

0:00:00.0 Katie Berlin: Hi, welcome back to Central Line. I'm your host, Katie Berlin, and my guest today is Tina Tran. Tina is a veterinarian and educator and volunteer leader, and all the things, and I wonder, Tina, when you sleep. I'm honestly not sure that you do.

0:00:20.6 Tina Tran: That's actually a very good question.

0:00:24.3 Katie Berlin: And you're a mom. Let's not even talk about that. That's just crazy. I am just in awe of everything that you do, and we've met online, but only very briefly in person, so I'm very excited to have this chance to talk to you today. Welcome to Central Line.

0:00:36.0 Tina Tran: Yeah, thanks for having me. Yeah, so I guess I can go into a little bit more of my background to give people some context. Like you mentioned, I'm a veterinarian, most of my time in practice has been spent in small animal and shelter medicine. That was probably the first 10 or so years of my career. And then, as you mentioned, in a moment of sleep deprivation, I decided to apply to become a vet tech instructor at a local community college program in Portland, Oregon, and so became full-time faculty in that program for a couple of years. I was fortunate enough to join the faculty at Purdue University's vet tech program, and so ran their program for about three and a half years. Both their online and their on-campus program.

0:01:22.4 Tina Tran: And then my husband's job moved us out to Arizona where we have lived for the last six years, and I went back to doing small animal relief work for some time while our two children kinda got accustomed to their new schools. And then for almost exactly three years have been on faculty at University of Arizona's veterinary school, which is one of the newer veterinary schools, what we call a distributive model, we don't have a teaching hospital.

0:01:45.9 Tina Tran: So my primary role within the college is to help build that network of practices and other veterinary facilities that we send our students to for their four-week rotations during the last 13 months of the program. So I think with my clinical background and then having some academic background, this is really my sweet spot where I get to use all my skills and then continue to grow. And as you kind of briefly mentioned, I do a lot of things within organized veterinary medicine, so both at the local level within the state, but then also kind of on the national level as well. Things varying from being on the investigative committee for the Arizona vet med examining board. So having some eyes on cases that are being brought to the examining board about licensees, all the way to some of the work I do with the AVMA, which I serve as a site visitor for the Council on Education.

0:02:41.5 Tina Tran: So have helped with accreditation site visits for veterinary schools for, gosh, almost 10 years. So have been fortunate enough to have seen a lot of different models of veterinary education, and so there's just some amazing things going on out there. And a lot of the work I've also done is with the Multi-cultural Vet Med Association, MCVMA, as a past president and a founding board member. And so there's a piece of me that is always with MCVMA, for sure.

0:03:09.0 Katie Berlin: That's a lot. [laughter] That is a lot. And I really just... Right off the bat, I definitely wanna talk about the distributive model of learning at U of Arizona, and it's really interesting that you've managed to accumulate so much experience through your work with accreditation for the AVMA that you have sort of built up this knowledge of how a vet school can be run. And now you're at a place that's really doing something different, and I know there is a few schools doing the distributive model now, and definitely I wanna spend some time talking about

that because I've seen quite a bit of discussion about that online lately, and I'd love to talk about it. But I just also wanna say that you are one of those people who is a testament to, "If it's important to you, you will figure out a way to get it done." Because there can't be a lot of free time in there, but I know that just from seeing your work online and knowing people who know you 'cause this is a small world. You seem super passionate about so many aspects of the industry, and I just love that. You're really a force for change in Vet Med.

0:04:21.6 Tina Tran: Well, thank you, I appreciate that. And I will say, you're correct. I don't have a lot of free time. I think one of the things, now that I consider myself mid-career, that I've been trying to find my way closer to is where that intersection of what I do for my day job, what I do as a volunteer leader, and where all my passions and interests are. I'm trying to find that intersection so that I can have all of those things in one place rather than, like you mentioned. I've got this day job, I have volunteer work that I do, lots of different interests. So I feel like I'm getting closer and closer to that. I think academia has definitely afforded me some opportunities that are a lot harder to do if you're on the clinic floor, for sure.

0:05:04.3 Katie Berlin: Yeah, we have a lot of veterinary professionals on here who don't have traditional clinic jobs, and that's one of the reasons they're able to go out and do all these other things, but that's not always the case. And it's not that we don't have full-time jobs, it's just a way to sort of impact the industry in a different way. And what could be more important than working in education? But before we started, I just wanted to say one thing, which is... So we had... In 'Trends' our magazine at AAHA, we have themes every month and just things... Topics that we wanna talk about or things we wanna make sure are included in the issues. And it's funny because when I contacted you about the podcast, I was just thinking we would just talk at some point.

0:06:02.1 Katie Berlin: And then we realized that one of the themes coming up was we wanted to include some veterinary professionals with an Asian heritage because of a... Or a Pacific Islander, because of one of the theme months that's coming up. And I already had you on my list and I was like... At the time, I was like, "Well, we have to get this done kind of fast because issues go to print a lot earlier than they are gonna be actually distributed." And then I was like, "Well, wait a second, I'm Asian." [laughter] I totally forgot that that is actually just me. So we actually have an Asian on the podcast every single week. But we don't talk about it because I don't think of myself as like, "Oh, I'm the token Asian doing this podcast." And why would a guest want to be viewed as the token Asian that comes on the podcast for Asian-Pacific Islander heritage month.

0:07:00.4 Katie Berlin: And you had said something in your email when I suggested that we talk about DEIB and your work with the MCVMA, and you were like, "Well, that's great. I'm happy to talk about that stuff. But I also wanna make sure people know that I don't just talk about DEI." And I was really glad that you said that because DEI is not a separate topic anyway.

0:07:20.3 Tina Tran: Yeah. Yeah. Definitely.

0:07:24.1 Katie Berlin: And it is very unusual, at least in my experience, to see two veterinary professionals of Asian heritage talking to each other on a podcast. We just... There just aren't that many of us, at least not visibly in the profession. And so it's just nice, I think, to be able to say, "Here we are, and this is just what we do. And now we can talk about something else if we want to." But that brings to mind the intersection of the MCVMA and your work in DEI with all of the other things that you do. Before we go into all the other things. How does that work inform

everything else you do?

