



Center for Companion Animal Health, UC Davis School of Veterinary Medicine

CAAH Update

Vol. 16, No. 1, Spring 2011

Greetings from CCAH Director Niels C. Pedersen

Community Practice is evolving to meet needs

Dear CCAH supporters:

This edition of *CAAH Update* features our new Community Practice. Community Practice, which encompasses both medicine and surgery, has grown out of a need to make our graduates more practice ready. Community Medicine has occupied facilities of the Center for Companion Animal Health, while Community Surgery is housed in our surgery training center (Gourley Hall).

Paradoxically, the need for Community Practice results from our successes and status as one of the top veterinary schools in the world. The clinical offerings and teaching of the School of Veterinary Medicine at UC Davis have become progressively more specialized, sophisticated and costly over the past two decades or more. Increasing specialization in the school has also changed the perception of our surrounding communities and further reduced the proportion of routine health problems seen by our faculty, residents and students. As a result, our students were being exposed to fewer of the health problems seen in a typical private practice. This situation was recognized even earlier by human medical schools, causing them to increase their emphasis on community medicine and the family practitioner.

Community Practice in the UC Davis School of Veterinary Medicine has grown almost exponentially since its founding several years ago. As Community Medicine and Community Surgery continue to grow, new and larger facilities will be required. I hope that some of these facilities will be

based in the community as satellite clinics, following the medical school model. The problem will be to enhance our basic clinical offerings while continuing to be leaders in the profession in basic and clinical research and its application to animal health.

This balancing act may require two types of facilities and even two types of faculties. The first will concentrate on the training of veterinary students for practice careers. The second will handle the types of cases, cutting-edge diagnostics, and innovative programs necessary to train the veterinary clinicians and clinician-scientists of the future. This next generation of veterinary academicians will lead the way in fields such as computerized medicine, robotics, and regenerative (stem

cell) medicine and gene therapy. In so doing, they will be direct participants in the emerging arena of “one medicine.” The concept of one medicine is based on the realization that all animals, two-legged and four-legged, suffer from the same types of diseases, and what can be learned from one can be applied to the other.

In conclusion, the development of Community Practice is not a step back into the past. Rather, it is an exciting step into the future for all of us in the School of Veterinary Medicine. I am pleased that the CCAH and its supporters are playing an important role in this undertaking.

Sincerely,

Niels C. Pedersen, DVM, PhD
Director, CCAH

Community Practice fulfills three vital missions

Many pet owners in the Sacramento Valley region regard the Community Practice Clinic for small animals at the UC Davis Veterinary Medical Teaching Hospital (VMTH) as a convenient and valuable service. Beyond caring for pets themselves, the Community Practice program serves two other vital functions: enabling veterinary students to practically apply the knowledge they have gained in their classes, and helping to ensure that the number of veterinarians entering general practice will remain sufficient to meet demand.

The Community Practice program comprises two complementary units: Community Medicine and Community



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Three vital missions *from page 1*

Surgery. Community Medicine functions as a general small-animal veterinary clinic, offering wellness care as well as care for ill or injured cats and dogs. The service emphasizes annual examinations during which topics such as appropriate vaccination protocols, proper nutrition, zoonotic diseases and weight management are addressed. Community Surgery (described in greater detail in the article on page 4) performs spaying and neutering and other general minor surgical procedures. Both services are open to the general public as well as UC Davis employees and students. Growth of these services is a necessary component of future veterinary medical education.

While Community Medicine's fees for examination and medical services are comparable to those of local private practices, VMTH laboratory fees are less than those of for-profit private laboratories, so costs to clients for these services are often less than in private practice. For a modest fee, Community Medicine also offers daytime accommodations for pets, enabling their families to leave them for the day in order



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The Center for Companion Animal Health (CCA)H is dedicated to advancing studies in veterinary medicine – encompassing new ways to prevent, diagnose and treat diseases including cancers, genetic and immune disorders, infectious diseases, kidney and heart diseases, and nutritional disorders in companion animals.

