

Short Report

Human and Veterinary Medicine: Expanding Opportunities for Interprofessional Collaboration

Anuja J Riles¹, Ellen Aster¹, Amanda A Cavanagh², Christina Reimer¹, Suzanne Brandenburg¹

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Corresponding author:

Anuja Riles

University of Colorado School of Medicine at Colorado State University

Address: 151 West Lake Street, Fort Collins, CO 80523

Telephone: (970) 492-4134

Email: anuja.riles@cuanschutz.edu

¹ University of Colorado School of Medicine at Colorado State University, 151 West Lake Street, Fort Collins, CO 80523, United State of America.

² Colorado State University College of Veterinary Medicine, 300 W Drake Road, Fort Collins, CO 80523, United States of America.



Abstract

Background: Interprofessional education (IPE) in undergraduate medical education is often limited to human health professionals including nurses, pharmacists, social workers, or physical and occupational therapists. IPE activities that include both human medicine and veterinary students are crucial with the rise of complex one health issues such as climate change, antimicrobial resistance, and zoonotic diseases that involve and affect but humans and animals.

Methods: In order to foster collaboration between human and veterinary medicine trainees, a veterinary shadowing program was developed for first-year human medicine students. The impact of the shadowing experience and further opportunities for collaboration between the human medicine and veterinary medicine space were explored in a focus group. The anonymized focus group transcript was analyzed by the research team members for themes to help us understand how students saw connections between human and animal healthcare after engaging in this experience.

Results: Themes that emerged from the focus group include: i) opportunities for learning from veterinary colleagues including death and dying, quality of life conversations, approaches to non-verbal patients and second-hand history taking, cost of care discussions, provider safety, and impact of human medications and food on animals and vice versa; ii) interdisciplinary relationships and appreciation including jointly addressing burnout and mental health challenges and finding solutions to debt during training; iii) imposter syndrome and increasing confidence including effects on fostering a growth mindset, being comfortable with not being an expert, and opportunities for repeated and extended physical exam practice, and lastly; iv) joint community engagement programming including collaborative advocacy and leveraging animal health as a tool to improve human health.

Conclusion: As interprofessional programing continues to be implemented across health professional educational spaces, activities that bring human and veterinary medicine trainees together can be developed. This may lay the foundation for improved success in tackling complex One Health issues of the future.

Keywords: collaboration, human medicine, interprofessional, veterinary medicine.

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Ethics statement: This study was determined exempt by the University of Colorado Multiple IRB and Colorado State University IRB in June 2022 (#22-0942). Informed consent was obtained from all focus group participants.

Data availability: All relevant data are within the paper and its supporting Information files **Authors contributions:** All authors contributed equally.



Introduction

Interprofessional education (IPE) is defined as learning about, from, and with members of other health professions to improve collaboration and care quality. (1) IPE is an important component of health profession training and is in accreditation requirements for most healthcare fields, including human and veterinary medicine. (2) The goal of IPE is to develop learners' skills in working with other professions to improve patient care and community health through enhanced teamwork.

IPE in undergraduate medical education is often limited to human health professionals including nurses, pharmacists, social workers, or physical and occupational therapists. Few schools engage veterinary and human medicine providers together (1,3). However, IPE activities that include both human medicine and veterinary students are crucial with the rise of complex issues such as climate change, antimicrobial resistance, and zoonotic diseases, as exemplified by the COVID-19 pandemic. (4,5) Tackling such One Health issues, which demand an understanding of the interconnections between humans, animals, and the environment, requires collaboration between human and veterinary professionals.

Methods

A veterinary shadowing program (VSP) was developed in 2021 for first-year medical students at a regional undergraduate medical campus located at an institution of higher education with a Doctor of Veterinary Medicine (DVM) program. The first year of medical school is primarily classroom based with limited exposure to patient care settings. Participating students spent 4 to 6 hours shadowing a veterinary critical care physician and veterinary learners in a teaching hospital emergency service. The learning objectives for the experience were:

- 1. Recognize that collaboration between human and veterinary medical professionals can benefit healthcare for humans and animals
- 2. Recognize that humans and animals share the same environment and health is interdependent
- 3. Elicit a history of human-animal-environment interactions.

The aim of this study was to explore first-year medical student perceptions of and experiences in a veterinary clinical setting and to understand opportunities for further collaboration between human and veterinary medicine.

To help us understand student perceptions and experiences, we conducted a one-hour, in-person focus group with three students who participated in the VSP. The focus group was audio-recorded and transcribed verbatim. Questions were asked about learned skills, opportunities for collaboration, approaches to human healthcare, and the interdependency of human and animal health. Three researchers read the transcript to brainstorm initial themes related to the study aims. Then the first author re-coded the transcripts with these initial themes in mind using an open coding method. (6) Codes were shared with the second author for comments and edits, towards finalizing a codebook.

