

Not enough experienced vets – where does the responsibility lie?



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Focus on veterinary graduate progress has never been more acute – thanks to a national awareness of mental welfare at work, concern over dropout rates, European politics and the emergence of new and innovative teaching establishments. Graduate development is of concern to the profession, the employer and the individual.

The Royal College of Veterinary Surgeons expects to see its members conduct themselves properly in interactions with colleagues, the public and patients, without bringing it into disrepute. New graduates are largely well briefed about the requirements; but in terms of handling real-life situations, communication skills differ widely – according to experience, personality, upbringing and culture. Communication deficiencies need to be recognised promptly and modified.

I was told frequently by my mentors that I never had more retrievable information stuffed in my head than on the last day of my final examinations! Continuing professional education involves prioritising that information and absorbing the almost daily influx of new stuff according to current clinical relevance. The College sets targets and numerous resources are available for maintaining standards – albeit often at significant financial cost.

The employer has a financial and, hopefully, moral interest in supporting a graduate's early steps. The incumbent faces awesome learning curves in terms of acquiring practical competence, communication skills and investigative planning – all under time and emotional pressures. Corporate involvement has promoted the parameter of 'average transaction fee' to be an additional stressor. Ideally, the employer should provide training, supervision, mentoring and parochial support; but is, unsurprisingly, tempted to tailor that support to their own business needs ahead of those of the individual.

For many, the single goal has been to graduate, with little thought of what might happen next. The reality of general practice can be a real shock compared with the 'distilled' caseload of teaching schools. It is reported that schools do not always present realistic employment opportunities to prospective students. With a highly intelligent, intensively trained individual, hungry for experience and impatient for the opportunity to implement newly acquired professional skills, the potential for exploitation – conscious or unconscious – is immense. And it happens.

Immediate concerns

Let us look first at what a new graduate is faced with:

- find work – that is, persuade an employer that they can 'hit the ground running' learning and earning; doing minimal harm in the learning and justifying their existence in the earning
- probably adapt to living alone, organise personal finances – managing a salary, repaying student loan – and work closely with a group of strangers

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- learn practice policies and technical preferences, local disease issues, find and learn how to use equipment and learn unfamiliar drug presentations. Learn to use a practice management system, rarely with adequate instruction or sufficient time to familiarise
- appear outwardly confident and knowledgeable in the consulting room. Listen to – and understand – clients’ needs, make a thorough clinical examination of every patient, prepare an investigation and treatment plan and deliver it in a seemingly impossibly short period of time
- learn to deal with clients’ ignorance, grief, fear, anger, incompetence or unexpected kindness
- overcome personal tiredness, exhaustion, self-doubt, mystification and frustration. Maintain friendships and partnerships, stay motivated, eat healthily, exercise and sleep soundly.

How do they do all this? Who helps them master these early hurdles and grow into confident, effective veterinary surgeons proud of themselves and of their profession?

There are four basic areas of challenge.

Practical skills

Practical proficiency generates confidence in oneself, one’s clients, colleagues and patients. Abilities differ and experience from extramural studies and veterinary school rotations will be varied. People learn at different speeds.

A graduate facing a new procedure or technique requires close guidance for the first time – ideally reinforced by doing several more on their own soon after, but with help close by if needed. Mentors need to be competent, patient, sensitive and always available.

General practice does not present a succession of conveniently different teaching scenarios. In my first five months, I faced nine gastric torsions; but it was two years before I had to perform a Caesarean on a bitch.

Some new graduates recall ...

“I received a long tirade of destructive criticism. They didn’t even stop when I began crying. I was so cross with myself, but they just kept on.”

“He didn’t seem to get that I’m left-handed. Eventually one of the nurses showed me a better way. She was left-handed herself.”

“The vet who volunteered to look after me gave me a three-month review. It was great to be able to focus on where I needed to improve and to voice my own concerns.”

Communication

To do the best for the patient, the veterinary surgeon needs the skills to elicit as accurate a history and identification of the problem as possible. To keep the client ‘on side’ they need to be proficient at translating often complicated clinical situations into simple layman’s language. Rapport, empathy and clarity must temper professional decisiveness.

Communication between colleagues is greatly facilitated by clear established lines of reporting and regular departmental and practice meetings. The meetings *must* happen, be concise and have defined purpose. Is that always so?

One of the greatest sources of misunderstanding, cultural confusion or downright conflict is management by email.

