
第3部 あるべき動物看護職を模索する ～動物看護職の現状と将来～

Part 3: Exploring How Veterinary Nursing Should Be

～ The Present Situation and Future of the Veterinary Nursing Profession ～

坂田光子 坂田動物病院 動物看護職・マネージャー

Mitsuko SAKATA Animal Nurse, Manager, Sakata Animal Hospital



[Slide 1] Thank you for this opportunity to speak today. My name is Mitsuko Sakata.

[Slide 2] I think it is wonderful that we now have the JVNA (Japanese Veterinary Nursing Association), a professional organization for veterinary nurses.

[Slide 3] I think it was in 1995 that I participated in the International Congress of Veterinary Nursing, which was held in England in the company of Ms. Chiharu Ishida, then Head of Japanese Association of Veterinary Nurses. I was impressed by the fact that this conference, at that time, already had more than 25 years of history and so many programs were offered over a three-day period. There were as many as 110 exhibit booths, many of which were of various animal protection and welfare groups.

In 1988, I attended training in the Clinical Pathology Lab at Nippon Veterinary and Life Science University (former Nippon Veterinary and Zootechnical College). I also joined a training tour to UC Davis [in California] and participated in the Western Veterinary Conference, which offered programs on veterinary nursing. The programs offered at the Convention Center (next to the hotel we were staying at) were those for veterinarians and we, the veterinary nurses, had to take a bus to another hotel to attend the nursing programs. I was impressed by the number of veterinary nurses attending and the number of programs for veterinary nurses offered independently from those for veterinarians.

[Slide 4] Our animal hospital is located in Sanjo City, Niigata Prefecture. Sanjo City is geographically in the center of the Prefecture and easily accessible from other

cities. That is why Sanjo City was chosen as the site to establish the Niigata Prefecture Clinical Society for Small Animals, where its monthly study meetings are being held. We opened our hospital 30 or 31 years ago in this city. At first, we had only one consultation room, one waiting room and a treatment and operating room. As for the kennels, there was only an area for dogs. That is what our hospital was like around 1979. Then, as the building became crowded, we rebuilt it 20 years ago. We recently renovated the building adjacent to our hospital (in which an accounting office was housed) and turned it into an examination facility equipped with a CT scanner. The total floor area has been increased to approximately 1206 square meters, although we still feel it is too small.

About 20 years ago, we sometimes performed operations on cats that were transferred to us from an industrial veterinarian who was practicing in Mitsuke, a city adjacent to Sanjo. Such operations became more frequent and we decided to establish another animal hospital in Mitsuke as a joint investment with the industrial veterinarian. I became manager for both hospitals. So, at present, we run two animal hospitals, hiring 10 veterinarians (including part-time members) and 35 other staff members including pet stylists and management staff like myself for the two hospitals combined.

[Slide 5] Now let me talk about my career as a veterinary nurse. It started in 1987 when I undertook training at the Department of Clinical Veterinary Medicine of the former Nippon Veterinary and Zootechnical College (currently, Nippon Veterinary and Life Science University). When the Japan Small Animal Veterinary Association began offering certification for veterinary nurses, I was among the first group who received the certification. Veterinary nurses in those days were

prohibited from carrying out diagnosis and operations. And men were not allowed to be veterinary nurses.

Then, I obtained the Veterinary Technician certificate from the Japanese Animal Hospital Association. I initially obtained a Grade 2 certificate, but have since been unable to attend the seminars required for certificate renewal because they usually coincide with CAPP seminars and I don't have enough credits for the renewal. So right now, I only hold a Grade 3 certificate.

In 1998, I entered Niigata University of Pharmacy and Applied Life Sciences as a second bachelor's student in order to obtain a pharmacist license. So I am going to talk about my experience of obtaining this license since it links to the theme of today's workshop. There was an interview as a part of the admission process and I told the professor who interviewed me that I was dealing with medicines at an animal hospital and I would like to study pharmacy so that I can responsibly explain about medicines. He said, "You can study pharmacy as an auditing student. Why do you want to study as a full-time student?" I answered, "Because auditing students cannot obtain the license." I had graduated from the Department of Agriculture of Niigata University, but I have no qualification and I felt that having a license or not is really a big deal.

I sometimes have dinner and talk with the student interns at our hospital who are studying veterinary medicine, and they often talk about the national exam. I feel a little envious of them for having a chance to review everything they have studied as preparation for the national exam. As an agriculture student, I could graduate from college by simply accumulating necessary credits. I just made a quick review while writing my graduation thesis. But veterinary students today who have to take the national exam will be able to thoroughly review what they have learned because you cannot tell what kind of questions will be asked in the exam. Talking with students as well as the veterinarians at our hospital including my husband made me realize that studying seriously like these veterinary students is very important.