0:08:06.9 Tina Tran: Yeah, so I think that's a great jumping off point, Katie. I think for me, part of it is the recognition that DEIB, Diversity, Equity, Inclusion, and Belonging find its way, quite honestly, in every part of veterinary medicine and outside of veterinary medicine. It may just not look exactly the same in every instance. If you think about client compliance, the conversation around what is it that... What are those communications that you're having with an owner? Some of that actually is involved with... You have to consider the fact of access. Do they have the ability to do the things that you're asking them to do as a veterinarian, as a technician.

0:08:47.2 Tina Tran: If you're saying you need to be able to give this medication in your dog's eyes every three hours or every two hours for the next however many days, and they're just like, "Well, I don't know how I'm supposed to do that because I work a job that is an hour away from where my pet is and I don't have somebody to come in and do those treatments every two hours so..."

0:09:12.6 Tina Tran: And then like me, when I was very young in the profession, I thought, "Well, why are they not complying, why are they just flat out ignoring me?" And it wasn't until I started to ask some questions or that the owners felt comfortable enough to share with me what their challenges were around the fact that they didn't have access to be able to do those things, 'cause I was working under the assumption that, "Well, if you want your dog's eyes to get better, then you need to do this." But I didn't think about the fact that they don't have the ability to go home every two hours to do that or in some cases, they physically can't do that. Like you have elderly owners that are not able to manipulate their hands so that they... Or manipulate the dog's eyes or restrain them in order to do those things.

0:09:56.3 Tina Tran: And then I also think in terms of... When I came into the profession, I didn't have kids. And then it was probably three or four years into the profession, we started to... We started our family, and it gave me a whole new perspective of when families come as owners to say, "Oh, now I see why maybe you didn't comply because you have three people running around in your home that are under the age of six. And so you have to care for them first."

0:10:25.1 Tina Tran: I get that. Now I get that. 'Cause now I am a parent and I understand free time is a luxury. Nap time is a luxury. And sometimes your priorities shift, and it's not like an intentional, "I don't care about my pet." But it's just a matter of... You know, you have a limited amount of time, and so you have to decide what takes precedence. And so I think there's a lot of opportunities where we talk about DEIB, but maybe it's maybe... It doesn't sound like that, right? I think the most common places that you hear it talked about is around recruiting, around retention, about how are you creating that workplace culture? But there's definitely pieces that are DEIB that are outside of that. And that's part of the conversation that I have a lot of times with our students at Arizona. Is the fact that they are oftentimes impacted by the culture of the hospital that they're in, and their understanding around equity, their understanding around bias specifically.

0:11:26.8 Tina Tran: I think that is something that weighs very heavily, both with them and with ourselves to say, "If they're being evaluated by people that aren't considering what their biases are, are they being potentially put at a disadvantage if the person that is evaluating them is not familiar with our program and so is now making assumptions about our program or looks at them physically, and is making assumptions about their knowledge and their skills?" And I think bias is

something that... I definitely have that conversation in veterinary conferences, and then also with our veterinarians that are working with our students out in practices to say, "This is kind of how bias shows up, it's a very natural thing to try to make order out of all the pieces of information coming in, and so that is oftentimes based on your previous experiences." And so if your previous experiences did not involve people of different races and ethnicities, or very limited, then that's kind of what you're basing it on.

0:12:27.5 Tina Tran: And sometimes there's harm that's caused in that. In the evaluation process and in the way that you give feedback to people and those types of things. And the assumptions that can sometimes be made, so sorry, that was a really long way to describe how bias at DEIB finds its way into the educational system at least specifically within vet med.

0:12:48.9 Katie Berlin: I think that's so great though. What you said, it really resonates because a lot of people think like, "Oh, DEIB is about other people." You know, if you're in the... If you have certain privilege and you are learning about people whose lived experience is different from yours, then you think, "Okay, DEIB is learning about other people." But we all know the feeling of not belonging somewhere. And it... Or of not being treated like we're understood and we're heard. And that is very hard. And one of the things that the focus on DEIB does, I feel like make us more empathetic to other people's experience. Whether it's somebody who can't get down on the floor and pill their dog, or somebody who is a single mom and has kids at home and just can't do another thing that week.

0:13:43.3 Katie Berlin: And that is a really good point because that's one of the reasons why I'm really glad to see so many DEIB conversations, but I really hope that those tracks aren't always separate. That there's more talks about the integration of all of those things versus just sort of expecting people to draw those correlations themselves. 'Cause it is very hard when we are all... We all have unconscious bias at some kind.

0:14:12.0 Katie Berlin: And I love too that there are online workshops that you can do now. Like I just took the Brave Space certification through the AVMA, and that was really cool. There was a really good talk on unconscious bias in there with Lisa Greenhill that I thought was super helpful. So do you feel like, based on what you had mentioned in your email, do you feel like people sort of zoom in on you to talk about DEIB a lot and forget that you can talk about other things? Do you feel sort of pigeonholed?

0:14:43.5 Tina Tran: You know, I used to feel that way, particularly when I was still on the board for the Multicultural Vet Med Association. I think just because of association, right? They know that I'm an officer and so they just assume like, that's my identity. And so they're like, "So Tina, can you come talk to us about X, Y, and Z around DEI? And it's like, "I can and I can also talk to you about telemedicine. I can talk to you about non-clinical careers. I can talk to you about vet tech utilization. I can talk to you about what the current state of veterinary education looks like." And those things oftentimes do have some intersection with DEI. When you think about access to care, spectrum of care. Again, how we're evaluating, how we're mentoring students, how we're bringing people into the pipeline. Pre-vets and vet techs, etcetera.

0:15:39.8 Tina Tran: So I think when I was specifically still on the board at MCVMA, I was more attuned to it, and I made a conscious decision when I rolled off the board in 2022 to say, okay, this organization is a great organization, there are... There's a tremendous amount of knowledge and

expertise around DEI specifically to do speaking, to do those things, to educate others. I don't know that I need to tap into that.

0:16:09.0 Tina Tran: I can refer people back to MCVMA, and I'm fine with that. If they still want me to talk about DEI, I'm happy to do it, and I can also talk about other things. 'Cause I think that's the other part of it, is that when I talk about telemedicine, when I talk about telehealth, there is an aspect of DEI that comes up, just like when you talk... Even about non-clinical careers. Is the fact that part of the reason people are attracted to it is that there offer is the flexibility of being off the clinic floor. That you can still use your clinically-sharp mind. Even if maybe temporarily or permanently you are physically unable to be on the floor, you can still be interacting and having this meaningful contribution to the profession and helping owners.

