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1 A new take on preventative care for the patient 2 and veterinarian

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4 Abstract

5 The food animal veterinary industry has faced dwindling interest from veterinary students and practitioners
6 in recent years. Practitioners who leave ambulatory/food animal practice cite reasons such as salary to student debt
7 ratio, lack of mentorship, isolation and challenges finding spousal employment, injury and health concerns, and
8 excessive after-hours duties. There is an active movement within the food animal veterinary community to address
9 these concerns and several have been addressed at recent AABP conferences. One area that remains a challenge is
10 emergency and after-hours responsibilities. While veterinarians are obligated to provide some level of after-hours
11 care for established patients through most state veterinary practice acts, there are tactics that practitioners can
12 implement to motivate clients to detect and communicate earlier about potential after-hours cases. While true
13 emergencies will always require some level of after-hours service, emphasis on routine preventative care and herd
14 management plans can help to significantly decrease the number of late-night calls that practitioners receive.
15 Educating producers about early signs of trouble and establishing open and easy lines of communication can also
16 help to ensure that animals are attended to in a timely manner, improving outcomes for patients and quality of life
17 for veterinarians. While changes in policies can be concerning for clients (and sometimes even our veterinary
18 colleagues) taking a firm stance on minimizing after-hours calls can go a long way in securing the future of a
19 veterinary practice and the food animal veterinary industry.

20 Keywords

21 Rural practice, emergency policy, veterinary practice sustainability

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23 The James Herriot lifestyle

24 Many aspiring veterinarians read the All Creatures Great and Small series and picture a romanticized
25 version of life as a large animal veterinarian. Somehow, freezing cold nights careening around the countryside in an
26 unreliable vehicle to pull a calf sounds appealing to those of us who hear the siren call of mixed or food animal
27 practice. Though Dr. Herriot makes no attempts at convincing the reader that his late night escapades are anything
28 less than brutal, veterinarians have lived this lifestyle for decades and have accepted it as the norm. Recently,
29 however, the industry has recognized that we are facing a crisis in finding and retaining practitioners, in part due to
30 the demanding after-hours and emergency expectations. A social media survey from 2023 identified the top three
31 reasons that practitioners leave food animal practice include salary and compensation, emergency duty, and practice
32 culture (Bartholomew, 2023). In 2024 at the American Association of Bovine Practitioner's Annual Meeting, Joe
33 Hillhouse discussed strategies for mitigating the less-desirable aspects of rural mixed animal practice which
34 included challenges such as compensation compared to student debt, lack of mentorship, ethical standards, isolation
35 and challenges finding spousal employment, concerns about physical injury, as well as after-hours and generally
36 over-scheduled workloads. While the other reasons listed above are certainly significant barriers to practitioner
37 retention, this discussion will focus on after-hours and emergency policies that can benefit the patient, client, and
38 veterinarian.

39 Personally, on-call and emergency duties were a significant concern when I was a fourth year veterinary
40 student applying for large animal jobs. My decision to accept a companion animal job was multi-faceted but the lack
41 of after-hours responsibility certainly factored in. Shortly after graduation, I also began seeing livestock patients
42 through my own ambulatory practice and you can be sure that I thought long and hard about how I would handle
43 emergency requests. As a solo, new graduate with no other ambulatory practices willing to see livestock within a
44 two-hour radius, managing after-hours calls was paramount.

45 So, what can we do? If your practice doesn't already, I would strongly encourage you to give 100% of
46 emergency fees to the responding practitioner and assistant (if they have one). Emergency fees should also be
47 sufficiently high so as to deter clients from calling after-hours with non-emergent cases. I have heard of some
48 practices with fees so low that clients will call in after-hours for routine herd work! Along this same vein,
49 management must empower clinicians to use their discretion to defer or decline emergency calls (i.e. non-client

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50 requests or non-emergent situations). Sharing after-hours responsibilities between practices is another way to
51 decrease the burden on any one practice and is an excellent way to build camaraderie and rapport within your local
52 veterinary community. Finally, improving early detection of problems and communication between clients and
53 practitioners can work wonders for cutting down on veterinary work outside of normal business hours while also
54 giving clients and vets the opportunity to collaborate on early intervention and monitoring strategies. This single
55 change can help to vastly improve patient outcomes and decrease costs to clients while also improving veterinarian
56 quality of life.

