

S V M A NEWS



SASKATCHEWAN
VETERINARY MEDICAL
ASSOCIATION

MAY 2016,
VOLUME 51, ISSUE 2

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ABOUT ANIMAL
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president's perspective

DR DEB HUPKA-BUTZ

PRESIDENT

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This is the busiest time of year for all us mixed or large animal practitioners, so I know I am very thankful for the great weather we have had this winter and spring. It makes going out for those 2 a.m. uterine prolapses that much more bearable!

In February, I joined the other western provinces' Veterinary Medical Association presidents in Winnipeg for the annual WAVA meeting. A great exchange of ideas between the VMAs happens there, and shows us all that even though we have our differences provincially, we also have many issues in common. Topics discussed included: what each province is doing as far as educating members about AMR issues, strengthening the regulations on importation of pets across borders to mitigate the potential spread of disease, temporary clinic regulation, BSE surveillance, VCPRs, and the increasing costs of disciplinary proceedings. By working together, we are raising the volume on our collective voice as we tackle these issues nationally.

Also in February (it was a busy month for me), I attended the Alberta VMA Leadership weekend. This is a weekend where all committees come together and are provided insight into the structure and function of the ABVMA and training in governance issues. Members are provided training specific to legislated and advisory committees, and it is also a forum for the exchange of ideas between committees and ABVMA council. Alongside the committee training, the association had some great presenters speaking on various mental health issues in the veterinary field. Just as we have physical health, we have mental health and we have to take care of both. Topics covered included compassion fatigue, veterinary happiness, suicide, thriving during times of change and cross cultural communication. It is our hope that we may be able to get one or two of these speakers to attend our annual convention in the future.



Another interesting mental health issue discussed was "Fitness to practice vs Unprofessional conduct". It is very important to determine if an inappropriate action was truly a case of professional misconduct, or if a member is actually unfit to practice due to a mental health issue. At the ABVMA, members found to have incapacity (mental health) issues are dealt with differently from members who are found guilty of professional misconduct.

Thanks to all members who completed the practice inspection survey! Going forward, surveys will be sent to every inspected practice about three weeks after inspection while the process is still fresh in their minds so we can get their timely input. Survey results and comments will be summarized and shared on the member's side of the SVMA website. Council and the Practice Standards Committee will make a continuing practice of reviewing survey results and making recommendations for ways we can improve our process based on member feedback.

Enjoy the rest of calving, semen testing and tick season. Hope to see some of you in Niagara Falls July 7-10th for the 2016 CVMA conference! 🐾

■ KEEP INFORMED

of the decisions council is making and actions being taken on your behalf. The minutes from council meetings are posted on the Members' Side of the SVMA website www.svma.sk.ca.on to council.

Council welcomes comments and suggestions from all members. Email your comments or questions to a councillor (addresses are on the website's Contact Us page) or to the office and they will be passed on to council.



MAY 2016

SVMA NEWS is a publication of:

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Return undeliverable Canadian addresses to:
Saskatchewan Veterinary Medical Association
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SVMA MISSION

We are an organization dedicated to the protection of the public by ensuring the proficiency, competency and ethical behaviour of its members in the practice of veterinary medicine. Our association promotes veterinarians and veterinary medicine. We support the physical, personal, financial and professional well-being of our members through continuing education and professional interaction. We regulate our profession through the licensing of veterinarians, approval of practices and disciplining of members as required.

THE SVMA BELIEVES IN

- the personal responsibility of veterinarians to develop and maintain competency in their chosen area of veterinary medicine
- fostering our profession by involvement in education of future and present veterinarians
- quality veterinary practice, humane animal care and compassionate treatment of the client
- providing for public protection and confidence through the fair and unbiased administration of The Veterinarians Act
- enhancing the public's awareness of veterinary medicine and its contribution to society
- the unbiased treatment of members and we expect members to treat each other fairly
- supporting members by providing guidance and information

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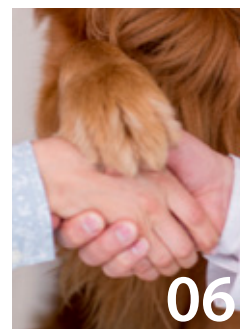
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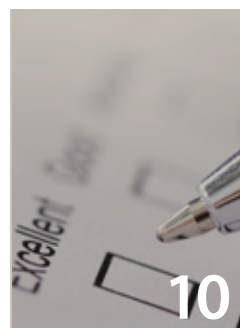
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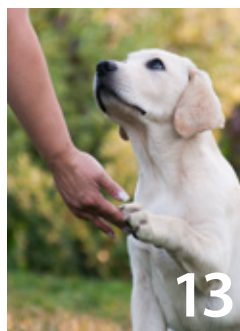
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SVMA is very happy to announce **Dr Byrnn Rothwell's** selection for induction into the Saskatchewan Agricultural Hall of Fame. Dr Rothwell was very highly regarded by his colleagues in the veterinary field and was active in his professional Associations.

He was a past President of the Saskatchewan Veterinary Medical Association (SVMA) and a hardworking and respected member of several Association committees. He represented the Association as a member of the University of Regina Senate. In 2000 he received the SVMA's Veterinarian of the Year Award and in 2008 he was the recipient of a Life Membership in the CVMA "for outstanding contributions to the veterinary profession". He received over 20 major honors from professional and livestock organizations with which he was associated.

The Saskatchewan Agricultural Hall of Fame Induction Ceremony will be held at the Western Development Museum, Saskatoon on July 30, 2016.

The evening is expected to include cocktails, supper, ceremony and pictures. Please check the SVMA or SAHF websites for ticket information as it becomes available.

SVMA is pleased to announce that **Dr Rachel Podborochynski** has been selected by CVMA to receive their Emerging Leaders Program Sponsorship for 2016. An additional ELP sponsorship is also awarded each year by the SVMA: this year's SVMA sponsorship selectee is **Dr Lisa Cunningham**.

CONGRATULATIONS!



SVMA members and staff would like to congratulate **Joe and Katelyn (McIntyre) Zimmer**, who welcomed Stanley George on March 1st 2016 at 7:19am, weighing in at 8lbs 3oz and measuring 19.75 inches in length. Baby Stanley and family are all doing wonderfully!

Look for mentorship in action at the following Saskatchewan practices:

SVMA & Saskatchewan Agriculture's 2016 Student Summer Mentorship program is underway! May will see a new crop of eager veterinary students hard at work in Saskatchewan mixed and large animal practices for the summer.

**Animal Health
Centre of Melville**
Alexina Labreque

**Assiniboia
Veterinary Clinic**
Christian Scott

**Battlefords
Animal Hospital**
Travis Marfleet

Caroncrest Farms
Joana Bruce

**Corman Park
Veterinary Services**
Shannon Palmer

**Hooves & Paws
Veterinary Clinic**
Morgan Wawryk

**Shaunavon
Animal Clinic**
Terren Klein

**Sherwood
Veterinary Clinic**
Simone Becker

**South West Animal
Health Centre/Associate
Pet Hospital**
Jasmine Paulson

TM'Z Veterinary Clinic
Chloe Rollack and
Rebecca Mycock

Weir Veterinary Services
Christine Reinhart

**Yorkton Animal
Health Centre**
Leuraunt Trach

Do you have news you'd like to share with fellow SVMA members? Please send news items to sgauthier@svma.sk.ca and they will be published in the next issue of SVMA News and/or posted on www.svma.sk.ca.



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Accountability in practice

The secret to
cultivating *compliments*
Instead of *complaints*

Dr Jennifer Jinks
Professional Wellness Committee

The main purpose of this article is to discuss how veterinarians in our jurisdiction can protect themselves from the types of complaints the Saskatchewan Veterinary Medical Association (SVMA) has received in the last several years. The most common type of complaint to our Association relates to, and typically results directly from, miscommunication between veterinarians and their clients or colleagues. The second most common type of complaint involves improper medical record keeping.

An investigation into a complaint has a high price to the Association. While they also cover travel and accommodation for committee members to attend meetings and hearings, most of the financial costs of a complaint go towards legal fees. The lowest cost for an investigation in the last four years was \$4000. The highest was \$120,000.

Disciplinary hearings also take their toll on those members undergoing investigation. Being the subject of a complaint investigation may be one of the most stressful times in a veterinarian's career. Costs of the proceedings may be passed on to the member under discipline, and fines may also be imposed.

Anyone, even a veterinarian who is a good communicator and clinician, would be taken aback by having a complaint filed against them, so another purpose of this article is to discuss some of the supports available for members under such duress.

PREVENTION IS STILL THE BEST MEDICINE

If the last time you reviewed the Code of Ethics sections of the Bylaws was during the licensing process with the Association, perhaps it is time to read them again.

Sections 30-33 of the SVMA Bylaws are most applicable to avoiding a formal complaint. Reading them over with a cup of coffee will usually take no more than fifteen minutes or so. **Responsibilities to the client, The veterinary client patient relationship, Responsibilities to the profession and colleagues, and Responsibilities to society¹** should all be reviewed.

Finally, it helps to stay informed about the types of complaints that are actually made. A 2012 investigation into veterinary medical board state disciplinary actions cited negligence or malpractice as the most common type of complaint, followed by improper record keeping, followed by practising without a license and lastly, unprofessional conduct.² The trend remained consistent over a seven year period. The complaints made to state boards are very similar to the types of complaints brought to the SVMA.

Discipline case reports are listed on the SVMA website and published in this Association newsletter. These reports are posted publicly because it is the right of the public by law to be informed about the history of a disciplined veterinarian. This right extends to professional colleagues as well. In most other professions, discipline cases are also available online for public access. The Alberta Veterinary Medical Association website will list veterinarians under suspension, and the College of British Columbia Veterinarians website has a link to outcomes from the enforcement of the Veterinarians Act on unauthorized practice of veterinary medicine.

COMMUNICATION

The foundation of every good veterinary client relationship is clear communication between the people involved. Considering how miscommunication can result in a complaint, veterinarians would benefit from spending some continuing education time on enhancing communication skills.² Up to five non-scientific CE hours may be used for client communication training.¹ Veterinarians can improve verbal communication, provide written discharge instructions and use written consent forms.² Keep special circumstances, such as when more than one client is involved in the care of the animal but only one of them is in contact with the veterinarian, in mind.

Another way to augment communication skills is to learn from one of the masters. If a veterinarian is fortunate, they may come across a mentor or colleague with exceptional interpersonal skills. Ask an experienced colleague when advice is needed on how to deal with a difficult situation. Chances are they have dealt with something similar and can provide valuable guidance.

Whenever possible, try to keep the lines of communication open with the client with the edict that the animal's well-being is of primary importance. Keeping communication open may not be possible in every case, but it is beneficial to your business at all times, not just when seeking conflict resolution without involving the governing association is at stake.

As valuable as client communication is, the interaction between different clinics is just as significant. Follow the wellness link on the SVMA website to read Dr Smith's article *Inter-clinic Cooperation and Communication: Are we colleagues or competitors?* This article reminds us about our professional responsibility around effective communication with colleagues.

MEDICAL RECORD KEEPING

What happens when a veterinarian goes into an appointment after a colleague has been looking after an animal and finds there is not one thing written in the medical record? When medical records are left unwritten or incomplete, their colleague is at a disadvantage when dealing with clients and with patient care. Writing medical records days later from memory can easily result in the unintentional omission of relevant information.

If deficiencies in record keeping are found during an investigation, a veterinarian may find him/herself facing disciplinary action and as a possible result of that, have to pay a fine and/or all or part of the costs of the investigation. As written in *The Veterinarians Act, 1987*, the Professional Conduct Committee (PCC) can prosecute a member for any infraction(s) found during an investigation even if the infraction has nothing to do with the original complaint. Excerpt from *The Veterinarians Act, 1987* 20 (3.1):

The formal complaint set out in a written report made pursuant to clause (3) (a) may relate to any matter disclosed in the complaint received pursuant to subsection (1) or the investigation conducted pursuant to subsection (2).

Medical record keeping complaints are not exclusive to veterinarians in Saskatchewan. The nationwide study of the most common offenses leading to state disciplinary action in the United States listed improper record keeping as the second most common offense in 6 out of 7 years.²

Practice Standards regarding medical recordkeeping and all other clinical requirements are available on the SVMA website. The medical record is a legal document. From a legal standpoint, if it wasn't written down, it didn't happen.³ It is recommended the clinical team keep current and knowledgeable of the recordkeeping Standards set by their Association.

If time is scarce at the end of an appointment or at the end of the day to write records, looking into how time is being spent may be helpful. Delegating appropriate tasks and/or practising good time management can go a long way. The important thing to bear in mind is proper recordkeeping must be prioritized.

SUPPORTS

If a member is under investigation for a com-

plaint, there are indeed supports available. A friend, family member or colleague may be invited to hearing proceedings for support. In addition, four hours of completely confidential counseling are available annually to all SVMA members, with the costs covered by the Association through the Member's Wellness Support Program. This counseling is available whether a member is undergoing the complaints process or any other duress.

By gaining an appreciation of the types of complaints that result in disciplinary action it becomes obvious that it is important to review the SVMA bylaws and Practice Standards as a team on a regular basis.² Paying particular attention to the code of ethics sections 30-33 can help us discern what is professional and ethical conduct, and help us be more objective about our own actions than relying on intuition alone. Keeping medical records according to the Practice Standards and taking opportunities (including creditable CE hours) to refine communication skills will add to our complaint-avoidance arsenal. Now more than ever, practising veterinary medicine to the best of one's ability goes above and beyond necessary medical and surgical skills. Accountability to the public and to each other as professionals takes us the rest of the way.

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The author would like to extend a thank you to Registrar Dr Judy Currie for sharing information for the purpose of this article.





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VCPR...

What does it really mean?

A Veterinarian-Client-Patient Relationship, or VCPR, has 3 key components, all of which may be interpreted differently under different circumstances. For this reason, defining a VCPR can be difficult, but revisiting the meaning and application of each component can help to clarify what the VCPR means.

1. PRESUMPTION OF TRUST AND RESPONSIBILITY

The first VCPR component presumes (a) there is trust between you and your client, who has agreed to follow your instructions and (b) that you have assumed responsibility for the health of an animal or group of animals.