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**Julie Meadows, DVM, chief of
Community Medicine**

to go to work. There is a trade-off, however. "Because teaching is one of our primary missions, significant student involvement with clients is critical in Community Medicine," said Julie Meadows, DVM, chief of Community Medicine. "Clients understand that student involvement is an inherent aspect of veterinary care at a teaching facility." Typical appointments last about one hour, most of which is spent on conversation in the exam room between faculty clinicians, students and clients.

In addition to offering excellent veterinary care and client education, the Community Practice programs give veterinary students opportunities to apply the knowledge and skills they've developed during their previous lecture years in actual examination, diagnosis and treatment of animals. Two weeks of the Community Medicine rotation are considered part of the core curriculum for all small-animal-track veterinary students, as well as those enrolled in the small-equine and small-large curricula. Other students may spend varying amounts of time in Community Medicine by elective, or may add additional weeks to their two-week stay.

Under Dr. Meadows' careful supervision during their rotation, students gain confidence as they enhance their history-taking and physical examination skills. She places strong emphasis on development of communication skills, including nonverbal cues, through which students learn more about the background of each

animal patient and its medical concerns. The process also allows students to develop a rapport with clients.

"In my teaching, I stress that empathy and active-reflective listening can encourage development of a partnership with pet owners, unlike taking a paternalistic approach in making recommendations for care," Dr. Meadows explained. Communication training is also necessary to help veterinary students learn how to explain to owners the value of diagnostic tests, help them understand the pertinent details of diagnoses, and to compare for them the anticipated benefits of recommended treatment plans and alternative approaches. Veterinary students also must learn how to approach the emotionally trying task of conveying unpleasant news to pet owners patiently and compassionately.

Because the transition from school to practice can be intimidating, Dr. Meadows uses gentle coaching to help calm her students and help them think clearly in the examination and treatment rooms. She recalls her own uncertainty during her first few days on the job as a new veterinarian.

"I remember being asked to treat a small-breed dog that had a laceration on its leg. The clinic's staff already had anesthetized the dog and clipped the hair on the leg, and the wound was ready for me to suture," Dr. Meadows recalled. "My employer was right there, looking over my back, and I froze. I just didn't know where to start. My boss said to a nurse, 'Will you show Dr. Meadows how to start a laceration repair? The nurse asked what size gloves I wore and what instruments I needed. In my veterinarian training, I had never been through those intermediate steps."

She keeps that experience in mind when veterinary students rotate through Community Medicine and encounter an ill or injured pet. Before placing a veterinary student under the harsh glare of the examination room spotlight, she first has a conversation with the student, in which they discuss the severity of the problem and appropriate treatment approaches. Such a review helps the student apply previously acquired knowledge and instills confidence. "My intention is to help veterinary students avoid that awkward frozen moment in the examination room when they enter practice," Dr. Meadows explained.

Students who rotate through Community Medicine receive practical training in treating conditions that private practice veterinarians treat routinely – abscesses, lumps, acute lameness, acute gastrointestinal signs, unexplained weight loss and other conditions.

“Students spend their entire days on the service in our clinical setting – performing rounds from 8 to 9 a.m., receiving appointments from 9 to 5, until 7 on Wednesdays, and from 9 to 2 on Saturdays,” Dr. Meadows said.

The community practice concept is analogous to the primary-care model in human medicine in which a family practitioner serves as the initial point of contact and evaluates overall health, helps teach patients how to maintain wellness, and oversees and coordinates specialty care. Human medicine has begun encountering a critical shortage of family practitioners as physicians have increasingly gravitated toward more prestigious and higher-paying specialties. At the same time, investigation into improved models for human health-care provision in the face of overwhelming costs has led to a new understanding that effective primary care leads to improved medical outcomes for patients and is more cost efficient. Veterinary medicine is poised to travel the same path without intervention.

The veterinary family practice concept was conceived at the UC Davis School of Veterinary Medicine and promoted through a credential course in the school’s Center for Continuing Professional Education. The concept gave rise to an organization called the Association for Veterinary Family Practice, which is described in an article on page 8 of this newsletter. The UC Davis veterinary Community Practice program supports the idea that family practice can be an area of focus itself, in Dr. Meadows’ view.