0:16:55.2 Tina Tran: You don't necessarily have to be in the clinic to do that. And I think that for some people, that's the way they continue to stay in the profession is, "Yeah, I can do telehealth chats from home." I can... While I'm recovering from my broken leg, I can do this at home, and then once I'm better, I can go back to doing ambulatory work. I can kind of switch back to what I was doing before. And so what's really interesting too is, when we think about the workforce crisis... So I don't know how many times I've had veterinarians try to recruit me when I'm trying to get them into our network of hospitals for clinical rotations. They're trying to recruit me to come and they're just not even saying full-time, they're saying, "Tina, just do a shift. Literally just do one Saturday, please." You know?

0:17:42.2 Tina Tran: And they're struggling to find associate veterinarians. They're not getting any hits on their job ads or anything, and yet, when I talk to telehealth companies and telemedicine companies in Vet Med, they are getting unsolicited resumes on a daily basis. There is no job req out there. And yet people, technicians and veterinarians are saying, "I would like to work for you." I mean it... So then it kinda makes you think like, if there's a demand, both on the pet owner's side that we need to provide more care and more access, and there's also a demand from the veterinary side to say, as professionals, we also want to work in this area. It kind of just makes me wonder... I mean, we're not gonna shift everybody to telehealth, telemedicine, but there's clearly a demand and a want. And so how can we support people so that they can continue to stay in the profession in the way that best suits them?

0:18:44.0 Katie Berlin: So yeah, I love that. And while you were talking, I was thinking about... We had Cherice Roth on who's also involved in the NCVMA, and she had a really... We had a cool conversation where she was talking about telehealth as part of access to care. So providing flexibility for the veterinarian or Veterinary professional who's providing the service for sure. And also providing services to people who cannot make it into the clinic for whatever reason or can't seek timely veterinary help or maybe don't even know that they need to bring the pet to the clinic. And she was also saying that that's a way for people to see that... To be face-to-face with the veterinarian who may look more like them or remind them of themselves in some way, or be able to identify with them in some way, like being a parent and understanding that they can't come into the clinic at the drop of the hat on a Tuesday afternoon. And I think that's a really cool aspect of telehealth that we hopefully will be talking about more in the industry, is a method of access to care, and not just staff.

0:19:48.0 Katie Berlin: So I was wondering something with the distributed model of veterinary education where you don't have a teaching hospital and you send students out into the world to

these clinics that you've approved, that will mentor them and treat them like they're on a clinical rotation and let them perform duties like placing catheters and assisting in surgeries and stuff like that. And I was actually wondering, while we're on this subject, if students can choose hospitals where, say a student is black and they want to go to a hospital where they're not gonna be the only black person, is there a way that you provide guidance for workplace education like that, or is that sort of a roll the dice?

0:20:44.3 Tina Tran: So I guess we don't have a formalized system where students can search for people that have similar identities at the practice as... Well, regarding race and ethnicity, or even gender identity. Like those things are not searchable within our database, I don't know that they're searchable in most databases. I wanna say there's at least one vet school where you could actually search for something along the lines of race and ethnicity, if that was a priority for a student. So while we don't have a formalized way to do it, I have been fortunate enough to build my network over time, and so I know that within our network, there are veterinarians and technicians at some of these hospitals that are BIPOC that are black indigenous and people of color.

0:21:33.0 Tina Tran: And so in those instances... And Arizona is a perfect example. We have more than... In every class of students, we have more than 30% that identify as underrepresented in veterinary medicine with respect to race and ethnicity. And so in those instances, I've had individual students reach out to me and ask, because this is one of the things that they have concerns around. But they also want to see representation, they want to be able to be in community and mentored by somebody who looks like them. And so I've had individual conversations with students about that, and I've had pre-veterinary students that have come to me that if I know that that is one of their interests, then I will do my best to pair them with someone of a similar race or ethnicity. That being said, there's an interesting conversation around the idea that, does a mentor have to look like you?

0:22:30.1 Tina Tran: Because I think to a certain extent, that can be misleading and in the worst case, harmful. Because just because you and I are Asian does not mean that we approach things the same, does not mean that we have the same... That we align around DEI. So there can be a little bit... And I think that's where it gets a little bit tricky to make this database that says, "I wanna see who all the black veterinarians are because at the end of the day, that doesn't really... That won't necessarily help a student because if they get into a situation where they're being microaggressed and they turn to the black veterinarian, the black veterinarian might be like, "What's the problem?" They might actually... [laughter]

0:23:19.0 Katie Berlin: That's a really good point, yeah. And when I asked that question, I was thinking about being, say, I went to a hospital where I was the only person who identified as female, and now it would be hard for me, I think, to focus on my education if I felt like everyone was looking at me as a representative of an entire community because they're not used to seeing somebody like me. And so I was thinking about it more from that point of view versus a mentor, but obviously having a mentor who understands that your experience might be different because of your background, or how you identify is helpful, but you're right. Like in that case, we can't assume based on how someone looks that they're gonna understand that.

0:24:04.4 Tina Tran: Yeah, and that their views are gonna align with yours, whether it's around commonalities around gender identity or race and ethnicity, 'cause I'm sure that there's a population of women veterinarians that will tell you that they went into a practice where there was another woman veterinarian and that person did not support them the way that they needed to be supported.

And so I think at the end of the day, yes, representation is important, and there are other things that are also important in order to support a student in that clinical setting. So yes, so the long answer was that we don't have a formal process for searching, I have some concerns around doing that.

0:24:46.3 Katie Berlin: Which is probably good.

0:24:49.3 Tina Tran: However, I also have the ability to connect students and pre-veterinary as well, if they want to find a mentor that shares some of the same identities as they do.

0:25:01.5 Katie Berlin: Alright, thank you. I'm gonna bring up a question that I've seen asked online, or I should say observations that I've seen made online that I feel like are probably not accurate, and people facing them... Like I went through clinics at Cornell and we had a lot of students from Ross on clinics with us. And they were like... They wiped the floor with us in a lot of ways because we had had almost no surgical experience and they had had a ton. They were quizzed on differentials and they knew list of everything that could be behind a certain presenting case and we didn't 'cause we had case-based learning, and so we looked everything up and talked about it a lot, which has its own advantages.

