A residency in equine clinical epidemiology

As a competition horse owner and rider, vet Laura Salonen was keen to work in the equine sector, so she took up a residency in equine clinical epidemiology.

AFTER qualifying as vet from the University of Helsinki in 2003, I worked first in mixed practice, but soon moved towards seeing mainly equine patients, spending my summers involved with reproduction and neonatal care and the winters with emergencies, preventive healthcare and orthopaedics.

I enjoyed the clinical work, and worked towards the Finnish specialisation degree of equine medicine, but after a few years’ experience I wanted to gain new skills. Neither equine surgery nor internal medicine felt like the right solution. I wanted to keep close to the wider horse population and help horse owners in keeping their horses performing, while avoiding disease, injury and extra veterinary costs. I am a competition rider and horse owner myself, so that served my own interests as well. However, the possibilities for working towards such a career were scarce.

While working as a clinician at Helsinki University’s Equine Hospital, one of my colleagues, who knew of my interest in preventive and evidence-based medicine and research, forwarded me an advert for a Horse Trust-funded residency at the Royal Veterinary College (RVC), London. Six months later, I was in London starting my three-year senior clinical training scholarship in equine clinical epidemiology. The aim of this scholarship is to provide thorough training in epidemiological methods through a combination of formal education (a Masters in veterinary epidemiology) and practical application of gained knowledge to study clinically relevant equine disease problems. The training programme also fits the requirements of a residency programme of the European College of Veterinary Public Health (ECVPH), so I signed up for that too.

Why I applied
My main drivers to apply for the position were the knowledge and skills that I could gain and the possibility to do clinically relevant research. On top of the stipend for my living costs, the scholarship funding from the Horse Trust covered the expenses of my Masters studies and the main clinical research project which focused on epidemiological aspects of equine obesity and associated clinical disorders that have a major impact on equine welfare. The fact that I could also aim to obtain ECVPH diplomate status through the programme was an added bonus.

The first year was filled with formal training, whereas the past two years have included applying the gained knowledge to various clinical research projects, in addition to my main research project.

My main research project was quite intensive and required the management of the whole process from study design and pilot studies to the logistics of data collection, analysis and writing publications. In other projects, my role in the team was to help with various aspects of study design, statistical analysis and interpretation of the results. I also participated in various undergraduate and postgraduate teaching activities within the epidemiology division at the RVC, which I really enjoyed.

Insight into other career opportunities
The residency also included external placements. In April of this year, I did a one-month externship at the animal health division of the United Nations Food and Agriculture Organization in Rome. Most of my time there was spent finding and summarising information about African horse sickness and the possibilities of its control in Western Africa. I also spent a few weeks...
being involved in a number of clinical diseases in any species. The residency gave me confidence to apply those skills through studying various types of clinical problems, from chronic conditions to acute infectious diseases. The formal training that I received is fulfilling my goals better than a PhD would have done. The training that I received through the MSc was something that I really needed in order to have the right tools to start identifying the most common problems and information gaps in veterinary care, and gave me a basic understanding of the different aspects of veterinary work. It also allowed me to consider various career options and, therefore, made me feel certain that this one was the right option for me. The Horse Trust scholarship is one of very few opportunities worldwide to do a residency in equine epidemiology, so I feel very lucky to have got it and am very grateful to the Horse Trust for supporting me.

What next?
I will continue with the work I started on the transmission of human pathogenic \( Y. \) enterocolitica at the University of Helsinki and broaden that work into a PhD. The population of interest will not be horses, but pigs and humans for a while, but I hope to continue with some clinical equine projects as well.

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**Ten-minute chat**

Sarah Middleton qualified from the University of Liverpool in 2003. After working in mixed and small animal practice she set up a self-contained cat-only veterinary clinic in the north east of England.

**What made you set up a cat-only practice?**
I felt cats got a poor deal at veterinary surgeries. They were often in waiting rooms surrounded by dogs, were dragged out of their carriers, quickly examined and often overly restrained. I wanted to create a less stressful environment for cat owners to bring their cats to – an up-to-date first-opinion service with modern facilities and adequate appointment times to allow a cat to relax before being examined.

Observing my own three cats and the ways they react to different situations has stood me in good stead for offering clients practical advice, as well as being able to recognise the odd things cats do that you wouldn’t know unless you were owned by one.

**How did you get to where you are today?**
Before and during vet school I thought I didn’t want to work with anything smaller than a Shetland pony! After working in mixed practice, I decided I would rather keep horses as my hobby and focus on small animal work. I found cats particularly interesting (medically and behaviourally) and wanted to learn more about them, so I did the General Practitioner Certificate in Feline Practice and attended every cat-related CPD event I could. I also wanted to move away from knowing a little about many species to an expanding knowledge of one species, and the concept of the cat-only practice was born. SimplyCats opened in May 2009, and is steadily increasing in size and reputation.

**What day-to-day activities does your job involve?**
Arriving at work, I check my e-mail for lab results, Facebook to see what everyone is doing and then start consulting. Operations and diagnostic investigations follow morning consultations, and, unless we have any epic procedures, I am normally finished by 2 pm. In the gap before evening appointments, I attempt to go for a swim or ride my horse.

**What do you like about your job?**
I love my job and gain immense satisfaction from seeing the business grow, and feel honoured that clients return and new clients join the practice on many occasions due to recommendation by existing clients.

**Is there anything you don’t like?**
As with many vets, the out-of-hours call where the cat hasn’t passed urine all day but is in and out of the litter tray; the person on the phone who is registered with another vet but doesn’t want to go all the way to their out-of-hours clinic; and those people who want everything done for their animal and then mention that they can’t afford to pay.

**Why do you think cat-only practices important?**
Cats suffer significant stress if they have to wait in an environment with strange noises, smells and other animals. They are often difficult to restrain as they are already ill at ease, and this is made worse if the pressure of a short consulting slot means an examination has to be rushed, making them prone to lashing out. Most cat-only practices offer longer than usual consulting slots to allow cats to acclimatise to the room and personnel handling them. It is important that cats are maintained in a stress-free environment to allow optimal examination with minimal interference on their behaviour to gain as much clinical information as possible.

**What advice would you give to someone considering a similar path?**
Go for it! Things are unlikely to be perfect, but it is more a question of getting things going and improving on them than not doing anything for fear of failure.

**What is the best piece of advice you were ever given?**
If you always do what you’ve always done, you’ll always get what you’ve always got.

**What was your proudest moment?**
After three years of business plans, planning permissions, bank meetings, renovations and decorating, finally opening the doors to the practice and having our first client walk in.

. . . and your most embarrassing?
Thinking I was super-efficient by booking all the travel arrangements months in advance for the recent International Society of Feline Medicine congress in Amsterdam, only to find out at check-in that I had booked for July instead of June.