

C&T

Centre for Veterinary Education
Control & Therapy Series

SPECIAL ANNIVERSARY ISSUE IV
Mental Wellbeing



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p4



Winner—Frances Zewe

p5



Richard Malik

p5



Volunteering is its own reward

p20

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Happy holidays!

The CVE closes down on Friday 20 December 2019, reopening on Tuesday 7 January 2020.





2019 is drawing to a close, with many of us wondering what could possibly be in store in 2020? After a year of continuing drought devastating so much of Australia and severe bushfires and unseasonably hot weather affecting much of the country, you might be left wondering - what nature can throw at us next? As if that is not bad enough, we have signs of a weakening global economy, political and social turmoil in many parts of the world and the rise in popularity of extremist political views. How is it possible to remain resilient in the face of the of all that is going on?

I have no doubt that many vets in rural Australia are facing tough times in practice while their clients are selling off or destroying livestock, while those who can afford to are paying inflated prices for feed to keep once valuable seed stock alive. The ongoing drought and bushfires must be having an enormous impact on the mental health of many of our population in rural and remote areas and this in turn can impact on the mental health and wellbeing of those who service those communities.

Thankfully there has been an increasing awareness of the mental health issues affecting people in these situations and many of us are now alert to the risks and signs of depression, anxiety and suicidal tendencies.

In October, the CVE held the second two-day One Welfare conference in Sydney, which was attended by people from around the globe and was followed by a one-day Mental Wellbeing For Veterinary Teams symposium, which was so popular it was booked out. These and other initiatives are being offered to the veterinary profession in many different forms, which is a far cry from a few years ago when the increased suicide risks within the profession were recognised, yet few tools were available to make everyone aware of the signs that may be associated with identifying at risk individuals.

In 2020 you will see a change in the CVE branding as we introduce a new website and improved customer relationship management system. These changes are designed to make life simpler for you in your dealings with the CVE and to reduce the daily stress in the lives of our customer service team.

2020 will once again see three major conferences run by CVE as well as a number of the ever-popular practical workshops. These face to face events are more expensive and demanding of your time than short CPD offerings, yet the rewards are often greater. At every conference and workshop I attend, I see vets chatting with each other and discussing a broad range of things pertaining to the profession.

To my mind, this face to face interaction is far more rewarding than communication via social media and it provides a much greater sense of belonging, which is why the CVE continues to provide great speakers and presenters for the benefit of the profession.

The next Valentine Charlton feline medicine conference will be held in February 2020 in Sydney with Susan Little returning to Australia for her second visit. This conference is a 'must attend' for those who did not hear her speak in Melbourne a few years ago, as well as those who already know the value of hearing Susan and the supporting speakers offer up the latest information in all things feline.

Next March the CVE and ANZCVS will present a two day Veterinary Pharmacology and Therapeutics conference in Melbourne, followed by the annual CVE June conference in Melbourne, which will be a blockbuster on infectious diseases. The September 'holiday destination' conference will be held on the Sunshine Coast at Noosa with the focus on gastro-enterology. See the CVE website for more details and to register at early bird rates for these events.

We wish all of our CVE members and readers of the C&T a very happy Christmas and hope that everyone has some time off to reflect and recharge their batteries.

Hugh White
Director

A handwritten signature in black ink, appearing to read 'Hugh White'.



cve.edu.au/vet-pharmacology-therapeutics-conference

Veterinary Pharmacology & Therapeutics Conference

Conference | 14 CPD Points
Tuesday 10 - Wednesday 11 March 2020

Mark Papich, the 'guru of pharmacology' joins international and local speakers to discuss current and emerging topics in pharmacology and therapeutics.



cve.edu.au/workshop/clinical-skills-veterinary-nurse

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Emma Billing, Co-owner of New England Veterinary Services, Armidale

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Joanne.Krockenberger@sydney.edu.au

“I enjoy reading the C&T more than any other veterinary publication.

Terry King, Veterinary Specialist Services, QLD

THANK YOU TO ALL CONTRIBUTORS

The C&T Series thrives due to your generosity. If you're reading this and have been contemplating sending us an article, please don't hesitate.

The C&T is *not* a peer reviewed journal. We are keen on publishing short pithy practical articles (a simple paragraph is fine) that our readers can immediately relate to and utilise. And the English and grammar does *not* have to be perfect—our editors will assist with that.

JOIN IN—WRITE UP THAT INTERESTING CASE

C&T authors agree that it is extremely satisfying to see their articles in print and know they are contributing to veterinary knowledge.

WINNERS

MAJOR PRIZE WINNER

Volunteering is its own reward

Mike Heath & Lisa Sander p20

BEST VISUALS

Tall Ship adventure to Antarctica

Ildiko Plaganyi..... p37

CVE PUBLICATION PRIZE WINNERS

Performing euthanasia and mitigating moral stress—how caring for others can be caring for ourselves

Karen Teasdale p11

A life evolving

John Dooley p24

Cooling collars for canines and equines

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PRIZES

Major Winner: a year's free CVE Membership

Best Visuals: Digital video or DVD of your choice

Winner: A CVE proceedings

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50th Anniversary C

Congratulations to our winners!

Major Winner -
CVE\$1,000 voucher

Dr Sedick Khisa

Dr Sarat Shah Veterinary
Clinic, Kenya

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I was born and raised in the western part of Kenya. We are famed for maize farming and keeping animals comes naturally to us. From a young age we live surrounded by animals—cows, goats, sheep, poultry and donkeys. As a family we've always had a cat. And need I add that he was an independent cat who loved the outdoors and was an excellent hunter.

My love for vet started when I watched my dad handle a dystocia case when our cow was calving. I always watched with fascination as he would treat our flock, and he's excellent at what he does, and now has my input also.

Fast forward to December 2017; I completed Vet school. In Kenya we do 1 year of internship, and I finished mine in May 2019. Currently I'm employed in a small animal clinic: Dr Sarat Shah veterinary clinic. Here we deal mostly with small animals and some exotics like turtles, terrapins, and hamsters. Each day is a day to enhance my knowledge and I enjoy all the challenges that come with being a recent graduate vet. I look forward to enhancing my knowledge in other spheres of veterinary practice especially large animal, and their nutrition.

Winning Answer

I started reading the C&T Series last year 2018. One profound article I read and I deeply fell for was C&T. No. 4901 A life well lived...the life of an Aussie Vet published in April 2008.

James Harris detailed what he has accomplished in the best way, from his love for his first pet, the budgie, to Llamas on his farm. I was intrigued by his honesty and experience... milking on the farm and helping with the colleague who had a child while they were in vet school.

From how the 'clinical competence book' helped him to his father's mantra 'you have to pay the piper for the tune', this article was well written and touching in every aspect.

Thank you for articles in this wonderful series that are an eye opener and a challenge to me as a recent graduate from Kenya KE.



eBook download:

Read C&T No. 4901 A life well lived...the life of an Aussie Vet.

Competition—Why I love the C&T

Winner – CVE\$250 voucher

Frances Zewe

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The University of Sydney
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As a current DVM student, I cannot (yet!) comment on how a C&T article influenced how I practice veterinary medicine. However, I am very qualified to discuss how the C&T supplements my studies. The short answer is—extensively.

The C&T is totally unlike any other publication. As students, we read a lot of veterinary literature and textbooks. But at the end of the day, many of the bonus tips and real-life information comes from the C&T, not the formal resources. I look forward to the quarterly C&T (hard copy—because I am old school) because it's not on any formal reading lists (so is it leisure reading ☺)... but I always walk away with a new insight, or a deeper understanding of something that was covered in lectures.

My C&T library is more dog-eared and post-it-note flagged than some of my textbooks. It's the funny anecdotes, or how things went wrong, that I remember the most. The C&T provides this, and much more! I look forward to sitting down with a cuppa to read it every quarter.

Richard Malik

CVE's Valentine Charlton
Consultant and C&T
Veterinary Editor
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Everybody who reads C&T probably has a favourite anecdote. Here is mine.

In 1987, I started as a Resident in Small Animal Medicine at Sydney University Veterinary Teaching Hospital (SUVTH). I was the first person to do a Medicine Residency at SUVTH. I had completed a Diploma of Veterinary Anaesthesia several years earlier, a PhD in neuropharmacology, and a postdoc in experimental neuroscience, and badly missed being a vet. I had worked part time at Woden Animal Hospital in Canberra (weekends) when doing my PhD, but I really hadn't done that much veterinary work. I was keen to learn and keen to see cases. Like every other vet in Australia, I received C&T *gratis*, plus all the other advertising material from the PGF, the forerunner to the CVE.

It would be fair to say C&T didn't have much currency with the academic staff at Sydney University, principally because anyone could say anything (and they often did back in the day!), as it was not refereed. That never bothered me. I reckoned I could pick the wheat from the chaff. And I read C&T from cover to cover (but unlike Terry King, I didn't file the good ones!).

One that seemed especially practical was on how to pass a stomach tube to decompress a dog with gastric dilatation torsion (GDV), a disease which has always terrorised me in practice. The big tip was to raise the dog by its forequarters (literally lifting the patient off the examination table or the floor). What this does is to allow gravity to pull all the abdominal contents caudally—thereby straightening out the junction between the oesophagus and the stomach (which is twisted)—thereby facilitating passage of the stomach tube.

So of course, a big dog with GDV was presented to SUVTH a few weeks later. Several people (all senior academics) tried without success to pass the stomach tube. No one could. It just wouldn't pass. The dog was in bad shape. So, someone started to prepare a large bore catheter to use as a trocar. But armed with the secret formula from C&T (read the article on page 57), I asked if I could have a go. In fact, I am not sure I even asked. I just looked confident and had a go. So, we stuck an Elastoplast roll in the dog's mouth one last time, lubricated a small horse stomach tube with KY jelly, and I lifted the dog off the ground and asked a close colleague to pass the tube—which slid effortlessly into the stomach. This allowed the gas under tension (and subsequently fluid) to escape into a convenient bucket. We could then stabilise the patient with aggressive IV fluids and move onto surgery in a more leisurely manner. And the case subsequently went very well!

It's a very simple tip. But I have not seen it written in a textbook.

When you are young and not that experienced—a tip like that can make all the difference, because all the theory in the world doesn't add up to a hill of beans, if you cannot do the practical things confidently and competently.

C&T has changed a lot over the years. Its posher now. But it's still full of practical stuff, although perhaps not quite as much as in the old days (please send in more good tips!). But whether it's Aine Seaver's slide for putting dislocated hips back in, the late Geoff Manefield's method for replacing a uterine prolapse or Peter Howe's homemade device for extracting fishhooks from the oesophagus—C&T always has something new to help us be a better clinician. And thanks to Lis Churchward, an editor with full-blown obsessive-compulsive disorder, we even have a searchable database to look up the articles.

Which is why Hugh, Lis, Jo and I take so much pleasure editing C&T every three months.



eBook download:
Read all the C&T's referred to above.

Five thoughts about wellbeing and vets

Anne Fawcett

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C&T No. 5782

When I told my psychologist that I was helping to organise a workshop on mental wellbeing for veterinary team members this year, I expected her to laugh her socks off.

I pre-empted her, noting that I was aware of the irony.

'Why do you think it's ironic?' she asked.

The point is that I am no expert on these matters and don't pretend to be. For years after graduation I thought that being a vet was the most amazing, most exciting, most important thing in the world. And then I didn't. And I've been recovering since. (For the record, I now think that being a vet is *one of the most amazing, most exciting, most important things in the world*).

I know that I am not alone. There is a widely acknowledged 'mental health crisis' in our profession, incorporating everything from anxiety, depression and burnout to suicidal ideation and suicide (Milner et al., 2015, Nett et al., 2015, Platt et al., 2012, Witte et al., 2019, Wallace, 2017).

During the process of co-compiling *The Vet Cookbook* and co-organising the Mental Wellbeing for Veterinary Teams conference, I talked to, corresponded with and consulted veterinarians, nurses, kennel-hands, groomers, practice managers, family members of people working in veterinary teams (including my own), academics who have devoted their lives to studying wellbeing, randoms, the interwebs etc.

Here are five things I learned in this process.

Being a vet is a hard, but also amazing.

Veterinary team members don't have a monopoly on stress. Doctors, chefs, judges, police officers, mental health professionals and entertainers are all struggling with similar issues. High workloads, long hours, complaints or negative feedback. Some professions – like ours – have the added stressors of exposure to trauma, and moral stress which occurs when we feel we may not be able to act in accordance with our values and you have a perfect storm.

Then there is the life stuff that every human being deals with – relationships with other humans, responsibilities like being a parent or a carer (of humans or animals or both) or just dealing with family dramas, managing finances, aging, eco-trauma, FOMO, grief, fatigue, illness, change etc. etc.

What seems to have been lost in the current conversation though is the good stuff. Dr Andy Roark summed it up



Anne Fawcett with a young patient.

nicely in this little vignette.

<https://drandyroark.com/happiness-joy-veterinary-medicine/>

“...it is inevitable that at certain moments in our professional lives we will go through periods when we become disillusioned. The values that we upheld as important will have been subsumed by the realities of everyday veterinary life: not every case will involve overcoming a complex diagnostic challenge that saves the life of the animal involved and results in the undying gratitude of its owner. In fact, such cases are few and far between. Just as many may involve the frustration of not being able to take a diagnosis far enough due to practical constraints, or an owner that simply does not appreciate what is being done for them. Between these two extremes, the vast majority will be entirely commonplace, and superficially at least, unchallenging.

It is this routine that will make up the bulk of our working lives. Much of the clinical and management advice currently available has been written to help us cope with the extraordinary. That is perfectly valid: we need to know how to tackle the difficult clinical cases: just as we need to know how to handle an unhappy and aggressive client. But as challenging as such instances may be, they are not the main factors that contribute to long-term professional dissatisfaction and burnout: it's coping with the largely routine treadmill of professional life day after day, year after year, so we also need to know how to delight in the ordinary. (Viner, 2010) (p 190).

Martin Cake (whose name I feel is most appropriate for this sort of work) and colleagues wrote a fantastic paper which highlighted the tendency for veterinary educators to teach *how* to be a veterinarian, but not necessarily *why* to be one. Spoiler alert: veterinary careers can be and are a source of meaningful work, intellectual challenge and variety, opportunities to help humans and animals, problem solving and positive interactions with colleagues (Cake et al., 2015).

Sometimes the most mundane seeming consult or case can be the most gratifying. These are my favourites. UK veterinarian Bradley Viner wrote about the need to 'delight in the ordinary':

One of the biggest factors affecting wellbeing of veterinary team members is how we treat each other.

I was listening to a well-regarded veterinarian present a very challenging case to colleagues at rounds. It was clearly an upsetting case – owners had given an unnecessary treatment to an animal which inadvertently set off a chain of events and the patient died despite timely primary care and referral. Everyone agreed that the case was managed appropriately. The experienced vet stated that had he been inexperienced or recently graduated, he may have blamed himself for the outcome, but because of his experience he realised that unfortunately nothing more could have been done. He wanted to maximise learning from this very distressing case. After listening, I wanted to hug that vet. He was so thoughtful and compassionate for everyone involved in the case – the horse, the owners, and even himself. I imagined myself managing a similar case and, without his experience, blaming myself or not being able to confidently respond to owners seeking answers.

Afterward, in private, I asked if he would consider sharing this story in *The Vet Cookbook*. It was such a rich story, containing so many lessons including the importance of self-reflection and the need to debrief about cases with colleagues. He immediately refused, on the grounds that the last time he shared something like this in a public forum he was 'ripped to shreds' by colleagues. He wasn't the only person who did not want to contribute for this reason. Some vets and nurses cited similar concerns about inviting criticism from colleagues.

This suggests that in terms of promoting collegiality, we have a long way to go. It's important that we are able to critique case management. It's important to have the space to disagree. We need to be able to give and receive feedback in ways that are genuinely constructive, and recognise the good will of others when they don't get the message quite right. It made me think of comments I'd made to colleagues that could have inadvertently caused harm and offence. And it also reminded me how much, personally, we have when our personal and professional identities overlap and how it is easy to take criticism to heart. We need to treat each other with compassion and respect.

The brilliant Françoise Mathieu, who has a professional interest in high-stress, trauma-exposed workplaces and prompted unanimous nods from the audience when she talked about 'bullshit' at work at an Equine Veterinary Association talk last year. In her essay, entitled *Beyond Kale and Pedicures*, she wrote:

“ We need to take ownership of our own personal contribution to the climate we work in and the culture we are creating” (Mathieu, 2015).

Curiosity could be the canary in the coal mine.

I was at a workshop where Cathy Warburton was talking about early indicators of being stressed, being less able to cope or feeling down. Things that happen before we are emotionally or intellectually aware that something is wrong. An example might be if someone stops singing in the shower. One veterinarian said that she knew she was getting down when her curiosity seemed to dry up.

It has been argued that curiosity is the key trait of good medical professionals, not just in terms of getting the right diagnosis, but providing compassionate care.

As Faith Fitzgerald, former Dean of medical students at UC Davis, wrote:

“ What is kindness, as perceived by patients? Perhaps it is curiosity: 'How are you? Who are you? How can I help you? Tell me more. Isn't that interesting?' And patients say, 'He asked me a lot of questions'; 'she really seemed to care about what was going on with me.' Is curiosity the same, in some cases, as caring? (Fitzgerald, 1999)

The bad news is that it is a trait that wanes after infancy and can be killed by anxiety. It can also be killed by pursuit of efficiency, above all else, and conflict. On the other hand, curiosity may be good for wellbeing. People who strongly endorsed the following statements:

“ 'I actively seek as much new information as I can in new situations'

'Everywhere I go, I am out looking for new things or experiences'

'I am the kind of person who embraces unfamiliar people, events and places'

...were more likely to succeed at what they intended to do (Robson, 2019). Furthermore, curiosity boosted wellbeing, perhaps because it increased the chance of success but also enjoyment in the process. It can be cultivated and revived, although I don't have a recipe for that.

Self-care is uncomfortable, inconvenient and can be disappointing to others

I am not against self-care – quite the opposite. When doctors petitioned to have the Declaration of Geneva changed to incorporate the following: ‘I will attend to my own health, well-being, and abilities in order to provide care of the highest standard’, (World Medical Association, 2017), I was thrilled.

A simultaneous career highlight and lowlight for me was treating an 18kg cat. I put him on a low-calorie diet. He then weighed 20kg. The owners *added* the new diet to his pre-existing diet (which included ad-lib milk because he preferred not to drink water), rather than transitioning him to the new diet. How could the owners have made this mistake?

I’ve made the exact same mistake regarding self-care, by seeing it as an add on. Something to do on top of every other thing, like a cooking class after a massive day. (That reminds me of a cooking class I attended after giving seven hours of lectures in a row. I substituted arrowroot instead of sugar in our team’s brownies. Major regrets there).

I have met vets and nurses who do things to keep themselves sane – from salsa or ballroom dancing, park runs or marathons, community theatre, growing oversized vegetables, snorkelling and photographing street art. It took me a long, long time to realise that when they added something, they also took something away. It meant they reduced their hours or said no or went on leave regularly or dropped other extracurricular stuff.

I read a great article online which put it thus:

“...part of learning to set boundaries is internalizing the fact that you do have limits and there is nothing wrong with that. What’s broken right now in medicine is the system, not us as physicians. The problem with resilience or faux self-care is that it puts the burden of change on the individual, and exonerates the system. You can make as many to do lists as you want, have the best meal delivery service in the city, and eventually, you will reach your limit. And, you will always feel ashamed for reaching your limit, because that is what our medical culture prescribes. (Lakshmin, 2018)

Self-care in practice looks less like a five-star health retreat and more like a disappointing email:

“It means being able to tolerate other people’s disappointment and trust that it is not a moral failing on your part. Forget the image of self-care you have in your mind of you luxuriating at the spa. Self-care means going through your list of work projects and sending

that email saying your plate is full so sorry, you won’t be able to make that meeting. (Lakshmin, 2018)

The author, a psychiatrist, recommends getting into the habit of pausing before saying yes and adding something to do list, and remembering you have three choices:

1. Say yes
2. Say no
3. Negotiate (e.g. I can’t do it now, how about next week/month/year/lifetime etc.?)

Burnout isn’t about individuals, though the way we keep talking about it is.

As with animals, it’s never about the individual. Mental health problems don’t occur in a vacuum. It’s about the herd, the household, the environment – the systems in which that animal exists. We can fix an animal’s health, but if they’re in a system that compromises their health and welfare it’s only doing half the job. And it’s easier to focus on individuals and much more complex to tackle systems. If there is bullying in the workplace and our response is to hold a yoga class, it’s kind of like putting lipstick on a pig (not something I’ve personally attempted to do).

We know that burnout is common in veterinarians, and when you look at interventions they tend to focus on treatment of the individual. But the literature on burnout is increasingly focused on systems, management – factors that extend beyond the individual (Carrieri et al., 2018).

To continue the animal health and welfare analogy, one intervention that can improve welfare is providing animals with choice (it’s the basis of environmental enrichment, for example). In the workplace, giving team members some choice over their schedule – such as allowing people to do surgery in the mornings and consult in the afternoons, or being able to choose when to take leave or swap shifts, can help people do things when they feel they’re most able to do them, and feel a bit more in control (Read, 2019).

Resources that I’ve found helpful

Aside from the references below, I have accumulated several folders full of links, videos and articles. These are a few that I found most helpful.

This video by geriatrician Professor Sue Kurrle is one of the most inspiring, and the story about Madame Jeanne Calment gives me hope: <https://www.youtube.com/watch?v=yEGBnJQWk84>

A colleague introduced me to Dr Amy Imms, a medical doctor who wrote a book a straightforward, useful book on burnout that you can order for yourself (or a friend):

<https://www.theburnoutproject.com.au/>

Laura Maloney’s article talks about investing in yourself as an instrument of change: <https://www.forbes.com/sites/forbescoachescouncil/2019/08/22/five-ways-fighting-animal-cruelty-taught-me-to-combat-empathetic-distress/>

A blog by Drs Matt Morgan and Peter Brindley which stresses the importance of sleep, but also documents the way a remarkable

father responded to the loss of his daughter: <https://blogs.bmj.com/bmj/2019/07/28/matt-morgan-and-peter-brindley-why-its-time-we-all-woke-up-to-the-importance-of-sleep/>

This extended article in The Horse talks about mental health problems in our profession, and provides some practical tips which can be relevant to non-equine vets too <https://thehorse.com/features/intensive-care-equine-veterinarians/>

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Performing euthanasia and mitigating moral stress—how caring for others can be caring for ourselves

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I am a sole practitioner, and as such, the terrible burden and incredible privilege of euthanasia always falls to me. To protect my own mental health, as well as that of my staff, it is imperative that our practice develop a system of euthanasia that was compassionate for all. My aim is to have a ‘good death’ experience that is gentle for all involved – patient, client, physician and nurse.