“Of concern within the veterinary medical profession nationwide is the notion that the ‘generalist’ is due less respect than the specialist. That accompanies a perception by graduates of veterinary schools that entering general medicine is an acknowledgment that one isn’t ‘good enough’ to be a specialist – rather than acknowledging that one can pursue excellence in general or family practice,” Dr. Meadows said.

Speaking before an audience of nearly 200 donors and friends at the School of Veterinary Medicine’s fourth annual “Spring Showcase” on March 30, Dr. Meadows said that the exit survey of the Class of 2010 graduates shows that 35 percent of them intended to pursue specialty practice at the time of graduation, and that number is trending up over time. The rotation through Community Practice is particularly important for those in the remaining 65 percent who are considering careers as general practitioners.

Dr. Meadows has traveled the path that she encourages for students. Before becoming a UC Davis faculty member, she was a primary-care veterinarian for 20 years. She sold her share of Veterinary Medical Center of Turlock to her business partner in 2008 to enable her to join UC Davis.

“In Turlock I had been teaching in the local junior college’s veterinary technician program and enjoyed how excited assistants were to be learning how to become registered veterinary technicians. So I had dangled my finger in the teacher world,” said Dr. Meadows, who also initiated an instructional program to teach her practice’s staff members about infectious disease, behavior, parasites and other aspects of veterinary care. When she began to consider a career shift to teaching, she thought first of UC Davis, which is both her undergraduate and her veterinary alma mater. “I was at a point in my life to reach for the next step in excellence in practice when the UC Davis faculty opportunity arose.

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The Adventures of Simba and Sabrina

The contributions of donors enabled creation and installation of the new ceramic tile collage titled “The Adventures of Simba and Sabrina” that has greeted visitors in the CCAH lobby since February. Dermatologist Dr. Ann Haas of Davis (at left) funded the project that artist Claudia Sanchez of Santa Rosa (center) designed and illustrated. Dr. Niels C. Pedersen, CCAH director, presented them with certificates of appreciation (see the expanded story at www.vetmed.ucdavis.edu/ccah/animal_stories/simbasabrina.cfm).

Community Surgery helps students gain confidence in procedures

When a dog or cat is diagnosed with bladder stones, has a cyst or other benign skin mass, or other condition that does not require referral to a specialist, the Community Surgery component of the UC Davis School of Veterinary Medicine's Community Practice program is available to help. The Community Surgery program, which also performs spays, neuters and many other elective procedures, integrates closely with Community Medicine.

Elizabeth Montgomery, DVM, who oversees Community Surgery, says that Community Medicine and Community Surgery operate cooperatively, and many of their functions overlap.

"In Community Surgery, we try to help Dr. Julie Meadows as much as we can with same-day procedures. It often comes down to where a procedure will fit best between our schedules," Dr. Montgomery explained.

Just as Community Medicine hosts training rotations for veterinary students, so does Community Surgery.



Animal anesthesia technician Kirk Stafford and veterinary student Kelly Suyehara, class of 2010, anesthetize a dog before her spay at the Community Practice Clinic at the Center for Companion Animal Health.

"The goal of our service is to enable students to feel comfortable performing routine procedures that we believe most general practitioners should be able to perform," Dr. Montgomery said. Such procedures include spays and neuters; basic mass removals; cystotomy (surgical incision of the urinary bladder to enable removal of bladder stones, or examination or treatment of bladder tumors and blood

clots); enucleation (removal of a tumor or an irreparably diseased or damaged eyeball); gastropexy (attachment of the stomach to the abdominal wall to prevent a potentially life-threatening condition associated with excessive gas in the stomach); digit or limb amputation; and other routine surgeries.

Community Surgery receives patients on Mondays and Wednesdays and performs surgical procedures on Tuesdays and Thursdays. Community Surgery has a surgery suite in the CCAH building in which spays, neuters and some other minor procedures are performed daily. Other surgeries are performed in the Veterinary Medical Teaching Hospital's Ira M. "Gary" Gourley Clinical Teaching Center, which has a suite with four surgery tables along with surgical preparation rooms and recovery rooms.