0:25:49.8 Katie Berlin: But I often felt like I was behind the eight ball when I was with them on rotations because they were just so smart and had so much in their brains already. But I also know that people had certain misconceptions about Ross that they thought they weren't gonna be as good, and so they definitely proved them wrong just by being who they were. But I've seen similar discussions where people feel like you can't get a consistent education, you can't get the same level of education in a distributive model where you are going out into real word clinics and not at a teaching hospital. And I just wanted to ask you what your thoughts are on that and what you see that says otherwise?

0:26:29.3 Tina Tran: Yeah, no, so I think that is a point of contention, I think, within veterinary education is that we're seeing this rise in the number of distributive model schools between, started out with Western U, and then we see different versions of it like at Calgary and then Lincoln Memorial Long Island, Texas Tech, like Arizona, Midwestern, like there's a bunch of schools and there are more coming online in the next few years that will also follow distributive model.

0:26:57.7 Tina Tran: I guess one of the things I will point out is, if you think about it, Vet tech education is oftentimes utilizing the distributive model, and they have been from the jump, there are very few instances where that tech students are actually working in a teaching hospital as part of their education. Obviously, Purdue being one of the examples of that exception as well as Michigan State and a few others. But if you... And that's why I thought it was really interesting when I came to a DVM program as faculty and people said, "Oh no, this can't happen, we can't let people out into practices and learning, they can't learn stuff." And I'm like, but we do it for vet tech students all the time.

0:27:39.9 Tina Tran: I don't understand. So are you saying they don't learn anything? And I can only speak for our model. The way that we do distributive is that yes, there are opportunities for the students to learn in general practice and shelter, and there's also opportunities for them to learn in specialty settings. And specialty settings, alongside boarded specialists, internists, orthopedic surgeons, equine internists, you name it. And so the way I always encourage the students, even if they think they know what they wanna do, 'cause that always changes, is get a breath of experience,

do some small animal, do some large and mixed, do some GP, some shelter, some specialty. Maybe try one or two, what I call, no thank you bytes, which is you're pretty sure you don't like exotics and so you're like, you've been trying to stay away from it this whole time, but maybe you go to a clinic that isn't 100% exotic, but they have one veterinarian that sees all the birds or one veterinarian that use all the reptiles.

0:28:41.8 Tina Tran: So then you can dip your toes in and then you can say for certain whether or not you do or don't like exotics. 'Cause I do get a little bit so boxy with students that are like, I'm doing small animal, I don't wanna do any equine. No large animal, nothing. I'm not doing any of it, Dr. Tran. And I'm like, "But are you sure? Because how do you even know maybe there's a piece of large animal that you have an experience that is like your jam." And so do the no thank you bite. It's a four-week rotation. It's not a job, you're not signing a contract saying, "I'm working here, I'm moving here indefinitely. It's four weeks."

0:29:21.3 Tina Tran: And I have had some of the students because they were adamant, they're like, "I don't wanna do shelter medicine, I don't like anything about shelter medicine, and I'm like, "Have you done anything in Shelter Medicine? Have you volunteered and have you... " No, I just know that I'm not gonna like it. And yet they come back from either Arizona Humane, where all of our students go for their rotation or they go to other shelters and animal welfare organizations. And then they come back saying, "Oh my gosh, I had no idea how amazing shelter medicine is. I think I'm going to be a shelter medicine veterinary." And I'm like, "See the no thank you bite. It's a good thing."

0:29:54.8 Katie Berlin: Yeah, I could say the ambulatory rotations I went on were mine, they were required that we had to do ambulatory rotations. But they definitely convinced me that I did not wanna do farm animal medicine at all. I was good if I never saw another pig. It was a good experience and I was done.

0:30:16.6 Tina Tran: Yes. I think that's the same, obviously, particularly in a teaching hospital setting, often times there are a lot more required rotations you have to complete. And then I think... And that's one of the real benefits of being in our distributive model is the students, we don't track them per se, but they have the ability to make decisions about, "Do you wanna spend more time in small? Do you wanna spend more time in large or with Equine, or do you wanna try a research rotation or something like that?" And it gives them the flexibility to pursue the types of rotations that they think are going to be most meaningful for their education within guardrails obviously because they have to be within our network.

0:31:00.8 Tina Tran: And we have already had a conversation with whoever's gonna be on-site with them, that type of thing. So I guess the long-winded way of answering your question, Katie, is I'm not gonna doubt that there are some practices that are not necessarily the best practices to send students to. The other thing to keep in mind is that all of the distributive models have some checks and balances in place to say, "Here's what our expectations are for you to be a practice that is in our network, and here's how we're gonna check in and look at feedback from the students, consider what our communications have been like, all those things to decide moving forward, if you stay in the network or not." So we do have some quality assurance and quality checks that are going on as well.

0:31:48.9 Tina Tran: So yeah, ultimately, and I've had this conversation with people recently, I

think ultimately, I see probably the best scenario is some hybrid of some amount of time in that last year being spent in a teaching hospital setting so they can see what it looks like to be in a tertiary setting with multiple services. And that they have a certain amount of time that they can do either externship or rotations that are off campus. I think that finding that balance could actually solve quite a few problems because I think one of the struggles we see in veterinary education is that some students feel like they're hamstrung, like they have to be as a teaching hospital because they need people. They need people to manage cases, they need people to do all the things, and arguably, is that the best use of their time? I don't know, I think it depends. But could they do that for part of the year and then have another group of students, could they partner with a University of Arizona, have their students come in for another part of the year, so that relieves their own students to go and do externship, etcetera.

0:33:00.0 Tina Tran: So I guess I'm just throwing that out there in case any schools wanna partner with the University of Arizona. I haven't run it past my dean yet. So that might not be a good thing.

0:33:07.6 Katie Berlin: She seems cool though. I think that's really neat. I'm one of those people who loved clinics, which is ironic 'cause I'm not working in a clinic at all right now. I loved school and I loved clinics. And clinics actually saved me a couple of times when I was going to a bad time personally, and I just loved being able to go to the hospital and just like do my work and be surrounded by people doing the work too. But I also know that not all of my classes like that, not everybody thrived in an environment, and then when I got out into practice, it was a little bit of a shock because you can't just go around the corner and be like, "Hey dermatology, can you look at this?" Like, no dermatology could not look at it. I was dermatology.