Such a ‘system’ is not, and could never be, a rigid set of rules; but rather a philosophy of putting compassion at the centre of all we do. Compassion is simply the outwards expression of empathy. When the questions we ask ourselves about performing euthanasia centre around the underlying principles of ‘how can I honour the human-animal bond?’ and ‘how can I protect my mental health?’ we become much more focused on that which really matters.... compassion. Rather than going step by step through a series of actions (‘this patient must be sedated then catheterised then laid on its left side...’) we use compassion and communication as our touchstones, understanding that there are varied ways in which to proceed. Our primary role is to choose the elements of the euthanasia experience that will be the best fit for clients and patients.

A study in human hospitals – where the patient as well as the family can provide feedback to the staff – shows that the quality that patients most highly correlate with excellent care is compassion. Compassion is not competence – we can all perform a euthanasia technically correctly, but it is not what clients or patients care about.

Clients expect us all to be competent, as this is the baseline of what we do. They probably also hope that we are courteous – it’s expected that we don’t swear or rant at them. But to be truly compassionate is to go one step further than just professional competence and courtesy.

It’s a connection between patient and caregiver that elevates common courtesy into a life-altering moment. The old adage of ‘they want to know how much you care before they care how much you know’ holds true across all species it seems.

Veterinary medicine tends to attract compassionate practitioners, but I think we get a little scared of showing the compassion. Perhaps we are concerned that by being overly compassionate, we will diminish our professionalism and also experience compassion fatigue.

After all, empathy without boundaries can feel that it takes from ourselves. We give, and give, and give compassion, but don’t have time or resources to fill our own reserves. The stress we feel as members of a veterinary healthcare team – the paradox of killing and caring—sets up a moral tension. How can we be compassionate and yet also kind to ourselves? Will compassion drain

us dry, or are there ways of viewing compassion as a gift that gives to others but also gives to ourselves?

Personally, I feel that euthanasia is a chance to show compassion, and an incredible opportunity to ease suffering of both patient and client, and in turn, contribute positively to my sense of identity. I have the opportunity to make this occasion better for my clients—what a gift. However, I recognise the privilege that I have in setting up my own practice and trying to foster a culture whereby compassion has a positive feedback loop to the caregivers. Is it always perfect? Heck no – there are days where compassion fatigue feels very real; however in general I am proud of the work that I do surrounding euthanasia and I feel incredibly honoured to guide patients and clients through a good end-of-life journey (rather than just seeing myself as the judge, jury and executioner on the final day).

The following are some of the guiding principles we have regarding euthanasia in our practice.

Pre-euthanasia: talk early, talk often – ‘death is just a part of life’

By approaching euthanasia as one facet of end-of-life care, instead of

a stand-alone procedure with the potential for abuse (the dreaded convenience euthanasia) greatly affects the mindset of our practice. Every one of our staff members is aware that euthanasia is a powerful tool, and it is treated with reverence.

We find that our approach to euthanasia has dramatically lowered the moral stress within the practice. Euthanasia is not viewed as the cop-out at the end, or a cheap and easy solution. It is a system of welcoming death gently, and with respect, that in turn allows the rest of the practice to sleep easy at night.

A 'good death' is possible. After all, this is the literal meaning of euthanasia.

So how does euthanasia work in our practice? Well, firstly we start talking frankly about death very early on. It's very important that the entire veterinary team is comfortable talking about death with clients. If the veterinary team is not comfortable with the fact that (a) someday, we will all die and (b) in veterinary medicine we can choose what that death will be like; then clients are left making decisions without guidance because we are too scared to say anything! (Of course, being comfortable with the fact that we will all die is one of the great existential crisis questions – I'm not saying it's easy to resolve – greater philosophical minds than mine have pondered this).

The fear we may feel about broaching the subject is nothing compared to the distress that the client feels when they are in the dark. This is not a new concept: in 1846 Florence Nightingale wrote in her 'Notes on Nursing':



Apprehension, uncertainty, waiting, expectation, fear of surprise do a patient more harm than any exertion. Remember, he is face to face with his enemy all the time, internally wrestling with him, having long imaginary conversations with him.'

The same applies to our clients having to make end-of-life decisions without tools to guide them in the discussion.

Quality of life (QOL) scales

Fortunately, we have the tools. Quality of life scales are a really easy, beautifully simple way to get the discussion happening. As soon as a pet is diagnosed with arthritis, for example, or diabetes, or is simply starting to get old – we introduce the notion of clients actively monitoring their pet's quality of life score. We explain what the QOL scores are designed to do – that is, to alert us to points in time in which we need to intervene to ensure the pet's quality of life remains good.

This has a number of benefits:

- It's a POSITIVE tool. Even though we are talking about 'end-of-life' journeys, our focus is on monitoring for the wellbeing of the patient. How can we make this journey as good as possible?
- It allows us to measure our interventions.
- It gives the client a clearer picture of the progression of their patient
- It helps the client be involved as an active member of their pet's healthcare team, giving them greater information in which to make informed decisions and a sense of control

Most importantly, however, it is a catalyst for open and honest dialogue. We combine our quality of life survey in a workbook which prompts the owners to start thinking (and talking!) about many issues surrounding what they define as an acceptable quality of life. What are their definitions of suffering – and of joy? What is most important to them, and their pet? What is unacceptable for them? How do they want to receive bad news? It's all important to talk about and by talking of death, we remove (some) of the fear and power it has over us.

By exposing our clients to the notion of a 'living will' we end up with clients who are clearer on their wishes for their pet, and are then able to more effectively communicate their desire to the veterinary healthcare team. Not

only does this provide better care tailored to the individual patient and client, but it makes the client a part of the healthcare team. It removes some of the burden of the vet deciding 'when it's time' and diffuses the stress of making 'the decision'. It is not just the vet who is suddenly wielding the God-like power of carer and killer. Rather, it's a team, working together for the wellbeing of the patient, with clarity and shared expectations.

It is also insurance against future regret, both for the client and the veterinarian. When we see patient's QOL scores declining despite repeated, increased interventions, it helps us understand that our interventions are not improving quality. If a client values quality over quantity, a declining QOL despite interventions will lead to euthanasia. And in the months or years that follow, the client has a record to reflect upon if they wish – so when they wake on some random Tuesday, racked with guilt that they euthanased their pet, they can look back at the workbook and understand their actions were directed by an informed, compassionate mindset.

The euthanasia itself – at our practice.

It is not the purpose of this article to tell other vets how to practice, or that the way that they are performing euthanasia is 'wrong'. I've been practicing long enough to know that there are always variations that will suit some clients or some veterinary teams better than others.

Furthermore, I am always learning and searching for better ways to do things myself. The point of exposing our way of doing things is to hopefully inspire others, and also gain feedback and more ideas from our endlessly creative community.

Within our practice, because we talk about how clients wish for the euthanasia to proceed BEFORE the euthanasia occurs, we often have a good idea of how we can modify our procedures to best suit their human-animal bond. That being said, we have a fairly standard run-through of a typical euthanasia.



Figure 1. Gathering flowers with clients to decorate and honour the body of their deceased pet.

The patient may present to us either through consult, but more commonly we know that the appointment is for euthanasia and we have been working with this patient previously. We can therefore either progress from the consult room to the garden, or head straight there.

We feel that the environment of where the euthanasia takes place is very important. We are fortunate enough to have had the space to build a dedicated garden, but even in practices that do not have this facility, there are ways to make the consult space softer, more gentle, and respectful of the bond.

Once in the garden, we reassure the client that they still have control of the situation – they are allowed to take as much time as they need within the garden. This may mean that the client chooses to sit in the sunshine on the grass with their pet and feeds them treats for an hour. Or they may wish to curl up with their patient on the couch and sing songs and feed treats. To facilitate our day running smoothly, we explain to the client that we will continue to attend to other pets inside the hospital. We give them access to a phone in the Lotus Room and show them how to use it to call us, or if they are in the garden, we can give them a portable doorbell. The 'bell' part of the doorbell can be carried in a scrub top pocket, so no matter where an attending nurse is in the hospital, they will be called.

Depending on the condition and temperament of the patient and the client's stated wishes, we may sedate the patient at this point in time. We also explain what may happen during the procedure. Is this a dehydrated renal kitty? Then I'm going to tell the client that we will sedate so the kitty doesn't feel uncomfortable while we are looking for a vein. Is this a Labrador who wants to keep eating, despite the osteosarcomas and pathological fractures, and the owner has already indicated they want the patient to keep eating until the last moment? Then we will adjust our sedation appropriately.

Unless you tell the client what you are doing and WHY, they will simply not understand. For them, the why is

the most important part. The WHY of everything we do with euthanasia is geared towards patient welfare and respecting the human-animal bond. By explaining our actions through this lens, clients can see we are working with them to make this experience a good death.

Without explaining our actions, clients are left to guess our motivations. I would never want to run the risk that a scared, grieving, fearful, anxious client is left to their own devices to figure out why we just gave their pet an injection in the butt. The client does not know what just happened, why it happened and what to expect next unless you explain.

Remember, also, to explain all the possibilities of what may happen. You may have sedated that dehydrated renal kitty with the intention of placing cephalic catheter, but I will tell clients 'because of Fluffy's disease process, her veins will be really fragile. Now, she is sedated and so won't be feeling any pain while I look for a vein, but if these veins are very, very fragile, we also have the option of giving her next injection directly into the blood supply of her kidney. Again, because she is sedated she won't feel that injection. I will make two attempts to get a vein on her front leg here, but I don't want to move her around constantly on your lap because I can see you both look very comfortable there. If that vein is very fragile, I will move on to the injection near her kidney. How does that sound?' I will then go on to remind clients (as they will have already been told in a previous consult, and it is also written in their workbooks) that we may see some twitching, agonal gasping etc and that this is a completely normal part of the process.

With this, we have:

- Shown respect for the human-animal bond: the patient is comfortable, the client is comfortable, and the physician does not want to interfere with that bond
- Emphasised that the patient will not feel pain from the next intervention – the patient's welfare is our main motivation



Figure 2. Introducing the concepts of a quality of life scale.

- Explained what can 'go wrong' (can't get a vein!!!) so it's not a shock or surprise to the owner
- Taken the pressure and stress off the vet, and that any variation from the norm is a by-product of the disease process, not a reflection on your competence ('I couldn't get the bloody vein and the client was glaring at me and my hands wouldn't stop shaking!' becomes 'I told the client the disease process may make these veins fragile, I was right, this was expected, now we can smoothly move on to the next plan')
- Engaged the client and given them time to respond – perhaps they have changed their mind and need to move? They have the opportunity to respond.

Remember that explanation is the only way we get to affect the clients PERCEPTION of reality. Without an explanation, you may well have performed a technically beautiful euthanasia via IP injection, but the client's perception may well be 'the vet was so cold and useless, couldn't get a vein and then just jabbed poor Fluffy in the belly and she took ages to die. She was twitching and she must have been in awful pain'. Remember that anger often accompanies grief. Set yourself up to win, as much of this anger comes from fear, and much fear comes from that which is not known. Explain. Everything. First.

We also try not to judge these people, in their time of grief. Yes, we probably could have done amazing things with Fluffy's teeth if we saw him five years ago, but berating the client now will only end up with stress and ill-will towards the practice. The client will be much less likely to ever return to your practice; and it serves only to reinforce an 'us-vs-them' mentality.

Once the patient has been successfully euthanased, we will start to gather flowers from the garden to decorate the body, as well as

removing catheters – handling the body gently and with respect at all times. Again, clients have the luxury

of as much time as they need with the body. Our nursing team is present to attend to the client's needs (cup of tea? More tissues? Share stories about the pet's life?) and it's important to remember that veterinarians are not the only ones in the practice to be impacted by euthanasia. In many cases, the nurses will have as much of a bond, or even more so, with the pets. We allow the nurses to find ways and rituals in which to honour their bond with the pet and the client. Give them space and time to prepare the body respectfully. Discuss it with them – what do they see as the best way to honour a pet? In our clinic, we like to make paw-prints for the owners and take locks of fur. With each one of these memorials, it was the nurses who figured out the best way to do these (for the record, we use tattoo ink on a cotton tipped swab to make the paw prints, and hair samples are placed in empty vaccine vials, and given to the clients along with one of the flowers used to decorate the patient's body).

Post euthanasia – permission to grieve.

Unfortunately, in this society, the human-animal bond is not always widely recognised as a bona-fide relationship. There are still segments of society with the attitude that 'it's just a dog – get over it'. In an ocean of grief, the vet may be the only island of understanding for a client. We feel that it is important to give clients direct and clear permission to grieve and validate for them that the human-animal bond is worth grieving for.

In order to validate this grief, we give clients a handmade candle and tell them that when they feel up to it, they may wish to light the candle to honour their pet's life. Given what we know of the client (and their responses regarding the end-of-life planning) we have some suggestions of ceremonies that they may perform to help with their grief process. It can be as simple as just lighting the candle, or more complex rituals based on specific religious or spiritual beliefs. We also advise clients that there are specific resources available for pet loss grief. Just knowing that there is a whole community out there

of therapists who can help with this very specific grief lets them know they are not alone. We check in with them as needed, as follow-up calls are made for all of our appointments in our clinic, and all staff knows they have the autonomy to call any client to touch base again with them and see how they are going. It gives all staff the ability to continue the relationship with that client and express their concern, and validates their position as caregivers who can make a real difference in people's lives. Again, this has the effect of placing the death as part of a continuum of care, rather than the singular moment in which we are in contact with the client. For us, this gives us a greater purpose and more meaningful, satisfying interaction than simply the 'bringer of death'.

Despite the fact that within euthanasia there is loss of a meaningful bond, it can also be a moment of tender connectedness. The bonds between the patient and client are obvious, but do not discount the rare connection that can occur between client and the caregiving team. By being willing to be present for their pain through empathy, we can turn a moment of loss into a moment of connection.

Euthanasia can become a minefield of moral stress. We, as practitioners, deserve an approach to euthanasia that honours the human-animal bond and that reaffirms our position as carers – literally, those who care. It does not have to be traumatic and feared, nor does it have to mean knocking down buildings to build your own garden. What it does mean is recognising the heavy emotional toll euthanasia inflicts upon all members of the healthcare team, and devising solutions that put compassionate respect of the human-animal bond at the centre of what we do.

As a profession, we are excellent at what we do. We absolutely deserve to be given space and time to do it to the best of our ability, for the sake of our patients, our clients, our team and our own mental health.



Figure 3. Discussing death and the workbook. Discuss end of life matters early, in a non-judgemental fashion, and often.



Figure 4. We have found the best paw prints are those made with tattoo ink onto heavy cardstock. Our clients are able to spend as much or as little time with their pets in the garden and arrange any flowers or special mementos they may wish to leave with their pet's body.



Figure 5. Vaccine vial fur keepsake. Make sure your vials are thoroughly dried before placing hair there to avoid mould growth.

Be true to yourself

Kate Toyer BVSc MANZCVS

President of Australian Rainbow Veterinarians and Allies

C& No. 5784



I don't have any real advice, words of wisdom, things you should do. I've made some good choices but I've also done some really dumb things as well (like REALLY dumb!). I've said stuff that I regretted, stuff that I look back at now and think 'my god, was I that stupid?'. I've been scared and I've been fearless. Sometimes at the same time.

None of that really matters though because this is about you. Your life is your journey. It's not mine to tell you how to do it. I get the easy part of watching and seeing you in all your amazing, beautiful weirdness.

What I can do is provide a space where you can safely express yourself and learn about yourself without fear of judgement or criticism. The following are links and contacts for those spaces where you will find lots of other resources and people to talk to.

Australian Rainbow Vets (LGBTIQ+ identifying people only): www.facebook.com/groups/ausrainbowvet/

Australian Rainbow Veterinarians and Allies (everyone welcome):

www.facebook.com/groups/ausrainbowvetandallies/

Email: ausvetlgbtqi@gmail.com

Be true. Love hard. Live loud and don't leave anything behind in this life, because as far as we know you only get one go at it.

Music and mental health

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I had my first personal lessons in mental health after I experienced the loss of my father aged 55. He had been diagnosed with an aortic aneurism and had required open heart surgery to replace a heart valve. He had coped with this well until a few years later when he contracted an infection in his aortic graft and required surgery to try to clear it out. As he was already on blood thinners the surgery was very risky and unfortunately the surgeons could not control his bleeding and he passed away on the table.

Hearing this news was very traumatic, I understood what had happened as a surgeon myself, however losing my dad was a whole other issue. I tried to hold in the grief and loss as head of the family, I had to be practical, help with funerals and console the rest of my family. As Veterinarians we 'deal' with grief daily, however I found my ability to be professional around grief and loss to be a crutch I leant on heavily in regards to my own personal trauma and loss. A year after our loss I started seeing symptoms of irritability, sleeping difficulties, lack of concentration, losing motivation, and feeling emotionally flat. I had also started to experience a racing heart, tightening of the chest, feeling wound up and worrying. As a scientist I started to recognise that something was wrong and I started looking for answers. I attended a lecture on wellness at a veterinary conference and recognized that I had been feeling symptoms of general anxiety! I also sought professional counselling and learnt that I had not dealt with the death of my father in a healthy way and had developed symptoms of post-traumatic stress. This was like a light bulb for me. As a veterinarian I was used to seeking answers for why my patients were ill and obtaining a diagnosis in order to treat them effectively. I had learnt what processes were going wrong for myself and thus started my journey of discovery

into mental health and how to recognize and even treat myself and others to health.

There are many techniques and forms of therapy available, from medications, meditation, breathing exercises and so on, and every person has their own individual methods that work for them.

I was attending a session on cognitive behavioural therapy and my counsellor asked me to provide a list of things I used to really enjoy. One of those was music. I remembered that I had been awarded a music scholarship in high school playing tuba. Although at first I thought it a foreign experience and wondered why anyone would choose to play such a large ungainly and loud instrument (yes the bus trips to school were challenging). I soon fell in love with the experience and through my scholarship I had a deep immersion into classical music and training. Surprisingly, music even helped me get into vet school. In the 90's tertiary entrance scores were made up of 2 sciences and a humanity, luckily. I did so well in music I didn't have to rely on my poor English grades to get into Vet science!



The Australian Veterinary Orchestra (AVO)

From left to right: Jen Millar-Clarinet, Mike Woodham-Tuba, Cassie Novak McArtor-Trombone, Nataly Adby-Violin, Miranda Tiong-Flute, Martin Roche (Dec)-Bassoon, Robyn McKay-Trumpet, Debbie Racklyeft-Oboe (Solo), David Lever-(Principal)-Violin, Amanda Reynolds-Cello.

I remembered how much fun I had in band and orchestra and how much music had played an important part of my life. I decided to take up music again.

I turned up at the local band hall and they asked me what instrument I played, they then handed me a tuba and some music and off we went. Even though I had not touched an instrument in over 10 years I had a great time.

Being involved in a community organisation I found some very interesting things happening. Firstly I was connecting to other people, finding purpose and meaning aside from my job, and gaining a whole new group of friends. I'm not talking about just acquaintances, I mean real friends, the sort of people I could call on at 3 am in the morning if I needed and they would be there. I was also enjoying the other side benefits of a life immersed in music.

Music has some incredible benefits for the brain!

Scientists have found that the stress response that leads to chronic anxiety/depression can actually be turned off, and in fact reversed! This is termed the relaxation response. Music encourages the relaxation response, is often used in meditative exercises and provides massive side benefits of connection to others, the ability to give to others and opening up our creativity, not only that —it's FUN! The physiological benefits of this are immeasurable to our health, wellbeing and long term state of mind!

There are numerous scientific studies outlining the benefits of either listening to, or performing music.

Imaging studies have shown areas of the brain stimulated by music that relate to the reward centres of the brain, and the release of the feel good hormone dopamine.

Listening to music can affect your mood; you can use music to pump you up or to help you relax. It can help you exercise, perform better and for longer. Music therapy can

be used as a means of self-expression and it has inherent restorative or healing properties.

One evening while attending an AVA conference I heard a small jazz band playing at a happy hour. I was enjoying the show but had a thought 'I wonder if there are other musical vets?' This led to some more rumination and thinking about how the doctors have an orchestra, even the lawyers have an orchestra! Surely we vets are better



Mike playing the tuba.



Orchestra performing.

than them! Thus the idea of the Veterinary Orchestra was born. Along with a few of my musical veterinary colleagues we organised our first orchestral concert during the Perth AVA conference. This has given an outlet to many veterinarians who may never or have never had a chance to play in a professional orchestra or even played a solo to express their musical talent in a safe and fun environment. Playing music together encourages healthy connections and lifelong friendships.

I feel a good measure of your support network is to ask, who could I call on at 3am in a crisis? Many in the AVO are at that level of friendship.

I have made a lot of my friends through the association with music, and I'm very excited by the number of vets bringing out their old instruments and dusting them off to be involved. It is one of the highlights of our year! We have a number joining our Australian Veterinary Orchestra Facebook group and are already lining up a concert for the AVA conference in the Gold Coast next year.

I encourage Veterinarians to either take up an instrument or dust off the old one— you will be helping out a community band or orchestra, and gaining the side benefits of friendship, connection and wellbeing!

The veterinary mind

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Australia has one of the highest rates of antidepressant use in the world and it has doubled since 2000. More than one in ten Australians take antidepressants.¹ Something is obviously wrong in Western society. If only we could ascertain what it is, we could fix it with modern science and technology. Or could we?

Further to this, mental health issues are magnified in the veterinary profession.^{2,3} Why?

Epidemiology is a valuable tool. As a veterinarian you will know that if you look at where animal disease exists and where it does not, you often get a clue as to what is really happening.

Let's apply that to mentation. Where is there a society which had excellent mental health only to see that subsequently deteriorate to awful mentation? It existed in the Inuit of Greenland who, a generation ago, had excellent mentation and who now have some of the worst mental health statistics in the world. The Danish Government with good intent, curtailed sea hunting in the interests of preserving marine mammals and provided social security in its place.

This destroyed young men who no longer went to hunt with their fathers, uncles and grandfathers. It led to one of the highest suicide rates in the world. It brought a tribal society to its knees. It tore the fabric of families apart through unemployment and alcohol abuse.

Social Anthropology gives us the clues as to what is wrong in the mentation of the modern world. Whilst *Homo sapiens* is an adaptable species, we still can't cheat our genes. So what are our genes priming us for? In fact it is survival and reproduction – not happiness. Happiness has

to be learned and it is not what we see advertised on a daily basis in the media.

Homo sapiens have been around approximately 200,000 years. Most of that time was spent as a hunter gatherer in the equivalent of a national park. Less than 10 million people lived in the world at any given time in prehistory. Tribe size for humans was around 150, called Dunbar's number, most of whom were extended family members. This and more information on social anthropology abounds in Prof. Dunbar's excellent book cited in the references below.

