

Red Squirrel finds her feet in new job

IN the first of a series, Emily Gascoigne, who graduated last summer, shares her first month as an intern.

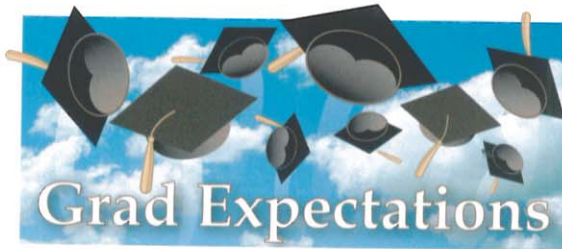
I WAS asked at interview: "What are you most worried about with regards to the internship?" My answer was: "Week one."

As a new graduate, joining a practice I knew of by reputation and not through extramural studies experience and being a long way away from my Lancashire homeland, this was perhaps a valid concern.

My first job is a junior clinical training scholarship (intern) at the RVC, based at Synergy Farm Health in Dorset – perhaps terrifying in itself. Synergy is one of the largest farm practices in the country and, being a Cambridge graduate, I had no experience of the RVC infrastructure.

On the advice of my predecessor, I visited the week before my start date and "saw practice" with the clinicians. This meant that in zero-pressure scenarios I was able to begin to learn about the practice network and who to approach for advice.

One of the most daunting tasks about joining such a large practice was getting to know the large support team and their roles. They have been very patient and by the end of my first month, I was probably



nearly there, although new faces occasionally popped up.

My first week in practice wasn't the horror show I anticipated. Following an induction at the RVC, I stocked my car in preparation for a life on the road. The hardest part of this task was drug selection. Do you stick with the staples or prepare for every eventuality and for farmer preference? I don't know what "my preferences" are as the world of prescribing is untrodden territory. Should I even be carrying fluoroquinolones or saving them for specific scenarios? Finally, as a self-confessed steroid-phobic, stocking a bottle of this felt sacrilegious.

Going solo

Week one was my first "shadowing week", spending mornings visiting larger clients and "getting my hand in" on routines, with afternoons spent starting to pick up calls. I was encouraged to write a list of potential visit types I would be comfortable with. This proved

to be reasonably tricky. The lists of things "I really want a go at" is very different from the list of things I am "absolutely happy with on my own". A compromise between these theoretical lists was reached – with the proviso that anything surgical or obstetrics related and I would be "as keen as a whistle".

My first solo call was booked in as a retained fetal membrane (RFM), but life is never that simple. My journey to the call had allowed me time to work through a series of scenarios, what my plan of action would be and what treatments (if any) would be appropriate. The "while you're here" cases included a recently calved Holstein with slightly firm faeces and a milk drop in the morning from 20 litres to 16 litres, and scouring 10-day-old calves.

The RFM was unremarkable, my fresh cow was 6.4mmol/l for ketone bodies (my personal record, for week one anyway) and my calves later came back as *Cryptosporidium*-positive. A jam-packed first visit.

Having worked through the cases (with some mobile 'phone support) the next challenge awaited – dispensing and dockets. Despite having organised my car only the day before, it was amazing how quickly its contents had become muddled, requiring a map to negotiate.

Secondly, the concept of my time and opinion having a value is alien to me. Even as I wrote this article one month in, I found myself thanking clients after we had discussed cases on the telephone. I am mostly grateful they haven't instantly demanded a second opinion from someone who is less wet behind the ears.

CB terrors

Billing is another potential minefield and I usually get tripped up by forgetting to include disposables. Fortunately, the practice IT guys are developing a solution to this problem with their Herdkeeper system, which will mean I can focus on the job in hand.

Having finished a visit, the next step is using the CB radio to vet HQ where I am known as Red Squirrel. The first few times I used the radio, I am sure I was talking to the ether and not to base. Once I had mastered the art of turning it on, I then had to start communicating. Needless to say, I cringe

to think of more senior vets listening to my trivial questions.

One of the most stressful parts of being new to a practice is finding farms. I am very much a TomTom girl, but I have come to realise this is of limited value. The top areas where I have been caught out are farms with multiple holdings, billing addresses versus actual livestock holdings, and multiple farms within a given business. On occasions my "getting lost" time buffer has been eaten away and all that can be done is to apologise and make a firm mental (and satnav) note of the location.

As part of my internship, I live with RVC students tracking at the Kingston Maurward centre. Although some new grads may be horrified by this, it is actually proving to be great fun. Evenings are punctuated by discussions of clinical cases, the *Fifty Shades of Grey* phenomenon sweeping the student population and tales of my travels around Dorset treating cows. Conversation is never lacking.

Moving to a new area is daunting and with no family or pre-existing friends in Dorset, I needed to make sure I threw myself into local living. I decided the most effective way to do this was to join my local Young Farmers' Club branch. Having selected a group based on its



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number of eligible gentlemen, I quickly settled in. The farmers are naturally of the opinion that as a vet I work from 10.30am until 3pm and were brutal when I made the faux pas of saying that I had an "early start".

As an intern, the emphasis on education is continued and my progress will be monitored. While my professional aims during my internship are that I will become a self-assured and valuable member of the team, my personal aims are that I will continue to make new friends, become a member of the local farming community and end my tortuous relationship with my satnav. Time will tell. ■