Letters to the Editor

Concerns about the future of veterinary education

As a third-year veterinary student, I am heartened to see our profession beginning to take interest in and rally around education reform, as evidenced most recently by the formation of the North American Veterinary Medical Education Consortium (NAVMEC).[1] However, I was discouraged that the NAVMEC panelists remain firmly attached to the idea that all students should be cross-trained to treat all species. The recent draft report and recommendations[2] from the NAVMEC rightly acknowledge the need for "practice-ready" veterinarians on day one after graduation. But the NAVMEC list of expected day one skills and competencies seems rather unrealistic, spanning multispecies clinical expertise; expertise in communication, collaboration, and management; the ability to promote public health and one health; ethics and professional leadership skills; and diversity competence.[2] According to the report, these broad curricular goals are to be incorporated in the traditional four-year period.

A veterinarian's background in comparative anatomy and physiology is a great asset, and I absolutely believe this background should continue to be the cornerstone of veterinary medical education. But there is a difference between a multispecies approach to teaching the basic sciences and training new graduates to be competent in every practice setting. Medical research has elevated the standard of care and improved the health of animals but also resulted in an explosion in the amount of information that must be learned. A vast array of unrelated diseases, diagnostic tests, and novel treatments awaits practitioners in companion animal, equine, food animal, wildlife, and zoo animal medicine. Those veterinarians who choose careers in public health and research require unique, nonclinical skills. The various branches of the veterinary profession have become so divergent that it is no longer possible for a single veterinarian to master them all and meet the standard of care for every species in every practice setting.

Attempts to educate in this manner have, in my opinion, resulted in inexperienced new graduates who increasingly turn to internships and other forms of advanced training before entering the workforce. It seems to me that the most pragmatic solution is a core basic science curriculum followed by intensive, species-specific training resulting in limited licensure. Unfortunately, the NAVMEC dismisses this idea in its draft report.[2]

As a profession, we seem to be forever enamored with the romantic vision embodied in the novels of James Herriot of the veterinarian who spays dogs in the morning, treats a horse with colic in the afternoon, and delivers a calf in the middle of the night. Unfortunately, times change. As society has become more urbanized, it seems to me that the need for traditional mixed animal practitioners is shrinking. There are more unique roles for veterinarians than ever, and it is simply not feasible for veterinary colleges to prepare all students for all of these fields. In my opinion, unless the profession realizes this, we will be unable to reform our educational system to be efficient and cost-effective while still producing practice-ready veterinarians. It is my sincere hope that the NAVMEC, as well as the veterinary profession, reconsiders this commitment to training veterinarians who are "jacks-of-all-trades" in a modern world that increasingly requires specialized knowledge.

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1. Larkin M. NAVMEC transitions from planning to action. *J Am Vet Med Assoc* 2010;237:1007–1009.
2. Association of American Veterinary Medical Colleges website. Draft NAVMEC report and recommendations available. Available at: www.aavmc.org/navmec.htm. Accessed Nov 13, 2010.

The effects of bacterial resistance on human and animal health

A recent experience with methicillin-resistant *Staphylococcus aureus* infection in two family members highlighted for me how important it is that veterinarians stop contributing to the problem of bacterial resistance. One family member had sinus and skin infection, and my son required hospitalization with IV administration of fluids and morphine because of severe cellulitis that resulted in an abscess and required drainage.

Instructions for Writing a Letter to the Editor

Readers are invited to submit letters to the editor. Letters may not exceed 500 words and 6 references. Letters to the Editor must be original and cannot have been published or submitted for publication elsewhere. Not all letters are published; all letters accepted for publication are subject to editing. Those pertaining to anything published in the *JAVMA* should be received within one month of the date of publication. Submission via e-mail (*JournalLetters@avma.org*) or fax (847-925-9329) is encouraged; authors should give their full contact information, including address, daytime telephone number, fax number, and e-mail address.

Letters containing defamatory, libelous, or malicious statements will not be published, nor will letters representing attacks on or attempts to demean veterinary societies or their committees or agencies. Viewpoints expressed in published letters are those of the letter writers and do not necessarily represent the opinions or policies of the AVMA.

I personally have seen numerous instances when veterinarians choose top-of-the-line antimicrobials for treatment of simple infections: an injection of enrofloxacin after every dental procedure or amoxicillin-clavulanate—never amoxicillin alone—for treatment of a basic urinary tract infection or cat-bite abscess (this does not even address the issue of the higher cost for clients). Our clinic uses amoxicillin and cephalexin with excellent results and only relies on other antimicrobials when really needed. Veterinarians need to be more cautious in their antimicrobial selection and save top-of-the-line antimicrobials for when they are really needed. We may be impacting not only animal health care but human health too.

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