Today we have 7.4 billion people co-inhabiting the world with us and we are heading for 10 billion by 2050. The new people will be added at the bottom of the poverty scale. Increasing numbers of people will live in boxes called apartments, many alone with no jungle. Trees are still being removed by developers. The family unit is under threat. We are losing our tribe and our jungle contemporaneously.

Work has changed from that of hunter gatherer in the company of family members and friends to the Western culture of the individual in pursuit of their own financial and social 'success'.

Now let's look closer at mental health. Cohesive supportive groups have better mentation. If there are more trees in your suburb the mentation of the inhabitants will improve.

Long working hours⁴, stressful work in dealing with other people's problems, feelings of worthlessness or loss of control are bad for mentation. Effort reward imbalance, the pursuit of perfection and social isolation can be destructive too.

There is a view out there that if we take one class of drugs away as a facilitator of veterinary suicide, we can solve the suicide issue. Not so. We are surrounded by many lethal substances that we have to live with so the problem will just shift to a different means. In truth we have to address our mentation and educate and support the whole profession from undergraduate to graveyard! We have normalised too many abnormal behaviours such as overwork or irregular working hours.

Social cohesiveness and genuine support within a group reduces the suicide risk. We saw how the Inuit had negligible suicide when they were functional and connected hunters. It takes a long time to implement successful suicide prevention strategies. Governments around the world are finding this out at present. Community gardens, festivals, sporting clubs, exercise and support groups can help a lot in improving mentation within society. Many rural veterinarians will be aware that the loss of the pub, football club or other social amenities can have a devastating effect on the mentation of single males of any age left alone on the farm.

Borne out of the desire to improve our mentation and eliminate suicide, there is a great opportunity for us to be a beacon to other professions and society in regard to what can be achieved. We are on our way.

As a profession we had to admit there is a problem. We have done that and now we have to research and implement the optimal solutions.

It starts with students and new graduates and drags senior colleagues into that dreaded human conundrum called change. Cultural change is hard⁵. In human medicine it can take 10 years.

Veterinary students will greatly benefit from education on their own mentation. As a profession we have to become help-seeking in outlook because many of us have to work and live with lethal substances and face animal mortality on a regular basis. Gatekeeping each other is vital.

Exercise, connection and good diet⁶ are central to good mentation. Long days at work and being on call or having a young family can make exercise difficult. Catching up with family and friends for coffee or social activities requires effort. Finally, how easy is it to slip into the processed food habit when meal breaks are brief or taken in haste? These are not easy lifestyle initiatives to implement or sustain but the benefits can be truly momentous.

Every \$1 spent on mental health in a business yields \$2.30 according to the Beyond Blue website. This result would be magnified in the mining sector and the veterinary profession. There is a vast amount of lost productivity in society that can be attributed to poor mentation. Presenteeism, sick days and staff turnover can cause havoc in busy practices. Good mentation reduces these blights on productivity and when clients meet happy fulfilled staff it benefits all.

The provision of mentoring and support are vital after graduation where the challenges are enormous.

If veterinarians can work in supportive groups and we can provide a solution to low incomes, social isolation and long working hours then we will be well on our way. When mentation deteriorates we need to know why and, more importantly, what to do. Intervention has to be early to save lives, relationships and sanity. If in doubt just ask the simple question 'are you okay?'

Lifeline Number 131114

If I piqued your interest there are some great book resources listed below.

Books

Sapiens, A brief History of Humankind, Dr Yuval Harari

Authentic Happiness, Prof. Martin Seligman

Flourish, Prof. Martin Seligman

The Depression Cure, Prof. Stephen Ilardi

How Many Friends does one person need? Prof. Robin Dunbar

A Very Human Ending: How suicide haunts our species, Jesse Bering, Psychologist

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6. Evidence Mounts that gut bacteria can influence mood, prevent depression/Science/AAAS www.sciencemag.org Feb 4, 2019

Volunteering is its own reward

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Photos courtesy of Michael Heath, Ani Samten and Emily McCoy

Since Graduation in the early 90's Lisa and I have travelled to India and Nepal for holidays, before and after starting a family.

In 2011 we were first able to travel there with the intention of using whatever skills we might have to benefit the people and animals of the places we visit.

Since then we have visited once or twice a year on working holidays. It quickly became clear that the real benefit is to us. The people we have met and made friends with while working together are inspirational, skilled, compassionate and always a source of motivation.

We have learnt how to manage, handle and care for the street dogs of India by working with some exceptional vets and paravets. They have taught us technical skills and opened our eyes to what is possible with minimal resources and dedication.

Over the years we have shifted our emphasis to supporting in-country NGOs develop their own capacity for Animal Birth Control (ABC) and AntiRabies vaccination campaigns. Another area of interest is in orthopaedic alternatives to amputation in road traffic trauma patients—what can and can't be done, case selection, what equipment and knowledge is required for the next step.

While doing surgery is fun, it is ultimately more beneficial to identify good vet skills and good management in an NGO and build their own ability to do the surgery themselves.

Our clinic in Melbourne has excellent resources that we like to use beyond Melbourne. Staff, material, equipment, relationships with clients and suppliers can be utilised for this capacity building.

This year East Bentleigh Veterinary Clinic (EBVC) nurse Kevin has been to Burma to assist a pilot ABC training session with Worldwide Veterinary Services. He has just returned from Nepal where he spent time with our friends at Himalayan Animal Rescue trust, where 2 vets completing 55 ABC before lunch in the remote east of Nepal was the norm.

The Puppy Project

One of our favourite relationships is with Kagyudpa Monastery in Bylakuppe. I first met Ani Samten (Ani means Tibetan nun) during the monsoon of 2012. She is the sole teacher and mother figure for a collection of 150 little orphan monk boys. The dogs of the monastery were out of bounds to play with due to the very real risk of rabies infection, a fatal illness in dogs and people. Everyone in Bylakuppe will know of a friend of family member who has died from rabies. The human animal bond that we and our kids take for granted is not possible under those circumstances.

Ani invited me to use her dry classroom as a site for surgery with the aim to desex and vaccinate against rabies all the dogs of that lived on the monastery grounds. She incorporated the sessions into her English and Science class content.

Ani suggested that the young pups too sick for surgery be vaccinated and desexed by the next vet to visit. Ani taught the little monks how to care for the puppies and the puppies helped care for what was missing in the little boys lives too.

The Puppy Project (PP) was born. Making 'safe' the puppies and resident dogs by anti-rabies vaccination, desexing and basic preventative care.

Over the years EBVC has been able to fund further care of the dogs and also the education of the monks. An EBVC client, Libby Smith, and her seamstress friends make dog beds which the clinic sells. Libby visited Bylakuppe in 2015 for her 70th birthday and Ani was able to visit EBVC in 2019 where a party was held to thank all the PP supporters.

Our current focus is supporting the work of Dr Sonia Thakur at Dharamsala Animal Rescue (DAR). Sonia is a Melbourne graduate with 10 years of experience in small animal practice. Over the last 3 years she has donated about 6 months of each year to DAR. Her work and motivations are, of course, impressive. She would have to be the most generous of donors to this kind of work as

she effectively sacrifices half of her annual salary to do this work. It is the least we can do to help her clinically with equipment and help on cases. Telemedicine is excellent for this. Sonia is due back in Melbourne in December 2019 for locum work, we hope to see her working with us again at EBVC. Next Feb she should be returning with digital X-ray equipment.

Adjusting to work in Australia after volunteering isn't always simple. However we do think that some of the stresses and anxieties that vets develop can be modified by some time away spent in the company of compassionate people who have a lot less than us. It can balance daily living in an ongoing cycle of comparing oneself to people and colleagues who have more, whether it be skills, equipment, case load, work load, work life imbalance, money. Spend more time with people who have less.

There are so many opportunities to volunteer. Our personal interest is in the subcontinent and the Himalayas and so will likely remain focussed in that direction. There are so many excellent local options, Pets in the Park is awesome for the work it does and how easy it is to slot into your timetable.

These sort of bonds and projects are enormously satisfying and ongoing. Who would know that a vet degree would facilitate helping the educational and socialisation needs of little kids in southern India via the Puppy Project.

EBVC has spent time with Vets Beyond Borders, Worldwide Veterinary Services, Himalayan Animal Rescue trust, Dharamsala Animal Rescue, Vets for Compassion and others. They are happy to answer questions from anybody interested in exploring this area.

Useful websites:

facebook.com/puppyprojectbylakuppe/

vetsforcompassion.org

wvsindia.org

facebook.com/wvshicksitc/

vetsbeyondborders.org

hartnepal.org

facebook.com/hartnepal/

eastbentleighvet.com.au

dharamsalaanimalrescue.org

facebook.com/DharamsalaAnimalRescue/

facebook.com/MissionRabies/



Figure 1. Dr Darren Merrit, canine medicine specialist with Vets for compassion, conducts case based training with Dr Sonia from DAR and the vet team from HART. Pokhara , Nepal 2018.



Figure 2. Dr Sonia Thakur, DAR, September 2018.



Figure 3. Lisa conducting surgery session, WVS, Kolkata 2014.



Figure 4. Puppy project work experience, Bylakuppe 2013.

Figure 5. Two Monks and a pup.

Figure 6. Dog beds made by EBVC client Libby Smith and friends. Funds raised from their sale go towards care of the Puppy Project dogs and education of the monks at the Kagyudpa Monastery in Bylakuppe.

Figure 7. Boys and a dog.

Figure 8. Dharamsala Animal Rescue 2018.

Figure 9. Lisa conducting an anaesthetic lecture using the Mission Rabies truck. It has a full surgery inside.

Figure 10. Training the next generation of young vets, Bylakuppe 2012.

Figure 11. 'Gold standard': surgery in a truck repair bay.

Figure 12. WVS, ABC training, Kolkata 2014.

Figure 13. Archie joins science class 2013, Bylakuppe.

Figure 14. Gaybu and his new mate.

Figure 15. Archie, aged 6, Bylakuppe 2011, returning desexed puppies.

Figure 16. Young monk with dogs

Figure 17. Monk boys with their pups

Figure 18. Ani Samten of Kagyudpa Monastery in Bylakuppe.





A life evolving

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As I get closer to calling 'Time!' on my Veterinary career, I have been provoked to look back at this period which has now spanned 44 years, spent almost exclusively in mixed-species practice, and serving the same community for the great bulk of that time.

I hope that by my providing this bit of background, younger vets in particular can gain some sense that life simply evolves to a large extent – around the plans which we all make.

“ Stories can cross the barriers of time, past, present and future, and allow us to experience the similarities between ourselves and through others, real and imagined.

Andrew Stanton – Screenwriter.

“ Stories cannot demolish frontiers, but they can punch holes in our mental walls. And through these holes, we can get a glimpse of the other, and sometimes even like what we see.

Elif Shafak. TED Talk.

My offering to you will simply be a narrative of 'A Life so far— Evolving'—please take from it what you will. I intend to scrupulously avoid giving any advice, with one exception.

I grew up on a farm in southwestern NSW, the eldest of 4 children. The younger of my two sisters, Elizabeth—nine years younger than I—was profoundly disabled by Cerebral Palsy. Of necessity, families with a disabled child have to revolve around that child, and so it was in ours.

Because I was by then showing some academic potential, my parents reluctantly decided that I should be sent to boarding school for secondary education, in order to maximize my possibilities.

The choice appeared to be between St Joseph's College at Hunters Hill in Sydney, where my father had boarded for a couple of his last years at school, or Chevalier College at Bowral. As an avid reader of the Catholic Weekly newspaper, my father had discovered that the Principal of Chevalier (called the Rector at that time) was Father Tyson Doneley, who had been a classmate of Dad's at St Joseph's, thirty years previously.

After a meeting with Fr. Doneley, my father was satisfied that Tyson was still just as good a bloke as he had been at age seventeen, so to Chev I went. In any case, it was significantly cheaper than Joey's! Chevalier was run by the order of priests called the Missionaries of the Sacred Heart, whose founder was Fr Jules Chevalier, a French priest.

I have a fair few memories of the first couple of years at school – mostly good, but good memories don't tend to provide as much 'narrative colour' and dramatic impact as do more 'spikey' ones.

I recall being hassled very early in term one in my first year, by a student in the year above who shall remain nameless (although his name is firmly fixed in my memory still, and I remember which town he hailed from!), flicking me about the ankles with his towel while we waited for the bus to take us to Mittagong Pool. I don't remember for how long I tolerated



John Dooley

Pictured here with Genevieve Dwyer a Vet Student Intern

John Dooley graduated from the University of Sydney in 1975. He has been in mixed-species practice since then, mainly in the Manning Valley. In January 2011, his very successful Wingham Vet Clinic merged with the Valley Veterinary Hospital to become Wingham and Valley Vets. He is passionate about educating and mentoring student vets.

this, but I ultimately reacted in a politically incorrect manner, and dropped him. This appeared subsequently to have earned me considerable respect from the others in that lad's year, and I had a pretty peaceful time from then on.

Not far into that first year, I undertook the structured course of prayer and religious attendance called a 'Novena'. Named from the Latin for 'Nine', a Novena was a 9-day program of attending Mass and using particular prayers, and was generally done to pray to God to grant a specific request. I did this in the old Riversdale chapel, getting up early and unassisted to attend as a congregation of one at 6am while one of the priests said his mandatory Mass.

My specific request was for God to cure my sister Elizabeth's Cerebral Palsy – I understood clearly at the time that this would require a completely full-on miracle, but I reckoned that if I stuck to every full stop and comma of the prayer protocol, then I had to be a fair chance of

bringing it about! And I did this all extremely diligently!

Needless to say, I didn't get the desired result, but it is interesting for me now to look back at the sort of faith I possessed at that time.

In my second year, I was ostracized by my immediate peer group, for somewhere between 7 and 10 days. That was an extremely lonely and unsettling period. I have no idea what provoked this – I can remember pleading to be told what offense I had committed, so that I could apologize, but this information was never forthcoming, and my sense of rejection and utter isolation was profound. No opportunity existed to phone home for a whinge, nor did I see any other support mechanisms available.

Ultimately though, the natural order was restored, and everything settled—I think as abruptly as it had occurred—but I know that I still carry some scarring from that experience – it makes actions like standing up in public just being myself still somewhat uncomfortable.

I progressed through school year by year, doing well academically, and getting better at my chosen sports. My brother joined me 3 years after I arrived.

At the start of Year 11, I put major effort into turning myself from not much of a cricketer, into a useful medium-fast bowler, and was able as a result to gain selection in the 1st XI for the season commencing in term 3 of that year. I even managed to take a few wickets on the Don Bradman Oval in Bowral, playing in the local district First-grade competition.

Year 12 arrived, and I was appointed School Captain – an honour and privilege, which I undertook appropriately seriously.

When Rugby season arrived, I was appointed Captain of

the 1st XV as well. We had a pretty good season – if you are someone who wishes to 'verify sources', you can read about that in Fr John Franzmann's History of the College – 'This many-facetted Gem'.

And in due course, I also became Dux of the School, so overall I had become a prominent student.

The Speech Night and Cadet Passing-Out Parade weekend in October was a big event in the School Calendar. The school did not have a large hall, so the Speech Night and Annual Prize-giving was held in Bowral Town Hall. I well remember how nervous I was giving the Captain's speech to a hall full of parents, dignitaries and staff, but I survived.

The Cadet Passing-Out parade was held the next day, Sunday, and as an officer in the Cadet Unit I had prominent duties in the parade, too.

It was a wonderful highlight for me that weekend that my parents were able to attend the ceremonies. In those days, society was simply not as mobile as it is now, and even though by then my sister Elizabeth was boarding during term-time at a specialist facility in Sydney, my parents had not really ever been able to be a part of my life at Chev.

So, that weekend had me on a bit of a high.

The next day, while driving home from Chev, my father suffered a heart attack and died at the wheel of the car, just south of Gundagai on the Hume Hwy. My mother managed to grab the wheel of the car and steer it to avoid trees as it left the road. Things could have been far worse – apart from my mother, the car contained my other sister Louise, Dad's sister my aunt, plus a classmate of mine going home for a week's Stuvac prior to the HSC, which was to commence the next week.

My brother and I received the news at about 6.30 that night. From then on, many things simply became a blur. We were driven home that night by one of the priests, through a storm of absolutely Shakespearean proportions. I still retain a memory in almost-microscopic detail of the surface of the car's dashboard and the upholstery.

The school brought a group of classmates of ours to the funeral, but otherwise I don't remember much at all.

I returned to school by what means I recall not, to commence the HSC the next week. It's worth pointing out that in those days, the HSC result was based solely on the examination performance – no rolling assessments over 2 years. I have no memory of my sitting any of the exams, nor of my subsequent departure from school when the exam period was completed.

I do definitely remember the tremendous sense of loss of my father, and the sense of huge responsibility which I now felt for my mother and siblings.

I ultimately decided to continue with my plan to go on to University, gained entry to the Faculty of Veterinary Science, and moved on. I took up residence in St John's College on the campus and proceeded to enjoy university and College life.

At the beginning and end of each term, I drove my mother from home to Sydney and back, to pick up Elizabeth from the Spastic Centre hostel at Allambie Heights.

In my 4th year at St John's, I was elected President of the College's Student body. That year, St John's won the trophy for Champion in Intercollege sport. That remains the only year in its now 162 year history that St John's has won that trophy.

Later that same year, while we were all at home on holidays, my sister Elizabeth died suddenly overnight in bed, aged 13.

Once more, my mind rapidly blocked out many of the memory details and emotions of that event. I cannot remember Elizabeth's funeral, or much else at all. I do have some memory of rationalizing things to myself at the time – of realizing for instance that my mother's responsibilities (and mine) would be greatly lessened from then on, grief notwithstanding.

I do however have a very distinct memory of standing at some stage on the back lawn and saying to my mother that I had consciously decided to never let my Heart win over my Head.

Back then to Uni, and my relatively normal life went on. After spending the final year of my Veterinary degree course at Cobbity, I graduated, and subsequently took a job in mixed-species practice for 3 years, then went to the UK for a working holiday.

During that period, I attended a veterinary conference in Johannesburg, in South Africa. As a child, because my grandfather had fought in the Boer War in South Africa, I had fed myself a considerable diet of the colonial history of South Africa and of Rhodesia, now Zimbabwe. Even though at that time Rhodesia was undergoing its civil war or war of independence, I felt that I may never have an opportunity to visit there again, so I arranged a locum job there, and went on up. Getting a locum job was not difficult, because a large proportion of the white population had departed the country because of the conflict.

That was a wonderfully interesting 3 months. Rhodesia remains the only location in which I have been given a loaded pistol prior to being sent out of town to attend a calving cow—in case I got into military difficulties on the way back! I still can feel the adrenalin rush which accompanied that job—I believe that I probably generated the strength of ten men to deliver that calf, and then as the farm compound was locked and bolted behind me, I headed home into the gathering dusk, frantically scanning the road verges as I drove!

I returned from abroad, subsequently found a permanent job, married, had 3 children, bought a veterinary practice – so all was running pretty standardly. I played Rugby until I was 34, and only gave it away because of the risk of injury interfering with my capacity to carry out work duties.

Having ceased Rugby, I took up amateur theatrical pursuits.

At the age of 38, with no preamble whatsoever I had a nervous breakdown. I flicked from a state of ostensible sanity to a state of incredible mental turmoil within a very short space of time – as short as a couple of days but perhaps over a few hours only.

I had some sense at the time of what might have triggered the feeling of upset for me, but my logical mind as sure as hell did not understand the reason for the severity of my reaction! Undoubtedly, unresolved grief breaking out must have had a lot to do with it.

A dominant theme in my mind appeared to be 'Where the hell am I, and how the hell did I get here?' In other words, much of my life in the post-school period must have been lived on emotional auto-pilot.

My mental turmoil was dreadful, and it soon became clear to me that living with a 'headful of writhing serpents' was going to be completely impossible to tolerate.

I had things narrowed down to two possible methods of suicide, and ultimately to one which would have spared any of my staff having to face a horrible situation.

I did not quite get there – a tiny part of my rational mind kept pointing out that I could not do this to my wife and children, and fortunately that persistent little niggle won the day. But it was by sheer good luck, not by good management.

It was a very difficult time. I talked about the problem minimally, worked on maintaining the stiff upper lip, I think hoped that no-one would notice, and kept working.

I am not at all sure how long this acute phase lasted.

I asked my GP to refer me to a psychiatrist. I cannot remember whether I told the GP how very bad I was, but I know that I drove a long way out of town to attend the psychiatrist, again to try to keep things a bit private from those around me. I should point out that I was a far more private person then than I have become since.

For me, the time spent with the psychiatrist was not of any value at all, except for one aspect – I recognized that I was at least doing something concrete to address my predicament, and that fact was truly useful to me—but I gave it away after 5 or 6 visits. I was offered no medication by any of the health professionals—perhaps I very successfully understated how troubled I was.

I simply battled on.

I spent useful time with a different GP, who provided some really useful talking therapy for me. Over time I understood for myself what had triggered the collapse, and that trigger is in itself relatively immaterial, but suffice it to say that that breakdown started me on a path from which there has been no turning.

I think that it became very apparent to me early on that the only way to restore my sanity was to address my pain philosophically – I found that I had no choice but to keep asking what it was that the Universe was hitting me over the head with, and what it was that I was having so much trouble seeing and understanding. What was it that I needed to learn?

I hit the Self-Help book campaign track. I read some books whose content was extremely light-weight, but also some which are quite superb philosophical works, copies of which I have long-since given to each of my children.

Several books by Stephanie Dowrick were very useful – in particular *'Forgiveness and Other Acts of Love'*.

'Care of the Soul' by Thomas Moore is a wonderful book – I whole-heartedly recommend it, even if you are not feeling in any way distressed – it contains many gems of wisdom. One useful quote is

“ It is only through mystery and madness that the soul is revealed.

If taken to heart in times of distress, this is a very supportive consideration.

I consider that in times of personal crisis, we can and should look to the lives of others for support and inspiration. Two biographies which provided this for me are *'Weary'* – a biography of *'Weary'* Dunlop by Sue Ebury, and especially *'A Fortunate Life'* by A B Facey.

I decided to learn to meditate – this was something that had been in the back of my mind for years. I had been a bit familiar with once-a-veterinarian Ian Gawler's story of cancer recovery, since about 1978 or 1979. Ian had since then set up a Foundation, and apart from offering cancer support services the Foundation offered retreats for people who wanted to look inwardly. Learning meditation was one of the gifts offered at these retreats. I attended several of these retreats over four or five years, and learned a great deal from other people dealing with profound trials and tribulations.

Over time I had more counselling mainly based on a Buddhist perspective, on what has been for me a wonderful philosophical journey.

That was almost 30 years ago, and it became progressively clearer to me that my breakdown was in fact a Breakthrough or a Breakout.