0:33:50.4 Tina Tran: You were dermatology.

0:33:51.5 Katie Berlin: I was dermatology, yes. Like in general practice in upstate New York, you are always dermatology. And I missed it and I didn't wanna do an internship in residency, I wanted to just get out and live my life because I was a little bit older when I went to vet school, and I just didn't wanna do that, but I missed the teaching atmosphere. But I could have used more time in a different atmosphere where I learned different ways to do things and that not everybody was gonna drop blood the same way, and not everybody was gonna do this procedure set up for this the same way, and that would have probably lessened the shock of launch.

0:34:29.3 Tina Tran: Yes. Yes, and I think one of the things that I know our model does in Arizona, which I think is fantastic, is we have a group of veterinarians that are called Clinical Year Mentors. And essentially they are remote veterinarians that have multiple years of practice, oftentimes are either boarded or have gone through internship residency, and oftentimes are very active in organized veterinary medicine that serve as another layer of support for our students when they're in rotation.

0:35:00.7 Tina Tran: So they've got their on-site veterinarian who is serving as their physical mentor when they're in the clinic setting, then they've got us at the college full-time supporting them, doing all the administrative work as well. And then to have these Clinical Year Mentors has been really great because what it does is it gives them a sounding board to say, "Okay, Dr. Berlin, I don't know if this is okay, but I saw one of the doctors doing X today." Or they pulled this drug off the shelf, and I don't think that's what would have been my first choice.

0:35:33.8 Tina Tran: And so these Clinical Year Mentors, because they have lots of practice expansion and because they wanted to do this position because they love to mentor, is helping to reinforce this idea that there's not one way to do everything. And it's also validating some of their concerns and also serves as the advocate for the student if they're in these challenging situations where they can't... They don't necessarily feel comfortable to ask that on-site veterinarian or to address it directly with them, that they can use the Clinical Year Mentor as a sounding board to say, "Here's my challenge, I'm at a loss as to how to move forward."

0:36:07.3 Tina Tran: And not to say they're gonna take it and run with it, but that they oftentimes will say, "Well, what have you tried to do and have you tried this?" Because at the end of the day, we need to teach our students how to manage conflict. And so these Clinical Year Mentors have served as a tremendous support for the students as well as for the college because times 110 students, that's a lot of work. So yeah, if I had... So I was in charge of that search where we hired probably about 35 or so veterinarians to do this. I could not even imagine. I had no idea so many people wanted to do this part-time.

0:36:44.2 Katie Berlin: I love that.

0:36:46.0 Tina Tran: Yeah. And they love it, they love it. They're upping. They wanna keep doing it. They're like, "Can I have more students?" And I'm just like, "Wow, okay, this is great."

0:36:55.8 Katie Berlin: That's really encouraging. That makes me feel very hopeful.

0:37:00.8 Tina Tran: Yeah. They're really serving as a... I wish I had that. I wish I had that when I was in clinics. I wish I had that in my first couple of jobs to say, "Is this okay, that's not how I learned it at school," or you know what I mean? Just somebody to help level set a little bit.

0:37:19.2 Katie Berlin: And when the students graduate, they can still reach out to their mentor?

0:37:24.4 Tina Tran: Yeah, in fact, sometimes the students don't have the same mentor throughout the year. So there is some changing of who their assigned mentor is. And so some of them, I know, like once they get switched to somebody else, they're still having conversations with their previous mentor. And I have no doubt in my mind that they will likely continue to stay in contact with some of these mentors once they graduate. Because I mean, you click with somebody and just because you're not assigned to them anymore doesn't mean you're not going to continue to learn and grow with them. And I think a lot of them are very vested in the success of each student. They really want them to get a lot out of clinics, and they want to help them transition into being a veterinarian. And it's really, I mean, it's really amazing to see how much passion the Clinical Year Mentors have around their role within the college.

0:38:19.1 Katie Berlin: I love that. Yeah, I would have loved... I would have really liked to have somebody like that too. [laughter] The person who coated me at our white coat ceremony was just a lovely person, Araceli Lucio-Forster, but she was a parasitologist. And not in small animal general practice, which is where I was destined to spend the next more than a decade after graduation. And so while she was lovely, she wasn't a person that I was going to call like from the treatment room in my practice, like, because I'm like freaked out by something that happened or I need encouragement or I'm like, they told me to do this, and then they all went to lunch and I don't know what to do. [laughter] Like somebody like that would have been amazing. And also just those nights where

you're just like, "Did I do the right thing?"

0:39:06.9 Tina Tran: Yeah.

0:39:07.6 Katie Berlin: Like because there were a lot of those.

0:39:10.5 Tina Tran: Yeah, I think it's a very common thing for our veterinary students to feel so... They put so much pressure on themselves to be perfect and to know everything and to don't... Know how to do the right thing in every situation. And one of the things I tell them is I don't want to burst your bubble, but veterinary school is actually more about learning how to learn and how to communicate with people. It's not really about... You're not going to graduate because our program is a three-year program, you're not going to graduate in three years and know everything. I graduated more than 20 years ago from a four-year program and I still don't know everything. In fact, I've probably forgotten a lot of things. Because I feel like there's a lot of things...

0:39:45.5 Katie Berlin: Yeah, they probably know a lot more than me.

0:39:45.7 Tina Tran: Like, I don't use it, so I just forget. I only have some room in here, so.

0:39:52.2 Katie Berlin: It's like I said, the last time I thought about a pig disease was boards, so.

0:39:55.0 Tina Tran: Yeah, there's the diamonds, the black diamonds.

0:39:58.8 Katie Berlin: The diamonds, yeah. Yep. Yep.

0:40:00.8 Tina Tran: Your four wall bricks or something, no.

0:40:03.3 Katie Berlin: Yeah, and I even took a swine class because it was a fun class, but I saw some very disturbing videos. I didn't eat pork for like a year and a half, anyway.

0:40:13.8 Tina Tran: Oh, yeah, that happens.

0:40:16.1 Katie Berlin: Yeah. So that partly answers the question I was going to ask you, that they have a clinical mentor who's kind of helping them get through tough situations, maybe sticky situations during those rotations where they're encountering a huge diversity of people and attitudes and ways that people talk to each other and manage things. Do you feel like that gives the students a leg up when they get out of school, that they have more experience dealing with a bunch of different environments versus the teaching hospital people like me who are like, well, at Cornell.