"On our rotation, students receive and work up cases on Mondays and Wednesdays, and perform surgery on those cases on Tuesdays and Thursdays. On Fridays, we perform cat castrations and spend a

few hours in rounds. We expect the students to truly act as the primary-care provider in terms of responsibility for their cases," Dr. Montgomery said. "In rounds, we generally discuss cases from the week, along with types of surgeries we feel students should feel comfortable performing, including appropriate pre-surgical work ups and postoperative care.

On Fridays we have general topic rounds of the students' choice, ranging from surgical discussions, what to look for in your first job, and practice management topics."

The students are responsible for performing complete physical examinations, obtaining appropriate diagnostics – including blood work, radiographs, and cellular analysis of masses for diagnoses and surgical planning – and putting together an anesthetic and surgical plan, initiating anesthesia, performing surgery and



Dr. Elizabeth Montgomery with Ruby.

attending to all postoperative patient care. Dr. Montgomery said she strives to instill confidence in the students.

"Each week the students perform a minimum of one spay, one cat castration, one dog castration and one elective procedure in Gourley," she said. "Ideally, we would love a facility in which Community Medicine and Community Surgery could be entirely housed together."

Dr. Montgomery and Dr. Meadows collaborate in another important aspect of Community Practice: "We like to encourage students to explore primary care as a means by which to perform all types of medicine and surgery, versus entering an exclusive specialty," said Dr. Montgomery, who graduated from the UC Davis School of Veterinary Medicine in 2002. She spent six years in private practice as both a general practitioner and an emergency clinician. Before joining UC Davis in 2008, she worked at Loomis Basin Veterinary Clinic, a small-animal emergency and referral facility and general practice.

"While in private practice, I was exposed to a variety of surgical cases and found that I loved performing surgery. I also still have a love of general practice and emergency medicine," Dr. Montgomery said. "I believe I have a very calming presence when teaching."

Students value rotation through Community Medicine

Many veterinary students regard their clinical rotations through Community Medicine among the most valued aspects of their education. Fourth-year students Melissa Ahumada and Matie McPeters say that they found their experiences in Community Medicine under the mentorship of Dr. Julie Meadows highly relevant to their career objectives.

“As I near the end of my senior year, I can honestly say that Community Medicine was my favorite rotation yet. This rotation has had the most relevance in my career. I am very fortunate to have been taught by the best minds in veterinary medicine,” said Ahumada, who rotated through the Community Medicine rotation last September. She said the rotation complemented the lecture and laboratory components of her education by placing them in a practical context.

“I have developed a firm knowledge of the pathophysiology of the diseases that we diagnose and either medically or surgically manage and treat. There is no doubt that I have acquired the best veterinary education. My formal education, however, did not emphasize the importance of the general wellness and puppy and kitten exams until I started my rotation through



Community Medicine,” Ahumada said. “The first general wellness exam is one of the most important exams, since it allows me to educate my clients on preventative health and the importance of regular veterinary visits. Through the Community Medicine rotation, I learned how to properly educate my clients about vaccinations, behavior training, diet recommendations,

puppy and kitten care, and ecto- and endo-parasite prevention and management.”

Ahumada’s clinical work schedule in Community Medicine averaged about 50 to 55 hours per week, including rounds. After finishing her daily clinical appointments, she completed patient records. She also volunteered to participate in the “Yappy Hour” puppy socialization class (discussed in the article on page 6).

Ahumada described one of her important patient interactions.

“My first patient was Beaker, an eight-week-old Yorkshire Terrier who had come in for his first puppy exam. I initially thought that visit would be a relatively simple puppy exam since he was a puppy and he should be in pristine health, but I was wrong. Beaker had been adopted a week and a half earlier by a wonderful client, and was the client’s first pet ever. The puppy had been having seizures at home and had worms in his feces. The poor client was bewildered and felt like a terrible pet mom,” Ahumada said. After performing the physical exam, Ahumada talked to Dr. Meadows, director of Community Medicine, about the problem list she had compiled and her treatment plan for Beaker.