Leonard Cohen is credited with the saying

“ Everything has a crack in it – that's where the light gets in.

And boy had I been cracked!

One probably did not have to be Einstein to work out that as a young person, 2 major bereavements had been way too much for my undeveloped emotional intelligence to handle, so my grief, unacknowledged, was buried. My psyche obviously had put a huge protective barrier around my noxious emotional responses, in order to permit me to get on with living life and doing all of the practical things which had to be done at the time. I would note that back when I was in Year 12, grief counselling and similar was not on offer, and we had had no extended family nearby to turn to for support.

From the vantage point of age 67, I look back with both kindly objectivity and with considerable joy, at how far I have come along life's path. I truly love the sense of my life as an evolving process, and I love many of the experiences which I have had. I can see where I have come from, but I have no sense of a destination – I don't need one.

John Lennon used as a song lyric the line

“ Life is what happens to you while you are busy making plans.

– and that's true enough.

I consider myself to be a seeker of truth but lay no claim to having found any! I am simply walking the path, trying to remain 'in the moment', and still getting things wrong at least as often as the next person!

I am very glad that I broke open when I did, because I had a lot of life ahead of me when it happened. I am cognizant of the fact that if it had not happened until the age I have reached now, the ending may well have been very different.

My big point here, for you, is that my breakdown was the mechanism by which my emotional Heart pounded its way back into my Consciousness, from within my somewhat shattered and armor-plated Subconscious mind.

The experience made me a far better parent than I would otherwise have been – much less prone to kneejerk reactions to the difficulties posed by parenting adolescent children. It made me much more circumspect, and I believe even wise on occasions.

I learned at least one useful lesson too via my teenage children. While I do not have a sense that I was ever a controlling parent, in any case the day that I finally realized completely, that I actually have no capacity to control ANYTHING in life at all was the day when I began to worry and fret a hell of a lot less. I now don't tend to waste emotional energy worrying about what might happen, or on being relieved that something did not happen!

All that I can control are my responses and attitudes right in this moment.

I still have a consistent meditation practice. I have read much of Thich Nhat Hanh's published work, which stresses the simplicity of having a mindful approach to life.

My evolution has brought me to finding a spiritual affinity with Buddhism, and while I cannot by any means quote chapter and verse, I have received a fair bit of teaching.

It is my belief that having a long-standing meditation practice has made me a better deliverer of veterinary services – I think that my capacity to pick up on where clients themselves are at in their lives is probably better than it would have been otherwise. I believe too that meditation made me a much better clinician than I otherwise might have been – it has enhanced my capacity to appreciate fine detail.

I am even more certain though that my experiences have made me a useful mentor and teacher for Final Year students and recent Grads.

'Remember to stop and smell the roses.' is clichéd advice – it's wise enough – but this is not achievable unless we learn how to slow down and literally draw breath to be aware that the roses are there at all!

Meditation enhances this capability.

Ian Gawler has recently published a revised and updated book on the Art of Meditation – *'Blue Sky Mind'* – I commend it to you.

Approximately every second year, I get to a Zen-based, 7 or 8-day silent retreat. These are delightful events, where I get to meet 20-25 or so very interesting fellow-travelers, and have no opportunity to talk to them! Such retreats are wonderfully restful and restorative, with typically 8 hours of meditation per day – very good for recharging the psyche's batteries.

Looking back and reflecting, I can see the evolution of my life so far. I am very grateful for all of the experiences which have brought me to this point, and I love the sense of the slow flow.

Out of this evolution has finally come for me a sense of genuine self-worth. My initial reaction to the invitation to make a contribution to this publication was 'What could I possibly have to offer? I have not had a high public profile – I have just been an ordinary bloke, leading an ordinary life.'

But I subsequently came to think that if my contribution permits even only one person to take away something useful from hearing my story, then my offering to the reader will have been worthwhile.

So time has rolled on – and here I am, right now, in this moment! I have learnt resilience in a big way, but have

really learned I think how to be a useful contributor to humanity, at least on my own dunghill – for me it is about the small and seemingly inconsequential stuff.

Another quote from Thomas Moore is

“ ... to the soul, the most minute details and the most ordinary activities, carried out with mindfulness and art, have an effect far beyond their apparent insignificance.

I have given a lot of thought over many years about what it is that makes for a successful veterinary practice, and I think that the answer can be pretty much distilled down.

I think that what we might call success is under-pinned by Good Manners – offered with good intention, offered sincerely, and offered free of any expectation of reciprocation – just offered! Offered to staff, clients, creditors, company reps

Small and seemingly inconsequential stuff.

I have considered what factors have been instrumental in giving me purpose in veterinary practice and hence professional longevity, and there are in the main two.

- The taxpayers of Australia provided me with a free Tertiary education, and I have worked hard to return that investment to the community.
- Allied to that I have long had a clear understanding and belief that regardless of my technical shortcomings, my community has been much better off with me servicing it, than not.

I have a couple of final points to make

My wish for your future is that in your life you encounter a balanced mix of joyful events and significant tribulations – your life will be richer for the mixture, and I hope that you are provoked and irritated into finding and honing each of your strengths.

Robin Williams is quoted as having said

“ You are only given one spark of madness. You mustn't lose it.

I concur with that, beyond question!

And the sole piece of advice which I will offer you is as follows – if you ever find yourself on the point of deciding to never let your Heart win over your Head, mindfully draw breath and pause ... because as Fr Jules Chevalier said,

It is by the Heart that we ARE something.

Quotes from Ian Gawler's *'Blue Sky Mind'* (with permission from the author).

“Meditation is a process that takes us beyond our engagement with the thoughts and emotions of the Active Mind into the peace, clarity and loving-kindness of the Still Mind.

Meditation introduces us to the Still Mind with direct certainty.

It then helps us to function with confidence from its centre wherein all the qualities we aspire to as good people are to be found.

...We Western people are very conscious of this highly developed thing between our ears called an intellect. So much thinking! When we sit with the intention of being still, relaxing physically is often not too difficult, but persuading the mind to let go and to be still – well that is another matter...

So for us, meditation is about learning to regain this natural ability to be still.

Young children often do it. Watch them. Sitting quietly, they gaze off into space, 'quite in another world'. Often we chide them, especially teachers in classrooms: 'Snap out of it. Don't daydream. Pay attention.' And so we are trained to keep thinking, to keep our minds active, and to not take time out. Of course, these days this difficulty with being still or silent is complicated greatly by the pace of our lives and the technology that surrounds and suffuses our lives. Mobile phones, social media, screens, screens and more screens combine with faster editing in films and TV shows to demand our attention, filling even the briefest of spaces in our lives, leading to increased levels of agitation and stress, shortened attention spans and a heightened capacity to become easily distracted.

No wonder then that later in life we have to make this effort to re-learn what we once had – the skill and art of simply being still.

Having asked many people their prime motive in learning to meditate, it is clear the current upsurge of interest in it is because meditation is seen to provide

a reliable solution to three great needs—stress management, self-management

of disease, and personal and/or spiritual development.

Traditionally, meditation was used first and foremost as a tool for spiritual development. There was a recognition that in the stillness one could come to experience a knowing beyond ordinary comprehension. That in the stillness one could experience the truth of who we really are, and come to know the truth of what it is to be a fully realised human being. Meditation was the path of the mystics.

More recently as the popularity of meditation and the volume of associated research has increased, it has become a more mainstream activity practiced by many people—both religious and secular. These days, many place emphasis on meditation's health promoting qualities and its capacity to improve performance and satisfaction levels. In its simplest form meditation is an ideal stress management technique. Meditation helps the body maintain, repair and heal itself, and it fosters excellence in all walks of life.

To experience something tangible within this stillness is to know there is a reality that lies beyond this body we live in, these emotions we feel and these thoughts we think. To experience this grand stillness is to have a sense of deep contentment. We come to know for ourselves through direct experience that we are a valuable part of something much bigger than this frail body. This inevitably leads to a sense of awe, and of order, and a gratitude for being here. We see Life as having a purpose and a meaning. Now, our trials, as oppressing as they may sometimes seem, also come into a new perspective. Seen from this new perspective, they too have their place. They are seen to be but transitory; we develop a confidence they will pass and we will be the better for them.

The enduring reaction to experiencing this simple stillness is that everything is 'all right'. A profound quiet confidence in life, and in self is generated. We feel more capable of giving love, and of receiving love. Peace of mind is established.

The smile comes from deep down inside.

Well worth giving time to.

Make passion your KPI

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I give a lot of presentations, and regularly supply notes for proceedings, chapters and other written material. My normal presentations are scientifically based, with references, written in distant scientific style. I want to step outside my years of professional communication and just... tell you part of my story. There are no references, and anything stated is merely a product of my own reflection.

When the *Four Words, Forwards!* conference was being planned, I was honoured to be asked to talk about my second passion, rowing, and how it gave balance to my life when my first passion, veterinary medicine, has become overwhelming. But that is not the story that I want to share. I WILL be talking about rowing, but first I want to tell you about my time within the veterinary profession.

I graduated from the University of Queensland in 1995, having done almost several weeks more practical placement than was necessary to pass the course. I had attended every additional lecture and read widely around the subject matter. My fifth-year research paper was over 10000 words—the word limit was 5000—partly because my subject was so broad that I was unable to fit in all of the content within such constraints.

Moving into a small animal practice on Brisbane's southside, I purchased the avian textbook 'bible' of 'Avian Medicine and Surgery; Principles and Practice' as soon as it was published, then read it cover to cover. I then moved to a 50% avian practice on the city's north side. Given the number of avian patients, I felt that I needed to know more than I did, so I sat my Avian Membership Examinations in 1999 (as soon as it was possible to do so). I was convinced that I could know more. In 2002, I secured an avian residency in England with the European College of Avian Medicine and Surgery (now European College of Zoological Medicine). I was always coming back to Australia, so it made sense to me to apply to the Australasian College of Veterinary Scientists to have my residency recognised by them, which it was. THAT meant an additional set of minimum requirements that needed to be fulfilled. While in England, I was seeing referrals of exotic animals, so it seemed necessary to ensure that I knew enough to do a good job, so I sat my Certificate in Zoological Medicine in 2004. I finished my residency in 2005. In 2006, I flew to Europe to sit my European specialist examination, then sat the ANZCVS Fellowship examination a few months later.

With no purpose in life once examinations were done and passed, I established my own practice seeing

exclusively avian and exotic patients. I now have 5 full-time veterinarians (including myself), seven full time nurses and receptionists, and three part-time staff.

Throughout my career, I've received a lot of support from people within the profession and I feel that it's really important to contribute back to the veterinary community. Thus far, I've been on 11 different committees, both national and international. I've also examined for the ANZCVS several times.

I tell you all of this because I think that I'm not unusual—I am deeply passionate about my work. I want to be the best that I can be, and I've seized opportunities as they arose. Every step forward had a purpose and was made with a deep excitement and enthusiasm.

Doing veterinary medicine makes me profoundly happy—but sometimes it feels like it has engulfed my life, and I'm kind of exhausted.

Fast forward to a few years ago, and I was looking for something non-veterinary to give my life 'balance'. The indoor rowing machine was my favourite piece of gym equipment (with so many options for benchmarking performance, it is a KPI dream!), so an on-water learn-to-row course seemed like the perfect solution.



Deb and team after winning the Winter series.



Deb in a single scull.

After a six-week introductory course, I moved to a transition course for another six weeks. I managed to secure a club membership, and then joined a women's crew. Rowing was amazing! It felt natural to my body, but it was the perfect combination of repetitive movement and deep relaxation that was the closest to meditation that I'd been able to come. Up until that point, meditation consisted of making lists in my head until I could get up and actually get some work done! And, on the water, very rarely, there was a stroke or two where the boat would just float after the drive. Rowers call that 'run'. It feels like the hand of a deity has touched your boat and magicked it along, and all rowers chase that feeling. I had found my Zen space – and with this repetitive rhythmic movement, and this fleeting feeling of perfection, I felt like I finally understood mediation. I had found my counterpoint to veterinary medicine, with something that got me out of my head and into my body. And I'd found something joyful, and replenishing. I jumped out of the boat on rowing mornings, energised and optimistic about the day. Bliss!

Of course, that wasn't enough for me. I felt like there was more to know. I felt like I could be better. So, I researched rowing technique online. I joined rowing discussion groups. I talked with the elite masters' rowers at my club. I endlessly analysed with my rowing tragic friends. The next season my women's crew entered the QLD State Masters Championships, and since then, I've been to three National Championships. I've got two medals in National races. I've learned how to both sweep and scull (one and two oars, respectively). I can steer a boat, and I stroke (where everybody has to follow you). My rowing is divided into two seasons (short course in the first half of the year; Head racing in second). Each campaign has an approximate 14-16-week training program. I row 4-5 times weekly, at least 11.5km per session. I have a PT session once weekly to improve my strength, and I'm trying to fit in yoga to improve my flexibility. I want to improve on previous KPIs each row; faster, more run, better race placing. I'm now on the Sponsorship Committee for the club Regatta, and I've just joined the Executive Committee. Rowing and my club are my happy places, but sometimes, it's just it's more depleting than restorative. In fact, sometimes, it feels just like another job...

Are you seeing a pattern of behaviour here?

I am ambitious and task focussed. I have a drive to continually improve. I immerse myself in new experiences when they take my attention. These are characteristics that I like about myself, and traits that have helped me accomplish many things. However, it is so very easy to let these propensities turn joyful undertakings into KPI obligations.

Rowing is my second passion. Veterinary medicine is my first. Before rowing, I would have said that my occasional times of professional depletion were related to the job – but perhaps, I need to acknowledge that the way in which I choose to immerse myself in my passions might contribute to my depletion.

I need to remain vigilant to my propensity to make my passions assessable. Periodically, when rowing, I must remind myself that it is NOT the Olympics, so unmet, self-set benchmarks are not life-altering disappointments. I must remember the joy that I feel when I just embrace these things that I love with mindfulness and no pre-set expectations. Joy is my antidote to harsh self-talk. Joy is my antidote to taking myself too seriously. Joy is my antidote to poisoning these passions.

In whatever you do, in all that you do, REMEMBER TO BE JOYFUL.

Mental Wellbeing for Veterinary Teams Symposium

Wednesday 16 October 2019

This symposium was an extraordinary success. The day was recorded and next year this resource will be made available free to everyone involved in the veterinary profession on the CVE's new website.

Watch this space!

Be your own friend

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Most veterinarians are thought to be highly compassionate individuals and this can be something that animal owners play on when seeking cheap or free veterinary treatment. One of the most commonly reported stinging criticisms reported by vets on social media is when a client accuses the vet of 'not caring for animals' and only being 'in it for the money'.

What exactly is compassion? How does it differ from empathy?

I'm certainly no expert but I've pondered this a lot since attending a 'Compassion in Healthcare Professionals' conference hosted by the University of Auckland Medical School earlier this year. There, compassion was defined as being moved by the suffering of another and wanting to do something to alleviate it. They also believed that compassion fatigue was a misnomer as it implies that we have a finite amount of compassion and that it can be depleted. The capacity for compassion is seen in humans (including very young children) as well as some other primates. Their definition of compassion resonated with me and seemed to offer a positive focus for our efforts where we see the suffering but can then move on to doing something to improve the welfare of our patients. In my clinical career, I've really struggled with some of the strong emotions associated with being a veterinarian. Recognising and becoming upset by the grief of owners (mostly associated with companion animals including horses) meant that I very quickly focused my work in rural, mixed practice away from pets and I've worked predominantly with dairy cattle since then. Being a strong introvert, that amount of emotion in a working day was also exhausting. The personal distress I feel when faced with upsetting situations are worse when the other person's grief is associated with an animal than when it is due to the loss of another human and this occurs in real-life situations as well as in movies and books. Perhaps, this is part of the reason why I was so keen to become a veterinarian?

The differences between compassion and empathy aren't really clear cut though. As I've delved further into the literature, I've found some concepts that I'd like to share with you.

There isn't an agreed on definition of empathy in psychology but it is widely agreed that there are both cognitive and affective components giving us the ability to take another's perspective and experience resulting thoughts and perspectives (Davis, 1996). Empathy has been divided into four components: perspective-taking

and fantasy (both cognitive), empathic concern and personal distress (both affective; Birnie *et al.*, 2010). I suspect my difficulties with upset clients stem from the personal distress aspect. The Brené Brown animated clip about empathy¹ provides a nice perspective and defines empathy as feeling with; however, the bear in the clip doesn't seem to become too distressed personally—showing that it is possible. Quite how much the affective versus the cognitive components come into play seems to vary according to the context. Most discussion about doctors needing to be empathetic focuses on the cognitive aspects with very little mention of the affective components. More balanced reviews tend to agree that both components are involved.

The term compassion is derived from Latin *com* (together with) and *pathi* (to bear or suffer) so there is still an element of suffering involved. It therefore requires at least perspective taking and empathic concern to recognise the suffering of another before you are moved to take action to alleviate the suffering. Compassion has been shown to improve medical outcomes in human patients with reduced patient anxiety, changes in brain activity as observed by fMRI, better metabolic control and fewer complications among diabetes patients, shorter duration and reduction in severity of symptoms of the common cold, better patient satisfaction (including fewer complaints), better compliance, as well as better physical and mental health outcomes for the healthcare provider (Seppala *et al.*, 2014). Compassion helps to protect against burnout.

Although some people may be thought of as more compassionate than others, compassion is dynamic and situational, much like other emotions. Fernando and Considine (2014) have proposed a transactional model of compassion that includes physician characteristics, patient characteristics, the clinical picture, and environmental factors. Physician factors are thought to be affected by emotional intelligence, personality (compassion tends to be lower in individuals who are judgmental as opposed to open or tolerant), past clinical experience, as well as levels of stress or fatigue. The characteristics of the patient and their family (or the patient and their owner in

veterinary medicine) make it easier to be compassionate towards some than others; it is notably more difficult to show compassion towards patients and their owners who are difficult to deal with, rude, angry or aggressive. Some patients are clearly more likeable or deserving of care and how any patient is categorised is probably going to vary between doctors and veterinarians according to our own personal biases. It can also be harder to show compassion towards patients that bear some responsibility for their own illness through poor lifestyle choices, although this is likely to be less of an issue in veterinary medicine where we might have more compassion for an animal whose owner has made poor choices but less compassion for the owner.

Patient compliance will also affect compassion and unfortunately, complex cases and those that do not seem to be responding well to treatment tend to reduce our compassion – possibly because we have to become more analytical to solve the problem. Finally, and not surprisingly, compassion is affected by the environment in which we work, how busy and stressed we are, team morale, level of interruptions, the time pressure we are under to get the job done.

Self-compassion

Self-compassion involves feelings of caring and kindness towards oneself in the face of personal suffering (Birnie et al., 2010). Dr Kristin Neff, an Associate Professor in Educational Psychology at the University of Texas is an authority on self-compassion. She has identified three critical elements of self-compassion (Neff, 2011). The first entails being warm and understanding toward ourselves when we suffer, fail, or feel inadequate, rather than ignoring our pain or flagellating ourselves with self-criticism. Self-compassionate people recognize that being imperfect, failing, and experiencing life difficulties is inevitable, so they tend to be gentle with themselves when confronted with painful experiences rather than getting angry when life falls short of set ideals.

The second component is recognising our common humanity. Frustration at not having things exactly as we want is often accompanied by an irrational but pervasive sense of isolation – as if ‘I’ were the only person suffering or making mistakes. All humans suffer, however. The very definition of being ‘human’ means that one is mortal, vulnerable and imperfect. Therefore, self-compassion involves recognizing that suffering and personal inadequacy is part of the shared human experience – something that we all go through rather than being something that happens to ‘me’ alone.

The third component is that much-talked about attribute – mindfulness; where we take a balanced approach to our negative emotions so that feelings are neither suppressed nor exaggerated. This allows us to relate our personal experiences to those of others who are also suffering, putting our own situation into perspective. It also stems from the willingness to observe our negative thoughts and emotions with openness and clarity, so that they are held in mindful awareness. Mindfulness is a non-judgmental, receptive mind state in which you observe thoughts and

feelings as they are, without trying to suppress or deny them. We cannot ignore our pain and feel compassion for it at the same time. Mindfulness requires that we don’t ‘over-identify’ with thoughts and feelings, and become caught up and swept away by negative reactivity.

Kristin Neff has developed a self-compassion scale and you can easily rate yourself with this handy online tool available at <https://self-compassion.org/test-how-self-compassionate-you-are/>. There are 26 questions you answer on a Likert scale response and they assess your self-compassion compared to your self-judgment, your recognition of common humanity versus feelings of isolation, and your current state of mindfulness compared to over-identification. Studies have shown that women tend to be less self-compassionate than men and that Buddhists tend to be more self-compassionate compared to undergraduate respondents (Neff, 2003). The good news is that you can improve your capacity for self-compassion. I am sure that you all show compassion to your clients, your patients, and to most people in your lives. Try and direct some of that kindness back to yourself. Be your own friend.

Tim Minchin song ‘Not Perfect’

<https://www.youtube.com/watch?v=dg3PberzvXo>

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- And Four Ways to Calm Your Mind in Stressful Times
A sense of calm offers us strength and resilience amid the chaos of life.
- By Emma Seppala
https://greatergood.berkeley.edu/article/item_four_ways_to_calm_your_mind_in_stressful_times

Get better in bed

Miles Downie

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Sleep, testicles and the big bucks

Sleep and the lack of it has a significant and measurable impact on us. Men who get less than 5 hours sleep a night have significantly smaller testicles than men who get more than 7 hours (with similar effects on female reproductive hormones). It is estimated sleep deprivation costs nations about 2% of their GDP; in Australia that is around \$265 billion.

What is good sleep?

- Fall asleep within 30min
- Sleep through the night with brief awakenings
- 7-9 hours of uninterrupted sleep
- Feel refreshed within 1 hour of awakening (5-7days per week)

Are we getting enough?

- 1 out of every 2 adults are not getting the recommended hours of sleep
- 1 out of 3 people are trying to survive on 6 hours or less of sleep
- The average adult is sleeping 6 hours and 31 minutes during the week (it used to be 7.9 hours in 1942)

Performance enhancement

- 'Sleep is the greatest legal performance enhancer that most people are probably neglecting'
- 20-30% improvement in skilled performance, compared to the end of the practice session the day before
- During dream sleep, old information is taken and combined with new information we've learned to form new connections/associations
- For this reason, people might often find new solutions to previously unsolvable problems after a good sleep

Sleep deprivation

Sleep Deprivation has negative effects on

- Virility
 - Men who get less than 6 hours a night have testosterone levels of someone 10 years older than themselves
 - Similar effect on reproductive hormones in women
- Recovery
 - Athletes who sleep less than 8 hours a night are almost twice as likely to get injured
- Metabolism



Miles Downie

BExSSc. MExerSc(Strgth & Condg)

Miles is a passionate exercise scientist with a drive to improve the health and performance of everyone he works with. He holds a Masters in Exercise Science Strength and Conditioning. Miles is a Fitness Instructor for the Asian Football Confederation running courses throughout Asia and works day-to-day as a Strength and Conditioner at the Arena Gym and teaches nutrition at Sydney Uni as well as coaching endurance athletes. Miles played Futsal as a professional in Brazil, Portugal and Japan as well as representing the National Team for a number of years. He also played Football in the old National Soccer League before the A-League.



eBook download

Guess how many hours Roger Federer sleeps per night? You'll be shocked!