“Nobody spoke to me directly. I just received a stropky e-mail from the regional manager that was sent at 4am in the morning! What they’d been told bore no resemblance to what actually happened.”

Clinical knowledge

When do any of us stop learning? The new graduate, however, is aiming for that level where they feel they know as much as the client can reasonably expect them to know and not to feel silly when they need to seek more specialist support.

There is no substitute for personal experience; however, experience rubs off when you are exposed to senior colleagues discussing cases, commenting on those “common things that occur commonly” and reciting fond stereotypes, such as cockers with AIHA or Westies with atopy.

Formal CPD is invaluable; but the availability of a coach and mentor is essential.

Looking after the Self

Burnout, ‘compassion fatigue’, depression and suicide are not exclusive to our profession; but all have some root in the way that early professional employment experience forms our beliefs that become the foundation of our actions and expectations. When the expectation of being a happy effective, confident, rewarded veterinary surgeon – able to ‘mend’ and save all your patients – becomes confounded by long hours, clients with no funds, pressure to earn money, poor pay and unsympathetic management, the ensuing mental jaundice is profoundly damaging and, in extreme cases, life-threatening.

Room for improvement

The challenges to new vets are clear then and the need for ongoing effective support is indisputable. Many recent initiatives appearing in the form of CPD and support programmes are to be applauded and welcomed; and support for acquiring practical skills and clinical knowledge today is, of course, widespread – though not by any means complete.

The Royal College PDP programme is a useful measure of new graduates’ acquisition of experience; but several individuals interviewed regarded it as just a ‘tick box exercise’. I constantly met comparison with the nursing clinical coach system and it seems the PDP works best when an informed, dedicated mentor is actively engaged with the graduate’s progress. This does not always happen.

Many corporate groups and some charities have recently evolved excellent graduate development programmes that are used to attract and support young employees. They represent great strides in early clinical training; although it is important that outside these courses, a coaching and mentoring presence persists in the workplace. Time and the need to maintain turnover targets will always be the enemies of ideal clinical support for graduate development.

There is scope for more proactive encouragement by the College for employers to train and support coaches and mentors. As we have seen, to be effective these teachers need to be trained themselves and to be given time in the working day to support their 'coachees'.

The internet is a superb source of instant education and instruction from peer-reviewed sources. It is to be hoped that all practices allow constant access for their employees during working hours; whilst respect for employers' time and investment is reciprocated by employees not abusing the resource by lingering on social media pages.

Similarly, there are resources for communication training – notably the very professional workshops provided by VDS and those within veterinary school training. The problem often is that those most in need of training are the least aware of their own deficiencies and this becomes a challenge for management.

Trained managers can be taught to broach these issues sensitively. My experience as a neuro-linguistic programming (NLP) practitioner is that once a person recognises that the source of their 'communication hiccup' is their own behaviour, they quickly find life in the consulting room becomes a whole lot more fun.

Mental well-being has finally achieved prominence in the professional consciousness. Interest and discussion have increased exponentially. There seems to be a move to review the whole selection, training and workplace structure.

Wake up and smell the coffee

Are veterinary schools choosing the right kind of candidates for modern veterinary practice? Are they presenting a realistic image of the day-to-day professional life and realistic expectations of finding employment, commensurate with dreams and expectation?

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A recent paper by Whittington et al demonstrates a strong correlation between carefully tailored feedback to students and graduates and the development of a 'growth mind-set' using reflection and support to review setbacks and develop positivity towards the next incident rather than giving up.

Graduate programmes are the 'building blocks' of graduate support together with initiatives such as Mind Matters and Vet Helpline; yet the 'mortar' holding it all together, remains inadequate. What is missing is the guaranteed existence of senior colleagues, well trained in mentoring and coaching with the time, resources and willingness to support, guide and motivate.

It is difficult to see that coming to pass in the ever-hardening commercial environment of general practice.

Perhaps one solution may be to establish a new layer of teaching in the form of a postgraduate year in general practice clinics attached to referral centres, teaching units and larger independent groups? Stretching the training term without postponing the graduate's earning potential might allow more room for skills acquisition and coaching by trained teachers.

Our goal of well-being in our profession through supported graduate development might be influenced by different student selection, better preparation of those students and a great deal more attention to providing workplace support.

What is needed first is acknowledgment – by all – that workplace pressures are a widespread reality, are detrimental to productivity, well-being and professional standards. A lesson, perhaps, for non-veterinary ownership – that at the end of the day, adequate vocational reward for the veterinary professional will result in better financial reward for the shareholder. ■

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