“Dr. Meadows allowed me to take the steering wheel and formulate my thoughts about the underlying disease processes going on in Beaker, and how I wanted to manage them. She asked questions to guide me when my train of thought wandered down the wrong course,” Ahumada recalled. Dr. Meadows performed her own physical exam to verify findings, while Ahumada explained to the client her plan for Beaker. “For the most part, Dr. Meadows allows the student to be the doctor and jumps



Class of 2009 veterinary student Katie Kristensen examines a terrier puppy at the Community Practice Clinic in the Center for Companion Animal Health at the University of California School of Veterinary Medicine.

in to speak only when necessary or when she finds a great teaching opportunity. Dr. Meadows’ approach helped me gain confidence as a future veterinarian.”

As it turned out, Beaker had hypoglycemia – decreased blood sugar. “With the proper recommendations, Beaker started eating well and his seizures stopped. This case was extremely rewarding because I had diagnosed and recommended the correct treatments on my own. It also felt great to put the client’s worries at ease,” Ahumada said.

Matie McPeters said that all of her rotations were helpful, but the Community Medicine rotation is distinguished by an important characteristic.

“We perform our other rotations through the filter of tertiary medicine, such as surgery and oncology, which are referral services. Animal patients come there only after another veterinarian has examined them and diagnosed their condition,” McPeters observed. “In my Community Medicine rotation, the veterinary student is the primary practitioner. That means you’re getting the original presentation of the case, not filtered through anyone else. You’re making the original discoveries about the patients. You’re the primary responder.”

She found the Community Medicine rotation most valuable not for learning new skills, but for applying those that she previously had learned.

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Behavior Service's 'Yappy Hour' is social networking for puppies

The old aphorism “you can't teach an old dog new tricks” is based on some measure of truth. That's particularly true of behavioral traits. As dogs age, their behavioral patterns – including aggression, fear and other undesirable traits – become increasingly and often irreversibly ingrained.

The first three months of life frame the most important window of time for puppy socialization, according to an organization called the American Veterinary Society of Animal Behavior (AVSAB). Puppies should be exposed during that time to as many people, animals, stimuli and environments as possible within the bounds of safety. During that three-month period, puppies' impulse to socialize is stronger than their fear instincts. An AVSAB position statement endorses puppy socialization as a basic component of puppy health care, just as important as vaccinations.

The UC Davis Clinical Animal Behavior Service, in collaboration with the Community Medicine Service, hosts a monthly “Yappy Hour” puppy socialization program. “Yappy Hour,” which is held at 6:30 p.m. on the second Tuesday of each month in the CCAH waiting room, is free of charge for Community Medicine clients. All family members, including children, are invited to attend the sessions. Dr. Melissa Bain and Dr. Julie Meadows conduct the “Yappy Hour” sessions with Behavior Service residents and veterinary students. Puppies must be current on their pediatric wellness care, and are required to have at least one preventive vaccination against the infectious diseases most common in puppies in order to participate.

“The Yappy Hour” sessions are both a public service for our clients, and an educational tool for our students,” said Dr. Bain, who is an assistant professor of clinical animal behavior and is the chief of service of the Clinical Animal Behavior Service. She and Dr. Meadows give presentations in the sessions, and so do residents.

“We discuss socialization, house training and a topic I like to call ‘Nothing in Life Is Free,’ which reinforces the idea that rewards have to be earned in life, and that provides consistency for the dogs and owners. We let the puppies run around and meet each person, and then we do some gentle teaching,” said Dr. Bain, who along with her colleagues dispenses treats to reinforce desirable behaviors. “Puppies

generally know how to sit, but those who don't know how learn within three minutes. They look forward to seeing people, which we make a positive experience.” One of the presenters discusses how to walk puppies on a leash, then the puppies and their owners break into smaller groups.

Clients bring their pets into an examination room for a simulated exam. A veterinarian and students will look into the puppies' ears or gently examine some other part of the body, then will give each pup a treat, so that these experiences become less threatening in the future.



