing I could deal with the dreaded bitch spay. Sadly, the same can't be said for cat spays, which I still find awkward!

How did you find transition from university to practice?

EP/JC. Most people see starting work as a scary experience and we would be lying if we said we were not terrified; finally being in charge of consults and the worry of not being all-knowing.

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Jonathan Cima (left) and Elliott Payne at work.

The first day of work is one we will never forget, the day people finally see you as a responsible vet ... up until the point you fall off your chair within the first hour!

Luckily our colleagues knew how to integrate new graduates into the system – offering support, longer consulting times and answering all the inane questions you pose to them.

We both started out our working lives differently; I [EP] was able to shadow a colleague for a couple of weeks before that person moved on, allowing for a smooth introduction

into how the practice runs, clients, changeover of care, consult debriefs and help with surgical techniques.

The process that many graduates face, including Jon, is filling a new or old position without a changeover period. This puts

you in at the deep end, taking on sole responsibility of cases and consults, which although it allows greater clinical flexibility also potentially means more room for error.

How do you find on-call?

JC. The first few months of on-call are unnerving, one eye is always on the pager, even when asleep. The apprehension of seeing emergency cases without the normal back-up and

support is a challenge. However, it is a great time to learn.

Attempting to euthanase a non-sedated, unrestrainable dog in the back of the owner's car in the dark on your first night on call is not sensible, and one never to repeat! Over time, you realise there are few real emergencies, not every phone call needs to be seen, and your inpatients are not just waiting for you to turn your back so they can die on you.

Out-of-hours work is about prioritising, decisions and communicating effectively. Taking control can be scary and emergency cases can seem intimidating. However, if you are unsure there is normally a book, colleague or referral practice to help you out.

How do you find being out on the road?

JC. With only doing one day per week, large animal work is still a big challenge. Most of the cases I see I have not previously dealt with and although I did grow up near the area, I still get lost and rely on my satnav far too heavily!

I still get anxious being on the road, but I do love the variety. When doing something unfamiliar, getting the basics is key. A good history and clinical exam enables you to at least formulate a plan even if the diagnosis is not straightforward. Drug dosage and withdrawal time cheat sheets are also very handy.

EP. As a sole small animal vet, I only go out for home visits. Once again it was initially daunting not having the support from extra staff or the normal facilities that the practice provides. I now enjoy visits, as it's a positive challenge, and also a great way to introduce variety to the week as well as meeting new clients.

JC...

Best bits: Nice clients, seeing patients' progress throughout treatment and getting your diagnosis correct.

Worst bits: Making mistakes and the amount of weight gain due to the volume of cakes!

Most idiotic moment: Vaccinating a horse with the wrong vaccine (shameful). Don't rely on the owner – always check the passport.

Most difficult consult: A client stating that he would rather put his head in his 60kg pet Rottweiler's mouth than let you use a muzzle to examine its chronically inflamed ears. This was just after struggling with my previous patient (also a Rottie) who hated men and refused to have anyone within a 10m radius of it.

Most awkward consult: Telling the owner of a sick (but alive) rabbit out-of-hours that after completing your clinical exam it is now dead.

Most awkward phone call: Asking a client if they wanted their pet frozen or defrosted before picking it up after changing their mind about cremation.

Funniest page: Out-of-hours on bonfire night the pager displaying "Dog blown up". My first GDV was not what I was expecting.

EP...

Best bit: The clients who actually listen and enjoy having a conversation with you, and like bringing their animals to the vets.

Best client: A home visit for euthanasia of a dog, Bella, that I had been seeing with chronic renal failure. The owner and her family made both me and my nurse relaxed during the procedure,



Left: Elliott Payne in consulting mode at Larkmead; above: Jonathan Cima working at a spay clinic in Greece before joining the practice.

telling tales of Bella in her younger years. Afterwards, as I was taking Bella to the car, I apologised for the state of the car's muddy exterior, to which the owner's daughter proceeded to write "Bella Rules, OK!" in the mud.

Worst bit: [Still] trying to get to grips with the computer system.

Most idiotic moment: Washing my hands after examining a Westie, then noticing a "massive" spider in the sink. After jumping aghast like a big girl's blouse, scaring both the owner and the dog, having to proceed to call one of the nurses in to remove the spider before carrying on with the consult.

Most difficult consult: First question to an owner out-of-hours with an injured jird: "What's a jird?"

Most awkward consult(s): Emptying anal glands in an excitable Golden Retriever with a neurotic owner. After calming both of them down at great time and expense during the task, the owner quips that my colleagues are far better at doing it as they take her dog to the prep room and he's much calmer there. No kidding.

Most awkward phone call: Returning a call about an injured iguana, only to be told by the owner that it was actually a guanaco, and he wanted a specialist camelid vet to see it.

Needless to say, I forwarded the message onto the farm department.

Some final words of wisdom...

■ You are never alone, use colleagues at your practice, university and referral centres for advice. Don't forget referral is always an option – both in-house and externally.

■ A lecturer once said, "If you imagine that every unpleasant owner that comes in has chronic diarrhoea, it will always keep you calm, smiling and also means that you don't take it personally!"

■ Never forget the value of your stethoscope for blocking out the owners who insist on delivering their

pet's life history when you are trying to think.

■ Always be nice to the nurses otherwise you will regret it!

■ Clients are usually understanding, as long as you are proactive. If you are unsure about anything, getting a second opinion from a colleague or telephoning the owner afterwards with advice and a plan is never a bad thing.

■ Write up thorough clinical notes.

■ Use a catheter for euthanasia, especially initially. It ensures a quick and easy end with minimal restraint. Injecting off the needle in an old animal with aged veins and an upset owner can make it awkward, stressful and protracted.

Never alone

It has been fun comparing what we have been up to in the past six months in practice. As a new graduate, it is important to realise you are never alone, never expected to know everything and that mistakes happen to everyone.

Talk to people about your experiences, worries, good days and bad days. Above all, remember to have fun after all of the hard work you have put in!

VetSurgeon.org member
Jenny Smith MRCVS

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The Animalcare Final Year Student Award

THE Animalcare Final Year Student Award is a popular award presented to a graduate at each of the veterinary schools across the UK, with the winners selected based on nominations from fellow classmates for the student contributing most to life at the veterinary faculty over the period of the course.

In 2012 each winner received £1,000 (£500 for each joint winner). Winners are asked to write an article about their experiences in the first few months of practice with a view to publishing in the veterinary press.

The 2012 winners were: Edinburgh, Emma Harvey; RVC, Elliott Payne; Bristol, Jonathan Cima; Glasgow, Alexandra Pivoda and Flynn Henry (joint winners); Cambridge, Frazer Jennings; Liverpool, Joanne Maxwell; Nottingham, Katherine Fitzgerald.