Due to space constraints we can't publish some great charts provided by Miles but they're available in the eBook.

- Increase in fat mass, decrease in muscle mass
- Cognition
 - Slower and less accurate cognitive performance
 - With 14 days straight of 6 hours sleep or less, your cognitive performance nose dives, and with no sign of levelling off
- Psychology
 - Depression: Increased risk of depression
 - Mood swings: Decreased control of emotional centre of the brain
 - Disorientation: Decreased ability to filter and process stimuli
 - Irritability: Focus on negative experiences, increased volatility
 - Depression: Increased risk of depression
 - Mood swings: Decreased control of emotional centre of the brain
 - Disorientation: Decreased ability to filter and process stimuli
 - Irritability: Focus on negative experiences, increased volatility
- Pain
 - Increased sensitivity to pain
- Immunity
 - More than twice as likely to get a common cold if you get less than 5 hours
- Disease
 - Short sleep predicts all-cause mortality
 - Insufficient sleep is linked to bowel, prostate, and breast cancer
 - The WHO has classified any form of nighttime shift work as a probable carcinogen
 - Shift workers have higher rates of obesity, diabetes, and cancer
 - Many of the children diagnosed with ADHD are just under-slept
 - Insufficient sleep is the most significant lifestyle factor for determining whether or not you'll develop Alzheimer's Disease
- Performance
 - Sleep Deprivation makes people inferior athletes

Lessons from hospitals

- If a surgeon has had 6 hours of sleep or less – there is a 170% increase in risk of a major surgical error
- Most doctors only have about 2 hours of sleep education in their medical curriculum

- Residents working a 30-hour shift are 460% more likely to make diagnostic errors in the intensive care unit, relative to when they're working 16 hours
- 1 in 5 medical residents will make an error due to insufficient sleep, 1 in 20 medical residents will kill a patient due to a fatigue related error

A darkness deprived society in the modern era

- This lack of darkness is destroying our quality of sleep
- Incandescent light bulbs suppress melatonin
- Screen usage suppresses it even further
 - One hour of smart phone use before bed will delay the onset of melatonin production by about 3 hours
 - Peak melatonin levels will also be 50% less

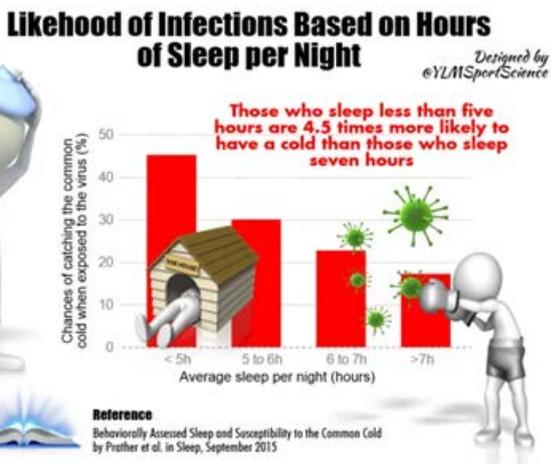
Sedatives/sleeping pills are not the solution

- Sedatives, sleeping pills and alcohol speed up sleep onset but do not recreate normal sleep cycles
- REM sleep is bypassed, but it has a cost and needs to be paid back

Sleep check list

- Bed should be reserved for just 2 activities and one of them is sleeping
- Maintain a regular sleep-wake cycle (i.e. going to bed and getting up at the same time of the day)
- Make your room dark
- As quiet an environment as possible
- Avoid thinking, planning or other mental activities while in bed 'to-do' lists
- Ensure bed is comfortable and the room temperature is appropriate (19-21°C is often recommended)
 - Your brain needs to drop its temperature about 1°C in order to sleep
 - Use napping appropriately (naps should not interfere with night-time sleep)
- Remove TV, computer, internet from bedroom
- No screen usage one hour before bed
- Turn off most of the lights in your house at night 2-3 hours before bed
- Avoid getting cold hands and feet before bed (causes body to try to warm up)
- Have a warm bath or shower before bed

- Creates vasodilation (rosy cheeks, red skin) causes blood to rush to the surface and when you get out, you have a massive dump of heat from the body, and the core body temp plummets
- Avoid stimulants (caffeine etc.)
- Plan fluid/food intake
 - Not too full and not too hungry



CVE's 2019 Customer Satisfaction Survey

We would like to take this opportunity to thank those that participated in our 2019 Customer Satisfaction Survey. 1,097 participants completed the survey: 67% were members, 19% lapsed members and 13% had never been a CVE member. The top 3 reasons for being a CVE member are to:

- Keep up-to-date
- Access members discounts on CPD
- Access PodcastPLUS Series for free CPD

Part-Time Member Dr Sara Baldley won the prize draw of a CVE \$1,000 voucher.

Membership Satisfaction

We are very proud of the member satisfaction rating we received. 87% of members reported being satisfied or extremely satisfied with their membership. Of those, 50% scored in the 9-10 range as being extremely likely to recommend CVE membership to others.

What members are saying:

Have been a member since the 80s because it does what it says on the box.

Lapsed Members

Vets lapsed their membership for a variety of reasons. Only 7% did so because they didn't see the value in membership.

Addressing Member Feedback

We have listened to feedback regarding Practice Membership and in 2020 we will be relaunching Practice Membership with enhanced features and benefits. Watch this space!

Growing CVE's Membership

We would love you to spread the word about why CVE membership is important to you and encourage others to join. Visit cve.edu.au/membership

We need to hear from you

Don't wait for an official survey – please contact us at any time to voice concerns or offer suggestions about membership. Contact cve.enquiries@sydney.edu.au

15 Tips & Tricks' for Healthy Sleep Hygiene
Reference: Halson Sports Med 2014 & Vitale et al. LJSM 2019
Designed by @YLMsportScience

- Screens:** Avoid blue light emitted from screens at least 2h before bed (smartphones, laptops, monitors). Blue light suppresses melatonin production that is needed to induce sleep.
- Wake up:** Get bright, natural light (the sun) upon awakening (the sun is ideal, but some suggest at least a 10,000 lux lamp if artificial).
- Alarm:** Don't hit the snooze button. It does not improve sleep quality.
- Simulated sunrise:** If you have difficulty waking up, some suggest a dawn-simulator alarm clock.
- Twilight:** If you must use your computer at night, consider installing red-eye-outgoing and blue-light reducing software or wear blue light blocking glasses.
- Zen:** Meditation may be helpful. Brainwave entrainment (e.g., binaural beats) is considered experimental.
- Dinner:** High glycemic index foods at night may improve sleep, as well as high protein including tryptophan. High fat intake at night may disrupt sleep. Headaches, total caloric intake during the day may impact sleep at night.
- Magnesium:** Typical magnesium (e.g., salt bath, topical mineral oil) or oral magnesium may help if you are deficient.
- Melatonin:** Melatonin naturally occurring in foods (e.g., tart cherry juice, raspberries, goji berries, walnuts, almonds, tomatoes) may potentially improve sleep, but avoid artificial melatonin supplements.
- TV:** Don't fall asleep to the TV. Sleep studies show you frequently wake up during the night and have poor quality sleep.
- Herbal supplements:** Herbal supplements are largely unknown with potential serious side effects, and may be on USADA-prohibited lists or result in positive banned substance test for athletes.
- Hydration:** Consider reducing your fluid intake before bed so you don't get up to go to the bathroom (only if you maintain enough hydration during the day).
- Fresh:** Cooling your body temperature may improve sleep. Some suggest keeping room between 18–20°C; however, keep hands and feet warm (socks and gloves may help during winter months).
- Mattress:** Check your mattress – it may be too old (mattresses typically last a maximum of 9–10 years) and may have allergens.
- Mental:** Recovery from exercise should not only focus on muscle recovery. Reducing mental fatigue is just as important for healthy sleep. Reduce external stressors in your life.

Images courtesy of YLM sports science,app (YLMsportScience app, available on Apple store & Google Play)-View in full size in eBook.

Tall Ship adventure to Antarctica

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(In early 2019 I sent a few photos of my Antarctic adventure to my 'cat colleague' Richard Malik, and before long I had agreed to write about the trip... anyone who knows Richard will know he never misses an opportunity for a C&T article!)

A few years of planning my long service leave adventure resulted in a once in a lifetime trip to the Antarctic. We had always dreamt of taking the voyage, but were not sold on the cruise ship experience. In 2013 there was a tall ship festival in my hometown of Williamstown, Victoria. Strolling along to admire the ships, we became rather excited to discover that the Dutch tall sailing ship 'Bark Europa' offered sailing trips to the white continent.

We embarked in November 2018 for a 39-day voyage, which sailed from Montevideo in Uruguay towards South Georgia Island then across the Scotia Sea towards the South Shetland Islands, before heading northwards across the dreaded Drake Passage to Ushuaia at the end of the world in Argentina. Our final sailing distance was 3823 nautical miles. For those crew members that got severe seasickness, I am sure they felt it was longer.

The 'fun' aspect of this voyage was that you become part of the sailing crew, as this was no luxury ship where you could relax on deckchairs and drink cocktails. The 'paying passengers' agree to be on a watch system which included steering the ship, this can be quite scary but there wasn't much to hit in the Southern ocean until we crossed the Antarctic convergence and were far enough south to encounter icebergs. At this point the Captain took over, to avoid any 'titanic-like' incidents, while the crew could gawk at majestic icebergs in various shapes and sizes. Our duties also included lookout shifts and assisting with pulling ropes, setting sails and climbing right up

the masts. This was a 4 hourly roster so you could find yourself out on deck at 2am with an amazing sky and freezing winds!

There was no internet on board so one had to immerse yourself in your immediate surroundings and rely on old-fashioned communication. The ship did have a satellite phone for emergencies as well as a doctor on-board (as well as two unrelated vets including myself) but the objective was not to injure oneself as evacuation could take 3 days. There was a well-stocked library (which doubled as the first aid room) but reading was tricky in the choppy seas. Our knowledgeable guides gave lectures on board about sailing, wildlife, conservation, glaciology and historical expeditions to the white continent. One of our guides was a marine biologist with a doctorate in kelp; his lecture was an eye-opener into the underwater forests created by kelp species.

Setting sail towards South Georgia we were treated to sightings of dusky dolphins and dozens of whales in the wild seas. A rare sighting of a pod of false killer whales created much excitement. The seabirds accompanying the ship provided hours of fascination as they glided effortlessly above stormy seas.

These included many species of albatrosses (Royal and Wandering) with their 3m wingspan, appreciated more when viewed up close from the ship's masts. These birds are classed as vulnerable, mainly due to threats from longline fishing and pollution. Other notable seabirds included petrels and shearwaters, which were



Figure 1. The author steering the ship.

difficult to accurately identify from our vantage point aboard the rocking ship.

South Georgia Island is a nature lover's paradise and was the highlight of the trip. This island is 165km long and 35kms wide, with towering peaks, the highest being Mt Paget at 2934m. In 2018, after a decade-long project costing over 10 million pounds, the island was declared rat-free (rats were first introduced to the island by passing ships in the 1800's). This huge project involved helicopters dropping modified rat poison throughout the island, as many parts are inaccessible. Part of the monitoring included 3 sniffer dogs and their handlers who spent years searching for evidence of rats. This has resulted in safeguarding the future of the terrestrial birds on the island, especially the endemic South Georgia pipit and pintail duck, as well as the resident penguins. Of course, no trip to Antarctica would be complete without penguin photo opportunities.

Weather permitting; we made several zodiac landings on various islands

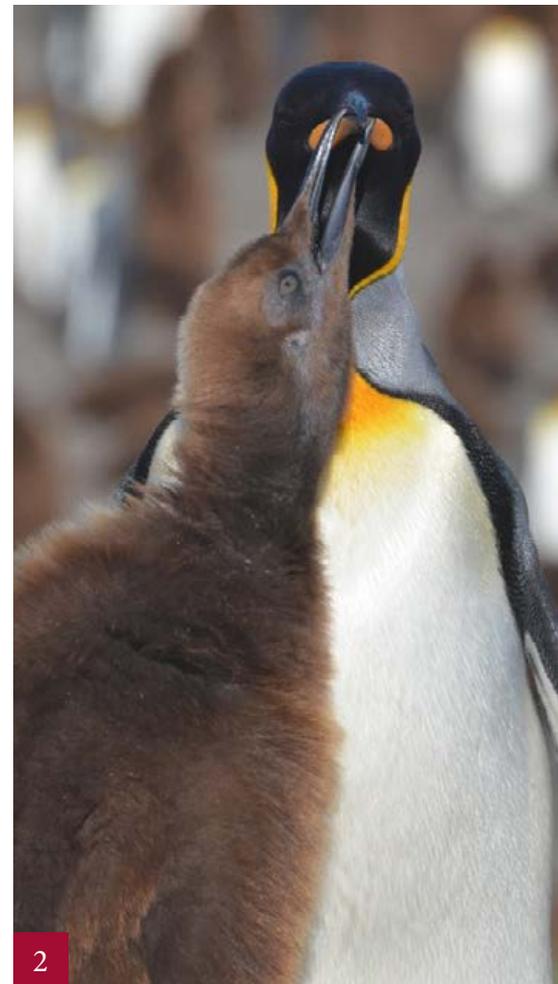
to experience wildlife documentary style views of penguin and seal colonies. These landings are strictly controlled according to the IAATO (International Association of Antarctic Tour Operators) agreements, which included intense biosecurity measures before and after landing, having one guide per 15 people and creating as minimal disturbance as possible. It is difficult to describe the intensity of the experience, as there is the chill in the air, the smell and sounds of thousands of animals as well as the sensory delight in watching them going about their daily business. The male furseals were preparing for the arrival of the female seals and had taken up position on the shoreline so we had to be careful not to invade any territory as these seals have sharp teeth and can bite like a dog! One had to be aware not to disturb any lumbering elephant seals; even though they look like blobs of blubber they can move very fast for their 2000-4000 kg weight. On one zodiac trip we witnessed a leopard seal hunt and skin an unfortunate penguin, this was nature in its most raw form.

The jewel of these landings was St Andrews bay, which is home to the largest king penguin colony on South Georgia with over 200 000 pairs of penguins and their chicks. Spending an afternoon observing and photographing this colony left many of us in awe, as the birds show no fear. We visited a smaller colony of Macaroni penguins, so named due to their yellow feathery head-dress (explorers who called young men with flashy feathers in their hats 'macaronis'). Other penguin colonies included species of Gentoos, Chinstraps and Adelie. These sneaky little penguins do a good job stealing rocks from neighbouring nests in order to improve their own. Some of these had newly hatched chicks, which could be seen peeping out between their parents's feet. We were careful not to intrude, here the penguins had right of way.

Many of these Antarctic islands have a turbulent history relating to the whaling era and rustic remnants of old whaling stations remain as 'industrial style' museums. Many of these are

fenced off due to risk of injury as well as asbestos materials within the decaying structures. It seems unbelievable that at the height of the whaling era, it was estimated that there were only a couple of hundred Blue whales left on the planet. The humpback whales have returned to these seas, and we had the privilege of seeing dozens of these majestic animals at close range, as well as the treat of a fin whale measuring about 20 metres swimming alongside the ship which was only 40 meters long. On the topic of swimming, a small group of the crew took an Antarctic plunge at Deception Island- this is a volcanic island where the rocky beaches are warm if you dig a small hole, however the seawater was still freezing cold!

The small ex-whaling town of Grytviken on South Georgia hosts the grave of the famous explorer Sir Ernest Shackleton as well as a museum, small post office and scientific base of BAS (British Antarctic Survey). The resident scientists were invited to spend time on our ship and meet some new people, as most of them live an isolated lifestyle on the research stations. Fair weather allowed us to do part of the 'Shackleton walk' a journey following in the footsteps of Ernest Shackleton. The walk was challenging but nothing compared to Shackleton's own journey in 1916 as he crossed the island in mid-winter after spending 16 days in a tiny boat on one of the roughest seas in the world, after living 17 months on the ice after his ship *Endurance* became trapped in ice and sank. Our 21st century adventure was nowhere near as extreme, nonetheless it was an immense privilege to visit this remote part of the planet and experience the wild seas, amazing skies and unspoilt wilderness.



2



4



7



Figure 2. King Penguin parent feeding oversized chick.
Figure 3. Colony of Macaroni penguins. Photo: Courtesy Mick Beasley.
Figure 4. Elephant seal resting with King Penguins. Photo: Courtesy of Mick Beasley.
Figure 5. Gentoo penguin with newly hatched chick.
Figure 6. Adelie Penguin colony on Devil Island in the Weddell Sea.
Figure 7. Fur seals allowing us to land on their beach.
Figure 8. Majestic albatross flying alongside the ship.
Figure 9. Penguins on an ice floe. Photo courtesy of Mick Beasley.



The vet shortage: A new grad's perspective

Vicki Lim

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C&T No. 5793

'What's your angle?' asked my partner, after I mentioned that I was writing an article on the vet shortage. I dismissed it as a conversation too thought-heavy on a weekend sleep-in, but he very kindly sent me a link to a TED talk by journalist Johann Hari titled 'This could be why you're depressed and anxious'. Answer: 'If you're depressed or anxious, you're not weak and you're not crazy—you're a human being with unmet needs.'

It makes perfect sense. I've been involved in veterinary mental health and wellbeing for a few years now, primarily through The Riptide Project. The Riptide Project is an international veterinary wellbeing initiative that shares stories of veterinary professionals all over the world, and we also run a 'Cuppa' system where veterinary professionals can sign up to mentor or be mentored over a beverage. The stories I have shared on Facebook and Instagram involved me speaking to vets and nurses about their thoughts, regrets, and aspirations. Unfortunately very often I have also heard of their sorrow and unmet needs – being abused by clients, being bullied by bosses or colleagues, and not having the time or ability to live life the way they want.

Fresh graduates often spend their early careers worrying. Their needs centre around being supported, mentored, and learning lots, all whilst ensuring they are able to repay their student loans without burning out. In an informal anonymous survey of my classmates where a third of the class responded (Massey BVSc class of 2018), the majority of job dissatisfaction during their first 6 months stemmed from poor support/mentorship, long work hours (including out of hours), and poor pay. However, about 65% of respondents did not expect to move jobs soon.

Of those that were looking to change jobs, the main driver of change was better work-life balance, less OOH, and possibly leaving veterinary science due to burnout and stress.

Concerns differ quite significantly between fresh graduates and experienced vets. Experienced vets and practice owners tend to worry about succession, taking time off, and future-proofing the profession. These worries are often expressed in ways that are practical and positive – such as figuring out how to improve the transition of their younger colleagues from school to workforce, and ensuring that rosters are fair and efficient so as to provide support and balance to all members of staff. On the other side of the spectrum, however, are practice owners that lament the difficulties of finding vets without any

indication that they, or the jobs that they are advertising, are particularly appealing. Even worse, there seem to be very outdated and chauvinistic views about the current generation of vets, with my alma mater's ex-chancellor once quoted as saying that, 'one woman graduate is equivalent to two-fifths of a full-time equivalent vet throughout her life because she gets married and has a family.'

Instead of writing letters bemoaning the days where young vets were keen to work for less, for longer, and be in possession of a Y chromosome (and be less willing/able to reproduce), why don't we figure out how to work with what we have? I see successful vet clinics operating with full female staff, job shares, and flexibility. Women are not the problem. Female vets have jumped through the same hoops as all the male vets that preceded them to qualify. They are as motivated, as intelligent, and as skilled.

This is where I have a confession to make. I'm female, young, and went through vet school as an international student. After a brief stray into the idea of mixed practice, I made the decision to only pursue companion animal medicine in an urban area. Yes, I'm 'one of those', but I have no plans on leaving this profession I've worked so hard to be a part of.

As much as I have my gripes about my job as every person does, I find myself very fortunate to be in a full-time position in a busy clinic where I work 3.5 days/week, have no after-hours duties, and am well paid for a new graduate. My nurses are highly skilled, intelligent, and fun, and I couldn't do my job without them. There was an equal amount of give and take in the establishment of this situation.

I've known my employer for years before I even entered vet school, and our relationship meant that he knew what my work ethic was like, and what my motivational factors were. When he headhunted me, he knew that I was keen to learn (offered generous study leave and allowance), but also that I need the freedom to travel to stay sane (ability to take time off without guilt).

In the face of a pressing vet shortage, my boss is a smart businessman. Does my work situation eliminate my desire to embark on a delayed overseas experience and practice in Europe for a change of scenery and some inflated locum rates? No. However, it means that I am a motivated employee who works hard to keep my team and clients happy, and that I hope to return after my gallivant in

the fashion of the prodigal son (or daughter). I might add that I have not been thinking about departing from my position anytime soon, but it was brought up by my boss during a meeting. Understandably he is concerned about losing a vet in the near future, but with him bringing up his needs in an honest and open way, I respond similarly so we are both on the same page and can plan accordingly.

The solution seems simple—almost too simple. Why aren't employers and employees talking to each other? There seems to be a new article every other month about burnout and the vet shortage. News outlets love the story; there is always a mix of sympathy and surprise, and people outside the profession are constantly keen to share their experiences with vets and nurses. Nothing written in these articles is ground breaking. We know why veterinary professionals are dissatisfied and leaving the profession – but very few of us are doing anything to change this.

Remember—if you're depressed or anxious, you're not weak and you're not crazy—you're a human being with unmet needs. The onus is on every person to express their individual needs in a clear and respectful manner. If you have brought your dissatisfactions up with your employer and there is no wiggle room, let your feet do the talking – as we know, there is no shortage of vet jobs out there. If your employee isn't a good fit for your practice, don't hold on to someone that doesn't want to be there. Unhappy employees often become resentful and toxic, and can affect the dynamics of the entire team. As much as we are advocates for the animals, we need to start advocating for ourselves, and the future of our profession.

“ Some of the more experienced vets will say that this generation is so soft. But I was thinking about it this morning as I was getting into the car – they're not actually soft. What they are, is that they have a much better appreciation for what they want their life to be like.

It's not that they can't work full time, but that the toll that it takes on them, is not a toll that they think is worth it. The cost of that, is not worth the benefits to them. And I don't think that's being soft. I think, power to them, for understanding what's actually going to make them happy, instead of struggling along and thinking that they need to fit into someone else's picture of success.