0:40:50.3 Tina Tran: Well, I guess it's TBD is what I'll say because we haven't graduated our first class yet, so it's still...

0:40:56.3 Katie Berlin: That's right. Yeah, that's true.

0:40:58.1 Tina Tran: So I think that it will because I think that our students have had more opportunities to navigate those difficult conversations because I think oftentimes, and I was in a teaching hospital setting, oftentimes, if you don't get along with somebody, you don't really have a choice, you have to stay on that rotation. There's not like another derm rotation you can go to.

Nothing against Dr. Campbell. She's fantastic. I'm not gonna lie, I love derm, but you know, there's no other choice for you. You have to either grin and bear it or try to figure a way around it. But because of the power differential that happens between student and clinician, oftentimes the students just kind of say like, "Well, I guess I'll just grin and bear it for the next few weeks."

0:41:40.3 Tina Tran: I think that the students in our model, the distributive model, well, they do have some flexibility to move to another site if it's an extreme circumstance. But we always, and this is where I think the Clinical-Year Mentors are important, we always try to get the students to resolve whatever conflict is going on. Because I think that part really sets them up well to handle not only what it is like to be a veterinarian, but just real life.

0:42:10.1 Tina Tran: I mean, conflict happens on a daily basis. And if you're conflict avoided, which a lot of the veterinary profession is, that doesn't serve you well. Because especially when we're in a workforce crisis, if you don't like it at practice A, then what's to keep you from going other than maybe a non-compete? What's to keep you from going to practice B down the road and saying, you know what, so and so micro-aggress me, I don't want to deal with it. I'm just going to go down the street. And I'm not going to tell them why and I'm just going to leave that environment the way it is. And I'm going to go to the southern one hoping that it'll be better. And it may or may not be better.

0:42:44.4 Tina Tran: So I think sometimes our students are able to navigate those conversations better because they are getting a lot more encouragement from the faculty, from the Clinical-Year team, from the Clinical-Year Mentors to go back and say, well, what have you tried to do? And here's maybe some suggestions for how you can navigate that conversation. And if it's still not working, then let's figure out what we need to do as far as next steps, because we do have the flexibility to move people if we need to.

0:43:17.3 Katie Berlin: Yeah, that's a good point. I mean, I was going to ask you how much the school actually intervenes if somebody's in an uncomfortable situation or feels like the workplace is toxic. We're working so hard on that in the profession to talk about what creates workplace toxicity. And so much of that depends on management. And the student is probably going to have very little influence there. But I would imagine that the school tries not to get involved unless it's absolutely necessary, because it's not really the school's business, right? How the practice's run as long as it's up to the standard in terms of teaching. Yeah.

0:43:57.4 Tina Tran: Yes. Yeah.

0:43:58.3 Katie Berlin: That's a tough balance. But I mean, clinics, like I was... Witnessed too many toxic interactions in clinics too. It's not like a teaching hospital is exempt from that. And it's probably even harder to get out of that situation if that's the culture there, so.

0:44:11.5 Tina Tran: Yeah. Yeah. Well, and the other thing that can sometimes be more challenging in a teaching hospital setting is most of those clinicians and technicians know each other. And so whereas like, if you don't have a great rotation for four weeks, chances are the next one you're going to, they probably don't... They're not going to know where you came from unless you tell them. And they're not going to put two and two together. So you can essentially start fresh for the next four weeks and determine for yourself, how do I want to approach this? What would I do differently? What would I do the same? And I think sometimes the way teaching hospitals are

set up is that your reputation will oftentimes precede you either as a class or as an individual, so, yeah.

0:44:53.2 Katie Berlin: For sure. Yeah, both was, yeah, it was definitely the case. And I remember saying something stupid in rounds once in a while and being like, "Oh my God, now everybody in this hospital is going to think I'm stupid." And it's not totally off the mark, right? Like everybody talks and they're like, Oh my God, you have that... You have that group now. And it's complicated. I'm thankful to have had a good experience, but I can definitely see the advantages of a program where each four weeks is like a fresh start. Yeah.

0:45:24.4 Tina Tran: Yeah. And I guess the other thing I'll add to really quickly, Katie, about the distributive model is those practices are opting in, like we are not forcing them to take students. They have had conversation with us to say this is... These are our expectations of what's happening in four weeks. They get to decide which rotations they want to have students, they get to decide what's the maximum number of students we could host in any one rotation. They have a lot of say in that part of it. But at the end of the day, we're not like forcibly putting people into our network like somebody at that practice said they wanted to host students.

0:46:03.8 Tina Tran: And oftentimes, it is the associate veterinarian or the practice owner who's a veterinarian saying, we love teaching, we want to have students there. So I think that's the other thing to think about too is like people think that we're like forcing practices to join. It's like, no, you don't have to join if you don't want to.

0:46:21.8 Tina Tran: I think it's a huge way to recruit and to test your chops a little bit on what's like the latest and greatest. And I think a lot of the veterinarians love it. They love the opportunity to influence that next generation of veterinarians and to get up close to some of their soon to be colleagues. I think that that's really... I think that that's a way to keep them on their toes and to keep them really excited about being in the profession too. So I think that's something to keep in mind because that's not necessarily what happens in a teaching hospital because med students out there...

0:46:56.9 Katie Berlin: That's true.

0:46:58.0 Tina Tran: And PS, you have to have all these students come through rotation whether you like it or not, so.

0:47:03.7 Katie Berlin: Right, you want to get your board certification. This is what you got to do.

0:47:08.6 Tina Tran: There's a certain number of students you have each interns, residents, the whole thing. So, yeah.

0:47:13.7 Katie Berlin: Yeah, I'm remembering a my surgery rotation. One of them we, like I said, Cornell students at least at that time in 2008 or whenever that was, we didn't get a ton of surgery experience. And so this was, I was on call the night before we had to do our first dog's phase, I believe. And so I was up all night with a back dog. And when I got to rounds the next morning without having gone home, everyone had chosen their surgery dogs for the day and mine was an Akita. It was like, it should never have been led into the students' pay program. It was like a one and a half year old Akita, it's massive. And I was like, "Oh my God." And it definitely was not an easy surgery. Like I probably strummed that ligament for like an hour. And there was bleeding and the

people who were in surgery with us like watching us were the interns who had barely done any surgeries themselves. And so they actually... I had the distinction of having the chief of surgery scrub in with me on my spay.