When you assume responsibility for a patient, you are in effect promising your client you will practice veterinary medicine to the best of your ability. When your client agrees to follow your

recommendations he or she is agreeing to trust your judgement regarding diagnosis and treatment of the patient. This relationship of trust is fundamental to the practice of veterinary medicine and is the veterinarian/client part of the VCPR.

We are fortunate to be part of a profession that has been one of the most trusted for decades. Over the years the term 'vetted' has become part of everyday vernacular as meaning very close to a guarantee that everything is aboveboard, as authentic or genuine as can possibly be determined. Trust in you that you will practice to the best of your ability extends beyond your clients to your colleagues and society in general, everyone is trusting that you have properly 'vetted' your cases. The flipside of the trust is your responsibility to follow through on it. Because you are trusted, you are responsible for continuing to earn that trust. This responsibility is basic to maintaining your credentials as a

professional. Public trust should not be taken for granted. It is our professional responsibility to honour it by continuing to earn it.

2. SUFFICIENT KNOWLEDGE

The second component of a VCPR is you have sufficient knowledge of the patients. This is the veterinarian/patient piece of the VCPR. Sufficient knowledge is specific to the medical situation or case at hand.

During an annual visit for examination and vaccination, information about the health of a pet is collected by taking the history and doing a physical exam. If there are no health concerns, the pet will be inoculated and the VCPR ends when that appointment is ended. However, if a diagnostic work up is recommended, and the client agrees to your recommendation, the VCPR will continue until diagnosis, treatment and resolution of the problem are complete.

Should the client choose not to accept your recommendation for the workup, the VCPR once again ends at the end of the appointment.

Sufficient knowledge of groups of patients may be acquired by means other than a physical examination. In herd health situations, your sufficient knowledge may be gained from discussions with your client, submitting samples to a lab and/or reviewing post mortem results. In this situation, sufficient knowledge is established through your having made previous periodic visits to the barn and having gained an understanding of the producer's husbandry practices. If over time you have developed adequate knowledge about your client that allows you to trust in his or her ability to recognize disease symptoms, administer drugs and follow treatment plans, there is no expectation that each individual animal in a herd needs to be examined.

Even so, we must remember that sufficient knowledge is not satisfied by previous contact for an unrelated medical situation. It is expected to be related to the current case.

Consider the following scenarios:

A. producer whose premise you have never visited and for whom you did a couple of C-sections 2 years ago in your clinic stops by to pick up a prescription antibiotic for a calf with navel ill. He says he doesn't need to have you look at the calf either at the clinic or on his farm because he knows very well what navel ill looks like. You have never visited his farm and don't know anything about his husbandry practices.

Do you have sufficient knowledge of this specific calf through examination to make a medical diagnosis? If not, do you have sufficient knowledge of the husbandry practices of the producer to be responsible for a medical diagnosis based on his say so? Do you have sufficient knowledge in this case to dispense medication?

B. A client has a sick kitten in the clinic for examination. It is one of five in a litter, all of whom have snotty noses and discharge from their eyes. The owner says this one is the sickest. You diagnose an URTI and recommend treatment with an antibiotic.

Do you need to see each of the other kittens in order to treat the whole litter? Is it reasonable to send the owner of the sick kitten home with enough medication to treat the whole litter? Whatever your decision, you are responsible for the medical care you are providing.

C. You diagnosed an overweight, middle aged Beagle as having diabetes last month. The owner readily agreed to the diagnostic workup but commented the costs were quite high. The treatment is working well but now the owner's Bichon is urinating around the house. Coincidentally, that was the presenting complaint for the Beagle so the owner is convinced the Bichon is diabetic and wants to go ahead and treat her with insulin. In her mind and by her observation the Bichon has DM. She sees no reason for a diagnostic workup and is irate you will not tell her a dose for the insulin, which by the way she knows she can purchase OTC at the local pharmacy.

Your client believes it is reasonable to treat her Bichon for DM. Remember, she used to trust you but now is convinced you are 'only in it for the money'. How can you explain the VCPR in this case? This is a time to have a discussion about two important things: first, another unrelated animal in the home is completely different from a herd situation and should not necessarily be treated as such. Second, the VCPR and the reasons for it must be carefully explained to the client. Hopefully your client will then understand the safety of the patient is your first priority, it is unsafe for you to prescribe insulin without examining the patient, and it is unsafe for the client to administer insulin to an animal without a diagnosis.

D. A client calls your emergency line early on a Sunday in October wanting antibiotics for his feedlot full of calves, many of which he says are coughing. You semen tested the client's bulls at another premise last spring but that is the only service you have done for him in the last five years. You assume he now buys his medications and vaccines from another practice that is closed on Sundays.

Do you have sufficient knowledge to diagnose and prescribe treatment for this producer's feedlot calves? Does

the VCPR from the bull testing cover the calves? Could you justify to all those 'A&W patrons' your dispensing antibiotics to the feedlot owner or the producer who has self-diagnosed navel ill under the circumstances described in the scenarios?

Whether or not you have a valid VCPR with a client may at some point in your career be judged by a jury of your peers, aka the discipline committee. Would your colleagues find it to be reasonable if you dispensed medications in any of these scenarios?

3. ACCESSIBILITY

The third component of the VCPR is your responsibility to be readily available or to have arranged for a colleague to be available should your client need advice.

Does the veterinarian who provides the feedlot owner with medications and vaccines in case (D) hold a valid VCPR with the client if he provides veterinary services from Monday to Saturday only? The answer is yes if he has arranged for another veterinarian to provide services on Sundays.

The VCPR is not black and white. The fact that it has a beginning and an end helps us put some boundaries around it. In the end, how you establish a VCPR in your practice is your own responsibility and will be interpreted by others based on the specific circumstances of each case. We want to practise proper veterinary medicine but our clients frequently pressure us into crossing the line. They know they can get their hands on prescription and nonprescription medications from a few other clinics that sometimes will dispense medications without first establishing a valid VCPR.

All of us need to remain aware of the circumstances under which we practise for each and every case, for the safety of our patients and for the image of our profession in the eyes of the public. If you apply the VCPR appropriately, the public may balk at your refusal to dispense drugs in the types of circumstances such as those described above, but in the larger picture, we are protecting them, their animals and the profession by refusing to be pressured into practising irresponsibly. 🐾



RESULTS OF 2016 PRACTICE OWNER SATISFACTION SURVEY REGARDING UPDATED PRACTICE INSPECTION PROTOCOL

Sue Gauthier

Communications and members services coordinator

Saskatchewan veterinarians have a long history with self-regulation. They know a necessary part of the self-governance formula is the regular inspection of practices for adherence to Association Bylaws and Practice Standards.

There was a time not too many years ago when Saskatchewan clinic owners had a different experience when their practices were inspected. The entirety of the process took place onsite at the clinic. This worked well when communication was manual and records were all stored on paper. But when computerized diagnostic equipment, computerized recordkeeping, and high-tech practice management made a home in clinics, that approach to inspections became outdated and inefficient. The paperwork that used to do the job became cumbersome and time spent onsite finding simple forms and confirming basic clinic information was now no longer time well spent, all of which translates into cost inefficiencies.

Because the practice inspection system is a non-profit, cost recovery process paid for by practice owners, the goals of improving time and cost efficiencies for owners and inspectors drove the Practice Standards Committee to rework the inspection protocol. The updated practice inspection protocol, which came into effect in 2013,

was changed in the following ways:

- The practice inspectors now contact practices several weeks in advance to set up inspection dates. Because the inspectors must travel around the province to complete inspection, costs are minimized through grouping practice inspections as much as possible by geographical location.
- Practice owners are asked to submit completed, clearly labelled pre-inspection documents and applicable photos 60 days prior to their scheduled inspection date by email or fax.
- Designating a single staff member to look after the inspection has proven to be the most efficient way to complete the inspection process. When the onsite inspection, pre-inspection documents and follow-up documents are all handled by the same person, less time is typically spent communicating between the clinic and the Association office.
- Revised Practice Standards, with details of rationale and guidelines, are available

for review on the members' side of the SVMA website. Because the pre-inspection pages have been developed to collect as much information in advance of the inspection as possible, the practice inspectors can review the documents and notify the clinic of missing or outdated information before the inspection takes place. The outcomes have proven to be twofold, many practice deficiencies can now be corrected prior to the onsite inspection, and when documents are completed and submitted in advance, the amount of time the inspector spends onsite waiting for the clinic staff to either find information or fill out documents is reduced, and an inspection disrupts the clinic for a much shorter time. Inspections now average about four hours onsite at the clinic. As always, cooperation from clinic staff contributes greatly to inspecting practices, and is greatly appreciated.

Since 2013, the response from clinics about the new inspection protocol has

been largely positive but there have been many questions, lots of opinions and some concerns coming back from member practice owners. The Practice Standards Committee, the council and registrar have fielded many individual questions but felt that after almost three years, enough clinics have undertaken the new process (93) that a fair assessment of satisfaction with the new protocol could and should be conducted. An invitation to answer questions about the new inspection process and its role in applying Practice Standards was issued to those practices in early 2016. The results from that survey are summarized below:

Demographics

- Total respondents = 39 out of 93 practices inspected since 2013
- More than half of respondents have been in practice for 20 years or more
- Two thirds of respondents are in companion animal practice, one third mixed (only two responses large)
- Half of respondents operate both stationary and ambulatory practices, most of the other half are stationary, only 5 are ambulatory only

SATISFACTION WITH NEW INSPECTION PROCESS

Respondents indicated 80 - 95% satisfaction with all of the following:

- requirement to submit pre-inspection documents
- office support (information, timely communication)
- communication with/from the practice inspector
- flexibility available for scheduling the onsite inspection
- the onsite inspection itself
- flexibility allowed for your practice to send proof of corrected deficiencies

Two thirds of respondents said there were aspects of their last clinic inspection that did not seem relevant to them or their practice. Comment themes included:

- Scope of practice is not adequately considered: for example, requirements for small animal urban do not translate to rural mixed or large, etc

- Many required items are never used in their practices
- Too much emphasis is being placed on minutia
- Library requirements are excessive or outdated

General comments about the new inspection process:

- New process is more streamlined, smoother and easier; submitting documents ahead of time makes onsite visit go more smoothly
- One felt scheduling inspections invites inequity between practice performance on their inspections and the actual standards of practice, recordkeeping and quality of patient care provided on a continuing basis: adding random or surprise inspections would add fairness and improve accuracy
- Some feel the inspections are still being scheduled when they are too busy
- Acceptable editions of textbooks should be clarified in advance
- Some prefer their own record forms
- Some think inspectors should be veterinarians

INTERPRETATION OF PRACTICE STANDARDS

Just under half of respondents felt there were aspects of their inspections that caused them to question the interpretation of the Practice Standards. Comments:

- Interpretation of control records was exaggerated
- One clinic had passed AAHA inspection a month earlier with flying colours; says SVMA has a 'holier than thou' attitude
- Purchasing outdated texts to fulfill inspection requirements is not logical
- Controlled drugs that are managed precisely with inventory software still didn't meet practice standards - clinic was required to overcomplicate a system that had been working perfectly

Two thirds of respondents felt the Practice Standards are too specific or complicated.

Comments:

- Too much emphasis being placed on minutia

- Some things are the business of the clinic owner, not SVMA (eg appearance of building/parking lot)
- Requirements for controlled drug recording are overcomplicated and impractical
- Recording drugs to the last ml is impossible due to waste and in syringes, bottles
- Withdrawal times for horse medications is a contentious issue which needs further discussion
- Computerized recordkeeping systems have more onerous requirements than hand written ones
- other jurisdictions do not require record locking after 48 hours; Avimark is leading software in North America and doesn't even have this option
- making record keeping easier is best way to get good records; no system can guarantee compliance
- too much detail on minutia- delivery of practice is more important
- every practice is different

4 out of 39 respondents say their clinics do not "fit" with current standards 7 out of 39 respondents say the Practice Standards are too onerous. Suggestions for improving application of Practice Standards:

- add a reminder to annual renewal forms to review the Practice Standards
- leave the minutia as 'advisable' changes
- Practice Standards should be taken as guidelines rather than hard and fast rules/requirements
- inspectors sometimes seem to be unclear about interpreting the Standards
- add a pre-inspection checklist to the initial documents so that clinics complete it themselves, so that inspector can focus on areas of concern when onsite
- combine inspections of multi-clinic practices to avoid duplication of efforts for clinic owner and for inspector
- examples of acceptable and unacceptable applications of PSs would be helpful
- online access to veterinary information should be a legitimate form of a library

Continues on page 12...

ADDITIONAL COMMENTS

- Performing survey immediately after inspection would be better
- Good work so far, always room for improvement
- Consider reality of day to day practice and time management and be realistic
- Treat veterinarians as responsible, educated, intelligent professionals who carry out their practises properly unless proven otherwise
- Inspection went well, professional standards need to be maintained and having a guideline to follow was beneficial
- Practice inspections are not something we look forward to but are necessary to preserve our ability to self-regulate
- Practice owners should be proud to meet or surpass Practice Standards
- Inspector was fair, honest, willing and open to discussion
- Inspector did a good job, especially with communication
- Not currently required, but radiographs for dentistry should become a required practice. Performing a minimal work-up including CBC and PreSurgical blood chemistry should also be considered a required standard of care along with IV catheter &/or fluids during surgeries and dentals.
- I can't spay a dog with injectable anesthetic; with hundreds of abdominal surgeries, we have not had one anesthetic death
- Maybe there should be a clinic-level inspection for basic operations and a hospital-level inspection for larger multi-practitioner practices offering diagnostic and surgery facilities

All the feedback from survey respondents was greatly appreciated and if possible will be applied going forward. To those who didn't respond to the survey, we are very happy that you are 100% satisfied with the changes to the process! Thanks to all clinics inspected since 2013 for your patience during the initial application of the updated inspection protocol.