And now let me boast a little bit about myself. I graduated from university at the top of my class and was commended by the president of the university. I think this was possible not only because of my hard work but also thanks to my daily experience taking care of sick animals and dealing with medicines at work.

In 1999, I went to America and worked as a trainee at a hospital for humans for a short period. I wanted to practice as a pharmacist intern but I was not able to because even pharmacy students need a pharmacist assistants license in order to work in an American hospital. So, I consulted with my teacher and decided to conduct a comparative research on the work of pharmacists in Japan and in America.

The hospital I worked at was a veterans' hospital which provides all kinds of medical care for only two dollars per month. Although the patients are treated in a comfortable environment, there are limits to the extent of care that can be covered with two dollars per month. Specializing in cardiovascular diseases, including heart infarction, the hospital's medical care was provided by clinical pharmacists, probably because of the high doctor salaries. Clinical pharmacists can listen to patients and measure their blood pressure instead of a doctor, unlike Japanese pharmacists who cannot even touch the patient's body. A clinical pharmacist meets patients once in three months or so, measures their blood pressure and asks them questions about their daily lives. If a patient says something like "I attended a Christmas party and ate too much," the clinical pharmacist would tell the patient to take an INA examination. When the examination results become available, he would call the patient, report the result and give instructions for taking medicine, such as an anticoagulant called Warfarin. After that, he would send the medicine to the patient by post. This seems somewhat rough, but such on-going medical care without a doctor's intervention seems to be offered widely in the United States. That may be because in America there are so many patients with heart infarction and patients who have undergone operations. Most of the patients at that hospital were males aged over 70 years old. I was very interested in such approach to

chronic diseases by pharmacists.

Around 1999 and 2000 in the United States, the period of study for pharmacy education was extended from four years to six years. Graduates under this new system can obtain a degree called Pharm.D, which is almost equivalent to the Japanese Ph.D plus pharmacist's license combined. Pharmacists who had already graduated from a four-year university would be able to obtain Pharm. D by taking a correspondence course which covers the contents that would be taught during the two years that have been added. A student taking a correspondence course will receive assignments by post and work on these assignments while working as a trainee in a pharmacy or a hospital under the supervision of a pharmacist, who checks the assignment and gives his comments and signature before the student sends the assignment back. The student on the correspondence course will be trained to become a clinical pharmacist in two years. I think this system is interesting as a measure for the transition from a four-year curriculum to a six-year curriculum.

The work of pharmacists at the hospital I worked at in America was tremendous and subject to very strict security controls. Pharmacists have to input their ID numbers when entering the pharmacy, and access to areas with more strict security controls is only permitted for senior pharmacists who require another ID number to enter. There are also pharmacist assistants who work under pharmacists. When a patient brings his or her prescription, a pharmacist will take him/her to a room equipped with a computer which is connected to the medical records system. This is a system that all the medical professionals of the hospital can access by inputting an access code. The pharmacist checks the patient's medical records and explains to him/her about the medicines prescribed previously and those being prescribed this time. The pharmacist also explains any potential side effects, gives instructions on what to do if side effects do occur, or if the patient forgets to take medicine, and offers advice on what the patient is supposed to do up until the next consultation. After that, a pharmacist assistant will dispense the medicine and the pharmacist will check the prescription and

make a label. Narcotics can be handled only by pharmacists. Narcotics and discarded medicines are stored in a secure inner room which only authorized personnel are allowed to access. This is for preventing discarded drugs being sold. I recently heard about a case of illegal sale of triazolam (Halcion) in Japan, but the occurrence of such a case [in the US] would be inconceivable because the hospital has really strict control over handling medicines.

So in America, a pharmacist assistant will dispense medicines according to prescriptions, and then a pharmacist will explain about the medicine and hand it to the patient. Animal hospitals in America are already hiring veterinary technician assistants and trainees. We may see qualified veterinary nurses and veterinary nurse assistants being hired by Japanese animal hospitals in the near future.

When my family goes on a trip, we don't just go sightseeing, but try to participate in various activities. One year, we went to Chicago, where we had a chance to visit a children's hospital offering animal therapy. When we visited Purdue University, we were able to see the content of an exam for veterinary nurses. According to my husband, it was similar to an anatomy exam he took when he was in veterinary college. We also visited an animal hospital in Michigan where many veterinary specialists are working, a children's hospital in Ohio offering animal therapy, and the Animal Medical Center in New York. We have talked with many veterinary nurses working at the above facilities and most of them said that they were doing almost all the work of the hospital except consultation and operation because the veterinarians are so busy writing reports about their research and handling other paper work. I was impressed that all the veterinary nurses I met in America seemed to be very proud of their profession. In Japan, too, animal hospitals already cannot do without veterinary nurses.