0:48:17.3 Tina Tran: Oh, they assisted you? Perfect.

0:48:19.2 Katie Berlin: Because it was bleeding. Yes. He came in and he comes with cadre. So that was nice. Like when you get the chief of surgery, you also get cadre. But it was a bit scarring. And like I wonder in a clinic situation where it's like an owned dog, and there's a veterinarian who's done a five billion spays standing next to you versus an intern who's done maybe like one more than I had.

0:48:45.7 Tina Tran: Yeah. Yeah.

0:48:47.2 Katie Berlin: Would it have been a slightly different situation in terms of like my experience and what I took away from that, which was I don't want to spay big dogs ever.

0:48:54.7 Tina Tran: Yeah. Yeah. Because it can traumatize you when you have that really ton of experience early on. And I would agree. I think that's one of the things... And I don't want to bag on teaching hospitals because there's a lot of great people in teaching hospitals. There's a lot of great learning that happens in that environment. And it's a necessary part of our profession.

0:49:13.9 Katie Berlin: Certainly not perfect.

0:49:14.4 Tina Tran: But I also think that's... And there's also great distributive model examples. And when I think about the fact that a large majority of graduates find their way into general practice, at least initially, then it makes sense to give them significant amounts of time in general practice. So they can see, like here's how this person approaches a spay. Here's how this person approaches a spay. Plus you'll probably get more opportunities to do spays. Like I didn't get to... So I did actually two small animal surgery rotations when I was a senior because for some strange reason, I thought I was going to be a surgeon at some point. And I don't even think a boarded surgeon. I just wanted... I thought like since I had played piano a lot growing up that I'd be really... And I was really good at hand eye coordination with Atari, that I would be really good at surgery. This is what I had told myself, Katie. I'm like, "Oh, I should do surgery because I bet you I'm really good at it."

0:50:09.7 Tina Tran: And so straight up the gate, that was my first rotation. And I watched a lot of surgeries. I watched a lot of super complicated surgeries that I then had to write up. But I didn't actually scrub in on a lot. Not that I remember. And I certainly didn't have an opportunity to do any elective procedures as a primary surgeon during either of those blocks. So whereas if you went into general practice, even a typical general practice, if the student is ready to do... We have students that are primary surgeon, not just in a shelter setting, but in general practices, they are the ones coming. In fact, in block one, an unfortunate incident happened where my own dog got into a fight with a dog at the dog park. I know I shouldn't have run to the dog park. I did it. I did it. And I should know better. And so he got kind of bit in in his flank area. And despite my best efforts for home care, it didn't turn out too well. So then I was like, "Okay, I got to take him into like an ER or something to get him fixed up." It was a minor laceration repair, but it just was looking ugly.

0:51:16.9 Tina Tran: And so I brought him to one of our network hospitals. And it just so happened that one of our students was there. And I knew who she was. And I also knew that she was really passionate about surgery, specifically, like she wants to be boarded in small animal surgery and equine surgery.

0:51:36.6 Katie Berlin: Oh my God.

0:51:39.8 Tina Tran: And so... I know. I was just like, hmmm that's a lot of time. So I showed up with my dog, and they did the initial exam and stuff. And I told the student, I said, "Just so you know, I am perfectly fine with you doing this surgery. It's a laceration repair. I know you can do it. And so if you want to do it, I am okay with you being the primary surgeon, just know that." And so she was, I mean, obviously, she was directly supervised. But she did a great job. I showed her the post doc pictures like a couple weeks out. It's possible I did the suture removal at home, but that's fine. I'm a licensed professional. And I was like, it was so like full circle, like this idea of we had created this network, we had built these relationships with hospitals, we had assigned students to rotations. And then here you are in block one. And your own students, it's like giving me goosebumps. My own student cut my dog like, did the surgery to repair my dog and my dog did great. You know?

0:52:39.4 Katie Berlin: And that probably is going to go with her for the rest of her life that you trusted her to do that. Like, talk about a confidence builder. I mean, I know it was just laceration, you weren't like asking her to take out a kidney or something. But like, still, that confidence, just you in particular saying FYI, like without being asked, you can do this. I am... I trust you to do this. Like that is the difference sometimes between somebody going forward with their dream and not. Imagine if you had come in and it would have been the opposite scenario, like that would have been super discouraging for her.

0:53:16.4 Tina Tran: Yeah. Yeah.

0:53:17.0 Katie Berlin: And I love that.

0:53:17.0 Tina Tran: And I would never have done that to any of my students.

0:53:19.4 Katie Berlin: Yeah, but somebody would. Somebody would.

0:53:25.2 Tina Tran: That's true. I just I think about that a lot. And I'm because obviously none of that was planned, but just the fact that it happened and it was somebody I knew and trusted. And she had an interest. I was like this is fantastic. I mean, this is what distributed model is like. I mean, she's in a workplace setting. She's getting to do the surgery. She's showing off her skills. I'm sure she got a job offer from that place. I know she got a job offer from that place. And I'm like...

0:53:51.6 Katie Berlin: Yeah. And she couldn't do it because she has 12 years of residency to do.

0:54:00.3 Tina Tran: Yeah, all of that, it was that little piece. But yeah, clearly it's super exciting to see our students thriving in that environment. And is it perfect in every scenario? No. But I don't think that's exclusive to a distributive model. I think that that is a challenge in clinical education in general. But I enjoy it. It is for me also the best, like what I consider the best part of veterinary school is that clinical education that kind of like being the doctor before it's your license on the line

and having that support and that safety bubble is fantastic. So I really enjoy it. And I've enjoyed watching our students grow and learn and being able to celebrate with them has been... I mean, that is just like the thing that keeps you going, right?

0:54:38.5 Katie Berlin: Yeah, absolutely. Well, I think that's a great place to wrap up. Do you have any last thoughts you'd like to leave us with? Because of all the buckets that you draw from in your life, personal life, professional life, like do you have anything that you really want people to know?

0:54:58.9 Tina Tran: Well, I do want to, because I actually looked something up. So I think one of the questions you asked me about was, is there something like that you would want to put on a post-it note?