Dr. Melissa Bain (left) and visiting student Michelle Smith from Ohio State University work with “Pocket Change,” a male puppy in one of the Behavior Service exam rooms

“Each puppy in the session already has had the experience of being poked with a needle, so the simulated examination helps the dogs learn that a veterinary office also can be a fun place – that sometimes when they come here, they get treats,” said Dr. Bain, who is board-certified in veterinary behavior. She is a specialist in prevention and treatment of behavior problems in companion animals, including the effects of different training methods on the behavior of dogs; the effects of enrichment on sheltered animals; the use of behavioral modification and psychotropic medications (which alter behavior or perceptions by influencing changes in the central nervous system); owner attachment; and other aspects of research regarding the interrelationships between humans and animals.

“Yappy Hour is valuable for our clients as well as for our students, because it increases their opportunities to discuss everyday puppy behavior challenges,”

observed Dr. Meadows, director of Community Medicine.

The Clinical Animal Behavior Service counsels clients individually and helps them resolve behavioral problems with their pets. Dr. Bain also oversees a veterinary practice technician training program to teach animal handling and behavior modification techniques to technicians, in addition to teaching classes in behavior to veterinary students.

“We're not dog trainers, and we don't do obedience training. But we do help evaluate, for example, aggressive or anxiety behaviors, and we also can help determine if odd or unpredictable behaviors may be the result of neurological disease or some other physical disorder,” Dr. Bain said. “For example, the owner of a dog that had bitten his 16-year-old daughter came to see me. The daughter had been lying on the dog's hips; it turned out that the dog had severe hip arthritis and the girl was unintentionally hurting the dog.” Dr. Bain prescribed better pain medicine for the dog, and advised the daughter against reclining on the dog's tender hips. She and her colleagues in Community Medicine routinely make referrals to each other.

Dr. Bain's own cats offer testament to her animal-training prowess; she has trained her kitties to sit, roll over and shake hands. She has considered developing a “kitten kindergarten” to offer cats an opportunity to socialize with other cats, and to teach clients how to better interact with their cats.

She is president of the American College of Veterinary Behaviorists; past president of the American Veterinary Society of Animal Behavior; a member of the UC Davis School of Veterinary Medicine's Animal Welfare Committee; and program chair for animal behavior for the American Veterinary Medical Association's annual meeting. She has worked in a small-animal veterinary practice in the Chicago suburbs, and in a mixed-animal veterinary practice in rural Wisconsin.

For more information, visit <http://behavior.vetmed.ucdavis.edu> or www.facebook.com/ucdavisbehaviorerservice. You may call 916-752-1393 (follow instructions to Behavior Services) .

Three vital missions *from page 3*

She takes advantage of the informal opportunities for mentoring in and promoting primary care. Those interactions occur when she sees veterinary students with their own pets during their first three years, while speaking at student club



Veterinary students Beau Bedell and Kelly Suyehara, of the class of 2010, prep a kitten for spay at the Community Practice Clinic at the Center for Companion Animal Health.

meetings, and working with undergraduate students involved in the Vet Aide club.

“I think one of the best benefits of my

presence, and that of the other general practitioners here at the School of Veterinary Medicine, is in imparting a sense of legitimacy and value to this aspect of the profession, and in demonstrating the scope of opportunities available,” Dr Meadows said.

Community Medicine already is operating at capacity and has more patients than it is equipped to handle. It is seeking to expand its medical and surgical services not only in response to patient demand, but also to accommodate more students for longer rotations. The addition of another veterinarian this spring will increase the service’s ability to provide care but will, unfortunately, contribute to another problem: competition for space.

“We already have exam room space pressure as a result of sharing facilities with the Oncology Service, and this shortage will worsen as the volume of patients we receive increases. We absolutely need a larger, perhaps dedicated, space to

continue to grow to the capacity needed to support both the clients in our community and our teaching efforts for veterinary students,” Dr. Meadows said.

Another area of growth in the veterinary curriculum in general that is key to competency in practice is in communication training. The School of Veterinary Medicine gives students “dress rehearsals” for client encounters using “simulated clients” – actors who pose as pet owners and present the students with various loosely scripted scenarios. The sessions are intended to help students polish their communication skills in history taking and making diagnostic and therapeutic recommendations. While Dr. Meadows thinks those sessions constitute a good start, she believes that the educational component must be more fully developed.