SUNDAY JUNE 12TH IS VETERINARY WELLNESS DAY IN SASKATOON

JOIN YOUR COLLEAGUES FOR
A FULL DAY OF CULTIVATING
WELLNESS IN VETERINARY PRACTISE

SUNDAY JUNE 12, 2016

Queens House Retreat & Renewal Centre
601 Taylor St West, Saskatoon 8:30 – 4:30

PROGRAM:

Morning ~ Dr Debbie Stoewen:

Compassion satisfaction: Flourishing in practise

Afternoon ~ Dr Marie Holowaychuk:

Practical self-care and wellness

Veterinarians, techs, staff, APOs ...

all veterinary professionals invited!

Tickets \$50pp; Lunch and
6H non-scientific CE included.

Please register at www.svma.sk.ca.

Presented by the
SVMA Wellness Committee and



Introducing...



LORRAINE SERHIENKO

Lorraine Serhienko is enthusiastically joining the SVMA team. Lorraine is a Registered Veterinary Technologist (RVT) and currently President-Elect of the Saskatchewan Association of Veterinary Technologists.

Over the past nine years she has worked as a RVT and faculty at post-secondary institutions, a RVT in small animal veterinary practice and a RVT in

mixed veterinary practice. Her family has a farming operation at Blaine Lake, SK, where they farm grain, raise beef cattle and enjoy horses.

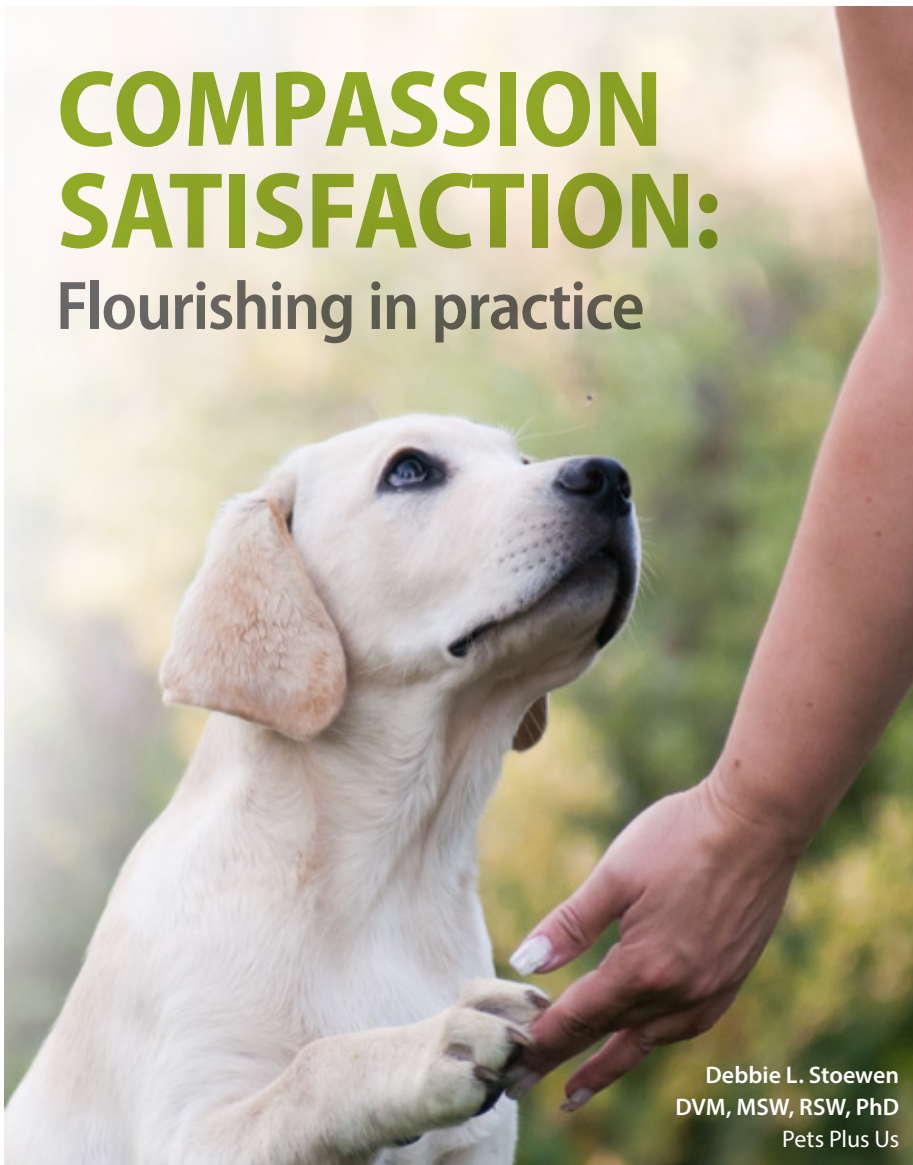
Lorraine enjoys volunteering with many organizations, and spends her holiday time going to spay/neuter clinics (or as she likes to call them, "spaycations") in Saskatchewan, Alberta, even the Dominican Republic! Lorraine is looking forward to bringing her experience and knowledge to her new position as Administrative Coordinator with the SVMA.

INTRODUCING PETER LAUF

The SVMA welcomes Retired RCMP Sergeant Peter Lauf, who comes to us with 30 years of investigations experience in Saskatchewan and Manitoba.

Peter will take on investigations on behalf of the SVMA in the interest of public protection. Cases of clients complaining against vets, vets against other vets, and unlicensed practice by non-veterinarians are all examples of the types of issues requiring investigation.

COMPASSION SATISFACTION: Flourishing in practice



Debbie L. Stoewen
DVM, MSW, RSW, PhD
Pets Plus Us

As veterinary caregivers, we are guided by an altruistic desire to improve the health and welfare of others. We are driven by compassion, and, in our day-to-day interactions with clients and patients, we dispense compassion. In so being and doing, we have the opportunity to experience the highest level of fulfillment possible: compassion satisfaction. Compassion satisfaction is the pleasure derived from being able to do our work well as professional caregivers (Stamm, 2010). It is the deeply rewarding sense of fulfillment that comes from helping others.

Just as the inherent benefit of dispensing compassion is compassion satisfaction, the inherent risk is compassion fatigue. All too often we lose the joy of practice and find ourselves wallowing in the mundane of the day-to-day, where our greatest joy (if one can call it that) is the next pay cheque. But it

doesn't have to be this way. With intention, effort, and commitment, we can sustain the joy and flourish.

As described by Fredrickson and Losada (2005), to flourish is "to live within an optimal range of human functioning, one that connotes goodness, generativity, growth, and resilience." This is in stark contrast to languishing, which is "to live a life that is 'hollow' or 'empty'" (Keyes and Haidt, 2003). Just as flourishing is prevalent in those who feel compassion satisfaction, languishing is prevalent among those who suffer from compassion fatigue.

Flourishing caregivers provide highly competent and compassionate care, and experience high morale and work satisfaction, whereas languishing caregivers provide quite the opposite, and experience emotional stress, psychosocial impairment,

limitations in daily activities, and lost workdays (Radey and Figley, 2007). With the potential to flourish or languish in the caring work that we do, we need to know how to maximize the potential for compassion satisfaction – and minimize the potential for compassion fatigue!

According to a theoretical model forwarded by Radey and Figley (2007), there are three essentials that predict whether one will experience compassion satisfaction or compassion fatigue:

1. Affect (perspective/attitude)
2. Resources (physical, intellectual, and social), and
3. Self-care.

Along with appropriate discernment and judgment, maximizing these three essentials maximizes the positivity-negativity ratio, which maximizes the potential to experience compassion satisfaction.

If we commit to cultivating the appropriate perspectives, resources, and self-care, our potential to experience compassion satisfaction expands exponentially, and therein, our potential to flourish. There are tangible steps – or calls to action – that each of us can take to maximize the positivity-negativity ratio, improving both our personal and professional well-being as well as the service we provide to our patients, clients, and each other. Here's what you can do to set your compass due north to achieve compassion satisfaction and flourish in practice.

Essential #1: Sustain an Optimistic Attitude

The first call to action is to sustain an optimistic attitude. There are a surprising number of ways in which you can do this. Daniel Goleman, psychologist, science journalist, and author of the internationally best-selling book, *Emotional Intelligence*, asked George Kohlrieser, a professor of leadership at the International Institute for Management Development, about the importance of maintaining the right kind of attitude. Kohlrieser said,

"The mind's eye is like a flashlight. This flashlight can always search for something positive or something negative. The secret is being able to control that flashlight – to look for the opportunity and the positive. When you do that, you're playing to win. You're able to focus on the right things and

maintain that positive self."
He continued, saying,

"The brain by default is going to look for what is negative until you're assured of survival. Once you feel that you are able to survive, then you can look for the positive. So many people... are looking at what can go wrong in order to survive, and they don't play to win. They play not to lose... The state you're in is determined by what you focus on."

The message in Kohlrieser's statement is to focus your flashlight not on what is not working, but on what is working. Search for and find the opportunities and "silver linings." As Viktor E. Frankl in his book *Man's Search for Meaning* said, "Between stimulus and response, there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom." Learning to find positive meanings in the circumstances of our lives is a key route to increasing positivity (Park et al. 1996). And as Kohlrieser says, it's playing to win.

Another route to sustaining an optimistic attitude is to live your life through an "attitude of gratitude." Express respect, appreciation, and liking; smile at those you pass; and leave kind words behind you. Gratitude is, in fact, good for you. Researchers have found that purposefully generating feelings of gratitude can lower the levels of stress hormones in your body (McCraty and Childre 2004). But how do you generate gratitude? It's not easy to feel grateful when colleagues are annoyed and clients are demanding your attention. Here are a few tips to try (Institute of HeartMath 2014):

- When you hear yourself starting to blame, whine, vent, or complain, *stop* yourself. Identify one good thing that's *right* about the situation and comment on that.
- When you find yourself thinking critical thoughts, say "Hmm... That's *interesting*, but not true." and then let the thought go. Thoughts are just thoughts – you don't have to believe them!
- When you find yourself grumbling about a specific client or situation, don't generalize your feelings. Maintain perspective. Say, "This situation is frustrating, but *overall* I work in an amazing place!"

The best news of all is that when you start *identifying* things to appreciate, you are more likely to *notice* things to

appreciate. The practice of appreciation creates a self-fulfilling prophecy. So take up the appreciation torch – use gratitude as a strategy to enhance positivity. Give compliments. Acknowledge successes. And most importantly, keep a gratitude journal. At the end of each day, pick out one positive experience that stood out. It can be little, like a smile that warmed your heart, or big, like having saved a patient's life when the odds were against you. Journalling not only focuses your attention on developing more grateful thinking, it guards against taking life and the many gifts therein for granted.

"Say 'Yes' to life." Eckhart Tolle, author of *The Power of Now*, wrote these famous words, adding, "– and see how life suddenly starts working for you rather than against you." Saying "Yes" means believing in the limitless potential of life. Expect the best; believe that the best is ahead of you – and believe in the best in people. Assume that people are reasonable, honest, and grateful. While not everyone always is, most are. If you convey confidence in people, they'll live up to your expectations. But since no one is perfect, have the grace to give second chances. You'll find you receive more too. Saying "Yes" also means embracing change, because life is all about change. When you embrace change, you *look* forward, *live* forward, and will find yourself living a life that *says* "Yes!" Sustaining an optimistic attitude also becomes possible when you release the humorist within you. We all have experienced moments of being funny. We have witnessed the reverberations as the laughter lit the room or eased up a tough situation. Unfortunately, sometimes we are inclined to suppress our natural sense of humour out of fear of looking unprofessional, being judged, or offending. Of course, humour tends to be spontaneous, but sometimes it takes courage. The keys to releasing the humorist within you are to be bold, take risks, persist, and avoid getting hung up on responses. Let that natural part of yourself shine. Dare to be funny! Laughter can be especially important when no one feels like laughing. It releases "feel good" endorphins, and studies suggest it may lower blood pressure, boost the immune system, and increase circulation (Institute of HeartMath 2014). Humour has been regarded as one of the highest forms of coping with life stress. So treat yourself and others to laughter. Good humour is a gift.

It's important not to censure "dark humour."

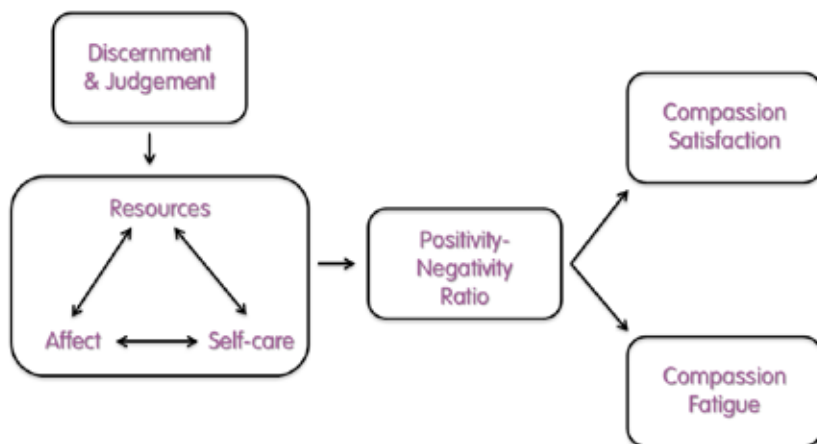
Dark humour is *not* a sign that someone is putting on a facade when "nice" to clients and patients up front, and then, at the back of the hospital, showing their true colours by saying "not so nice" things (Cain 2012). It's *not* a sign that someone doesn't really care. Both 'up front' and 'at the back' behaviours are authentic. In truth, *every* social interaction is actually a performance (guided by our norms, i.e. what is acceptable, what is not, how acceptable etc.), and we *all* have 'front stage' and 'back stage' behaviours.

"Front stage behaviors emphasize compassion, while backstage behaviors include dark humor, strategizing, and detachment" (Cain 2012). Back stage behaviours make front stage behaviours possible. They allow you the time and space to prepare for your role, practice appropriate ways of being, blow off steam, and take a break from the "emotional labour" of practice (Cain 2012). So don't censure dark humour; accept and use it. Dark humour may even inspire new ideas or alternate meanings. It's a natural part of being human and may even help you to be able to forgive and let go.