Some of them will say 'ugh, they want to be paid full time for working four days'. What I will say is that they want to be fairly recompensed for the amount of education they have got, and the amount of responsibility they bear. I think unfortunately as a profession we have allowed ourselves to undercharge for our expertise and our services. And we've allowed the public to undervalue us, and now we're at the point where it's really tricky.

A quote shared on The Riptide Project



Vicki Lim

Biography

Vicki Lim is a companion animal veterinarian based in Auckland, New Zealand. She is founder of The Riptide Project, an international veterinary wellbeing initiative; and co-founder of Living 'Ruff, a veterinary initiative to provide free veterinary care to pets of the homeless in New Zealand.

She is a committee member for the Auckland Veterinary Society, and a founding member of the World Small Animal Veterinary Association (WSAVA) Professional Wellness Group. Vicki has also been invited to speak at international veterinary conferences and schools in Europe and Asia.

Apart from her work in a small animal practice which helps to pay for her (unfortunately expensive) travel habit, Vicki is an experienced fosterer and committee member for Retired Working Dogs NZ, a charitable trust which finds loving homes for farm dogs after their years of hard work.

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The perfection is in the endeavour

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My name is Dr Karen Teasdale and like all of you I wear many hats. I am a vet, but also a wife, a mother, a daughter; I am a practice principal and a trainee certified tea master, I am a vintage fashion enthusiast and I am a crossfitter, I am strong, I am invincible...

Except that I'm not. I am also crushed, at times, by the difficulty of this profession. I am weighed down by my responsibilities to my clients, to my patients, to my family, to my friends, and feel like I'm drowning and although I can see the surface up there, sometimes it's hard to get up there to take a breath.

So I learned early on and continue to learn – that I must have strategies in place to help me float in this causal ocean that is the material world.

And for me, one of the tools that I use is to view my life through the lens of Vedic philosophy. This is by no means a new idea, and I am not the first person to need their wisdom – the Vedas dating back to 1700 years BCE. Clearly, humanity has been struggling with the need for philosophical guidelines for their lives for a very long time.

The Vedas are an ancient Indian series of texts, written in Sanskrit. Veda means knowledge, and the Vedas are a systematic attempt to record all of the knowledge in the universe, not just about the human condition but about all subjects. They cover medicine, relationships, spirituality, religion, architecture, archery, drama, dance and almost every subject you could ever require.

Yet, despite their enormous size and wide-ranging topics; most of the key points of the Vedas can be distilled so elegantly into simple, profound statements – and the mantra I would like to discuss today is part of the Bhagavad-Gita, and it is that is that the perfection is in the endeavour.

It bears repeating: The perfection is in the endeavour.

As doctors, I think we are deeply attached to outcomes rather than the endeavour. We want the patient to get better, to live, we want Mrs Smith to be happy with the result, post a lovely Facebook review, and Fluffy la-la to never again have another issue with her cruciate ligament. The problem is, this kind of attachment to the result alone will ultimately always end in frustration...because we have ultimately NO CONTROL over the result. We cannot stop

Mrs Smith continuing to walk Fluffy off-leash three days post cruciate surgery. We cannot control what Mrs Smith feeds Fluffy, such that Fluffy gains all of the weight and stresses out her other cruciate. We cannot control time – we don't know how long it will be before the other cruciate will rupture; nor can we control Mrs Smith's finances... and yet, we have attachments to these results! We feel bad when the dog hasn't recovered in a week, or ruptures the other cruciate in a month's time, or offer discounted procedures to repair the second ligament out of guilt.

However, if we make a simple shift from being attached to the result to being attached to the endeavour, we can be so much more at peace.

Did we do the best that we could do, as clinicians, to guide our patient and client? Did we do the best that we could do, given the resources that we had access to at the time? Great. This is where our attachment must lie – trying to do the best we can at that moment in time, constrained by the multiplicity of constraints that enmesh the practice of veterinary medicine. If we can honestly say that we were attached to the endeavour, then we can be satisfied that we have worked toward perfection.

But why do we find this so difficult, this process of being attached to the endeavour and not the result? To be outwardly attached but inwardly detached?

I'd argue that a lot of the difficulty stems from what we and the public view as the role of the doctor; and how these expectations have shaped our own internal dialogue of what that means. When our only sense of self is that we are a vet, what does that mean? Do clients really understand the expectations and demands they ask of their health care team, or is it as noted Australian poet Jimmy Barnes said – that 'only other vets can understand?' Perhaps to illustrate this we can look at the extraordinary Grady Memorial Hospital, in Atlanta. This breathtakingly arrogant sculpture adorns the side of the hospital – depicting a doctor holding off death.



It seems to say that doctors, with their literal chiselled jaws and impressively toned arms, can stop death in his tracks. In reality, we know that that magical medicine stick here is only going to distract death for so long... maybe we can think about death like an overweight Labrador... we can throw the stick to make him run away for a while, but eventually he's going to want to come home.

For our own wellbeing, we cannot fall into the trap of thinking that doctors can stop death.

We can't cure every disease. There is no living entity that has ever lived forever, even those that have the smartest doctors and those patients that had the most money. Thinking that we can be like this... well, this way madness lies. What we can do is be attached to the endeavour, not the result.

Stop seeking perfection in results, and start seeking happiness in the endeavour.

In other words, it's the journey, not the destination - because the destination is out of our control.

If we look at this in a non-Vedic philosophy way, consider the Griswolds. In the 1983 classic National Lampoon's Vacation, the Griswold family head off on vacation to Walley World, a journey that takes them from Chicago to California on a road trip where everything that could go wrong, did. Once they finally reach their destination, it's closed for repairs, and the long-suffering patriarch Clarke descends into a mascot-punching personal hell.

Clarke's madness comes from his attachment to the result - the 'perfect' family vacation at the perfect place, with perfect moments of bonding. What he fails to realise is the bonding that occurred on the journey; and that every potential trial along the way was actually an opportunity to achieve growth, togetherness and happiness. By being so fixated and seeking happiness only in the result, he missed every chance to seek happiness in the endeavour.

To finish - at those times when I feel like I'm drowning, I take solace in the wisdom of the Vedas.

For the metaphor of feeling like I'm drowning is no accident. I'd just like to leave you with this image... another

take on the representation of what it means to be a doctor. This is Dhanvantari, the doctor to the demigods and father of Ayurveda. He first appeared during a great churning of the cosmic ocean to deliver medicine to the demigods. The churning of the ocean represents the spiritual endeavour of a person to achieve self-realisation. To me, this is a much more relatable image of a doctor. Rather than holding off death, here Dhanvantari arises from turmoil and hard work, presents the fruits of this labour, and is then done. He is attached to endeavour, not attached to the results.



eBook download:

Read Monique Crane, *Beating Perfectionism Together*.



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The power of purpose

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Alicia Kennedy

Pictured left

Dr Alicia Kennedy is a social-hearted veterinarian driven to fulfil her purpose to enable the benefits of healthy companion pets to be accessible to everyone. Alicia has innovated an award-winning, collaborative social service that is delivered through Cherished Pets, a unique social veterinary enterprise. Alicia is a passionate advocate for the role companion pets play in human health and wellbeing, particularly the role of pets in healthy ageing. Alicia recognises the importance of pets to vulnerable people and the need to provide additional support to those who might lack the capability to maintain their cherished pets' wellbeing. Alicia is leading the way as a One Welfare practitioner, and through the charity, Cherished Pets Foundation, is supporting research in this emerging space.

Cherished Pets is the world's first certified B Corporation veterinary service (a global certification for ethical business practice) positioning this company alongside ethical global business leaders such as Patagonia, Intrepid Travel and Australian Ethical. Alicia has been heavily involved with The Jane Goodall Institute and is guided by Dr Jane's key message, that each of us has a role to play through the everyday conscious choices we make, towards a kinder, sustainable and just planet.

C&T No. 5795

The following is a list of links, TED talks and resources that have inspired my purpose and helped me land and thrive in the place I currently find myself playing.

Some days I feel like a pig in mud; others a frog in a milk pail!

Power of Purpose

- Gets you out of bed each day even when the weather is shit
- Brings joy at the heart level, you feel it in your soul
- Brings pain at the heart level, you feel it in your soul
- Builds resilience, because it's the only way
- Grounds you completely, especially during tough times
- Makes life make sense

The Perils of Purpose

- It can become an obsession and distraction
- It can lead you to denying failure
- It can lead to burnout if you don't balance it with boundaries and self-care

Purpose played well, with patience, kindness and perspective, will enable you to create the life you love.

My purpose heroes:

Simon Sinek 'Start with Why'

Jane Goodall who is quite literally the voice in my head. I can hear her right now! Her messages have become my guiding principles:

<https://socialheartedvet.com/2019/01/01/the-voice-in-my-head/>

Jane's key messages:

- 'Do what you can, when you can, with the time and resources you have, and that is enough'
- 'Consider your impact on animals, people and the environment everyday in the choices you make'
- 'Never ever give up'
- 'Discover your gifts and talents and use them to make a better world'
- 'Lead with your heart and your head!' www.janegoodall.org.au

B Corporation Business Community

Companies who are using business as a force for good! #myhome

Be inspired by this growing community of purpose-driven companies where kind, just and sustainable business practice is embedded in the very DNA of our organisations. It is our why.

Cherished Pets is the world's first certified B Corp veterinary service, putting us in the league of champions such as Patagonia, Kathmandu, Body Shop, Australian Ethical, Impact Investment Group, Dumbo Feather, Who Gives A Crap, Sendle, TOMS, Allbirds, Bellroy, Pukka Tea and more.

You make a difference every single day in the consumer choices you make.

Through B Corp certification you can spend your hard-earned dollars in companies who are driven by purpose.

Gayle Hardie, Global Leadership Foundation (globalleadershipfoundation.com/)

Purpose: Raising emotional health levels globally

- HIGHLY recommend the [Tables of Ten](#) program which I was fortunate to participate in 2018.
- Blog of interest: [Vulnerability & Leadership](#)
- [The Potential of your Perspective](#)
- One I wrote: [2018, I will remember you](#)
- globalleadershipfoundation.com/how-to-see-disagreement-in-a-whole-new-light/

Interested in finding your purpose?

If you are a business keen to explore your purpose, I highly recommend Tim O'Brien and the team at [Hatched](http://hatched.io/) (hatched.io/), and their [Purposeful Path](#).

Follow this rule as outlined in this diagram:



My other favourite people for a dose of inspiration:

Brene Brown	TED Talks A Call to Courage and The Power of Vulnerability
Zoe Weil	The World Becomes What We Teach
Elizabeth Gilbert's book	BIG MAGIC
Glennon Doyle Melton	TED Talk Lessons from the Mental Hospital (Absolutely brilliant)
Pauleen Bennett	Happiness and most other things!

Tips for finding your purpose

- Follow inspiring people
- Find your community of like-hearted people
- If it doesn't feel right, it probably isn't
- Define your values
- What is your flow?
- How can you serve?
- How do I self-care
- Build resilience
- Expect failure
- Adopt an abundance mindset (vs scarcity). There is always enough
- Be YOU.

My favourite quotes:



Let your life be your message – Gandhi

Create the Life You Love

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'Innovative Vets' – An inspiring initiative

Corey Regnerus-Kell BVSc, BSc

Hillview Camelids - Owner & Operator

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C&T No. 5796

The veterinary profession is an amazing and rewarding industry to be a part of, yet dark and terrifying at times too. I am sure that like me you have invested yourselves into veterinary medicine to try and make a difference helping those who can't help themselves... So why then are we so bad about helping ourselves?

I was given an opportunity by CVE Sydney for this special edition of C&T surrounding mental health to showcase some of the mental health initiatives that I have been, or am currently involved with. I thought however, that it might be more poignant to share my personal story that has lead me into these projects that have a special place in my heart. Understanding where my motivations have come from in trying to help support colleagues might reveal more than just the projects themselves.

My name is Corey Regnerus-Kell, and I am 32 years-old, and a recent BVSc graduate (2017) from Massey University in New Zealand. Before completing my veterinary degree, I worked as a Veterinary Technician in Florida, USA while studying a Bachelor of Science at the University of Florida. I worked primarily in companion animal practice, and more specifically Emergency and Critical Care. Becoming a vet was always the end goal, and in 2009 I had the opportunity to attend Massey University via their competitive semester for the Veterinary Programme.

In February 2009, I sold everything I owned back in Florida and moved across the world to somewhere I never even really knew existed, let alone visited. Unfortunately, I wasn't successful in gaining entry to the degree that year but decided to stick around NZ. I gained employment in the farming sector, as every good Kiwi does, as the Genetic Development Coordinator for a dairy cattle genetics company. The passion to achieve my childhood dream of becoming a veterinarian had yet to fade, so I shifted into a new role within veterinary industry working for a veterinary consumables company. Getting involved with veterinary clinics on a daily basis in this role confirmed I still wanted to be in that driving seat and I decided to re-apply to Massey. Again, I completed the competitive semester trying to gain entry to the veterinary degree and managed to somehow this time end up receiving a letter saying 'ACCEPTED.'

In my first and second year of vet school, I was voted by my colleagues as the Class Representative, and then as the Massey University Veterinary Student Association President in 4th year, and in my final year stood as the Immediate Past President as a supportive role. These positions gave



Corey and some of his pet llamas.

me an opportunity to immerse myself into the lives of my fellow classmates, as well as those in the years above and below me. It was within these experiences, as well as my own, that I began to become more emotionally self-aware (on a conscious and sub-conscious level). It is amazing how much you can learn about yourself while attempting to help and coach others. I started to notice the amount of time that I spent during the degree working to help others with their own personal and professional struggles. What caught me by surprise however, was just how much of that I took on my own shoulders. Suddenly I began to worry how I might cope once I graduated and was out in clinical practice with my patients, clients and colleagues.

Vet Confessionals

During my second year at vet school a colleague approached me with a concept for starting to destigmatise the issues of mental health within the veterinary student population. This was inspired by the 'Not One More Vet' campaign. From that initial notion, we developed what became 'Vet Confessionals'. Similar to the 'Post Secret' project in the USA, we offered a safe and anonymous portal to allow for confessions, concerns or secrets to be

shared among the other vet students at Massey University. The goal was to reduce feelings of isolation; one of the biggest triggers for suicide. We hoped if someone could share their personal feelings, experiences and struggles with others, it might help someone realise that they were not alone.

It did however become quite gloomy and shed a very disheartening light over being a veterinary student. However, once we started to offer an opportunity for anonymous replies and comments the tone shifted, and this is where light started to shine through the darkness. The collaborative care of our colleagues started to pour in, and the concept of community came to light. This has now taken off in the USA, picked up by DVM360 and several different iterations have also been developed with student led initiatives at Massey University.

The concept of community is one that really started to speak to me, and the power behind it was impressive. Based around this collegial support, I decided to develop and implement a new community outreach project with the help of the student body. The idea was founded around the community service prerequisites for veterinary school application which are part of undergraduate degrees in the USA. It was amazing to be involved with some of these ventures as the environment was infectious with happiness and support. It was with that background I began to work with the local council, radio stations, drug companies, veterinary and veterinary technology students at Massey. The inaugural community service day was born. We hosted a Pet Education day for the general public in which every year group organised a station concerning health, husbandry and wellbeing in caring for pets. We had over 400 members of the public come through the stands in one day. The impact we had on pet owners, as well as the collaborative behaviours of all of the students in developing some amazing and creative training materials, was exactly what I had hoped would eventuate.

Entering into the last 2 years of the degree, placements and externships played a crucial part in my technical

and personal development. We can all remember the excitement of being out of the classroom and placed into the clinical environment. Getting involved with the day-to-day running of veterinary practice was familiar to me, having worked as a vet tech previously. There was however, something different about sitting on the other side of the table with the responsibility of a vet in training. Memories of some of the tricky, complicated, good and bad cases I had previously seen in my pre-vet days started to flood in and make sense. Despite all of the excitement, I was attempting to become more self-aware. I began to notice just how drained I was at the end of each day out in practice. This wasn't just due to all of the heavy lifting, repetitive rectal palpations, lameness evaluations and cage cleaning however; the exhaustion was a mental one. Good client interactions and positive case management were exhilarating, but juxtaposed to these positives were the overshadowing of complex and sometimes negative experiences and interactions. Something as simple as missing what appeared to be an obvious diagnosis that I had read about and studied for, right through to clients demanding care for their pets at no cost as 'we were here to care for the animals.' These thoughts were the ones that seemed to predominate as I would make my way home in the evenings.

Now, all of the concepts about emotional intelligence and resilience training we had received throughout the degree began to come to form. In the last 6 months of the 5-year degree that I had been working over 20 years to achieve, including now a decade at university, I made a decision that many peers, professors and colleagues alike accosted me about—I chose to take a role working in Food Safety with the NZ Government straight out of university compared to the more traditional track of going into clinical practice. The choice to not go into a job that I had been preparing and envisaging for myself since I was 11 years-old wasn't one that I took lightly. I took an active step to help myself NOT to become another statistic with burn out in the veterinary profession. Several mentors discouraged me from the choice, others suggested I would be wasting my degree, but what baffled me was hardly



Community service day.



Corey at work in clinic



Corey and his husband James.

anyone had asked why it was I had made this decision.

After a year working for the government, I decided that it too wasn't the right fit for me on a personal and professional basis and decided to give clinical practice a go (wondering internally if all of the sceptics I had faced previously were right about this choice). Shortly after starting back as a clinician, I began to wonder what I had been so afraid of and was back in the euphoria of my childhood dream job. However, this rose tint started to fade from my metaphorical glasses within a month or two. I again found myself mentally and physically depleted by the end of my 12 to 14-hour days. I would spend hours researching and reviewing cases that didn't go as planned in the evenings as well, and comments from both co-workers and clients would follow me into the wee hours of the morning as my husband would tell me from my sleep talking in the middle of the night. It was then I was handed my 'sign' with an offer to return to industry, and a wave of freedom started to wash over me. As expected, I was again faced with criticism from colleagues about what a 'loss to the profession' I would be, and 'was I sure this is what I wanted to do' by leaving clinical practice for a second time only 2 years after graduating; and my answer was YES!

We all have a part to play in the continuity of the veterinary profession as a whole, and you don't need to be a clinician to do so. Some of us are cut out to handle

the daily grind, others have coping strategies (either healthy or not) to manage, and some just don't. If you find yourself in this latter category as I did, there isn't anything wrong with that. I think more people should be honest with themselves and maybe, just maybe, some of the mental health crisis within our profession will start to improve. I find my strength in the passion that I have for the veterinary profession in its entirety. I truly believe as well that we are all working towards the removal of the stigma around mental wellbeing within the veterinary profession. This is the secret to ensuring the continuity of the profession for many years to come. Sometimes we need to have those who are able to step out of the box and look in from the outside (after having been there ourselves), to support and provide opportunities to those same colleagues who questioned your distance from clinical practice in the first instance.

Currently I am working with another colleague on a more proactive approach to mental wellbeing. We are hoping to develop a package that employers can buy into for their staff (vets, nurses, techs and supporting staff alike) to encourage a healthy lifestyle both mentally and physically in their home and work lives. It is this balance that we all lose focus on as soon as we begin to experience stress. The package we are hoping to deliver is a group of discounted or free products that can support healthy eating, physical activity and mental health practices (i.e. mindfulness and good quality sleep) to balance staff both in their personal, and professional life. Working alongside a personal trainer, we are hoping to develop some simple exercise programmes specific to the line of work you are doing (reception/office, companion animal/production animal/equine vetting) as each have unique physical demands. By getting the employer to invest in these programmes, it is demonstrating a top-down approach to mental and physical health and wellbeing in the profession that we hope will drive the much-needed culture shift within the profession.

While we are all aware of the mental health and suicide crisis that is impacting our loved profession so deeply at the moment, my question is 'what are you doing about it? Are you looking after yourself, and I mean truly looking after yourself despite any external pressures you might feel are there? Are you looking after your work colleagues, and not just the other vets, but your nursing/tech and support staff?' We all need each other if the veterinary industry is going to be sustainable for years to come. I come back to the term 'community'... This is the key to unlocking the sustainability of the profession, of your business, but more importantly, of yourself.

Hopefully sharing my story can inspire you to help either yourselves, or your colleagues. If there is anything that I might be able to help with, or you would be interested in assisting with any of these mental health initiatives, please feel free to get in touch with me at

innovativevets@gmail.com

Put your health first

Yumiko Kadota

C&T No. 5797

Health professionals have a high rate of poor mental health compared to the rest of the population. This relates to the nature of our work, such as seeing those who are ill or injured, as well as working in high stress environments and long working hours. Health also tends to attract motivated and caring individuals; therefore, a health professional may feel more guilt when outcomes do not meet expectations. Mental health and physical health are intrinsically intertwined. When mental health is neglected, it can lead to physical effects, and vice versa.

Why is your own health important?

Having good health is a human right. The 1976 International Covenant on Economic, Social and Cultural Rights include:

The right to work in just and favourable conditions

The right to social protection, to an adequate standard of living and to the highest attainable standards of physical and mental well-being

As health professionals we can sometimes forget our own health because we prioritise caring for others. Being healthy allows us to function best, therefore it is also important for our work performance and safety.

How healthy are you?

Do you have a GP? If not, you should! If you haven't seen one for a while, please make an appointment to get a health check.

Get checked out

A general health check may include, but is not limited to:

- Questions about your overall health
- Questions about family history (for example, does heart disease run in your family?)
- Body measurements
 - Height and weight (BMI measurement has its flaws, but it is a good rough guide. A healthy BMI is considered to be 18.5-24.9)
 - Waist circumference – The National Health Foundation suggests that your health is at risk if your waist circumference is:
 - Men: Greater than 94cm (37 inches)
 - Women: Greater than 80cm (31.5 inches)
- Blood pressure
- Blood tests

- Basic blood tests (full blood count, electrolytes, kidney and liver function)
- Blood glucose
- Cholesterol

Basic Health

At the very least, these basic physiological needs should not be neglected:

- Food
 - How many times a week do you order takeaway?
 - When was the last time you cooked at home?
 - Are you eating fresh fruit and vegetables?
 - Are you over- or under-weight?
- Water
 - Are you drinking at least 1.5 litres of water a day?
 - Do you own a water bottle?
- Sleep
 - How many hours a day do you sleep?
 - Sleep deprivation/disruption is equivalent to intoxication at work. If you wouldn't drink and drive, then you shouldn't be working when chronically sleep deprived.
- Hygiene
 - Are you showering daily?
 - Do you brush your teeth at least twice a day? When was the last time you saw your dentist?
- Physical Activity – Department of Health Recommendations:
 - Be active for most, if not all, days of the week
 - Moderate intensity exercise for 2.5-5 hours a week
 - Vigorous exercise for 1.5-2.5 hours a week



Yumiko enjoys practicing ashtanga yoga, especially by the beach!

