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Clinical Mentorship Isn't Enough

DANI RABWIN, DVM
BENICIA, CALIFORNIA

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There's a lot of chatter about the challenges of early-career veterinarians. The same explanations come up for why many new grads aren't thriving: student debt, the pressure to produce, Gen Z's anxiety epidemic, staffing shortages, imposter syndrome, the fear of making mistakes, and a lack of — or poor — mentorship. I see all of these firsthand in my work with new grads. But what makes these challenges worse is when a new grad believes they are the only one navigating them.

Alone In Their Experience

The early-career experience can be profoundly isolating. For three to four years, veterinary students are surrounded by people going through exactly what they are going through. Then they graduate and find themselves on their own. Not alone in the building, but alone in their experience. Even a new grad in a supportive practice with a wonderful mentor can feel this isolation.

What makes it worse is that some of the very traits we're rewarded for on the way into and through veterinary school — perfectionism and competitiveness to start — can bite us in the behind once we're in practice. When perfectionism keeps a new grad from admitting how they're feeling, those feelings never get normalized. The isolation deepens.

The Assumption the Profession Operates Under

The profession has largely treated new-grad turnover as a clinical problem, and new grads often fall into the same trap. Mentorship is the No. 1 thing fourth-year students say they're looking for in a job. They're all promised it, and practices are getting better at providing it. Browse practice websites, and you'll see mentorship programs promoting case rounds, clinical skills benchmarks, and opportunities to discuss cases. This is wonderful, but it's not enough.

I watch this assumption play out in real time. At the start of my cohort-based mentorship program, we offer multiple breakout rooms, including a clinical case rounds room. In month one, the case rounds room is the best-attended. By the middle of the program, it's the least-attended, and by the end we don't even offer it. Once early-career doctors get together and talk about their challenges, the clinical questions take a back seat to the realization that their struggles are universal.

What the Data Shows

We recently evaluated survey responses from 44 early-career doctors enrolled in a structured, cohort-based mentorship program. Confidence rose significantly across every domain measured: client communication, financial conversations, mentor relationship skills, and even clinical skills. But the finding that stood out came from an open-ended question: What was the most impactful aspect of your experience? The most common answer, offered unprompted by nearly half of participants, was some variation of "I realized that I'm not alone."

Here's what makes that remarkable. In the pre-program survey, when asked what they hoped to get out of the program, participants listed client communication skills, confidence, time management, navigating the mentor relationship, and clinical support. Not one person said they were looking for connection or community. They didn't know isolation was the problem until it was solved.

Why This Matters

A new graduate who believes they are uniquely struggling internalizes it. Their confidence erodes, their progression slows, and burnout follows. Some leave their clinic. Some leave clinical practice for industry. Some leave the profession entirely.

A new graduate who understands their struggles are universal has a different option: They can stay, grow, and advocate for themselves.

When I recommend that practice leaders enroll their new graduates in cohort-based programs alongside early-career doctors from other clinics, the most common pushback I hear is: "I don't want my associate hearing about another clinic's culture and leaving because they think it's better."

In my experience, the opposite happens. It's easy to believe the grass is greener somewhere else. When new grads get in a room with peers from other practices and hear the same challenges, they realize the grass only looked greener. One participant told us the cohort "has given me the confidence to advocate for myself with leadership to get the support I need." Without hearing from her peers, she shared, she would have left her practice.

What Needs to Happen

The following recommendations come from four years of working with hundreds of early-career veterinarians.

1 Start in Veterinary School

Schools need to prepare students for the challenges that can't be addressed in a classroom — starting with the fact that the transition into practice can be isolating. The loss of a peer cohort at graduation is predictable and preventable. New grads have told me how jolting it is to move from a school environment that rewards competition and individual achievement to a workplace that rewards collaboration, vulnerability, and authenticity. Schools should set the expectation early: You will benefit from peer support, and you should seek it out. Cohort-based programs work best when they are opt-in, and students who understand the value are far more likely to opt in.

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2 Address Isolation at the Clinic and Corporate Levels

Structured mentorship programs, informal one-on-one mentorship, case rounds, and clinical education are great, but they aren't enough. New grads need safe spaces to be vulnerable with peers, and the person who signs their paycheck — no matter how wonderful — may not be the best facilitator. There will always be some hesitation to be fully open with a supervisor. Consider an external facilitator or an existing cohort-based program, and make it opt-in. Use testimonials from doctors who have been through one to get buy-in.

3 Stop Over-Protecting Your Culture

If you believe your clinic has a special culture, it probably does. But no matter how fabulous that culture is, you still have early-career doctors who are struggling. If they are never exposed to peers in other environments, the natural assumption is that their struggles are your clinic's fault, and they will look elsewhere. Encourage your doctors to share spaces with vets from other clinics and groups.

4 Measure Early-Career Satisfaction

Our profession needs to measure early-career satisfaction at six months and then annually. We also need to look at whether these doctors are still in a clinical role, or if they've left the clinic or the profession entirely. What are the trends with these results? Where did these vets go to school? This data will reveal which schools are doing a better job at preparing their graduates for the realities of clinical practice.

If we want early-career veterinarians to thrive, we need to stop treating their challenges as something only more clinical training can solve. When we replace isolation with connection, normalization follows, and with it, greater confidence, better mentoring relationships, and better retention. But the outcome that matters most is the one our new graduates named themselves: realizing they are not alone. TVB

DR. DANI RABWIN is a veterinarian, author, speaker, and mentor. She is the founder of Ready, Vet, Go, a remote mentorship program and community for early-career veterinarians.