57 In my own practice, I relied heavily on clients detecting and reporting problems early. My emergency
58 policy included:

- 59 1. No after-hours service for non-clients unless an established client vouched for them and was
60 present for the visit.
- 61 2. A minimum call fee of \$500 which included the trip plus 1 hour of service (I understand these are
62 southern California prices and may not be realistic in many other locations).
- 63 3. Phone is on silent from 10 pm to 7 am unless already monitoring a potentially urgent situation.

64 Most clients truly care about their animals' well-being and act with the animal's best interest in mind.
65 Unfortunately, many producers believe that calling the veterinarian should be a last resort, so how do we change this
66 mentality? The cue that I gave all of my clients with regard to potentially sick animals was, "if they look at you
67 funny, I want to hear about it." Obviously, I didn't mean this literally but clients know their animals best (usually).
68 Even those who are new to livestock species watch their animals and notice patterns. We should encourage them to
69 trust their observational skills and report deviations from normal quickly. The second point that producers must
70 understand is: just because they call you about a potential problem does not mean that you will be showing up and
71 handing them a bill. In many cases, an intervention and monitoring plan can be developed over the phone with in-
72 person follow up if needed. I built the cost of these brief phone consults into the cost of my annual VCPR visits
73 though this may not work for every practice or situation. Very needy clients may need to be billed for phone
74 consults, schedule two VCPR/training visits per year, or even be charged a monthly subscription fee for access to
75 more frequent tele-medicine consults.

76 How do we make it happen?

77 Before implementing these changes, your practice should consider how they prefer to deal with the
78 increased communication that should accompany them. It is important to differentiate long phone consultations from
79 the relatively brief interactions that are early notifications of possible trouble. These notifications should consist of a
80 brief history from the client and information gathering from the practitioner followed by plan development. If the
81 issue does not seem urgent or if the client would like to monitor first, it is imperative to provide very specific
82 instructions including any recommended treatments (drug, dose and route), monitoring instructions with specific
83 time points for progress reports to the vet, and hard endpoints when the vet needs to be called immediately even if
84 the allotted time has not yet passed.

85 Community training events, such as dinner presentations or producer days, are excellent opportunities to set
86 the baseline of knowledge for your clients and teach them basic skills that will help them to more thoroughly assess
87 and intervene in urgent situations. Topics such as dystocia intervention, resuscitation and feeding of neonates,
88 animal assessment and physical exam, medication administration, and humane euthanasia techniques can help to
89 expedite phone consults for potential emergencies and empower your clients to take a more active role in their
90 animals' care. It is essential to give clear and specific endpoints for when they need to contact a veterinarian if their
91 efforts are unsuccessful.

92 Broaching these suggestions to clinic management may feel overwhelming. Many younger associates feel
93 that their input and insights are not valued by management. It is important to recognize that things are the way that
94 they are for a reason and asking questions about how and why policies came to be may be the best way to start the
95 conversation. When suggesting changes to after-hours and emergency policies to management, its important to have
96 a plan laid out with attention to how you plan to overcome any challenges that these changes may impart. By
97 suggesting a communication management plan, offering to plan and run client training events, developing an
98 updated, written emergency policy, and offering updated VCPR verbiage and social media posts, you are
99 demonstrating an investment in the business and also minimizing the amount of work that management will need to
100 do to implement your suggestions. Bringing data to the discussion can also be helpful for example, data about most
101 common times for after-hours calls and practice ER income. Presenting a united front with other associates and staff

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102 can also be helpful for letting management know that this is an issue that affects the entire clinic and that you are all
103 committed to the longevity of the practice as well as the wellbeing of your patients.

104 When informing clients of policy changes, publicize, publicize, publicize! Nobody should have the excuse
105 of “I didn’t know that was a thing now”. Between social media, practice newsletters, and in-clinic signage and staff
106 updates, clients should be getting the message that these changes are in the best interest of their animals and
107 themselves while also being good for their veterinarians. Emphasizing the positive financial and welfare
108 implications of early interventions should be motivation enough for most clients.

109 In my experience, I never got a complaint about my after-hours/emergency policy from an established
110 client. Establishing this policy and sticking to it helped me to feel respected, appreciated, and well-compensated by
111 my clientele. My regularly scheduled call load did not suffer and I worked at least one 12+ hour day per week.

112 People will treat you the way that you allow them to treat you. By raising the standard for how clients
113 respect our time and services, we are also raising the standard of care for our patients.

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