Searching for the positive, living life with an "attitude of gratitude," saying "Yes" to life, and daring to share humour are all routes to sustaining an optimistic attitude. But there's more! Positivity can be generated through engaging in acts of altruism (e.g. pro bono services), benefiting you, your team, and your practice, as well as the beneficiaries. Altruism rouses the social emotion of "elevation," which is "the warm or glowing feeling in the chest [that] makes people want to become better moral beings" (Keyes and Haidt, 2003). Elevation, roused by "witnessing acts of human moral beauty or virtue," enhances the desire to "affiliate with and help others" (Keyes and Haidt, 2003). It fosters hope in the potential of humanity and finds joy in the outcomes, which broadens and builds positivity.

Essential #2: Build Your Resources

The second call to action is to maximize your intellectual, social, and physical resources. Starting with the intellectual side of you, take advantage of the many continuing education opportunities available to expand your knowledge and skills, such as provincial, national, and international conferences that offer lectures, seminars, workshops, and wet-labs; local veterinary academy meetings; in-class and distance education courses;



Creation of Compassion Satisfaction or Compassion Fatigue
 (Radey & Figley, *Clin Soc Work J*, 2007)

rejuvenated counts. It can be as simple as taking your dog for a walk, or as *un*-simple as taking sky-diving lessons. Pursue your passions, but never forget “the simple” in the pursuit of those passions. Sometimes it’s the simplest things that make the biggest difference.

The key is to find what enlivens you. Cultivate interests, activities, and hobbies beyond work. Participate in sports. Make time to read and play. Eat well – and what you enjoy. Embrace spirituality. Practice relaxation techniques. Get in touch with nature and the outdoors. Take meandering, soul-filling walks. Interact with children and animals. Volunteer and contribute to your community. There are many creative and personally meaningful ways to feel invigorated, and soothe your senses and make you feel alive, relaxed, and well.

Use Good Judgement

The last call to action is to discern the degree to which you give of yourself. Be sensitive to healthy boundaries to avoid under- or over-extending the self, attending to both personal as well as professional boundaries. Self- and other-awareness are the prerequisites to good judgement. Know yourself, what motivates you, and why, and question your motives and actions. Be aware of the needs and interests of others. At times when you feel unsure, checking in with a trusted friend or colleague can help you maintain balance and perspective.

Ultimate Outcomes

With appropriate boundaries, increased (1) positive affect, (2) resources, and (3) self-care can generate a higher positivity-negativity ratio, creating the optimal potential for compassion satisfaction, and hence, the opportunity to flourish in practice. But it doesn’t end here! Research in nursing has demonstrated a statistically significant positive correlation between compassion satisfaction and caring, meaning that compassion satisfaction motivates caring (Burtson and Stichler 2010). This means that when you experience the reward of compassion satisfaction, it will motivate you to care *even more* for your patients, clients, and each other, which potentiates a number of valued outcomes. Greater caring means:

More conscientious, creative, and consistent patient care, and a higher commitment to patient advocacy, resulting in improved patient quantity and quality of life, and

and industry-delivered educational sessions. In-house, you can be creative and develop a peer education program, taking turns researching and presenting on issues particularly germane to the interests of your staff and practice. Staff meetings are refreshing, fun and appealing when they include a CE focus.

Learning tends to be most meaningful (and thus most memorable) when it happens in context, within the daily flow of practice. This is where pulling a book off a shelf, logging into VIN, and consulting with peers and specialists comes in. Conducting independent on-line research, reviewing educational videos/DVDs, reading journals, and keeping up with the publications produced by your regulatory body and provincial association also play a part in your professional development. Research in nursing has found a statistically significant negative correlation between compassion fatigue and ‘knowledge and skill’ (Burtson and Stichler 2010), making lifelong learning protective. Even reading for pleasure makes a difference. It develops your vocabulary and keeps your imagination alive, “exercising” your brain outside of veterinary medicine. Consider poetry, crossword puzzles, and word games. Challenge your brain in the more playful and less perfunctory ways.

Moving to the social side of you, get and stay connected – and I don’t mean on Facebook! Build your social network. Reach out to colleagues, friends, and family.

Set aside “sacred time” for those who are important to you. Intentionally affiliate with those who share your values, believe in you, and nurture your growth, both inside and outside of work. Create social events to honour and celebrate your colleagues. Such events improve the quality of your interactions and enhance the sense of social belonging. Be inclusive. We are inevitably better when we look to each other for support.

Last, but not least, you need to take care of the physical side of you. Quoting Jim Rohn, businessman, author, and motivational speaker, “Take care of your body. It’s the only place you have to live.” So strive towards a healthy balanced diet, watch your weight, and make sure you maintain adequate activity and rest. In taking care of your physical health, you can better take care of your patients and clients. Your physical health is one of your greatest resources.

Overall, you function at your best when all three resources are optimized. So take the initiative to maximize your intellectual, social, and physical resources. They all contribute to the resilience that sustains positivity.

Essential #3: Take Care of Yourself

The third call to action is to take care of yourself. This encompasses the whole self, the balance of body, mind, and spirit. Whatever helps you to feel uplifted and

Compassion Satisfaction: Flourishing in Practice continued...

greater client appreciation and loyalty. Stronger veterinary-client partnerships, which promote greater adherence to treatment plans and improved patient healthcare outcomes, and enhanced veterinary-client relationships, which promote greater commitment to you and your practice, reduced complaints and malpractice claims, and increased referrals. Warm, considerate, and respectful interactions with colleagues, generating mutual goodwill and support, improved morale, improved productivity, happier workplaces, and an *even greater* capacity to care for patients and clients.

The bottom line with all of these outcomes is greater prosperity, for you, your patients, your clients, your colleagues, and your practice.

Compassion for animals and people is a *raison d'être* for doing the work we do. The satisfaction we experience from engaging in compassionate care is the deeply rewarding sense of fulfillment that comes from helping others. Maximizing positivity to experience compassion satisfaction and

flourish is “playing to win” and, ultimately, is a win – for everyone. Set your compass due north and aim for peak performance, the place where work becomes play. Find the joy – and flourish!

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From the WCVM



An update from Dean Freeman

National Health Care Team Challenge:

Third-year veterinary student Carly Legault of Prince George, B.C., was part of a University of Saskatchewan (U of S) student team that recently won top prize at the National Health Care Team Challenge. The case competition — which was held in Halifax, NS on March 4 — was open to all health science students across Canada. The U of S team included students from pharmacy and nursing, nutrition, veterinary medicine and physical therapy, as well as a patient advocate and team advisor. The winning team presented a plan of action that was interprofessional and focused on patient-family centred care. Three of the team's five members had attended the U of S One Health Leadership Experience in August 2015 where global One Health experts emphasized the benefits of collaboration among health science professionals.

Student scholarship: WCVM student Ian Niu of Burnaby, BC is one of this year's recipients of a Queen Elizabeth II Diamond Jubilee Scholarship. The \$6,000 scholarship will allow the first-year veterinary student to participate in a 12-week global health placement in Uganda from May to August. During his time in Africa, Niu will take part in a six-week field internship program where U of S students are integrated with health science students from the Mbarara University of Science and Technology (MUST) in Uganda. Niu will also participate in the goat pass-on project that is operated in Uganda by Veterinarians without Borders/Vétérinaires sans Frontières (VWB-VSF). The U of S and MUST linkage program is funded through the Queen Elizabeth II Diamond Jubilee Scholarships and sponsored by the Rideau Hall Foundation, Community Foundations of Canada and the Association of Universities and Colleges of Canada.

• **Merck Animal Health scholarship:** Second-year WCVM student Shannon Palmer of Port Alberni, BC was one of

Here are some brief highlights about some recent achievements by our talented students at the Western College of Veterinary Medicine:

34 veterinary students who received a Merck Animal Health Veterinary Student scholarship this year. The scholarship program, which is offered by Merck Animal Health in partnership with the American Veterinary Medical Foundation, is open to first-, second- and third-year veterinary students worldwide. Award recipients from the United States and international veterinary schools accredited through the American Veterinary Medical Association were selected based on academic excellence, financial need, leadership and area of interest within the profession. About 1,200 students applied for the \$5,000 scholarships. Palmer and a student from the University of Guelph were the only students attending Canadian schools that were selected for the annual award.

Cattlemen's Young Leaders program:

For the past year, WCVM graduate student Dr Brittany Wiese of Bentley, AB has been one of 15 "mentees" participating in the Cattlemen's Young Leaders (CYL) program. The annual program, which was created in 2010 by the Canadian Cattlemen's Association (CCA), pairs up young people with mentors in different areas of the cattle industry. Wiese's mentor is Brian Perillat, manager and senior analyst with Canfax, the market analysis division of the CCA. Wiese says the valuable connections she has made through the CYL program will help her a great deal in her veterinary career. In addition to her involvement in the CYL program and juggling a new job that she began in March, Wiese is working on her master's thesis that focuses on sub acute acidosis, the milder form of ruminal acidosis that affects feedlot cattle. For more details, visit WCVM Today (www.wcvmtoday.com) where you will find a full profile of Dr Brittany Wiese. 🐾

For more WCVM news, visit www.wcvmtoday.com or follow @WCVMToday on Twitter. You can always contact me (306-966-7448; douglas.freeman@usask.ca) anytime if you have questions.



The 2016 SVMA Conference is just around the corner. The Saskatoon Inn and Conference Centre will be the gathering place for attendees from across western Canada and the United States from September 8-11, 2016 to exchange ideas and share the latest knowledge and innovations in veterinary medicine.

The annual SVMA Conference is the best opportunity of the year for Saskatchewan veterinarians to obtain their CE and have a great time doing it! Join your colleagues for great professional development, networking and just plain fun. Along with 44 total hours of SVMA approved scientific CE (21 hours each large and companion) you'll have plenty of opportunity to socialize, relax and reconnect.

Visit the website's Conference page for:

- Detailed information about our 2016 speakers and sessions
- Link to book hotel reservations at the discounted conference rate
- Event details as they develop

SVMA invites all the 'Sixes' WCVM graduating classes (1976, 1986, 1996, 2006) to meet up at a special pre-banquet 'Sixes' Reunion Reception on Friday September 9. The Class of 1976 is already at work planning a terrific 40th year reunion for '76 grads to be held during the conference.

Online registration opens in early summer. We look forward to seeing YOU in Saskatoon!

FOLLOW
UP TO

PRECAUTIONS FOR PREGNANT VETERINARIANS IN PRACTICE

SVMA NEWS FEBRUARY 2016 ISSUE BY KATELYN MCINTYRE, DVM

Thank you for the article on risks of the profession to pregnant women in the February 2016 issue. I would however, like to point out there is an error in the article with respect to risk of anesthetics. The article states:

"Anesthetic gas poses a risk to pregnant women because of the association with spontaneous abortion, miscarriage and congenital abnormalities (2)."

This association has never been proven. Moreover, the website reference does not work. Such information should be obtained from peer reviewed material and I would suggest reading:

Occupational Hazards of Inhalational Anesthetics. A Burm. Best Practice & Research Clinical Anaesthesiology 2003; 17:147-161

I have had 2 children of my own while working with anesthetics, and now have a

lot of young women passing through our section as students, technicians and DVMs. Such misinformation can cause unnecessary stress in itself to the pregnant person and co-workers, and can be extremely frustrating to work through.

Also, when reading different materials, be sure the discussion is about trace amounts of gases and risk, not actually being anesthetized while pregnant using old anesthetics like halothane (where you might find problems).

Yes, use good scavenging, get someone else to fill vaporizers at the end of the day, don't mask down patients, use endotracheal intubation, ensure anesthetic machines are leak-free. Be sensible.

Tanya Duke-Novakovski BVetMed MSc DVA DACVAA DECVA

Professor Veterinary Anesthesiology,
Department Small Animal Clinical Sciences
WCVM

I would like to thank Dr Duke for taking the time to read my article and for clarification specifically on the topic of anesthetic gas exposure during pregnancy. I have great respect for Dr Duke, I appreciate her kindly-worded response and I'm sorry to have perpetuated any misinformation.

The article she cites can be found in its entirety on the Digital Repository @ Iowa State University webpage: http://lib.dr.iastate.edu/iowastate_veterinarian/vol45/iss1/12/ It is an older article, so that may help to explain the discrepancy.

Katelyn McIntyre



Canine Action Project

Canine Action Project (CAP) is a Canadian registered charity that assists rural, remote First Nations Communities in Saskatchewan as they work towards optimal health for their people, animals and the environment through a One Health approach. One Health recognizes the links between human, animal and environmental health and associated community wellbeing. In working with our target communities to improve the health of their dogs, we are helping to achieve healthier, safer, balanced communities for everyone.

Healthy Dogs = Healthy Communities

Great successes have been achieved to date, through a collaborative effort among community members, CAP volunteers, veterinary personnel, public health, university personnel and community based health representatives.

The phases of our project are designed to improve animal and human health, increase animal health literacy and benefit overall community well-being in indigenous communities.

Stakeholder
Meetings

Dog Demographics

Elder Teas &
Educational
Outreach

Remote Spay &
Neuter Clinics

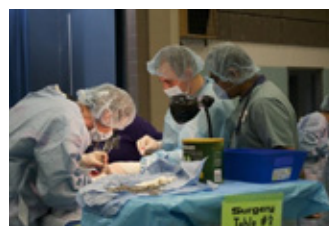
Engagement for
Sustainability

We are currently seeking Veterinarians, Animal Health Tech and Veterinary Tech Assistants to volunteer for our upcoming spay and neuter clinic dates in conjunction with Battle River Treaty 6 Health and Ministikwan Lake Health Centre.

May 27, 28, 29	Moosomin/Salteaux First Nations - Cochin, Saskatchewan
July 8, 9, 10	Ministikwan Lake First Nations - East of Loon Lake, Saskatchewan
Aug 21, 22, 23	Ministikwan Lake First Nations
Sept 9, 10, 11	Moosomin/Salteaux First Nations

For more information or to volunteer please email - medical@canineactionproject.com

Help us achieve healthy, safe, balanced communities for people and their dogs.



Animal Health Perspectives

What is New with Animal Health Surveillance?

By: Dr. Betty Althouse (Saskatchewan Chief Veterinary Officer)

The National Farm Animal Health and Welfare Council (NFAHWC) was formed in 2009, with a strategic approach on animal health and welfare issues in Canada. It is a collaborative effort among federal and provincial/territorial governments and livestock industries. NFAHWC has developed strategies on antimicrobial use and resistance, animal health surveillance and farm animal welfare research capacity. Current work is being done on cull dairy cow welfare and antimicrobial stewardship.