“Some other veterinary schools are further along than we are in the use of videotaping as an observation and evaluation tool, and while client consent to filming would have to be obtained, that has never been mentioned as an obstacle. One of our goals is to create video-recording opportunities in our clinical setting, although funding and faculty time availability for reviewing those with students in a meaningful way will have to be obtained,” Dr. Meadows said. She believes strongly in the need to increase the communication training component in veterinary education – not just at UC Davis, but as a national initiative.

Video recording actual client interactions would enable students to observe themselves and would enable mentors to give feedback on aspects of the encounter, including body language, avoidance of medical jargon, and the ability to positively address clients’ skepticism and fears. “As the School of Veterinary Medicine works toward building a new veterinary medical teaching hospital, we hope that development of new exam rooms will accommodate video recording technology,” Dr. Meadows said.

Please visit http://www.vetmed.ucdavis.edu/vmth/small_animal/community_medicine/ or call 530-752-9811 to obtain more information about Community Practice veterinary services at UC Davis.

Students value rotations *from page 5*

“The Community Medicine rotation emphasizes assessment of situations rather than strictly teaching procedures. Dr. Meadows sharply focuses on every aspect of the physical exam in much more intensive ways than I had previously encountered,” McPeters said. “Dr. Meadows demonstrates a very consistent pattern in talking to pet owners. She expects us to communicate clearly with them, and to make certain that we thoroughly ask questions and listen carefully to make sure that each of the client’s concerns is addressed.”

McPeters added that Dr. Meadows urges students to keep in mind how much a recommended diagnostic test or treatment would cost a client, and to present firm justification for recommendations. “She also discusses the business aspects of private practice – this is how much a vaccine costs, this is how much you would mark it up, and how much profit you would make. There’s a strong chance that many of us are going to be small-business owners eventually, and having come from private practice herself, she always integrates the business aspect,” McPeters said.

“Dr. Meadows doesn’t just teach clinical skills; she teaches life skills for veterinarians,” McPeters added. “Community Medicine is a great rotation, and if students could remain there longer, they’d benefit even more, because you never know what’s around the corner.”

Veterinary students in various curricular tracks, including the zoological, small-animal, equine-small animal and mixed tracks, are required to spend two weeks in a Community Medicine rotation, according to Judy Wall, student affairs coordinator in the hospital director’s office. She explained that students in the mixed track take small-animal, equine and food animal rotations. Students in individually designed tracks may choose to spend two weeks in Community Medicine as a core option, and all students may take Community Medicine as an elective rotation.



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Association for Veterinary Family Practice encourages primary care

The premise that households typically regard pets as members of the family has given rise to an organization called the Association for Veterinary Family Practice (AVFP). The AVFP was established to optimize the quality of life of pets within their human families by advancing and more firmly establishing the model of primary veterinary care.

Established in 2006, AVFP is an amalgamation of primary-care veterinarians in private practice and academia, faculty members at veterinary schools, veterinary technicians and other hospital staff members, veterinary practice managers and other people who wish to promote the health and well-being of companion animals through integrated, team-based, primary health care. The UC Davis School of Veterinary Medicine was the founding educational partner for the organization, to which numerous other organizations also furnished support.

The association observes that “to be competent in primary care, the veterinary family practitioner must be expert in areas that are not emphasized in traditional training, such as conduct-

ing a risk assessment for a patient based on a thorough genetic, behavioral, nutritional and physical evaluation. Based on that risk assessment, veterinarians and pet owners develop a life-stage health management plan, emphasizing prevention and wellness surveillance.”

The UC Davis School of Veterinary Medicine's Continuing Professional Education Department hosted the first credential program in veterinary family practice. The program consisted of two online modules and two modules presented at the UC Davis campus. The first class of graduates completed the program in 2009. The association is working to launch a new credential program focusing on the core competencies of veterinary family practice: communication, clinical competency and community.

The association's website (www.avfp.org) includes informational articles for pet owners, and links to useful online resources. UC Davis has an affiliated student chapter, called the Student Association for Veterinary Family Practice (<http://www.vetmed.ucdavis.edu/Clubs/SAVFP/>).



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