Q&A

YOUR QUESTIONS ANSWERED
WITH ERNIE WARD, DVM, CVFT

Q: I'm a veterinarian, and our practice started using an AI scribe to write our medical records. It saves real time. But last week I caught it logging the wrong drug in a patient's record, and now I'm uneasy. How much should I trust it? And do I need to tell clients we're recording the exam?

A: Use it. Then check its work. An AI scribe is a drafting tool, not an author. It can turn a conversation into a tidy note in seconds, and that's worth having. But the record it produces is still your record, and your name is on it. Read every note before you sign or finalize it. Some errors will be small. Some will not be. Drug names, doses, concentrations, routes, numbers, and which leg, ear, or eye are exactly the kind of details these tools get wrong. The one you caught is the reason you read the rest.

Know what the service records, stores, deletes, shares, and uses for training. That client audio may be kept as part of the medical record or stored by the company.

Check your state's recording and consent laws, too. Whether your state requires that all parties consent before a conversation is recorded or only one, tell your clients. It's a trust issue. A simple line works: "We use a tool that takes notes during your pet's exam, and I review them before they go into the file." Said openly, most clients understand. If someone objects, turn it off and document the visit another way.

This technology is a genuine help. The scribe drafts. You decide. Trust it to save you time, and trust yourself to catch what it misses.

Q: I'm a year out of veterinary school, and it's harder than I expected. I want structured mentorship, real feedback, and a schedule that lets me have a life. But the older vets I work with say they never got any of that and turned out fine. Am I asking too much?

A: The things you're describing should be standard in this work. Mentorship, honest feedback, and a sustainable schedule are exactly what our profession skipped for years, and we have the attrition numbers to prove it. Many of us were trained by being thrown in and hoping. Some came through it fine, but many good people didn't. When you ask for structure, you're not being soft. You're asking for the thing that keeps people in this work long enough to get good at it, and well enough to stay.

But being right about wanting something doesn't mean it happens immediately. Most practices can't manufacture a mentor overnight. That's a real limit, and it isn't anyone's failing. Focus on what you can actually change.

Even without a formal program, 15 minutes of case review with an experienced colleague at the end of each day is mentorship, and most practices can find 15 minutes. Ask for feedback. And before the next schedule is posted, say plainly what you need to keep doing this work for a long time. That isn't a complaint. It's how good people last.

You're not asking for too much. You're asking for what should have been standard all along.

Q: A veterinary professional associate (VPA) program is opening in my state, and my whole clinic is talking about it. I've been a credentialed technician for 12 years. I love this work, and honestly, I'm torn. I see how badly stretched we are. But I'm still not working to the top of my license, and now we're building a new role on top of that. Am I reading this wrong?

A: You're not reading it wrong. And you're not alone in feeling torn.

Two things are true at once. Veterinary medicine needs more educated, trained professionals. And we still haven't fully used the credentialed veterinary technicians already in our clinics.

The first truth: Access to care is a problem. Many families struggle to get their animals seen in time, or to afford it when they do. I want more help as much as anyone reading this. We don't have to choose between caring for more pets and caring for them well. We owe patients and clients both.

The second truth is yours. You've spent 12 years developing expertise this profession has never fully utilized. A VPA and a CrVT are not the same role: different training, different exam, different legal scope. A VPA is a new supervised clinical role that, depending on state law and final rules, may perform delegated medical tasks above the current CrVT scope.

But the role is being built in the same clinics where many CrVTs still aren't allowed to use the full range of skills they already have. When an experienced CrVT notices that, I don't hear resistance to change. I hear a fair question: Are we letting veterinary technicians do everything their credentials, training, and state laws already allow?

A new clinical role earns trust through defined scope, training standards, a competency exam, supervised practice, client disclosure, and accountability. Standards alone aren't a finished structure. The building still has to go up, and then pass inspection.

The VPA framework is still being built. In Colorado, the law requires veterinary supervision, a supervisory agreement, and client disclosure, and it directs the board to set rules for scope, credentialing, examination, supervision, and delegation. But some components, including the exam itself, are still in development. So, the order matters: The role should not be doing the work before the rules for the work are ready.

When responsibility expands before the standards are clear, the risk doesn't disappear. It shifts to patients, clients, supervising veterinarians, and the new VPA.

So here's my read: Yes to more trained people, but not until the standards are operational.

What can you do now? Ask your medical director whether every CrVT in your practice is working to the full extent allowed by your state's practice act, your credentials, and your hospital's protocols. Get involved with your state veterinary technician association and ask specific questions: What is the scope? Who supervises, and how? How are clients told who is treating their pet? And insist on one thing in your own clinic: CrVT pay and advancement can't get quietly skipped on the way to a newer role.

Your 12 years are not a side note. Those years of doing this job well, for animals who can't thank you, are something this profession should be grateful for. When your state decides how this role takes shape, you belong in that conversation. TVB

DR. ERNIE WARD
The Opening Shots columnist (drernieward.com) is an award-winning veterinarian, impact entrepreneur, book author, and media personality. When he's not with family or pet patients, Dr. Ward can be found contemplating solutions during endurance athletics and meditation and on his weekly podcast, "Veterinary Viewfinder." If you have a question about practice life, personal well-being, leadership, or veterinary careers, email openingshotstvb@gmail.com.