The question of how to develop an integrated national animal health surveillance system in Canada was answered in the fall of 2014, with a model to enhance animal health surveillance by developing a network of existing surveillance networks. This would build on existing strengths and enhance collaboration among all partners in animal health surveillance, gaps could be identified and filled and duplication could be avoided. Implementation began in early 2015 and a group of senior level champions was formed to assure support and buy-in. A Director's group was formed to lead the development of the new Canadian Animal Health Surveillance System (CAHSS).

CAHSS has developed principles of practice and principles of organisation. The statement of purpose is: ***A shared national vision leading to effective, responsive, integrated animal health surveillance in Canada.***

The goal is to establish coordinated national leadership in a network-of-networks, creating a

collaborative, seamless national surveillance system that attempts to reflect the needs of all parties.

CAHSS is a true network; it is mostly self-organizing and self-governing, with components functioning independently but linked by a common purpose and principles. Through collaboration, exchange of information and intelligence, and sharing and leveraging of resources, CAHSS will address the needs for animal health surveillance in Canada.

Diseases of interest include reportable, notifiable, zoonotic, emerging and production limiting diseases in domestic animals, aquatics and wildlife.

Some expected outcomes of this network-of-networks are:

- strengthened animal health surveillance,
- strategic use of surveillance technology, and
- improved emergency response capacity.

This network approach allows systems to develop by province or region, or by species and then be "woven" into a whole. The national vision is clear and partners can contribute to it where their time and resources allow. The team approach means that all members must contribute; there is no clear leader who is responsible. As a result, the system will take some time to build, but the support for the individual networks and collaboration between them, will lead to sustainability and strength in the long run.

National animal health surveillance has been a topic of much discussion for the past decade, so having a system developing in this way is exiting.

A logo and website will be launched shortly. Memberships are being sought.

Please contact me for more information, or if are part of a group that would like to learn more about CAHSS at betty.althouse@gov.sk.ca or 306-787-5547.

PDS Welcomes New Anatomic Pathologist

Prairie Diagnostic Services Inc. (PDS) is very pleased to announce that Dr. Ahmad Reza (Rambood) Movasseghi joined the PDS roster of anatomic pathologists on April 4th, 2016.



Dr. Movasseghi obtained his Doctor of Veterinary Medicine, with Distinction, at the University of Tehran in 1991 and completed a combined Residency-PhD program in anatomic pathology at the same university in 1996. He then joined the Faculty of Veterinary Medicine, Ferdowsi University of Mashhad, and worked as an instructor and diagnostic pathologist. He taught all aspects of anatomic pathology and performed necropsies on a variety of animal species. He has worked as a diagnostic pathologist in the Department of Pathology, College of Veterinary Medicine, University of Georgia, Athens (2009) and was as a research fellow in the Department of Pathobiology, Ontario Veterinary College, University of Guelph, Ontario (2005) and in the Department of Ecosystem and Public Health, Faculty of Veterinary Medicine, University of Calgary, Alberta (2015). Dr. Movasseghi is an expert in anatomic pathology and his special interests include diagnostic pathology, toxicological pathology, pathology of infectious diseases and neuropathology.

His pastimes include jogging, exercising in natural environments, photography and reading books. He along with his family is looking forward to experiencing the beauty of snow-covered landscapes.

We are delighted to have Rambood join our veterinary diagnosticians and expect he will add significant value to our company and our clients. Please contact him by phone at 306-966-7215 or through email: ahmad.movasseghi@pds.usask.ca.

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Rickets in a flock of juvenile Pekin ducks

By: Chris Wojnarowicz (Veterinary Pathologist, PDS) and Colette Wheler (Clinical Research Veterinarian, VIDO-InterVac)



FIGURE 1

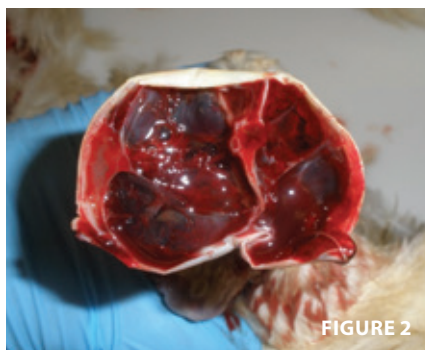


FIGURE 2



FIGURE 3

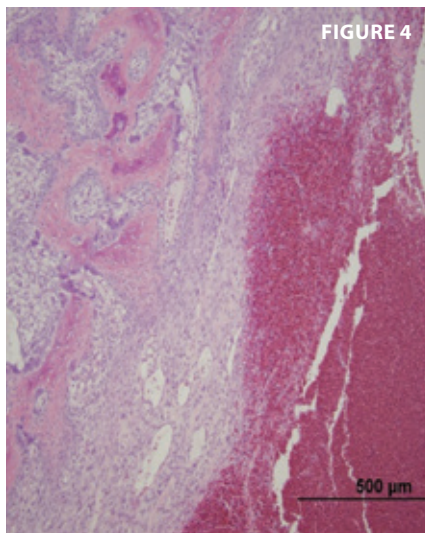


FIGURE 4

FIGURE 1:

Juvenile duck with a ballooned, thin bill.

FIGURE 2:

Intranasal hemorrhage, deviated septum and uneven floor of the duck bill

FIGURE 3:

Irregularly contoured ('wavy') spinal column and crowded ribs

FIGURE 4:

Fibrous osteodystrophy of the bony spicules of the duck bill with numerous osteoclasts and severe hemorrhage (H and E)

Four, live, 63 day-old Pekin ducks were submitted to the PDS necropsy laboratory as part of an evaluation of backyard flock of 250 ducks with a three week history of "infected beaks", which affected about 30% of the birds in the flock. Oculonasal discharge, a reluctance to move and an unsteady gait were observed on antemortem examination. The bills of all four ducks were severely and grotesquely enlarged, leathery and bluish (Figure 1). The periocular and perioral feathers were matted with a sticky yellowish fluid, adherent dirt and bits of plant material. The birds were humanely euthanized and a routine post mortem examination was performed.

The dissection of the duck bill was easily accomplished due to its thinness. The nasal scrolls were disintegrated and turned into caverns filled with a mixture of fluid and clotted blood. The nasal septum was deviated

laterally and the floor of the bill was uneven (Figure 2). Bilaterally the parathyroid glands were markedly enlarged. The degree of parathyroid hyperplasia was quite remarkable especially when one considers the typical inconspicuous appearance of normal parathyroid glands. The other internal organs were unremarkable except for the skeleton (Figure 3). All ribs were asymmetrical, crowded and there were nodules at the junction of the spinal and sternal portions of the ribs.

At this point a suspicion of rickets was considered. After a rather brief period of demineralization the duck bills and ribs, along with selected soft tissues, were routinely processed for histologic examination. The most dramatic finding was the histologic appearance of the nasal bones which had undergone fibrous osteodystrophy (Fig 4). The normal bony spicules had disappeared or were replaced by highly cellular, fibrous tis-

sue. The remaining spicules were surrounded by osteoclasts. Histologic examination of the ribs showed a disorderly arrangement of the proliferation zone consistent with formation of a "rachitic rosary".

A follow-up visit to the farm established that the ducks had been maintained on a commercial chicken layer ration without the addition of crushed oyster shell; a rich source of calcium and phosphorous. Previous flocks had been maintained on a similar ration supplemented with crushed oyster shell without apparent problems. The farmer had run out of oyster shell for the current flock. Rickets has been described and studied extensively in many avian species but reports of the disease in ducks were not found. This case report details some of the macroscopic and microscopic features of rickets in a flock of juvenile Pekin ducks.

Septicemic pasteurellosis in farmed elk (*Cervus canadensis*)

By: Drs. Pritpal S. Malhi (Veterinary Pathologist), Musangu Ngeleka (Microbiologist, PDS) and Murray R. Woodbury (Department of Large Animal Clinical Sciences, WCVU)

Septicemic pasteurellosis is a fatal, sometimes epidemic bacterial disease of domestic and wild animals including free-ranging bison (*Bison bison*), elk (*Cervus elaphus*), and pronghorn antelope (*Antilocapra americana*).^{3,5,6} It is caused by various types of *Pasteurella multocida* classified according to the Carter-Heddlerson system of classification by capsular group letter and somatic type number (e.g. A:2).^{1,7} *Pasteurella multocida* serotypes B:2 and E:2 have been identified with hemorrhagic septicemia (septicemic pasteurellosis) in domestic water buffalo (*Bubalis bubalis*) and cattle (*Bos taurus*)¹ and types A:2, A:3,4, B:1 and B:3,4 have caused epidemics in various wild ruminants⁸. Outbreaks have been reported in farmed fallow (*Dama dama*) and chital deer (*Axis axis*) in Denmark, the United Kingdom and Australia.⁴ However, published literature contains no references to septicemic pasteurellosis in North American cervids except for wild elk.^{2,5}

This disease generally occurs in epidemic form and is likely transmitted by ingestion or inhalation during direct contact with affected animals or contaminated feed or water. Infected animals shed the organisms through nasal secretion when stressed and animals carrying a pathogenic or new strain are likely responsible for its introduction into vulnerable populations.⁸ Bacterial exposure dose, strain virulence, proliferation rate and host immune competency affect the ultimate outcome of infection but environmental stressors or concomitant infections may be a prerequisite to development of clinical disease.⁸

Clinical signs include severe depression, profuse salivation, edema of the head, neck and brisket and severe respiratory distress with foamy nasal discharge, leading to death. Chronic cases of hemorrhagic septicemia or septicemic pasteurellosis have not been reported. Treatment with antibiotics such as penicillin, tetracycline and cephalosporin is theoretically possible but impractical in most farmed cervid populations. Preventive strate-

gies in farmed cervids are aimed at reduction of nutritional and social stress, as well as, general disease prevention such as, regular anthelmintic treatment. Environmental stressors such as extreme weather conditions are more difficult to manage.

In the current report an outbreak of septicemic pasteurellosis in farmed elk caused by *Pasteurella multocida* serogroup B is described. The affected animals were from a closed herd of 95 elk that were divided into 3 adjacent enclosures. A single 10 year old bull was kept in a 30 acre pasture by himself except for the breeding season. Twenty eight yearling elk (14 females, 14 males) were kept in a 30 acre enclosure, and 38 mature cow elk of mixed ages with 28 calves at foot were held in a 240 acre enclosure. Three horses were allowed to co-mingle with the cow/calf group but electrified perimeter fences prevented fence-line contact with other domestic or wild ruminants. The elk were free-grazed on tame grass and alfalfa pasture and the 240 acre enclosure holding the mature cows with calves had approximately 120 acres of 25% spruce/75% poplar bush. The cows and calves had access to a small dugout and were also provided with water from a well that serves the house on the property. In addition to what was growing in the enclosures during the outbreak, the bull and the yearlings were being fed a daily portion of commercial elk velvet ration containing undetermined levels of protein, vitamins and minerals. There was no other mineral supplementation or forage feeding taking place before or during the outbreak. Mortalities were observed over a period of high environmental temperatures but no extreme weather events occurred during this time. Psychological stress from predators such as bears in the vicinity of the herd may have been present in this time period.

On July 17th, 2014 an elk cow (case #1) was seen lying down and looking unwell in the cow-calf pasture. She was found dead the

next morning and a necropsy was performed by a local veterinarian on the index case. A second animal (case #2) was found dead and was necropsied on July 21st but not noticed to be sick the previous day. The sequence of events during the outbreak is uncertain because of the difficulty in observing morbidity in large enclosures with bush and finding mortalities when terminally sick animals seek cover. After observing the index case the producer found that there were 6 other cows missing and presumed dead in the cow-calf enclosure. He found several autolysed carcasses that were likely the first outbreak mortalities presumably from sometime in the first 3 weeks of July. Mortality continued among the cows for approximately 2 weeks after observation of the index case and prior to laboratory test results. Based on a presumptive diagnosis of acute-stage disease from Clostridial infection, the producer handled and vaccinated the yearling group and the herd bull. They were given an 8-way Clostridial vaccine, an additional single valent *Cl. haemolyticum* vaccine and a cattle dose of long acting penicillin.

The cows were not handled and vaccinated because they had very young (2 months old) calves at foot. The calf losses in the cow-calf group were possibly due to the death of their mothers and subsequent starvation. In summary, over a period of approximately 8 weeks in July and August there were 20 mortalities in the cow enclosure (10 cows and 10 calves) and 4 mortalities among the yearlings. The solitary herd bull was unaffected.

On gross examination of case #1 by the local veterinarian on July 17th, 2014, there were fibrin tags on abdominal organs and a serosanguinous pleural effusion, with floating fibrin, was observed in the pleural cavity although lungs appeared normal. There were petechial hemorrhages on the pericardium. There was slight enlargement of the liver. The urinary bladder was reddened in appearance and empty. There was remark-

able subcutaneous edema evident around the vulva, perineum, and udder. The cow was lactating but the mammary tissue appeared normal. The second necropsy (case #2) was performed on July 21st. The cow was in good body condition and subcutaneous edema was not evident. There was serosanguinous fluid in the abdominal and chest cavities with congestion in the lungs and liver. There were gas bubbles in the spleen and diaphragm and the intestines were also autolysed. The rumen was full but contents appeared normal.

Fresh and formalin-fixed tissues from both cases (case #1 - liver, kidney, urinary bladder, mammary gland and skeletal muscle; case #2 - liver, kidney, spleen, heart, lung and intestines) were received at the Prairie Diagnostic Services on July 22nd, 2014. Formalin-fixed samples were submitted for histopathology. Fresh tissues from both animals (case #1 - liver and mammary tissue; case #2 - liver, spleen and kidney) were submitted for bacterial culture. Fluorescent antibody testing (FAT) for Clostridia (*C. chauvoei*, *C. novyi*, *C. septicum* and *C. sordellii*) was also requested on unfixed heart tissue from the second animal.