0:55:05.9 Katie Berlin: Yes.

0:55:06.2 Tina Tran: On the mirror of every vet student and vet tech, bathroom mirror or something like that. So I...

0:55:15.2 Katie Berlin: So they see it when they wake up in the morning, yeah.

0:55:15.3 Tina Tran: Yes. And so there is something I think about a lot. So I'm a big Winnie-the-Pooh fan, like the classic Winnie-the-Pooh, A. A. Milne. And so one of the things, it's like a partial quote, but what I really... I think what I want to leave everybody with is one of those quotes, which is, "You are braver than you believe, stronger than you seem and smarter than you think." Because there is some version of that that I tell my students on a regular basis, when they're doubting their abilities, when they're feeling scared. And the same thing with new grads and quite honestly, anyone who's in the profession, you have these moments of doubt and just realize like, you can do it. You can do it. You might not be able to do it alone all the time, but you can do it.

0:55:56.9 Katie Berlin: I love that. Yeah, maybe I should put that on my bathroom mirror. I probably could use that before that dog spay and definitely after.

0:56:04.8 Tina Tran: Yes.

0:56:06.2 Katie Berlin: The dog spay.

0:56:08.7 Tina Tran: I agree. Big dog spays are not fun, so.

0:56:11.1 Katie Berlin: No, I ended up... I did end up doing them, but finally I did draw the line at some point. I was like, you know, I don't want to do these anymore. So I didn't. They were just... It was... I was maybe not braver than I thought when it came to those. But we all have choices. But I love that. And I think there's so much rich stuff that you said, I hope people get something out of it when they're listening to you, just not just vet students and mentors or prospective mentors, but people who feel maybe down about the profession and the future of vet med in general. It makes me feel really hopeful to know that there are so many people out in practice who love it enough to want to invite vet students in and nurture the next generation. Like that alone, I think, is super encouraging and exciting. So I really appreciate your time today, Tina.

0:56:58.7 Tina Tran: Yeah, it was great. Thank you for having me on. And yeah, I hope that

people take away some of this information and maybe we'll have some more people join our network of hospitals. That would be great.

0:57:10.7 Katie Berlin: Yeah, absolutely. I'll put some information about the U of Arizona program in our show notes. And if they're interested, they can always contact me and I can get them in touch with you. And we didn't even talk about stickers or '80s pop culture. So we'll just have do that next time maybe?

0:57:26.0 Tina Tran: So that was going to be my funny story, actually. It was about the...

0:57:30.7 Katie Berlin: Oh, yeah, we didn't even get to the embarrassing story. Oh my gosh.

0:57:36.1 Tina Tran: I mean, you can edit it out if you need to.

0:57:38.8 Katie Berlin: Oh, yeah, no, we got to do it.

0:57:38.8 Tina Tran: Okay, so this was supposed to be the embarrassing vet med story, right?

0:57:41.3 Katie Berlin: Mm-hmm. Yeah.

0:57:41.8 Tina Tran: Okay, so I was recently at a big conference and I was supporting fellow multicultural vet med association board members that were speaking. And so I was like I'm not normally like a front row kind of person, but I was in the second row from the front. And a colleague of mine who had just finished speaking sat down next to me, she had just come from the exhibit hall. And she knew that I love stickers because I'm an '80s kid. And so she handed me a couple stickers while this talk was starting and I looked and I said something to her like, are these scratch and sniff? And I don't think she heard me. And so probably there's like generations of people that don't even know what I'm talking about. But essentially, they're stickers that look like food or beverages and then you scratch them and then it smells like it.

0:58:24.5 Tina Tran: And so like a fool, I just assumed that the tangerine I was looking at was scratch and sniff. And so I just like... I wasn't even like cautious about it. I literally... I took it Katie and I was like, and I did that. And it was not a scratch and sniff. And so not only did he see me do it, the people behind me saw me do it. And unfortunately, one of our presenters saw me do it. And he made sure to say it to me right after she got done presenting. She's like, that was...

0:58:54.7 Katie Berlin: At least she didn't say it during.

0:58:56.5 Tina Tran: Well, and she could have and I would have owned it. I don't care anymore. So yes, so if you ever hand me a sticker that looks like it might be food, I will probably assume it's scratch and sniff and try my best to get some kind of a pleasure out of the scratch and sniff feature.

0:59:12.2 Katie Berlin: I think Sticker Mule was really missing out on that feature.

0:59:16.5 Tina Tran: Yeah, they do like hologram stickers, which I really think are cool, but they need to do... They need to bring... I also like I... I also think they need to bring back some version of garbage pail kids stickers.

0:59:30.1 Katie Berlin: Yeah, I wonder if you could...

0:59:30.0 Tina Tran: That actually was like my [0:59:30.1] ____ high, like a vet med one.

0:59:30.4 Katie Berlin: I wonder if we could do like... Yeah, vet med garbage pail kids, like we could totally figure that out.

0:59:36.4 Tina Tran: Oh yeah, what was... I had... Oh, my one version that I shared with somebody was like Anal Sac Annie, like that would...

0:59:43.4 Katie Berlin: Hopefully that one's not scratch and sniff. [laughter] But yeah, I totally... I think this is your next side game, because you need another one, obviously.

0:59:54.7 Tina Tran: Yeah, if Anal Sac Annie was a scratch and sniff, that would be like next level... Yeah.

1:00:02.7 Katie Berlin: Yeah. Yeah, I'm thinking abscesses. I'm thinking like festering wounds and... Yep.

1:00:08.3 Tina Tran: Foxtail, Annie or something. Yeah, there's all kinds of yeah...

1:00:13.3 Katie Berlin: Dehiscence Dolores.

1:00:13.6 Tina Tran: Like you want to educate the next generation about vet med. That's how you get in there and get them interested, so. Oh, well, I love some random ideas.

1:00:20.1 Katie Berlin: I'm claiming Dehiscence Dolores. That one's mine. All right. Well, Tina Tran, thank you so much. This has been so much fun. I'm glad we kind of almost pretty much throughout the outline, because I feel like we could probably talk about pretty much anything. So this is really fun. Thank you so much for your time.

1:00:39.1 Tina Tran: Yeah, thank you. And anytime.

1:00:43.2 Katie Berlin: Thanks for listening. We'll catch you next time on Central Line.