

Becca Timmons, DVM

Graduation year: Graduated Colorado State University 2017

Detailed Resume can be found at <https://www.linkedin.com/in/rebeccatimmons/> or my website thesubstitutevet.com

Type of medicine practiced: Small Animal General Practice- I am willing to see most species- dogs, cats and exotics (any exotic!).

Diagnostic and treatment approach: I try to offer a broad range of options starting from ideal diagnostics and treatment to symptomatic or palliative care. I really enjoy client education and feel this is vital in getting owners to move forward with what is best for their pet.

Client communication: I prefer to be able to send home with report cards and/or handouts to summarize what we went over for the visit. I do have my own handouts or resources I use in addition to what the hospital prefers. I feel client education is one of the most important tools we have to bridge the gap between us and owners. The more they understand something, the more empowered they feel to follow our guidelines and recommendations.

Staff communication: Although I can be fairly blunt as I try to heavily utilize my support staff and delegate as much as possible, I am also very approachable and I really do appreciate when staff guide me on how the hospital runs or who does what duties. I am not afraid to ask questions if I am unsure of something in regards to hospital protocol or policy. I always appreciate staff input and communication- they are our greatest assets and team-work makes the dream-work!!

Best way to communicate with me as a relief vet: I need direct, blunt communication for best communication. I don't always understand when someone is trying to hint at something indirectly.

Euthanasia/end of life preference: I do prefer to sedate and have a catheter placed when possible for euthanasias if allowed by the hospital. I like to go over the whole process with the owner prior to starting as well to make sure there are no questions or concerns or to at least reiterate the process in case they are too emotionally overwhelmed and don't remember.

How I approach medical differences in cases: I feel we as vets have many tools to provide quality care to our patients and understand that the approach can look many ways based on the vet and the client. I never think it's appropriate to disregard another vet's approach or "throw another vet under the bus" - so to speak. I try to keep on track with current recommendations of the primary vet on chronic cases since I will not be doing follow up but if I think of anything else that may help in conjunction I am sure to heavily document my thought process and goals of next steps. This would be the same for a new illness work-up as well. I make sure that the next vet that sees that patient can understand what happened, what was discussed, and what we talked about for possible next steps.

Best way to contact me: Email tends to work best but texts otherwise for urgent matters. You are always welcome to call, but I do research consulting as well and sometimes will be in a clinic, lab or

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in meetings and may not be able to take a call right away. I usually respond fairly readily when available and take 24-48 hrs maximum otherwise. I typically have automatic replies when I am occupied for long periods, out of town, or unable to respond.

Surgical experience: I feel fairly comfortable with most soft tissue surgeries: spays, neuters, pyometras, tumor removals, biopsies, limb or tail amputations, enucleations, cystotomies, gastrotomy/enterotomies, gastropexies, splenectomies...etc. I do not do orthopedic surgeries and do not typically do emergency surgeries unless that expectation is previously agreed upon. I feel comfortable with dentals and analyzing dental radiographs. I do not take dental radiographs regularly (as I am used to the technicians doing this) but have resources to help guide me if this becomes warranted. I am comfortable with taking surgical shifts at hospitals as long as I have worked a couple of exam shifts there first and agree on the standards of care for surgery and medications/sedatives/analgesics available to provide such care. I do require standards similar to AAHA for surgical procedures- intubation, IV catheterization, IV fluids intra-op, monitoring equipment (HR, RR, blood pressure, pulse ox, CO2 monitor) adequate analgesia peri and postoperative. I do really enjoy surgery and tend to have fun with the surgical team I join on my shifts! I do not do elective de-claws, c-sections, or elective tail docks/dewclaw removals.

Cytology ability: I feel comfortable analyzing most cytology samples in house with diff-quick stains but usually offer and recommend sending for analysis when possible. I feel comfortable reading my own urinalysis sediments, fecals, ear cytologies, skin scrapings and skin impression smears when warranted as well.

Radiographs/Ultrasound: Since I do not have a radiation badge I will not be able to partake in obtaining radiographs of patients myself. I do feel very comfortable reading my radiographs and follow hospital protocols on radiographic consultation to specialists if/when needed. I feel comfortable with AFAST/TFAST and general ultrasound of organs to look for gross pathology. I refer to specialists for outpatient ultrasound or internal medicine when more specific ultrasonographic parameters need to be assessed.

Exotic medicine: I feel comfortable assessing most species and am willing to see almost anything. I do not have much experience with abdominal surgeries but have experience with surgical correction of wounds, amputations, mass removals, biopsies, prolapses...etc. I don't typically take on exotics at practices that will not be able to follow up with them. Anything extensive I typically refer to the exotic specialty hospital in Raleigh, NC- Avian and Exotics.

Urgent Care/Work-ins: I like to mentally prepare for my day at the start of a shift- I prefer to be given a heads up for work-ins and would ideally like to be asked prior to approval but try to follow in line what the primary vets do and what the hospital flow is used to. I will stabilize and triage urgent/emergent cases as needed, and try to follow the hospitals' protocol on their referral process. I am fine with working in drop-offs if time allows, if I have the support staff to do so, and if time is made for that during the day.

Do not be afraid to ask me any other questions either! I look forward to working with you and your team!