Histopathology:

Case # 1: Inflammation was present in the mammary gland and skeletal muscle. The interlobular septa of the parenchyma of the mammary gland were expanded by edema, fibrin and abundant neutrophils. The glandular parenchyma was also diffusely infiltrated by neutrophils. Blood vessels were distended with neutrophils, fibrin and vasculitis was seen. The skeletal muscle (specific location unknown from sampling) also had severe inflammation consisting of multifocal to coalescing infiltrates of large numbers of neutrophils. Multifocally, there was fibrinoid necrosis of the vessel walls and there was vasculitis. Numerous gram-negative bacteria were also present within or around vessels. There was necrosis of myofibers characterized by fragmented sarcoplasm, pyknotic nuclei and loss of cross-striations. The renal capillaries and hepatic sinusoids multifocally

contained small numbers of bacteria. Morphological diagnoses of suppurative mastitis and suppurative myositis with vasculitis were established.

Case #2: No significant inflammation could be detected in any of the submitted tissues. A few glomerular capillaries contained intraluminal bacteria.

Microbiology:

The fresh tissues submitted for bacteriology testing were inoculated on blood and MacConkey agar plates and incubated at 37°C for 48 hours. *Pasteurella multocida* was isolated in large numbers from both cases (Case # 1: 4+ from liver and mammary tissue; Case # 2: 4+ from the kidney and 2+ from liver and spleen). Other organisms including *Clostridium perfringens*, *Enterobacter species* and *Escherichia coli* were isolated in small numbers (1 to 2+) from some tissues and were considered as postmortem invaders. Additional test for *Bacillus anthracis* and other histotoxic clostridia (*C. chauvoei*, *C. septicum*, *C. sordellii* and *C. novyi*) were negative. Based on these findings *Pasteurella multocida* was considered significant. Therefore, in order to determine the capsular antigen group of the organism, isolates from both cases were typed further by PCR, as described previously⁹ and were identified as *Pasteurella multocida* serogroup B. In addition, gene sequencing (16S ribosomal RNA) and a Basic Local Alignment Search Tool (BLAST) query (www.ncbi.nlm.nih.gov/blast) showed 99-100% homology of the two isolates to *Pasteurella multocida* sequences in the database.

To conclude, a diagnosis of septicemic pasteurellosis was made based on the isolation of *Pasteurella multocida* group B from multiple tissues in both cases supported by gross and microscopic lesions.

Acknowledgements:

The authors thank Dr. Sandy Gaube for the case referral and provision of diagnostic material for this case.

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READERS' FEEDBACK

The **Animal Health Perspectives** editorial team (Dr. Moira Kerr, Brian Zwaan and Kathryn Tonita) invite readers' comment on material published in the newsletter or questions on material submitted by contributors.

Submit your comments or concerns to Dr. Moira Kerr (email: moira.kerr@pds.usask.ca) and they will be forwarded appropriately.

To be added to the distribution list for the electronic link, email: brian.zwaan@pds.usask.ca

CANADA NO LONGER BLUETONGUE FREE

In August, 2015, The Canadian Food Inspection Agency (CFIA) confirmed that Bluetongue Virus (BTV) serotype 13 had been found in cattle in the south western part of Ontario, approximately 100 km from the US border. The infection was acquired locally, since none of the cattle on the farm had travelled to areas where the disease was present or been in contact with animals imported from such areas.

BTV is transmitted between animals by biting midges (*Culicoides* species). It is widespread across much of the United States and Mexico. Up until now, Canada has been considered free of BTV, except for the Okanagan region in British Columbia which has periodic outbreaks of the disease. That region was set up as a defined zone, allowing the rest of Canada to retain a national disease-free status. It was previously thought that the specific midge species that carries the virus was only found in the Okanagan region. Now that locally acquired BTV has been found in Ontario, Canada can no longer be considered BTV-free.

When it comes to exporting cattle, embryos and semen, many of our international trading partners require certificates from CFIA attesting to Canada's freedom of BTV outside of the Okanagan Valley. Since Canada can no longer claim country freedom based on lack of transmission, this has necessitated the re-negotiation of a large number of export certificates.

CFIA has determined that the likelihood of another incursion of BTV is high, and Canada is unlikely to regain its BT-free status. Therefore, CFIA will now focus on providing assurance that live animals, semen and embryos destined for export meet export requirements for BTV and on providing proof of freedom of BTV serotype 8. A finding of BTV-8 in Canada would have severe market impacts as some trading partners are requesting country freedom of BTV-8.

CFIA is moving away from the detection and response to the exotic serotypes of BTV to the detection and response to BTV-8 only. CFIA will now focus on ongoing surveillance to support country freedom from BTV-8. It is important to note that importing countries still require freedom from all BTV serotypes in imported animals, semen and embryos, and therefore additional measures, such as pre-export screening of live animals and ongoing screening in artificial insemination (AI) centres, are still required in order to meet export requirements. Currently, only CFIA staff are permitted to collect and submit samples for BTV testing.

CFIA's proposed Interim Policy on Bluetongue includes: discontinuation of sentinel surveillance for BTV in the Okanagan Valley; follow up on positive screening tests at pre-export quarantine or AI centres; provide assurance that BTV-8 does not exist in an AI centre or a pre-export quarantine; provide assurance that BTV-8 is not present when CFIA is conducting testing on farm for disease investigation, on farm for pre-entry to AI isolation or at slaughter for the Bovine Serological Surveillance; and, investigate and institute control measures and surveillance for a finding of BTV-8 only.


Veterinarians and producers should keep in mind that, even if BTV testing is not required when importing live cattle, this does not mean that the disease does not pose a risk. The Canadian cattle population is naïve for BTV and any

incursion into a herd is bound to have devastating consequences. Voluntary testing is strongly recommended when importing cattle from areas known to be endemic for BTV, purchasing replacements from areas within Canada that are at higher risk, and for all intended additions to AI centres. Veterinarians and producers should also be aware that testing standards are a bit more robust in Canada than they are in the US, and occasionally an animal that tests negative in the US may have a positive test result when tested in Canada. For this reason, imported animals should be tested before import and before entering the destination herd/facility.

There have been several instances where an expensive bull was purchased in the United States with the intent of AI collection and sales without testing for BTV, as it is not required for import. However, testing prior to entry to the AI centre showed the bull to be positive, with semen ineligible for export. This is a costly mistake, which could have been prevented by doing additional pre-purchase testing beyond that required for import.

More information on Bluetongue can be found by going to the CFIA website at www.inspection.gc.ca and searching for "bluetongue".

DR WENDY WILKINS
SURVEILLANCE VETERINARIAN,
LIVESTOCK BRANCH

A photograph of two dogs, likely Weimaraners, behind a rusty metal cage. The dog on the right is looking directly at the camera, while the dog on the left is looking slightly to the side. The cage is made of thick, rusted metal bars. The background is a plain, light-colored wall.

COMMON QUESTIONS ABOUT ANIMAL SEIZURES

Kaley Pugh
Executive Director,
Animal Protection Services of Saskatchewan



POLICE ALSO HAVE THE OPTION OF ARRESTING OWNERS AND LAYING CHARGES IMMEDIATELY



Saskatchewan has a number of Humane Societies (HS) which are defined by the Animal Protection Act, 1999 (APA), and designated by the Ministry of Agriculture; this includes Animal Protection Services of Saskatchewan (APSS).

All of the HS in the province are separate organizations, with no oversight by any one umbrella organization. All Animal Protection Officers (APOs) in Saskatchewan other than Police Officers work for a HS, but not all HS have APOs or do enforcement work. APSS, and the Saskatoon SPCA, Regina Humane Society, Moose Jaw Humane Society and Prince Albert are the HS that have APOs and carry out animal cruelty investigations.

When APSS, or any other HS with an APO, seizes animals from an owner during an animal cruelty investigation, there are always questions about how the procedure works and the outcomes for the owners and the animals. Here are some of the questions most commonly asked about animal seizures:

WHAT IS A HUMANE SOCIETY'S LEGAL AUTHORITY TO SEIZE AN ANIMAL?

Section 6 of the *Animal Protection Act, 1999* (APA) gives a HS the authority to relieve animals of their distress, and Section 7 of the APA gives the authority to get a search warrant.

WHERE IS AN APO ALLOWED TO GO DURING AN INSPECTION OR INVESTIGATION?

This depends on what stage the case is in, and what type of facility it's at. Anywhere with animals for sale, hire or exhibition can be inspected or investigated during regular business hours without a warrant, unless it's a private dwelling. (see Section 5 of APA) We can observe anything in "plain view" during execution of our duty to contact the owner to verify or discuss a complaint, but we can't trespass. If we have evidence of an offence, we are then in investigation mode, and Charter of Rights issues regarding unreasonable search and seizure can come into play, meaning that we can only proceed with proper consent from the owner, or if we have a search warrant.

We do have authority to get search warrants, and then can search the areas named in the warrant including private dwellings if necessary, and can gather evidence that can be used in court. There are also very specific circumstances when we can investigate and gather evidence without a warrant, but we have to be careful to only use those provisions when truly necessary. If we are found to be searching or gathering evidence without the proper authority or right to do so, any evidence we gather can be thrown out, and result in the prosecution being severely compromised.

WHY DO PEOPLE GET SO MANY "CHANCES" BEFORE ANIMALS ARE TAKEN AWAY?

Section 6 of the APA says that we have authority to seize animals if the owner has failed to relieve them of their distress.

In practical terms, this means that owners have to be given a chance to fix the problems that are causing the distress. The opportunity to relieve the distress and the timelines to do that have to be reasonable; we cannot require that an owner put 300 pounds on an underweight horse, and then seize the horse the next day because it hasn't gained 300 pounds. However, some distress is more severe and must be rectified in a more urgent manner. For example, acutely injured animals must immediately be treated or euthanized, and failure to do that could result in a nearly immediate seizure of the animal and only one "chance" for the owner to fix the problem.



WHO DECIDES WHEN ANIMALS NEED TO BE SEIZED?

If an investigation has progressed to the point where an APO feels that animals may need to be removed, they will usually have a veterinarian attend the premise, or sometimes bring the animal to the veterinary clinic. The veterinarian assesses whether the animal has adequate food, water, shelter and care (which are the elements in question for distress under the APA), evaluates whether any corrective actions were taken or if action was appropriate, and recommends that the animal be seized or not. Veterinarians are considered experts by the courts, so investigations rely heavily on veterinary opinion regarding the adequacy of care. The APO is the one who actually seizes the animal.

APOs can seize animals without a veterinary consultation, but we don't use that option as often because we are not considered experts by the courts. In cases where animals are seized by an APO alone, the distress is generally very obvious, and/or previous requirements have obviously not been followed.

CAN VETERINARIANS SEIZE AN ANIMAL WITHOUT AN APO?

No, the authority to remove an animal is the

APO's, not the veterinarian's. Remember though, that RCMP members and other Police are APOs, and so can authorize seizure in an emergency.

WHAT HAPPENS AFTER ANIMALS ARE SEIZED?

This depends somewhat on the condition of the animal. There are provisions care of animals in severe distress that are discussed below.

In general, animals are held in the care of the HS that seized them for a 3-business day period. During that time the HS will have made arrangements for whatever care is appropriate for the animal. Livestock are often held at auction market facilities, while companion animals are usually held at an animal shelter facility. Sometimes private caretakers are asked to care for smaller numbers of horses or other livestock.

Occasionally, veterinarians are asked to care for companion animals in need of medical attention, or where an animal shelter facility is not available.

After the three day holding period, animals are usually sold or given away. Large herds of livestock are usually sold at auction as soon as possible after a seizure. Horses and small numbers of livestock animals like pigs and goats are sometimes given to their private caretakers. Companion animals are usually given to the shelter where they were housed, who then becomes responsible for their ongoing care, adoption, etc.

Occasionally, livestock are in a condition where immediate sale is not appropriate. For example, when the Saskatchewan SPCA seized nearly 900 sheep in 2014, the ewes were lambing, hadn't been sheared in a long time, and were severely under-condition. In that case, the SSPCA paid a caretaker to care for the sheep for several months in order to supervise their lambing, wean lambs, shear the ewes and get them into better condition before sale.

Animals are also sometimes held for longer periods if there are special circumstances such as legal action preventing their sale, or if the owner has been granted an extension because they are making arrangements to pay the seizure expenses.

WHO PAYS FOR THE CARE OF ANIMALS DURING THE HOLDING PERIOD?



The humane society that seized an animal is responsible for all costs, including the costs of the seizure and the care of the animal for as long as it is held. The HS rarely recovers these costs in companion animal cases because the animals are usually given to shelters. Where a livestock animal is sold, the revenue is used to pay the seizure expenses, with any surplus being returned to the animal's owner.

CAN THE OWNER GET THE ANIMALS BACK?

Section 10 of the *APA* says that the HS can sell or give the animal away if the owner has not paid the seizure expenses within the 3 business day holding period. What this means is that if an owner pays the expenses, the HS cannot sell the animal or give it away. Where an owner has paid the expenses, the animal is sometimes returned since otherwise the HS would have to hold the animal and incur care expenses for an extended period of time, possibly until the outcome of a trial.

This section used to be interpreted to mean that if an owner pays the expenses, they can automatically have their animals back, but this is no longer the case. Now, arrangements for the return of animals upon payment of expenses include that the animal's conditions have been improved. Humane societies also have the ability to apply to the courts for custody of animals when charges have already been laid, which would prevent the return even if expenses

are paid. This option is not used often, if ever, since it may have the consequence of the HS being responsible for an animal (not being able to sell it or give it away) until the outcome of a trial.

Police also have the option of arresting owners and laying charges immediately, and releasing them on conditions that they must not own or care for animals, essentially preventing the return of the animals. This is done in only the most serious cases.

CAN SEIZED ANIMALS BE EUTHANIZED?

After the 3 day holding period, the animal belongs to the HS and they can then euthanize it, give it away, sell it or whatever else is legal for the owner of an animal to do.

Section 6 (3) of the *APA* also gives an APO the authority to euthanize an animal if it's in critical distress and cannot be relieved of its distress. So, if an animal cannot be kept free from pain, it can be euthanized during the holding period.

DOES EVERY SEIZURE MEAN THE OWNER GETS CHARGED?