[Slide 6] How much can animal hospitals contribute to society? Our hospital is participating in JAHA's Companion Animal Partnership Program (CAPP) and offers four or five training classes per year for beginning

and intermediate levels. The intermediate class includes lectures by Ms. Keiko Yamazaki of International Pet World College, and by Ms. Chizuko Yamaguchi. The beginner's class consists of reading the manual produced by JAHA and performing a mock visit. I was responsible for training classes for the first two years since 2003, but now we leave everything related to the training classes to a male veterinary nurse who works at our hospital. He graduated from the Animal Therapy Coordinator Course at International Pet World College and is currently teaching there as a part-time instructor. He also holds an engineering degree from Gunma University so we ask him to process our CT scanner images, including 3D rendering of scanned images, (although the actual scanning is done by a veterinarian).

[Slides 7, 8, 9, 10, 11] When I think of how a veterinary nurse should be in the future, I think it will be important that veterinary nurses will be able to make a recognizable output to society. I want to support efforts that establish veterinary nursing as a reliable profession. To this end, veterinary nurses need to develop their abilities before they will be able to offer service with a smile. [Slides 12] I would like veterinary nurses to be able to treat animals not only with warm compassion but also with expert knowledge and specialized skills.

Before concluding my presentation, I would like to talk about a topic of 'work / life balance', which I included at the end of my abstract. As I said earlier, I work as the manager of two animal hospitals. Beside this, I also work as an advisor for a vocational school, as a school pharmacist, as a drug and hygiene advisor (providing information to local people on how to take medicine safely), and as a night-shift pharmacist at an emergency clinic (once a month). I enjoy working hard, but I also enjoy playing tennis and skiing. One of my recent passions is running, and I even completed a full-marathon! I really gave it everything I had. In the evenings I also go to the gym with my husband as we decided not to work so hard and have more private time together. Both of us were a bit overweight, but we successfully lost some weight and have been living a much healthier life.

When I was young, I learned the tea ceremony and I think I have benefited greatly from this experience. The spirit of the tea ceremony is hospitality. In the tea ceremony, you are supposed to serve hot things hot and try to devise ways to serve hot things hot even when it's cold outside. This is absolutely something that has a connection to veterinary nursing. Work life balance means creating a balance between work and personal life. As a professional veterinary nurse, you should be able to handle patients with a smile, showing no hint of panic even when you are the only one there to attend to many patients. Most of all, to become such a veterinary nurse it is necessary to work hard to improve skills and techniques on a daily basis. The point is how quickly you can get ready and how accurately you can predict the next step. A veterinary nurse should be able to provide nursing care backed by strong skills and warm compassion while being successful in your personal life. I would like to continue my effort to promote such work life balance as the ideal way of being as a veterinary nurse.

This concludes my presentation. Thank you very much for listening.

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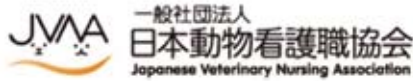
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動物看護職・薬剤師・マネージャー
Mitsuko SAKATA Animal Nurse,
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【Slide 1】

経 歴

- 1977年新潟大学農学部卒
- 1987年に日本獣医畜産大学の臨床病理学教室で研修。
- 日本小動物獣医師会の第1期の動物看護師認定
- 日本動物病院福祉協会の看護師認定
- 1998年には、地元の新潟薬科大学を卒業し、薬剤師資格取得

【Slide 5】



【Slide 2】

国際ペットワールド専門学校

- 人と動物のより良い関係づくり
～山崎恵子先生による
「人と動物の関係学」
- アニマルアドボケート(動物の代弁者)になるということをして全ての動物系学生の1年生に教育
- デルタ協会と連携してアニマルセラピー・コーディネーターを養成

【Slide 6】

海外の動物看護師

- 1995年にイギリスで行われた国際動物看護学会に参加
- イギリスではすでに25年以上の歴史
- 110のブースが出る、3日間の学会
- 動物愛護団体も多く参加
- 1988年に参加した米国のウエスタン獣医師会でも看護師用プログラムは充実

【Slide 3】



【Slide 7】



【Slide 4】



【Slide 8】



【Slide 9】



【Slide 10】



【Slide 11】



【Slide 12】