Mental Health

What do you do for your mental health? Everyone is different, but here are a number of activities that can promote good mental health:

- Self-care activities like taking a long bath or getting a massage
- Listening to your favourite music
- Immerse yourself in nature – when was the last time you went out for a walk with nowhere else to be, and no time limit to get there by?
- Gardening or indoor plants, depending on your living set up
- Going out for a meal with friends or family
- Watching a film
- Going to the art gallery or a concert
- Reading a book (that is not a veterinary textbook!)
- Meditation – there are many phone apps that offer guided meditations
- Yoga – there are different styles of yoga. Yin and Restorative Yoga are slower styles of yoga that can be very relaxing. Vinyasa and Ashtanga are more strength-based and energising.
- Exercise – if you enjoy socialising, group exercise classes or a community sports team might be a great way to both get your exercise in and meet new friends
- Aromatherapy – what are your favourite smells? What do you find soothing? Scented candles or essential oil diffusers can be very relaxing

What to do if you think your mental health is suffering:

- Talk to someone (anyone!). There is no shame.
- If you do not feel comfortable talking to someone you know, then you can make an anonymous and confidential phone call to services such as Lifeline (13 11 14)
- Seek professional help. You can directly make an appointment with a counsellor or psychologist, but I would recommend seeing your GP first.
- Your GP will know local mental health professionals. Some psychologists



Yumiko Kadota

Biography

Dr Yumiko Kadota graduated from UNSW Medicine in 2010 and worked as a Plastic Surgery registrar. She found herself burnt out and unable to negotiate safer working hours at the hospital. Eventually she resigned in June 2018 and became hospitalised after continuing to decline in physical and mental health. She now works as an Academic in Anatomy and advocates for wellbeing amongst health professionals.

will specialise in certain areas, depending on what your specific mental health issue is. For example, you may need a trauma-informed psychologist, one who specialises in relationship counselling, or drug and alcohol addiction.

- Take some time off work. Taking a day (or more) off for mental health reasons is just as legitimate as taking time off when you have gastroenteritis.
- Make sure you have support. Friends and family are often the best support, but there are other sources. There are online support groups.

Everyone deserves the right to be happy and healthy.

It's a human right.



eBook download:
Read David Footes article on self-care.

Creating a winning veterinary team

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If you wanted to create a winning sled dog team, what would your priorities be? I suggest that there is a triad of essential components:

1. A motivated musher who has the knowledge and practical skills to prepare his dogs, while also being able to confidently lead the team in the right direction.
2. Individual dogs working at their peak performance.
3. A team of dogs working together toward a common goal.



What might we see in a sled dog team that isn't performing well?

- An inexperienced musher that doesn't know how to prepare his dogs for a race, or how to lead them effectively.
- Dogs not performing at their best due to ill-health, hunger, infighting or poor preparation.
- Dogs pulling in different directions and wasting energy.
- An unfocused and unmotivated musher.

Why do I think it is a useful analogy for Veterinary teams?

- Without strong and clear leadership, your great team may be underperforming because they don't know which direction to go.
- If you want the most out of your people (their peak performance), you need to consider their health and wellbeing, alongside their training, knowledge and skills. If leaders do not prioritise the wellbeing of staff, they risk individuals burning out.

- Your team won't achieve great results if they don't work together and support each other. The most brilliant veterinary surgeon in Australia can't achieve excellence without an amazing team of colleagues, nurses and support staff. If your culture is toxic, your team will not be a winning one.

Improved teamwork =

- **greater personal and business success**
- **decreased risk of burnout**

Your ideal veterinary team is a well-led, well-trained, engaged and cohesive group of individuals, all working to their full potential.

So, how do you create this amazing team?

Dealing with problems as they arise is not an efficient way of managing teams. It is much better to take a proactive approach, where you:

1. Provide leaders with the appropriate support and training to allow them to lead well.
2. Encourage a compassionate and positive business culture that supports teamwork and connection.
3. Support the mental, physical and psychological wellbeing of all individual staff members.

i) Lead by example

Everyone that works with other people in some capacity has the opportunity to lead by example and have a positive impact on those around them. Leadership skills do not come naturally to everyone, but they can be learned and enhanced. Expecting people to step from a clinical/



eBook download:
Read 'What makes a good leader?' in digital version.
and 'How do you support staff wellbeing?'

employee role into a management/leadership position without learning the skills to be a positive and engaging leader is unfair and simply bad business. Good leaders occur when they learn the skills to lead well.

A positive change in leadership has a positive trickle-down effect on everyone working in the business – positivity is contagious.

Leaders need training and support, just as employees do, to help them better guide their team. This support can take shape as a leadership coach or a mentor that is a positive role model.

ii) Creating a compassionate and positive workplace

What are some elements of a positive and compassionate culture?

- Caring and understanding
- Kindness and compassion
- Connection and belonging
- Shared goals and purpose
- Respect and dignity
- Trust and integrity
- Gratitude and appreciation
- Positivity
- Support
- A blame free culture

How to generate these elements in your veterinary workplace—my top 9 tips.

1. Bring people together

When people feel part of a team they are more likely to support and help each other. Positive relationships at work can increase employee wellbeing and engagement. Creating shared values and goals can unite the team with a common purpose.

You can build connection in your team by:

- Showing authentic concern and understanding for everyone
- Actively listening to each other
- Sharing personal stories
- Getting to know the people you work with better

A simple change from asking ‘How are you?’ at the start of a shift, to asking ‘What did you do on the weekend?’ and listening to the answer, can result in more meaningful conversations, and an opportunity to get to know one another better.

2. Value everyone’s point of view

If you want people to feel valued at work, it is important that you listen to them fully. Making sure everyone has an opportunity to speak at a staff meeting should be a priority – often the quietest person in the room may have the best ideas but they are overpowered by the stronger personalities.

Not every idea is possible or reasonable, but every idea and opinion is valid and should be respected. You build trust and safety when you allow people to speak their mind, and you treat their ideas with kindness and respect.

When you create a safe environment for the expression of differences, you can mitigate the effect of differing values and opinions.

3. Encourage and normalise seeking and giving help

The veterinary profession has for many years applauded the ‘sink or swim’ philosophy; the managing on your own strategy; the asking for help = weakness mentality. These old school practices are no longer valid in the modern veterinary world where there is an enormous amount of knowledge and a multitude of skills to learn. It is in fact inefficient and a waste of human resources to expect everyone to know everything.

It’s much smarter to have staff with differing skill sets and abilities, and for this common knowledge to be shared readily throughout the business.

This can only happen in an environment where asking for and giving help is both encouraged and applauded.

4. Praise more often

A study done at LinkedIn using their employee recognition program (Shawn Achor, Christina Hall et al) showed that simply increasing the number of times praise was given by superiors in the workplace resulted in an increased retention rate of staff. There was also a trickle-down effect, where those that had received more praise, in turn gave more praise to the workers around them. Appreciation and praise became contagious, as is the case with many positive (and negative) cultures.

Not all praise is created equal, and it is important to praise collective effort in team environments, rather than single out individuals for praise at the expense of others (comparison praise).

‘Congratulations Bob for scheduling the most dentals this month. Tim, you could work harder at this.’—is not ideal. ‘Congratulations team, we’ve done more dentals this month than ever. Well done.’ – is more unifying and decreases the risk of developing pecking orders and infighting. Personal praise can be done in private during employee reviews.

It is also important to praise the small and routine things, as these often go unnoticed.

Praise the support systems that allow individuals to shine

– ‘What a great job Dr Jane and all her support team did with that critical patient. Well done everyone.’

Praise is very easy to do, costs nothing, and can have a tremendous impact on the morale of everyone in the workplace.

Start noticing all the good work that is happening around you every day.

5. Practice appreciation and gratitude

There is one thing that everyone working in positive psychology agrees on – when people start practicing more appreciation and gratitude, their wellbeing and happiness increases. The great news is that it is really easy to do and shows rapid results.

What can this look like in the veterinary workplace? It can be as simple as senior staff saying thank you more often, which has a positive trickle-down effect. Or it can involve setting up a structured gratitude and appreciation policy.

- A wall for people to stick up notes about things they are grateful for during the work day.
- Starting all staff meetings with everyone saying one thing they appreciate about working there.

The beauty of gratitude is that we see what we are looking for. This means that if we are looking for things to appreciate at work, we will start to see more of them, and eventually it just becomes a natural habit.

6. Be positive – it is contagious

Why aren't we more grateful? More positive?

Simply put, it was an evolutionary advantage for early man to be great at spotting problems. When you saw the lion before it attacked you were more likely to survive.

This means that humans have a negativity bias. Our brains are much better at spotting what is wrong or what the problem is, rather than what is right or working well. If we add to this the fact that in the veterinary world we are trained to spot what is wrong with our animal patients, it means that our brains are fabulous at spotting the negatives in any situation. The negative neural pathways become our default and are almost on autopilot.

The good news is, with neuroplasticity, we now know that we can change those pathways. But, just as our negativity took time to become our normal response, it takes time (and effort) to change our mindset to a more positive one.

To be more positive, you simply have to start consciously spotting the good, the right and the wonderful, rather than taking them for granted.

- What went well today?
- Which patients did we help?
- What did you learn?

- What fun did I have?

Barbara Fredrickson, through her research into positivity resonance, found that our bodies and brains respond positively to connection with other human beings, no matter how well we know the other person. Laughing at the same joke, hugging someone, or sharing a moment of animal cuteness are all examples of shared positive emotions which can build connection, loyalty and trust.

Take note of what is going well at work, point it out to your colleagues and celebrate it. Positivity is contagious and can really change the culture and feel of a workplace. (Schutte, 2014)

7. Stop blaming and start problem solving

When something does go wrong in the workplace, it is very easy to point the finger at someone else, to say ‘not my fault’. This blame culture does not build trust, connection or teamwork. People will hide their mistakes for fear of retribution or try to pass the buck to someone else.

In a veterinary workplace, where mistakes can truly cost a life, it is so important that errors are minimised.

A blame free culture is one in which people feel safe to admit their mistakes.

The culture is one of ‘a mistake has occurred, how we, as a team, can make sure that this never happens again’ versus ‘you made a mistake and it’s your problem’.

Asking ‘what went wrong and why?’, versus ‘who’s fault was it?’, allows the focus to shift to problem solving mode.

- What can we do differently next time?
- Did the staff member involved have adequate training and/or support?
- Was there a communication issue?
- Did the person involved have too much on their plate at the time?
- How did I contribute to this mistake?

Ask yourself – how will making someone feel worse than they already do improve the situation?

No one is aiming to make a mistake, but we are all human and they can, and will occur.

If everyone learns from the mistake, then it is much less likely to ever happen again, but we can only learn when we are focused on problem solving rather than finger pointing.

8. Provide support and/or mentors

Obviously, it is crucial that everyone working in the veterinary field has adequate training to do their job to the best of their ability. But can we go further than sending people to conferences once a year?

If we are encouraging our staff to ask for help – what will this look like?

When a junior veterinarian is working sole charge, how do they get support with that tricky case? A simple – ‘call me if you need me’ as the senior veterinarian walks out the door may not be enough. The support system needs to be structured and clear.

- Ask people what type of support they believe would be valuable in your workplace
- Don't stigmatise asking for support
- Remember mental wellbeing support – it's not just about support with cases
- Do people know who to call if they are feeling overwhelmed?
- Do people feel safe to do this – or do they worry about being judged?
- If your workplace is not providing mental wellbeing support and professional mentors – then ask for it, or seek it out yourself

9. Start with kindness

When people are kinder to each other, especially during face-to-face interactions, it creates more connection between them. Practicing more acts of kindness has also been associated with healthier gene expression and decreased inflammatory markers in the blood. (Lyubomirsky, UCR, 2019)

Before acting or speaking – consider what would be the kind thing to do or say. Even when giving bad news, there is always more than one way to present the information.

iii) Supporting wellbeing

Unfortunately, many veterinary workplaces do not think about staff wellbeing until a problem arises, or people start to resign. There is that tendency to be reactive rather than proactive. Imagine if the musher only stopped and fed his dogs when they were very hungry and exhausted. Similarly, waiting until a staff member requests extra time off to address an issue of too many work hours, is both costly and inefficient.

Supporting staff wellbeing is less about infrequent and grand gestures (like a Christmas party or an annual bonus), and more about changing the small things every day.

Next steps...

If you want to create your own winning sled dog team but you are not sure where to start, talk to us at Make Headway, and we can design a specific plan to get your team working at their peak performance and all pulling in the same direction.

We can provide training in increasing staff wellbeing, developing a compassionate culture and how to be an effective leader; as well as private coaching for your leadership group.

www.makeheadway.com.au



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Read 'Why invest in the wellbeing of your Veterinary team?' in digital version.



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Burnout. Like pets, vets need care too

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If you're feeling exhausted, overwhelmed, depleted, and dreading work, you might be experiencing burnout. But how do you know whether what you're experiencing is 'normal'? At what point do you need to get help? In an age where busyness and stress are ubiquitous, how do you know if you're actually burnt-out? And if you are burnt-out, what can you do about it?

What is burnout?

Burnout is a phenomenon that has appeared in historical records since ancient times, and more recently described by Maslach as a 'psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job', with three key dimensions of 'overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment'¹. This has the potential for a huge negative impact upon people mentally, physically, emotionally, and can lead to thoughts of self-harm and suicide. If we want to have vets performing at their optimum and continuing in their career long-term, then burnout must be addressed at both individual and organisational levels.

Why are vets burning out?

Vets face a set of unique stressors, and this results in high rates of mental illness, including suicide, burnout, and compassion fatigue². They face the challenges of managing expectations of pet owners, witnessing suffering of both animals and humans, participating in euthanasia, as well as the financial and organisational aspects of clinics.

Compassion fatigue is common and is a form of secondary trauma which results from the close involvement with suffering on a regular basis³. It requires a high level of empathy and interpersonal communication skills to navigate those situations well, and without good support and debrief systems, vets are vulnerable to both compassion fatigue and burnout over time.

How do you know if you're burnt-out?

Burnout has the potential to have serious health effects, including insomnia, fatigue, headaches, and anxiety (Fig 1). The key symptoms that can help differentiate burnout from other causes are those key elements described by Maslach: exhaustion, loss of empathy for clients or patients, and a feeling of reduced competence at work. Not only can daily functioning become difficult, but it can lead to a fundamental crisis of meaning in work and life. People may question whether their work has any value, wonder whether

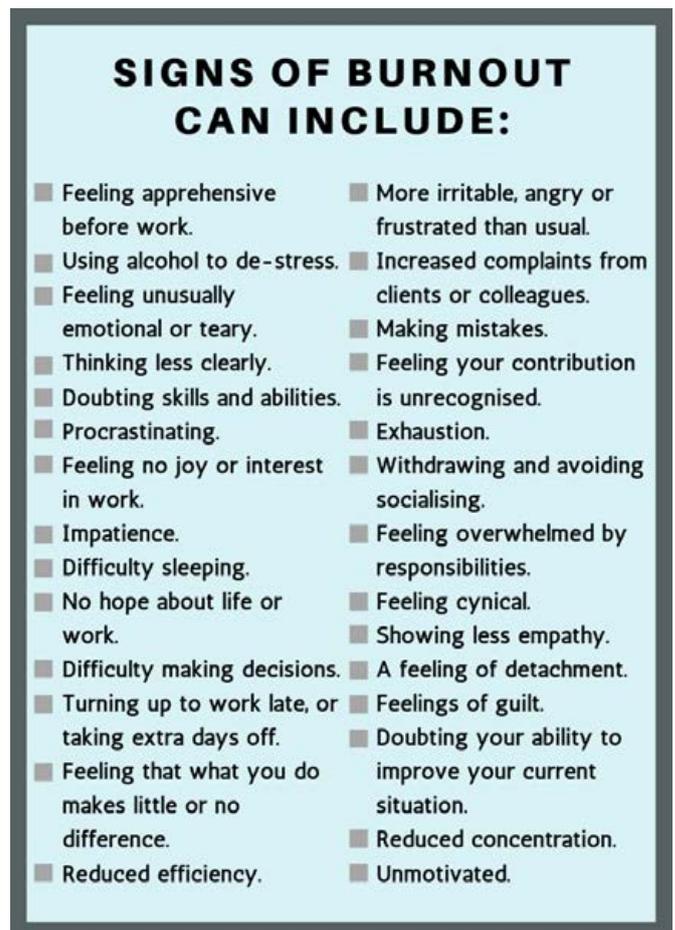


Figure 1: Examples of burnout signs and symptoms.

their career choice is right for them, and struggle to find a link between their daily work tasks and their values or purpose in the world. Without adequate support and guidance, these issues can be very difficult to overcome.

What can you do about burnout?

Symptoms seen in burnout are common in other physical and mental illnesses, so the critical first step (Fig 2) is to see a doctor to exclude other illnesses and assess whether you are actually suffering from burnout. You're unlikely to achieve much improvement in symptoms if you have, for example, an undiagnosed anaemia contributing to

your fatigue, or a co-existing major depression for which medication may be required. It's also important to have an objective professional assess the severity of your burnout, including any risk of suicide or self-harm, prior to making an appropriate plan for recovery.

After that initial assessment, it's time to address the factors which have led to you burning out, and to identify areas which can be modified to strengthen resilience, aid recovery, and reduce future episodes of burnout. This is best done with the guidance and support of a professional such as a GP or psychologist with experience in burnout. This process doesn't have to involve an overwhelming process of attempting to implement numerous changes. In most cases just a few well-selected interventions, specific to the individual and their circumstances, leads to significant improvement.

Workplace factors include system elements such as rostering, shift lengths, clarity of roles and expectations, supervision, and debrief opportunities. You need to consider how you personally manage your workload in terms of setting boundaries, saying 'no' appropriately, and delegating. In a supportive workplace, a range of simple alterations can benefit both employees as well as business productivity and profitability⁴.

Burnout tends to affect people who are already very resilient, intelligent, and capable, which is why they can often continue in their jobs on the brink of burnout for

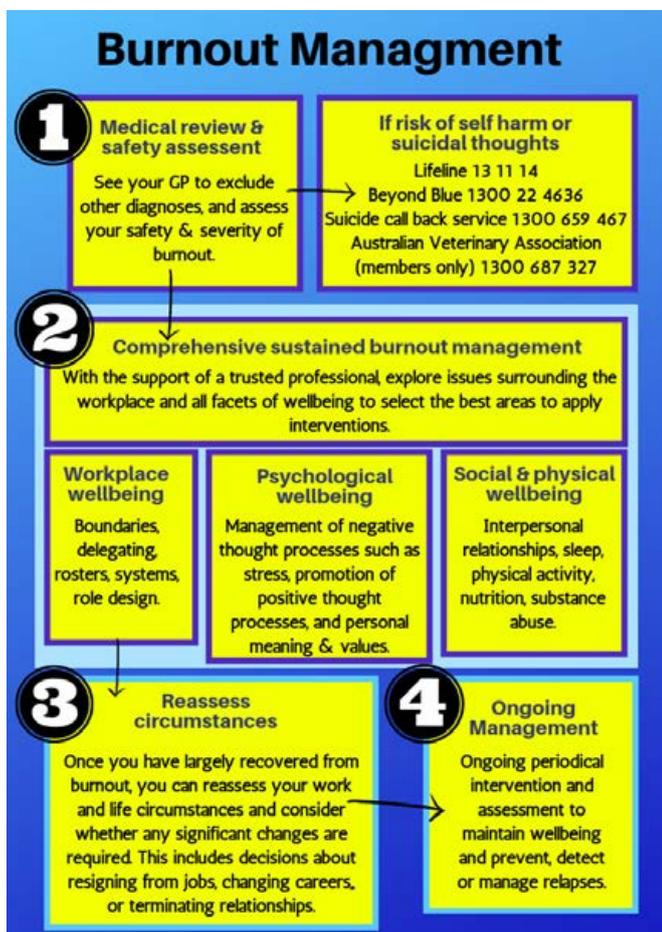


Figure 2: Four Steps to Managing Burnout

years or even decades. Having said that, there is always room to improve resilience levels through addressing mental, physical, social, and spiritual wellbeing.

How long does recovery take?

Whether you're facing burnout yourself, or supporting someone else who's burnt-out, it's important to have realistic expectations, and to understand that burnout recovery usually takes many months or even years⁵. The end-goal isn't 'recovery' as such, as it tends to be a lifelong process of self-awareness, skill-building, balancing the demands of life, and evolution of concepts of life purpose and meaning. Long-term support from a trusted professional can be invaluable, and if you initially struggle to find a good support person, I recommend persisting in finding a professional you connect well with.

Should you quit your job?

When experiencing burnout, many people feel the desire to quit their job or even change professions altogether. Whether or not that's the right decision is very complex and individual, but it's a decision that should be postponed until a significant level of burnout recovery has been achieved where possible. Life-changing, largely irreversible decisions should be made when thought processes and decision-making abilities are not clouded, and from a state of insight into yourself, your sense of meaning in life, and what specifically led to you burning out.

In many cases, with good support, people can continue in their career and regain a sense of enjoyment and fulfillment from it. Achieving that may require minor adjustments personally and in the workplace or may rely upon significant changes such as altering work hours or responsibilities, moving veterinary practice, or changing to a different area of the profession altogether.

How The Burnout Project can help

The Burnout Project evolved in response to my professional experience helping patients with burnout as a GP, as well as my own personal experience of burnout. It aims to raise awareness and inspire hope of recovery through resources, education, and support (Fig 3).

If you're concerned about a colleague or friend who appears to be burnt-out, you can anonymously send them a Burnout Package. Along with items to support their recovery journey or encourage self-care, packages contain a copy of my book 'Burnout: your first ten steps', which will help them to identify whether they're burnt-out, and guide them through the first steps towards recovery. When adequate funds are raised, batches of free packages are made available.

If you're burnt-out, you can purchase a copy 'Burnout: your first ten steps' or a burnout package, and we can also offer more personalised assistance through individual burnout

counselling or group burnout recovery programs. These services are delivered online and available Australia-wide.

If your veterinary clinic or organisation wants to reduce the chance of staff burning out and support those who do so, The Burnout Project offers resource packages, workplace training, staff education, and assistance in designing supportive workplace systems.

For more information, go to www.TheBurnoutProject.com.au, or contact info@theburnoutproject.com.au.

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THE BURNOUT PROJECT
www.TheBurnoutProject.com.au

How can I help a friend or colleague with burnout?

Show them someone notices and cares, and provide them with helpful resources, by anonymously sending them a book or burnout package.

burnout
Recharge Package
Nourish Box

How can I receive support with burnout?

You can purchase resources or seek support through individual counselling or a group recovery program.

Resources
Telehealth Counselling
Online Group Recovery Program

How can my organisation prevent, detect & manage burnout?

The Burnout Project provides guidance to implement supportive systems, training, staff education, and resource packages.