No, every seizure does not result in charges, but generally if we have the grounds to seize an animal we have the grounds for charges. Sometimes charges are not laid if there is nothing to be gained from the prosecution, or if there is a low likelihood of a successful prosecution. For example, if an allegedly abandoned dog is seized, but we

do not have good proof that the dog was abandoned, and the owner's story gives reasonable doubt, then charges may not be laid.

CAN YOU CHARGE SOMEONE IF ANIMALS HAVEN'T BEEN SEIZED?

Yes! Charges depend on evidence of distress, and the ability to prove that distress occurred. Seizure relates to whether the owner relieved the animal of its distress. We can, and have, laid charges where no animals have been seized. For example, in a recent dog case, the owners voluntarily surrendered about 45 dogs to a rescue during the course of our investigation, so we were not forced to seize them as they had been relieved of their distress. However, we did have sufficient evidence that the animals had been in distress on the APO's visits, so charges were laid.

In another case, approximately 900 layer hens were in distress but there was no way to seize them due to biosecurity, welfare risks during capture and transport, and quota issues, so the birds were left on the farm but the owner was charged and ordered to depopulate.

For further information about animal protection in Saskatchewan, please contact:

Kaley Pugh
Executive Director,
Animal Protection Services of Saskatchewan
306-382-2418
<http://animalprotectionservices.ca>



SAVT Update

Lorraine Serhienko, RVT
SAVT President Elect

The SAVT has been busy with everything from website upgrades to newsletter creation and conference planning. In addition, the SAVT has representation at the national level on RVTTC and CVMA, and along with SAVT meetings, our board of directors are kept on their toes and fully immersed in the promotion and progression of the RVT profession.

“Coming together is a beginning; keeping together is progress; working together is success!”

Henry Ford

The SAVT and SVMA are working together to formalize and align the relationship between both organizations. This will build a strong line of communication and a bond that will ensure the success and advancement of both Associations.

The SAVT was well represented at the WCVN's annual VIP Day. Our RVTs educated the veterinary students about many aspects of the RVT career. Students came up to our display booth and had many nice things to say about the support and knowledge they have received from RVTs they have worked with during their student years at WCVN and as summer students in private practices.

As we see a new group of enthusiastic VTs graduate and enter the workforce, we encourage clinics to work with the SAVT to ensure their new hire is registered with the SAVT and the SVMA. If you are looking for a RVT to join your practice, we offer advertising on our website and via e-blasts to over 400 members. 📧

canadian veterinary medical association (CVMA)

**ONE PROFESSION.
ONE STRONG VOICE.**

POLICY AND ADVOCACY

Addressing New Regulations to Veterinary Oversight of Antimicrobial Use (AMU) in Canada

New federal regulations will **require veterinary oversight of the use of antimicrobials administered to food animals**, including those administered in feed or water. The tentative date to have new regulations in place is the *end of 2016*. Each month during 2016, CVMA, in partnership with the Canadian Council of Veterinary Registrars (CCVR), will provide information to Canadian veterinarians to help increase awareness of key issues and new developments as the federal regulations are finalized and implemented. Monthly messages, under the banner of *Veterinary Oversight of Antimicrobial Use in Canada: Regulations are Changing... We Want You Prepared*, will be shared through the provincial and territorial veterinary associations and regulatory bodies and will appear on the CVMA's website under Policy & Advocacy.

The CCVR and the CVMA have been working together to develop a document entitled *Veterinary Oversight of Antimicrobial Use – A Pan-Canadian Framework for Professional Standards for Veterinarians* (the “Framework”). The objective of the “Framework” is to provide a template of professional standards for the use of Canadian provincial and territorial veterinary regulatory (licensing) bodies in the development of regulations, guidelines, or bylaws pertaining to the professional responsibilities of veterinarians for providing oversight on the use of antimicrobials.

The “Framework” will be presented at a broad stakeholder consultation taking place at the **CVMA Summit on July 7, 2016**, during the CVMA Convention in Niagara Falls, Ontario. Monthly messages leading up to the July consultation will be planned

BYLAW BUZZ

Who can call themselves a ‘specialist’ and who cannot? Can you advertise yourself as a wildlife, feline or any other type of specialist?

The Veterinarians Act, 1987 states the following,

Section 17(5) No member shall hold himself out as a specialist or as being specially qualified in any particular field or specialty of veterinary medicine unless he has: (a) complied with the bylaws; and (b) been approved as a specialist or as being specially qualified by the council.

This is interpreted to mean that unless you are board certified or eligible for board certification in a veterinary specialty you cannot advertise that you are a specialist or that you specialize in any area of veterinary practice.

Who can propose changes or additions to the SVMA Bylaws?

Section 29.2 of the bylaws answers this question:

29.2 Any member desiring to propose an amendment to these Bylaws must give notice of such proposed amendment in writing to the registrar at least six (6) weeks prior to a general meeting.

Any SVMA member may propose changes or amendments to existing SVMA Bylaws for consideration at the September 9, 2016 AGM as long as they do so by the deadline. This year the deadline is Friday July 29.

CVMA strives to address issues of relevance to veterinarians across the country. We're pleased to provide you with an overview of what the CVMA has recently been working on for you, our valued members in Saskatchewan.

to support and inform the upcoming discussion at the Summit.

Working Together to Discuss Antimicrobial Resistance and Antimicrobial Surveillance

In February 2016, CVMA participated in a **Roundtable on Antimicrobial Resistance (AMR)**, chaired by the **Public Health Agency of Canada and Agriculture and Agri-Food Canada**. Attendance at the Forum included representatives from human and animal health. Participants agreed that collaboration is key to finding a solution to AMR and that enhanced education and communication is needed to raise awareness among their respective members to help improve day to day decision-making regarding the use of antimicrobials. All professions and producer groups in attendance agreed that antimicrobials are critical tools to protect human and animal health and their effectiveness must be protected.

Interacting with Federal Ministers

CVMA shared with the *Minister of Health* the Liberal Party's pledge concerning AMU and, at the same time, introduced the CVMA's Framework regarding veterinary oversight of antimicrobials. The Minister's response was detailed and supportive. It stated: "Health Canada will continue to engage the CVMA in advancing some of the relevant actions identified in the Federal Action Plan, particularly in relation to antimicrobial stewardship in veterinary medicine and livestock production. The continued support and engagement of the CVMA is crucial to the implementation of a pan-Canadian approach to veterinary oversight of antimicrobial drugs."

CVMA also wrote a letter to the *Minister of International Trade* and the *Minister of Foreign Affairs*, urging the Government of Canada to ensure importation of products under international trade agreements occur under

conditions where animal health and welfare, public health and food-safety are fully protected at-source and within Canada.

Revising Position Statements

Three CVMA position statements have been revised:

- **Keeping Native or Exotic Wild Animals as Pets**
- **Devocalization of Dogs** now states: "The CVMA opposes non-therapeutic "devocalization" of dogs."
- **Partial Digital Amputation (onychectomy, declawing) of Non-Domestic Felids and Other Carnivores Kept in Captivity** now states: "The CVMA opposes the surgical removal of claws (onychectomy) of non-domestic felids and other carnivores kept in captivity, except where medically necessary for the animal's health. The CVMA strongly urges veterinarians to exert their influence to discourage the keeping of non-domestic felids and other large carnivores as pets."

The revised statements are found under the *Policy & Advocacy* section of the CVMA website.

SCIENCE AND KNOWLEDGE

Discussing Importation of Dogs at National Issues Forum

The **CVMA Convention** will take place in **Niagara Falls**, from **July 7 to 10**. New this year is the *National Issues Forum* on Importation of dogs. This Forum will take place on **Friday, July 8**. A panel of three experts will present on the subject and field questions from the audience. Following the Forum, CVMA will finalize its new position statement on importation of dogs.

CVMA encourages all convention delegates to participate.

PRACTICE AND ECONOMICS

Early Career DVM Resource Hub

The CVMA has a new web section called the **Early Career DVM Resource Hub**. Starting your new career as a veterinarian is a very exciting and challenging time of your life. The CVMA created this dedicated web section containing useful information, tools and resources to help early career DVMs on their path to a successful career. The section includes three categories: financial planning and budgeting, communications, and career development. Some of the tools and resources in these categories include, student loan repayment estimators, a phone budgeting app and a link to instructional communications videos. Visit the Hub under the Practice & Economics tab of our website.

VALUE OF MEMBERSHIP

- **VetFolio® Online Education Platform for Veterinary Professionals**
- CVMA members can test-drive **VetFolio®** for a **30-day free trial period** and receive a **20 per cent discount** on an Individual subscription (USD \$240 instead of \$300) or on a Practice subscription (USD \$432 instead of \$540). In addition, Students of the CVMA are eligible for a free subscription. Be sure to contact the CVMA office to obtain your CVMA member promo code to benefit from the CVMA discounted rate or the free student subscription. 📄

Questions or Suggestions? Contact your CVMA National Office: Tel: 1-800-567-2862, or email at admin@cvma-acmv.org. Contact your provincial Council Representative, Dr. Terri Chotowetz at tchotowetz@gmail.com.

wcvm student update

EVELYN MUMA

Well it is that time of year again, April, the month vet students love and hate at the same time. Summer break is just around the corner, but first those dreaded final exams need to be conquered.

WCVM has been a very busy place over the last few months. In February, we hosted our annual Saskatchewan Equine Expo. The event focuses on educating all ages of the equine community from riders to trainers to fellow veterinarians about equine health, husbandry, and athletics. Many WCVM students assisted in various demonstrations for the public such as floating teeth, using an ultrasound machine, farrier techniques and acupuncture. Senior students (residents and 3rd and 4th year veterinary students) presented numerous lectures focusing on things like equine nutrition, regenerative

therapy and equine infectious anemia (EIA). This was the fifth year in a row WCVM has hosted this event and each year it is a huge success.

In March, the third years had their annual draft for fourth year rotations. This year the draft went very smoothly and the majority of students were very satisfied with their rotation schedule for next year. A handful of students are fortunate enough to be going to Melbourne, Australia for a rotation in either small animal emergency and critical care and neurology, or equine internal medicine. Sadly, I will not be going to Australia. However, I am very excited about my rotation at the Winnipeg Humane Society. The rotation has been offered to students for a few years now and is highly regarded. The rotation gives students the opportunity to get



Cow palpation

comfortable performing spays and neuters, wellness exams, as well as some emergency care.

At the end of April, WCVM will be hosting a Small Ruminant Workshop. The event is a collaboration between the WCVM and the Saskatchewan Ministry of Agriculture. Sheep and goat producers, as well

as veterinary students, can attend the workshop. The workshop will cover many topics such as caprine and ovine nutrition, deworming, ergot, and biosecurity and abortion surveillance. Many of my classmates have a strong interest in small ruminant medicine and are looking forward to this workshop. Although I am more of a small animal person, I do have a soft spot for goats, and just might have to attend it as well!

This school year has certainly flown by quickly. As the fourth years move towards graduation and leaving the WCVM, students of subsequent years will prepare for final exams and moving onto the next school year. My fellow third year classmates and I are very excited to finally be leaving the lecture hall behind and stepping into the clinics next fall. 🐾

Results of Discipline Case 2015-05

A hearing was held January 28, 2016 to determine a conclusion in case 2015-05: SVMA Professional Conduct Committee vs Dr Richard Omer.

Specifically, that Dr Omer:

1. Offered an opinion on the care of an animal without having examined the animal or the medical record for the
2. Offered a diagnosis regarding the death of an animal without having examined the animal, the medical record or post-mortem examination results for the animal.

Offered an opinion on the care and a diagnosis regarding the death of an animal without having consult-

ed with the veterinarian originally caring for the animal.

The DC accepted and considered all of the testimony and documentation presented and closely reviewed the wording of each charge against Dr Omer as stated in The Formal Complaint of the Professional Conduct Committee and is in agreement that Dr Omer was not in contravention of the sections of the bylaws or the Act as stated in the charges.

In conclusion, it was the determination of the Discipline Committee that the case was not proven to its satisfaction and therefore finds Dr Omer **not guilty** of all three charges of professional misconduct.

IF YOU ARE FACING DISCIPLINE PROCEEDINGS

The disciplinary hearing can be a stressful time. It is important to take care of yourself during this time. You don't have to face it alone. You are welcome to bring a friend, family member or colleague to the proceedings for support.

Sometimes self-care means asking for help. If you would like to talk to someone about your situation in a confidential and professional setting, call (306) 664-0000. This number will connect you with Professional Psychologists and Counsellors (PPC). Four hours of counselling costs will be covered by your veterinary association and no identifying information will be relayed back to the SVMA. To get started, you will be asked for your license number. The PPC will provide sourcing, referral and direct payment to a registered professional.

For more details about the wellness service provided by the association, visit the SVMA website and follow the link to the Members' Wellness Support Program. Remember, the counselling process is completely confidential.

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www.svma.sk.ca/Resources & Links/Classified Ads

LOCUMS AVAILABLE

SASKATOON AREA

DVM available for short or long-term locum work based in Saskatoon area. Recent WCVM graduate with 4 years of experience in small animal private practice and emergency. Excellent client communication skills and record keeping. Proficient surgical skills, including dentistry. Extensive experience with exotic animals, including birds and reptiles. Please contact Dr Vanessa Tonn: vm.tonn@gmail.com or (250)-319-3103.

SASKATOON AREA

Experienced small animal veterinarian (25 years) available for locum work based out of Saskatoon. If I can be of help, please contact Dr Malcolm Weir at malcolm-weir1990@gmail.com.

MANITOBA/SASKATCHEWAN

Large/mixed/small animal veterinarian available for locum work in Saskatchewan or Manitoba. (Licensed in both provinces) Contact Dr Theodore Shwaluk, WCVM '93. 204-638-8310 / mobile 204-724-4142.

