An internship in private practice

Traditionally, internships were offered via veterinary schools, but increasingly, places are available at larger referral practices.

Silas Goldsworthy, one of six interns at Davies Veterinary Specialists in Hertfordshire, discusses this career option.

HAVING qualified from Edinburgh in 2009, I spent the best part of a year in mixed practice in Scotland, where I enjoyed the opportunity to spend some time working outdoors, especially on warm summer days. However, I then took up an internship at Davies Veterinary Specialists (DVS), where there are 30 clinicians providing multispecialist care in the fields of anaesthesia, cardiology, diagnostic imaging, internal medicine, neurology, oncology, ophthalmology, orthopaedic surgery and soft tissue surgery.

After working with the surgeons on rotations during my final year at vet school, it had been my ambition to do an internship. I find the surgeries interesting and challenging, although I have not ruled out ultimately pursuing other specialities. This is something I will decide on nearer the end of my internship.

When I considered an internship, I was under the impression that it would involve attending a university. I was, therefore, quite surprised at the number of private referral centres offering internship programmes.

One advantage of a private practice internship is the level of access it presents. There are no large groups of students, and interns have more scope to be directly involved. It also allows greater opportunities for one-to-one discussion with the clinicians.

Another advantage here at DVS is that the interns are scrubbed into the vast majority of surgical procedures as assistant surgeons, as opposed to being a ‘fly on the wall’. This doesn’t, however, limit the opportunities to observe other surgeries.

Once a fortnight we have journal clubs, similar to those you would expect at the universities, as well as access to a variety of external CPD courses, many of which are presented by the clinicians here at the practice. The interns also have fortnightly lectures specifically for them. We are encouraged to undertake a project during our time here, which is supervised by the clinicians.

From my experience, the quality of case care and knowledge of the staff at a private referral centre is as good as you would find in a university environment. The facilities we have available to us are extremely impressive. They include on-site computed tomography, magnetic resonance imaging, intraoperative fluoroscopy and five fully equipped operating theatres.

Finding a place

There are a growing number of referral centres that offer internship positions. Some of these centres are truly multidisciplinary, while others focus on a smaller number of specialities.

As well as private practice internships, there are also more traditional university-
Caring for a West Highland white terrier following an endoscopic procedure

based programmes. As not all internships are advertised, it is worth asking around as to what might be available, or getting in touch with suitable practices.

Stepping stone
An internship can be viewed in a couple of ways. The majority of people undertaking one will plan to use it as a stepping stone to a career in referral veterinary practice, with the next stage being to secure a residency. For others, it is a chance to continue learning and developing skills with access to the knowledge and skills of highly trained and experienced vets. I am told that three-quarters of DVS interns who aim to go on to do a residency achieve their ambition.

Typical rota
A standard working day starts at 8.00 am and finishes at 5.30 pm, five days a week. At DVS we rotate through a six-week block, doing two weeks of orthopaedics, a week of medicine, a week of soft tissue surgery and a week spent on a mixture of the services of our choice or where we are needed. We also do a week of nights.

A typical working day on a surgical week would begin with preparing for the first surgery of the day – anaesthetising the patient and then scrubbing in on the surgery. Throughout the rest of the day we are normally scrubbed in with the same specialist surgeon and working alongside them through their surgical list.

On a non-surgical week, our role is to be involved with the medical clinicians, ophthalmologists, neurologists and anaesthetists to ensure the day’s procedure list is kept on schedule. This can often be a good chance to see consultations and follow cases, assisting the clinicians as required.

Looking ahead
I am enjoying my internship and would recommend it. My future ambition is to secure a surgical residency, with my main area of interest currently being soft tissue surgery.

Tell us a bit about how the Cambridge Infectious Diseases Consortium came about.
After foot-and-mouth disease in 2001, there was a national realisation that we needed to bring more vets into infectious disease research. On the basis of collaborations that I had established with the zoology department at Cambridge and its links with the vet school, the successful application from Cambridge to Defra and the Higher Education Funding Council for England for Veterinary Training and Research Initiative funds included me; what started as a five-year position has turned into a permanent one.

How do you get to where you are today?
Having spent some time after graduation first running a commercial lamb production trial (where I worked as a shepherd with a weighing machine and computer) and in mixed practice, I was pointed in the direction of epidemiology by Jet Jones, who had known me at the Royal Veterinary College. I had developed an interest in research during my intercalated BSc in physiology at University College London. I spent the first of my 15 years at the Animal Health Trust (I’d only intended to go there for three years to get training in epidemiology) doing a Masters in epidemiology at the London School of Hygiene and Tropical Medicine, which was a fantastic experience and course. The AHT’s one-man band of epidemiologists had grown into a 10-strong mixed team by the time I left.

How do you spend a typical day?
After a 25-minute train journey and a 15-minute ride on my folding bike across Cambridge after a hurried breakfast at home (usually spent with my daughters Laura and Sophie, but not my wife Ros), I get to work at around 8 am and try to get what I need to do done before the day starts. I sometimes seem to spend nearly all my time when at work in Cambridge in a series of meetings, supervisions and, occasionally, teaching. I seem to do most of my own work at home or when travelling. I try to get home for 6 pm so that I see the children before they go to bed. My last year has been frantically busy, running a consortium of researchers (along with Ian Brown from the Veterinary Laboratories Agency and many other colleagues and institutions around the UK) who are working together to address the animal and zoonotic aspects of the swine flu pandemic.

What do you like about your job? I get huge pleasure from working with so many extremely able people in Cambridge and around the many different collaborating institutions that I work with. I am very lucky to travel to the fascinating places that I do and meet great people in them.

What do you not like? I spend too long away from home and miss a lot of important personal and professional things as a result.

What advice would you give to someone considering a similar career? Find out what is really involved, and if you still want to do it, then do.

What’s the best piece of advice you were ever given? On arriving in Newmarket, I was told not to bet what I could not afford to lose.

What was your proudest moment? I’ve got some of the greatest pleasure from seeing people who have worked with me, most of whom are much more able than me, doing well in their work and careers.

. . . and your most embarrassing? I think I might take the Fifth Amendment here!
Ten-minute chat

James Wood

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