Resource Package
Consulting, Training & Education

Figure 3: How The Burnout Project can assist organisations, burnt-out individuals, and those supporting someone with burnout.



eBook download:
Read <https://acountrydoctorwrites.blog/2019/10/25/visiting-the-concept-of-burnout-skills/>



eBook download:
Read 'Resilience pie' by Belinda Parsons and Lois Profeta's article 'Its just a job'

Gastric tubing for gastric dilation: Volvulus in dogs

C&T No. 3579 (published June 1994)
Cameron Mortlock

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I first saw the following hint for passing a gastric tube in dogs with G.D.V. complex in a journal many years ago. Since then I have used it on several dogs with great success especially in cases where tubing seemed impossible using the conventional manner (ie - in lateral recumbency following trocharisation and decompression of the stomach). I have discussed the technique with other vets and so far I haven't found anyone aware of or using it. It is perhaps not the easiest technique to perform especially single handedly, but may often delay surgery to a more reasonable hour or all together.

The technique basically consists of holding the dog vertically - no mean feat considering the size of most of the

dogs that suffer from the syndrome. Generally two people would be preferable to hold the dog while a third passes the stomach tube.

The trachea has already been intubated and it often helps to decompress the stomach by aspiration as much as possible before tubing is attempted.

Lubricate the tube well then pass it to the point of resistance (probably where the kink or twist in the oesophagus is). Firm pressure is generally required, then all of a sudden the tube will virtually untwist the torsion and pass into the stomach. I believe it is the fact that the dog is vertical that allows the tube to assist the derotation of the stomach. I imagine it is something like hanging onto the tip of a twisted balloon full of water and letting go. The tendency is to untwist but only if hanging, suspended. If laid on its side on a table the twist in the balloon's neck would remain. I guess it is feasible that the same process could occur in the dog's abdomen. Whatever the case it seems to work and has saved me the need for surgery at some very late hours and sometimes all together.

I hope any other vets that try this have the same success I have had in managing G.D.V.s with this tip.

Overcoming setbacks; if not now, then when?

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Blueberry Institute. We do wellbeing. So, your employees can do their best.

Take a moment here to consider the consequences of the complex mix of changes impacting vets and their practices over recent years; the rise of pet ownership, the shift in more pet owners now seeing their pet as a family member, and new and ever changing clinical tests, drugs, therapies and treatments, surgery knowledge and standards to keep on top of to name just some.

These changes and other emerging trends in the ways we are choosing to live our lives means there is no shortage of setbacks, misfortunes and difficulties likely to be experienced in the day of a vet.

Vet wellbeing, resilience, burnout and job satisfaction is being monitored not only here in Australia, but in USA and UK. That said, it is clear that the work done by vets brings a huge amount of satisfaction and joy.

What setbacks and challenges are you noticing?

- A treatment plan for a challenging diagnosis goes horribly wrong
- A common intervention performed incorrectly creates complications
- When doing your best isn't enough to satisfy unreasonable owner's expectations and complaints
- Conflicting time-management demands that feel stressful
- Rumination and self-doubt about a clinical assessment
- Feeling conflicted in making financial decisions
- Anxious about dealing with conflict with your boss or within the practice
- Overcoming compassion fatigue

The Science

A growing body of evidence demonstrates that relatively simple intentional changes in our thoughts and behaviours can lead to meaningful increase in happiness and

wellbeing. This is especially good news when we know the frequency and intensity of setbacks and difficulties are unlikely to be diminishing. Randomised controlled experiments make positive, albeit imperfect, contributions to understanding wellbeing, burnout and emotional exhaustion.

Mental health is no longer considered as merely the absence of illness but is focused on building psychological skills to help us rise to the inevitable challenges of life.

And the stigma historically associated with mental health is slowly eroding.

Research areas that help us change our unhelpful habits and reveal misconceptions includes [positive activities](#), [the science of happiness](#), [mindfulness](#), [sleep](#), [professional coaching](#) and [optimism](#) to name a few.

Call to action

Within the normal ebb and flow of success stories and setbacks here are two reflection questions;

1. What experiences are you or your staff tolerating that are not successfully serving you or the practice?
2. What intentional efforts are you practicing that remedy unhelpful emotions, behaviours and consequences in yourself or your staff?

Spoiler alert – it takes effort!



The Vet Wellbeing Awards aim to recognise the many good things that veterinary practices do to ensure colleagues' wellbeing and to help the veterinary profession share ideas for supporting wellbeing at work.

Transient responses to setbacks and failures may include shattered beliefs about yourself, others, and the future. This is a normal response, not a character defect. Additional complexities occur when the narrative in which the setback is seen can have a paradox—loss and gain, grief and gratitude, vulnerability and strength.

Practical, emotional and cognitive efforts required to reframe unhelpful feelings and beliefs means noticing emotions, thought patterns and actions. Positive outcomes from mentally healthy responses, although sometimes difficult, are achievable with sensible behavioural and psychological techniques.

What are you waiting for... because if not now, then when?



eBook

Visit the complementary eBook to access urls cited in this article. Rita has also provided a comprehensive list of techniques, websites, podcasts, books and articles in the eVersion.

Chronic illness in practice

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C&T No. 5801

I don't think it's controversial to suggest that working in veterinary clinical practice can be tough. Ours is a physically, emotionally and intellectually demanding profession which can take its toll on even healthy individuals. The pressure is there from the beginning – getting the right grades to get into vet school, passing all the exams, fulfilling the practical requirements, qualifying, and then on into practice. We develop certain expectations of ourselves—we can work those extra hours, cope with a less-than-ideal work-life balance, push through any additional hardships, shut down any emotional strain, and keep going.

The strain that this places on vets' mental health is now well-documented – the high incidence of depression, the burnout, the increased risk of suicide.¹ What are less often considered is the physical toll that our profession may take on us. The principle of a link between stress and poor physical health is well-recognised, with negative effects demonstrated on the nervous, immune, cardiovascular, gastrointestinal and endocrine systems.² Other elements of veterinary work are also associated with poor physical health- night working and shift work have been associated with an increased risk of cancer, diabetes and vascular disease, as well as raised all-cause mortality.³⁻⁸

As far as I am aware, there is no published data on the rates of overall physical ill-health in vets compared with other professions. However, as in most walks of life, there are significant numbers of people out there living and working with chronic illness.

Living with chronic illness

'Chronic illness' is a deliberately vague term. My organisation, British Veterinary Health Support (BVHS), arose out of a Facebook group set up for those of us who work in the veterinary profession and are living with any kind of long-term ill-health. Our members have a huge range of conditions and it would be impossible to describe all the different experiences that go along with this. However, there are two common symptoms that many of our members live with, which may help healthy individuals gain an insight into our lives:

Fatigue

The fatigue that comes with chronic illness is frequently misunderstood, because it is often mistaken for being tired. Tiredness is something most veterinary staff are used to, but when we're tired, we can still push ourselves and do more if we need to, then catch up on a rest day. If you have a chronic illness which causes fatigue, you only

have a certain amount of energy that you can use each day. For some people it's roughly the same each day, for others how much they can do changes day-by-day. The Spoon Theory⁹ tries to represent this by inviting us to imagine that a person with chronic disease's energy levels are represented by the number of spoons they are holding. It takes a certain number of spoons to do any activity; the more complex the activity, the more spoons it takes. However, even simple activity that normal people would take for granted—dressing, cooking, cleaning—take some energy. When you've used up your spoons, that's it—you can't push through and do more. If you try, you may not be physically able to, and even if you can, you'll feel the effects for days or even weeks afterwards. A huge part of learning to manage a chronic disease is to learn to understand how many spoons you have and recognise when you are running out and manage your energy levels appropriately.

Pain

Many chronic illnesses will cause pain of one sort or another. The exact form the pain takes varies depending on the condition, but the effects of being in pain every day are broadly similar. Chronic pain is physically draining; you're often either tense because of the pain, or because you're anticipating pain coming. If you suffer with fatigue, this can then make this worse. Long-term pain is also emotionally draining; it makes you feel helpless, alone, and can have a significant effect on your long-term mental health. One study found depression rates 3-4 times higher in patients with chronic back pain than patients without.¹⁰

Illness In Practice

Many veterinary staff with chronic illness will continue to work, either full time or part time. Creating a workplace where they feel valued and can manage their illness will allow them to work more effectively, and may well make them a very loyal employee; staff with chronic illness who

have found a place which 'understands' them will have all the more reason not to leave.

Create a Culture of Openness

The first step here is to make your workplace somewhere where people can be open about health conditions, rather than feeling they are a sign of weakness and having to hide them. This is particularly true of conditions considered more 'embarrassing', like menstrual issues or bowel problems. Being able to have open conversations is vital in the rest of the team understanding how best to support their colleague, and while no-one should ever feel pressured into discussing their medical issues if they are uncomfortable doing so, it is surprising how much more willing people are to be open if they feel supported. The most important part of creating this culture is to address how the team speaks about illness. This will determine both how they are perceived and how they feel about themselves. Hearing things like...

- 'She's off ill again... is she ever here?'
- 'His back hurts? Well, my knee aches, you don't see me complaining about it!'
- 'Must be nice for her to have extra time off.'
- 'I know you're not feeling great, but we've got a really busy day today, so I need you to push on.'
- 'I get heavy periods and cramps too; you just have to work through it.'
- 'Does he realise how much trouble he causes for us when he's not here?'

... will encourage a culture where staff hide their conditions, restricting their ability to manage their symptoms. This in turn can lead to worsening illness, and more time off, where everyone loses out. Leadership at all levels is important in this, but everyone has a part to play in shaping their workplace culture.

Listen to you Colleague's Explanations

Creating an environment where health problems can be openly discussed is the first step; the next is to listen when these conversations take place. The fact that we work in a medical profession has some definite advantages, as those of us with chronic illness may discover our colleagues find it easier to understand our conditions than others lacking that medical background. However, when we're talking to a colleague with a health condition, there is a danger of assuming we have more knowledge than we do. Humans have a very different emotional experience being ill to either our patients or our clients, and it's important to keep that distinction in mind. As vets we may understand the biological processes that underlie the illness, but that doesn't mean we know what the day-to-day reality is like.

Be Proactive and Flexible in Finding Solutions

This final point is mostly for managers and employers. If a colleague with a health condition has been ill for some

time, it is likely they have developed a sense of what 'works' for them and what does not. They may ask for changes in how or when they work that are not the norm for your clinic. I would encourage anyone in this position to be as flexible as possible; if you have a good culture of understanding in your workplace then there should be little to no resentment of any 'special treatment', and the more accommodating you can be, the more productive and useful we can be. It is also worth considering that, in some cases, these colleagues may not have the spare energy to initiate or pursue these changes, and you may need to take a more proactive role in offering changes or flexibility. Those of us who live with a long-term illness, or develop one whilst in practice, can find it challenging to continue to work in the profession. Sometimes this due to insurmountable physical issues that prevent us from doing our jobs, but often it is the case that, with a few adjustments, we can continue to be active and productive members of the veterinary team.

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From your veterinary nurse

Anonymous

C&T No. 5802

We come into the veterinary profession because we love animals. We love to care for those who do not have a voice. I'm not sure what could have prepared me for the beautiful yet heartbreaking environment I was about to enter into.

I have been veterinary nursing for over 6 years now, and I won't pretend that it has been everything I dreamed of as a child. During my schooling years, I spent my holidays and weekends volunteering my time in the local vet clinic and zoo. I was desperate to see how it worked, how the animals were treated and cared for, and the medicine behind it all. I remember asking my Mum 'Can I go again?' and she would look at me as if I was crazy missing out on my friend's holiday plans! But I had such a strong passion for animals, and nothing could deter me from my goal... or so I thought.

When I was 13, I was diagnosed with Anorexia Nervosa. I was on death's door when I was admitted to hospital, with a heart rate of 40bpm and confined to the hospital bed for 1 week until I was even allowed to walk to the bathroom. My family became disjointed, and it was a long road to recovery for me. Six months later when I was allowed to return to extracurricular activities, I felt extremely ashamed of what was happening to me. I remember people would comment on my weight loss with 'wow, you look really good today' and then my consequential weight gain 'do you need to watch your weight honey?'. I was so ashamed of my illness, so guilty and self-conscious that only my 2 best friends and close family knew. I was not brave enough to stand up to the thoughtless comments and explain that I was suffering. Did I really have to justify my illness?

Overcoming my eating disorder was successful, but it left me with impending self-doubt and depression which I am still learning to cope with today. I was extremely lucky that I was able to maintain my volunteering with animals during recovering, and the clinic I was so fond of, gave me a part-time job straight out of school! I was so happy I could burst, finally something I have earned myself and I enjoy! I learnt all the ins and outs of a veterinary nurse on the job, the lovely clients and then the extremely rude clients, the cute puppies and the ones that want to bite your face off, the bonds you make with your patients and then the sad goodbyes you have to face. It's a bit of an emotional roller-coaster to say the least! On top of that, we nurses face a lot of pressure from the vets. At times, we have a million things to do, but the vets needs always come first, and we have to somehow drop everything to hold this dog for a nail trim... it takes a bit of getting used to. Working part time helped me fund my first university degree, a Bachelor of Science in Biology. I was really enjoying my time as a veterinary nurse, however life threw another hurdle at me...

At 19 years of age, I had a steady boyfriend who I had been seeing for 4 years who I thought may be the one. It turned out that his demeanour changed throughout our time together, and something happened to me which I thought may never occur. I found myself stuck in an abusive relationship. At first it was emotional manipulation, but it quickly turned into sexual abuse. I was deeply ashamed, I couldn't even tell my own parents. I landed in hospital again, for 2 weeks with major depression. I felt so used and broken. Again, I had to learn to find the confidence to face the world again. People asked me where I had been, and again I had to hide and make up some common tummy bug. It was here I felt that life had given me a bad turn. I was so young, yet two major life changing events had been thrown at me from nowhere. I am still trying to process my trauma from this relationship.

Somehow, I returned to university and my job and managed to continue with life as usual. It took me a bit longer than expected, but I finished my bachelor's degree and have had several promotions as a veterinary nurse. My personal challenges that I have had to conquer have helped me greatly as a veterinary nurse as the job can be incredibly stressful and demanding. I have been able to use my coping mechanisms endlessly at work, keeping a level head when you may have a dying dog on the table. Reassuring owners when they've decided to euthanase their family pet. Keeping it together when a client complains that their expensive vet bill is all your fault. Whilst these harsh realities occur, I find it so rewarding when you can treat a sick animal successfully, when you see the owner's relief on their face, and their appreciation for not only your skill, but you as a person. That's what keeps me in the job. It's the acceptance that we do the best we can, and the understanding that we may not always be able to fix a sick animal.

At 23 today, I'm coping well, enjoying life as a veterinary nurse, I'm now applying for vet school! In this profession, I think we need to feel comfortable with each other to have conversations about mental health. I've been hiding myself for years, and it wasn't until I told my colleagues 'Hey, I'm struggling a bit today can I just take it easy today' that everyone else then felt comfortable to say if they had a rough week. It just takes one conversation to help another person out. So please, take the time to chat to your colleagues, view them as a person, not just your colleague, and together maybe we can help improve the veterinary mental health crisis.

Comment on 'Vale Professor David Hutchins'

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Reading today the latest CVE was a sad moment. Prof Hutchins has passed.

He was my teacher in most equine practical medicine and surgery when I was at Cobbity in final year 1972. To say he was an inspiration is the understatement of the century. You see, I wanted to be a horse vet.

In the practical rotations in the equine clinic I already knew he wasn't a spoon feeder type of teacher. I knew one had to follow him around to learn anything so follow him I did.

He saw a lot of trotters. Watching trotters trotting up and down from the back and sides, palpating tendons.

He started showing what he was looking and feeling for. One day on a mild lameness front leg he said 'palpate that superficial flexor.' I did, and there was a slight warm swelling close to the fetlock. That was my first tendon strain.

If he knew you were really keen he would start teaching, and teach he did: practical things a horse vet needed to be able to find and fix. No tendon ultrasound in those days!

There were four of us in the group attached to Prof. Two were usually off smoking or something, but Johnny Parberry and I stuck with Prof. One day he gave me a 10mL syringe full of Sparine. He said "go to stable 14 and give that IV to the colt in there and make sure it goes IV or I'll have your guts for garters". Well I got it with Johnny holding the halter. After that I was given more to do regularly.

He taught me the name for a twitch. I'm not sure with today's PC attitudes I can say the name but it was a well-known Christian deity. We were having trouble with another colt in that small round yard with white railings. He said, " get the "XXX" stick" Whats that Prof? The twitch! OK. Why is it called the "XX" stick? Because when you screw it up on the nose until the horse says "XX"!!.

Prof was a major influence in my professional life even though I haven't been an equine vet for decades. When I was working as a very young vet for Frank Williams in Scone in the 70's Prof was my go to for anything I needed advice on. He always managed to be on the other end of the phone at the equine clinic to tell me how to go about a case. One case was a top grade polo mare who had copped a full mallet swing to the back of the fetlock. We radiographed the fetlock on the footpath outside the time shop and found she had the lateral sesamoid split in half. He said if the owner doesn't want to get it down

here for surgery, cast it up and turn it out for 6 months. I did that with plaster of paris, and got the local fibreglass repair shop to coat the outside with fibreglass bandaging used to repair boats. Where I got this from I have no idea, but it made the Country ABC radio as a story! That mare repaired and became a good brood mare.

Another case I remember was a Quarter Horse stallion with a massive pulsating verminous aneurysm palpated via rectum. Prof told me what to do with that. It involved regular drenching with 10 times the dose of thiabendazole and huge doses of IV heparin which a hospital pharmacist mate scavenged from the hospital pharmacy!. That aneurysm went down to nothing. No more colic. Lots more foals. Hugely grateful owners. This horse had come from the USA.

Another thing comes to mind was my eyes. I had worn glasses all my life and was having trouble reading the blackboard. Prof had glasses so I asked him which optometrist locally could he recommend. He said no optometrist, go to this particular ophthalmic specialist in Liverpool. I did, and that was when I was first diagnosed with keratoconus, and started on hard plastic contact lenses. This guy was one of the pioneers in the vision of keratoconus patients.

The news today came as a smash. I cried. There must be so many others who were inspired in all the years Prof taught at Cobbity.

Vale Prof. They broke the mould when they made you.
Marshall Thornton 1972 Sydney University Vet School

Erratum

B BRAUN
SHARING EXPERTISE

C&T No. 5778 Issue 296
Tibia fracture repairs in an alpaca cria

Bonebinder is made from a sterilised radio-luminescent Polyamide 6.6 (Nylon), not Polydioxanone (PDS) as described in the C&T.

Cooling collars for canines and equines

Reply to C&T No.5720, Issue 293 and C&T Nos. 5736 & 5737, Issue 294

C&T No. 5803

JE McNicholl

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In response to recent discussion on cooling collars for equines or canines I offer the following:

The heat exchange mechanism below the brain of dogs (as described by Baker) which enables the brain temperature to remain below that of arterial blood, means that cooling of the carotid arteries is unlikely to be an effective strategy for avoiding heat stroke in dogs. Indeed, Oglesbee et al. (2002) suggest “the canine brain is intrinsically resistant to sublethal hyperthermia such that when CNS lesions occur, they do so in the presence of other physiological derangements.” This is in contrast to humans in which the temperature of the brain in a hyperthermic athlete is 0.2° C higher than core body temperature, as a result of reduced cerebral blood flow (Nybo, Secher & Nielson 2002). This may explain the differences between dogs and humans in the progression of clinical indications of hyperthermia, as CNS dysfunction is usually listed as an early indicator of heat strain in humans but appears late in dogs.

In meso- or dolichocephalic dogs, evaporation from the nasal passages assists in local cooling of the brain and the susceptibility of brachycephalic breeds to heat illness is attributed to reduced evaporative surfaces in the nasal passages and inadequate ventilatory capacity (Johnson, McMichael et al. 2006).

Heat stroke occurs when the body’s heat dissipating mechanisms are overwhelmed due to exposure to an environmental temperature exceeding body temperature (classic or environmental heat stroke) or when metabolic heat accumulates due to strenuous exercise (exertional heat stroke) (Bouchama & Knochel 2002): heat stroke entails major organ failure and is life threatening (Leon & Helwig 2010; Sucholeiki 2005; Yan et al. 2006). Current understanding is that heat stroke involves impairment of cellular function, denaturing of proteins (both structural and enzymatic) and disruption of lipid membranes and

that the syndrome is similar to systemic inflammatory response syndrome (SIRS) (Lugo-Amador, Rothenhaus & Moyer 2004). Hyperthermia induces intestinal ischaemia and increased intestinal wall permeability which permits leakage of endotoxins (Flournoy, Wohl & Macintire 2003; Liu et al. 2011;). The work by Chen et al. (2012) demonstrating the effectiveness of haemofiltration as a treatment modality for heatstroke in dogs, tends to confirm the pathogenic role of circulating endotoxins.

Berglund et al (2009) estimated from modelling, that reducing fur thickness from 10mm to 5mm could lower body temperature particularly at ambient temperature >35°C. This suggests that breeds with long or dense coats would be more susceptible to hyperthermia. It also indicates that cooling collars would be ineffective in long haired dogs.

In my study of the effects of environmental conditions on the body temperature of racing greyhounds in South Australia (McNicholl 2016), mean rectal temperature of greyhounds on arrival at the track was 39.15° ± 0.46 (38.2-40.50°C). Mean increase in rectal temperature from immediately pre-race to post race was 2.1 ± 0.4° and mean post-race rectal temperature was 41 ± 0.48°C (39.7-42.1°C).

An unexpected finding was that the mean rectal temperature of dogs wearing cooling jackets post-race (Figure 1) was slightly higher than those dogs which did not.

Immersion of greyhounds in cold water baths (Figures 2 and 3) immediately post-race is now widely practised at SA race tracks and appears to be a very effective measure; dogs cease to pant within 3 minutes.



Figure 1. Greyhound wearing cooling jacket



Figure 2. Greyhound in cooling tub post-race.



Figure 3. Greyhound in cooling shell post-race

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Fear of car travel in dogs

Reply to C&T No. 5763 Issue 296

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C&T No. 5804

Since puppies establish their strongest behaviours and attachments between 7 and 16 weeks of age, one needs to start with travel by car then. You can do this gradually. First sit the pup in the car before each feeding. Choose where you want the dog. Do this for a week. Then sit the pup in the car and start the motor. Do not move the car. After a week move the car to where you can turn around, return home and feed the pup. Each week extend the trip till the pup just lies down the whole time. Remember to always praise for acceptable behaviour and reward. It will not take long for the pup to enjoy the car. Remember during the same period of time teach where you want the pup to eliminate, sit, down, come and heel. It will not take long to have a pup better behaved than the children.



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Reference

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¹ Navarro, C., Combeau, F., McGabe, D. (2014)