VETERINARIANS REQUIRED

ESTERHAZY - 09 MARCH

Are you an enthusiastic veterinarian who values high quality medicine, has strong client bonds and likes to work in a fun and supportive team environment, while maintaining a healthy work-life balance? Twin Valley Veterinary VHS in Esterhazy SK is 60% small animal, 30% bovine and 10% equine and is currently looking to hire a mixed practitioner to join our team. Opportunities exist to develop other specialties or individual interests, and duties of the associate can be adjusted according to their expertise and desires. Our facility is modern and strives to maintain a high level of customer

service while practicing quality veterinary medicine in a friendly small town atmosphere. Esterhazy is a community of 3500 with access to surrounding lakes, cross country ski trails, cross fit, a fitness center next door, snowshoeing and hiking. We offer a competitive salary, paid license dues; staff discounts, benefits and CE allowance. Mentorship opportunities are also available. On call schedule is shared between veterinarians. To discuss this opportunity contact Dr Justin Noble 306.745.6642 or 306.740.8061 or twinvalleyvet@sasktel.net.

KELVINGTON - 18 JANUARY

Full-time veterinarian wanted for rural practice (50/50 large/small). Clinic is owned by 5 Rural Municipalities. Clinic is operational and rent free, located 2 ½ hrs from Regina, Saskatoon, Prince Albert. Kelvington is a friendly town of less than 900 people, offering K-12 schools, a new hospital (4 doctors), RCMP Station, a senior care home and lodgings, SARBI (brain injury), STARS and ambulance services. Plenty of activities: skating and curling rinks, 9-hole golf course, swimming pool, walking trails, recreational hall and auction market (animals). Surrounding area is agricultural and boasts a provincial park and lake within a ½ hr drive plus three other recreational lakes, fishing, hunting, cross country ski trails, ATV and toboggan machine trails. Contact: Stan Elmy (306) 327-4890; cell (306) 327-8032 or e-mail sbelmy@sasktel.net.

LEADER - 01 APRIL

A full-time veterinarian is wanted for a rural large/small animal practice in Leader, SK. The clinic is owned by five Rural Municipalities and is operated by the Leader Vet Services District Board and is located 1 ½ hours from Swift Current, Medicine Hat and Cypress Hills Provincial Park. Leader is a friendly town of 900 people, offering K-12 school, a hospital, care home, ambulance services and plenty of

recreational activities such as skating and curling rinks, 9 hole grass green golf course, swimming pool, nature trails, the Great Sandhills and beautiful South Saskatchewan River with fishing, hunting and sightseeing. Send resumé to Leader Veterinary Services District at rm231@sasktel.net or contact Tim at 306-628-3800.

MELVILLE - 09 MARCH

Mixed animal veterinarian wanted for progressive, evolving, modern rural practice in Melville, SK. New facility was opened in 2013. Are you highly motivated, ambitious, enthusiastic and looking to add something to our organization? Do you enjoy working with a great team? Our clinic is fully equipped with digital x-ray, digital dental x-ray, small and large animal ultrasound, and in-house laboratory. The position would have shared on-call. Paid licensing fees, continuing education allowance, health dental life and disability insurance, and other staff perks. Be part of the team and apply to Dr Deana Schenher at deanaschenher@hotmail.com or call 306-728-2633 for more information. Visit our website at www.melvillevet.com.

NORTH BATTLEFORD - 11 FEBRUARY

Lakeland Veterinary Services is seeking a full or part time veterinarian to join our dynamic team. Our 2.5 veterinarians see 75% small animals and 25% equine/beef cattle. They are assisted by four RVTs and receptionist. Our practice provides excellent customer service and veterinary care which results in long term relationships with many clients and patients. It is very rewarding to provide care to individual animals from birth to their geriatric years. A well-equipped practice makes providing excellent care so much easier: digital table x-ray, digital portable x-ray and digital dental x-ray, ultrasound, complete Abaxis lab (CBC, Chemistry, T4, PT, PTT,

istat), three anesthetic machines and monitors with capnography. We strive to stay abreast of new procedures and ideas. All staff members have a CE allowance and are encouraged to increase their knowledge base. Other benefits include health/dental plan, group RRSP, uniform allowance, license fees, production bonuses and competitive salary. If you are interested in a great workplace environment where your input is appreciated and respected, contact Dr Shawn Haas 306 445 3757, fax 306 445 9211, sdhaas@sasktel.net or Box 1334 North Battleford, SK S9A 3L8.

OUTLOOK - 09 MARCH

Is veterinary medicine your passion? Are you looking for a vet clinic that works to develop trusting and lasting relationships with patients and clients alike? Do you see yourself as an advocate for the health and wellbeing of your patients? If you answered yes, then you're the kind of vet we're looking for! We are looking for an enthusiastic veterinarian who values high quality medicine, strong client bonds, and working in a fun, friendly and supportive team environment. Outlook Veterinary Clinic is a mixed animal practice located 85 km from Saskatoon, SK. We are a 40% large animal/ 60% small animal practice serving the Saskatoon and Lake Diefenbaker regions. Enjoy the quiet country lifestyle, while having the conveniences of a city nearby! Dr Millham is a compassionate veterinarian with 20+ years of experience in private practice and veterinary college settings. Mentorship opportunities are available for interested veterinarians. Duties of the associate can be adjusted according to their expertise and desires. The clinic furnishes many of the modern equipment and technologies including digital radiography, ultrasonography and digital record keeping. To discuss this opportunity, contact Dr Carmen Millham 306.867.8777 or 306.867.4231 or ovc@sasktel.net.

PREECEVILLE - 09 MARCH

We are a mixed animal practice, 60% small animal, 40% large animal. Large animal is mostly beef cattle and some equine. We are located in Preeceville, Saskatchewan within the Parkland area, which offers great hunting, fishing and camping. Applicants must be interested in present or future ownership. Please contact Dr Richard Krauss, Box 678 Preeceville, SK S0A 3B0 Phone 306-547-2105, Cell 306-547-7822, Fax 306-547-2193, Email preecevillevet@sasktel.net.

REGINA - 29 FEBRUARY

The Albert North Veterinary Clinic is looking for a permanent part-time or full-time veterinarian to join our AAHA accredited practice. We are a busy five-veterinarian, five-technician small animal and exotics practice located in Regina. We are a bond centered practice with emphasis on high quality medicine and compassionate care. We offer a very competitive salary and benefits package. After hours calls are referred to an emergency clinic. Contact Dr Tracy Fisher at (306)545-7211, fax (306)545-7219, or email: albertnorthvet@accesscomm.ca.

REGINA - 19 JANUARY

Sherwood Animal Clinic in Regina is currently looking to hire a mixed animal practitioner; new grads are welcome. Sherwood Animal Clinic is 60% companion animal, 35% equine, 5% bovine. Clinic is fully computerized with digital dental and portable x-ray, Ultrasound and endoscopy with in house lab for CBC, chemistry, fibrinogen, PTT, etc. Licensure and CE are paid by the clinic; on-call schedule is shared between veterinarians. If you are looking for a fun, enthusiastic work environment with great mentorship, please apply to Sherwood Animal Clinic, attention Dr Larry Hanson, 306-525-3763 sacadmin@sasktel.net.

TURTLEFORD - 05 APRIL

Full time or part-time veterinarian required for well-established two and a half person mixed practice in west central Saskatchewan. Modern, well equipped clinic- 70% large animal, 30% small animal, some wildlife work. Equine potential. Most obstetrical work done in clinic. In a friendly small town renowned for its community spirit, close to several parkland lakes, under an hour's drive to North Battleford, SK and Lloydminster, AB. Contact Dr Miles Johnson, Northwest Vet Services, Turtleford, SK. Phone: 306-845-2870 email: nwwvet@msn.com.

TECHNOLOGISTS REQUIRED

MAPLE CREEK - 11 FEBRUARY

Maple Creek Veterinary Services requires a full time permanent RAHT/RVT for our busy mixed practice. In clinic responsibilities include anesthesia, dental, lab work/preparation, radiography, equipment maintenance, patient preparation/care, diet consultation etc. The successful candidate will be pleasant, confident, reliable and ambitious. We are looking for someone to thrive in a small town atmosphere at a slower pace of life with a community to call home. Please forward resume to Dr Klea-Ann Wasilow in person or by e-mail to mcvet@sasktel.net.

MOOSOMIN - 05 APRIL

Full-time Veterinary Technician position available at Valleyflats Veterinary Services. This is a full time position but could be negotiated as a part time position (if that is more suitable to applicant), offering above average remuneration.

We are a mixed animal practice located in the community of Moosomin, in south east Saskatchewan. Moosomin is a friendly, progressive community with a hospital, good schools, and lots

of recreational activities including an exceptional golf course and a lake within a few minutes' drive. Valleyflats is a modern, fast paced, privately owned practice with two full-time veterinarians, two part-time veterinarians and proficient support staff. We are well-equipped with top of the line Idexx Lab Equipment as well as portable and equine Radiology equipment. We have a large, well established cow/calf sector in the area, with some feedlots as well as handling export testing for cattle going to the US. Our small animal business is growing rapidly as the population increases and our area expands.

We are looking for individuals who are confident, competent, compassionate, have common sense, enjoy challenges, have a positive attitude and like working with people and animals! We also offer a full benefits package and paid CE/licensing. If interested, please contact us at: valleyflats@sasktel.net (306)435-3979 or Box 1380 Moosomin, SK S0G 3N0.

NORTH BATTLEFORD - 11 FEBRUARY

Are you looking for a great working environment where you get to use all of your training to make a meaningful difference in animals' lives? Lakeland Veterinary Services has a spot for you on our dynamic animal care team. We are looking for a full-time RVT to join our mixed animal (75% small and 25% equine and beef cattle) practice. We use Avimark software, have a complete Abaxis lab (CBC, Chemistry, PT, PTT, istat), digital x-ray/ dental x-ray, ultrasound and anesthetic monitors with ECG and capnography. Compensation includes competitive salary, license fees, CE and uniform allowances, health/dental plan, group RRSP, and production bonuses. For additional information or to apply, contact Dr Shawn Haas 306 445 3757, fax 306 445 9211, sdhaas@sasktel.net or Box 1334 North Battleford, SK S9A 3L8.

REGINA - 14 MARCH

Sherwood Animal Clinic currently has an opening for a Registered Veterinary Technician. We are a mixed animal practice in Regina, SK, seeing 60% small, 35% equine and 5% bovine patients. Please apply to Dr Larry Hanson by fax: (306) 569-3490 or email: sacadmin@sasktel.net.

PRACTICES WANTED

SASKATOON AREA

An experienced small animal veterinarian is seeking to purchase a veterinary hospital/clinic in the Saskatoon area. Will consider partnership, complete purchase or transition period with previous owner. If interested please contact: vetclinic.now@gmail.com

PRACTICES FOR SALE

MAPLE CREEK

Thriving, well-established two-veterinarian mixed animal practice in southwest Saskatchewan, near the Cypress Hills. Fully equipped large and small animal service offered in a modern clinic (built in 2003) with well maintained equipment. A loyal client base, with a steady influx of new clients from Medicine Hat and Swift Current, permits continued growth. Owner is willing to work during the transitional period. Serious inquiries can be made to: Dr Lawrence Heinrich at grasslands.animal.health@sasktel.net; Box 1616 Maple Creek SK S0N 1N0, or call (306) 662-7625 or (306) 558-2004.

EQUIPMENT FOR SALE

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FEELING OVERWHELMED?

If you are feeling burned out, at your wits' end or even depressed, you may want to consider taking advantage of the counselling services that are available to you free of charge through your Association. SVMA funds confidential professional counselling to all active general, life practising and educational members who have been licensed for at least six months. The **Members' Wellness Program** covers four hours of professional mental health services annually, up to \$120 per visit. **This service is absolutely confidential:** no identifying information is given back to the SVMA.

Details of the Members' Wellness Program are available at **svma.sk.ca** along with other support and resource links.

To obtain further information from PPC or to make a confidential appointment for counselling, call: Professional Psychologists & Counsellors (PPC) at 306-664-0000, or visit www.peopleproblems.ca

LOOKING

for a veterinarian?

An RVT?

A new practice?

Check out the **CLASSIFIEDS** page on the SVMA website www.svma.sk.ca, where members can post ads of up to 200 words for three months, free!

NOMINATIONS FOR THE 2016 SVMA AWARDS *of Distinction* ARE OPEN

Every year SVMA members have the opportunity to recognize deserving fellow colleagues with a nomination for one of the following SVMA Awards:

- JJ Murison Distinguished Veterinarian Award
- Meritorious Service Award
- Communications/Public Relations Award
- Mentorship/Leadership Award
- Registered Veterinary Technologist of the Year

Awards will be presented at the 2016 SVMA Conference Awards Banquet on Friday September 9.

Awards criteria, nomination forms and list of past award recipients can be viewed or downloaded from www.svma.sk.ca.

Nominations can be submitted anytime but no later than June 30, 2016 to sgauthier@svma.sk.ca or fax 306-975-0623.

MEMBERSHIP CHANGES

GENERAL

ROBERTS, Kristen Mar 1

EDUCATIONAL TO GENERAL

WIESE, Brittany I. Mar 8

T-GENERAL

BERGERON, Tania Mar 14

JOFFE, Daniel J. Apr 4

LAMONT, Arran Mar 1

NIKKEL, Anthony J. Apr 1

VARGO, Cheryl Mar 15

T-GENERAL TO T-SHORT TERM

ANDERSON, Kevin Jan 22

CUTTS, Kyla M. Mar 1

KUTRYK, Natasha Feb 1

GENERAL TO SHORT TERM

T-SHORT TERM

HOFMEISTER, Erik May 9-24

Aug 15-29

HOLOWAYCHUK, Marie Kate ... Mar 14-24

JACOBSON, Teresa R. Feb 1-12

Aug 29 to Sep 9

Oct 24 to Nov 4

Jan 30 to Feb 10 2017

Mar 13 to Mar 24 2017

LETT, J. Feng 30 day, Jan 25

SHARMA, Ajay Jun 20

SHORT TERM

ZWICKER, Lesley Mar 7-18

T-LIMITED SHORT TERM

ADAMS III, William M. Feb 16-19

T-EDUCATIONAL

CAMPBELL, Olivier Jul 15

HOLLY, Vanessa L. May 16

GENERAL TO SABBATICAL

ALLEN, Anne F. Jan 1

SOCIAL

WICKS, Kristina M. Feb 16

RESIGNED

DEEP, Aman Dec 31

FOSTER, Allison Dec 31

GAMAGE, Lakshman Dec 31

HARLAND, Richard J. Feb 1

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