Results

Four major themes emerged to describe students' experiences and perceptions of the VSP:

1) Opportunities for learning from veterinary colleagues, 2) Interdisciplinary relationships and appreciation, 3) Combatting imposter syndrome and increasing confidence, and 4) Joint engagement opportunities. A table of themes, codes, and example excerpts is included in Appendix A.

Opportunities for learning from veterinary colleagues

Students noted opportunities for learning from veterinary colleagues on topics that overlapped with human medicine. They described engaging in conversations related to death, dying, and quality of life



and imagined what may be translatable to human medicine. Students also found discussions on cost of care and financial impacts of death helpful to observe. Additionally, students observed that the veterinary team's clinical approach to non-verbal patients and second-hand history-taking were transferrable to medicine. Other opportunities for learning included observing different clinical procedures and practicing translatable clinical skills, practicing team-based care, and increasing understanding of topics that affect both humans and animals including mental health, overlapping illnesses, food production and safety, provider safety, and toxicity from pharmacologic drugs.

Interdisciplinary relationships and appreciation

Students discussed how cross-professional clinical engagement allowed them to create relationships with and interest in other healthcare professionals with similar challenges and experiences. They discussed the social benefit of engaging with those outside of human medicine in a healthcare field and noted that exposure to the training models in veterinary medicine created an appreciation for veterinary expertise.

Combatting imposter syndrome and increasing confidence

The third theme that emerged from the focus group was how the VSP helped combat feelings of self-doubt and increase confidence. Students described a sense of freedom in having no expectation from their preceptors or their patients, allowing them to be openly curious, ask questions, and develop an increased comfort in the unknown and in not having to be an expert. Lastly, they discussed the opportunity for confidence building in their translatable clinical skills via repeated and lengthy physical exams on animals.

Joint community engagement opportunities

Students left the experience excited about future opportunities to collaborate. They reported a new understanding of the human-animal bond and how collaborative community engagement opportunities may benefit both groups such as joint blood and vaccine drives, health fairs, exercise initiatives, and opioid-abuse awareness education.

Discussion

Results from our focus group suggest the utility of medical students shadowing in veterinary clinical spaces. We note that students described veterinary medicine topics they were exposed to as being absent in their training thus far. This suggests that these opportunities may allow students to start thinking about topics that they will learn more in later training. Those designing similar IPE experiences may find it helpful to discuss what topics may come up later in human medicine education.

Further potential learning opportunities from this experience aligned with the themes above can also be imagined. Burnout and physician well-being is an area of overlap in which innovative solutions could be created and disseminated in both fields. (7,8) Both careers demand long training hours that often place trainees in emotionally intense, high-stress clinical settings while accruing debt. Also, suicide rates are known to be disproportionately high for both physicians and veterinarians. Tools for addressing these crises could be developed together. Additionally, both educational systems are committed to anti-racism and increasing diversity (9,10) and workplace violence is a concern in both fields. (11, 12)



Secondly, medical students are often faced with the duality of not being experts but having to demonstrate clinical knowledge and skills. (13) The VSP experience allows students to embrace those dual roles in a low-stakes environment where they can focus on learning and not just performing. Additionally, the noted skills gained in confidence and curiosity are some that are difficult to foster in current structures of medical education. We may be able to prioritize development of these attributes by taking students out of their traditional clinical contexts.

There is also the potential opportunity for veterinary and medical students to learn overlapping clinical skills such as IV placement in small veins, temperature regulation, nutrition management, and identifying sick vs not sick in small, non-verbal patients. Furthermore, as we saw during the height of the COVID-19 pandemic, there may be future need to share resources such as ventilators, emergency care workers, and zoonotic disease experts. (14) Building these relationships during training strengthens the foundation of these partnerships early on in low-stakes, non-crisis environments that can allow for improved collaboration and outcomes when they may be essential.

Furthermore, there are shared opportunities for advocacy. Training could go beyond current siloed service-learning engagement and didactics on social determinants of health. To train effective leaders, learning activities that are embedded in the crosscutting One Health framework requiring collaboration of human, animal, and environmental health partners should be embraced. (15) No single sector can address issues such as hygiene, zoonotic disease, food and water safety, or climate change. Instead, future physicians need skills to communicate, collaborate, and coordinate activities with those outside of human medicine to be effective advocates that move priorities into action. Joint and early advocacy between human and veterinary medicine trainees is one way in to foster this collaboration.

Conclusion

Taken together, we believe that we should invest in creating interprofessional clinical opportunities for collaboration between human and animal physicians and trainees for the benefit of both fields, all our patients, and our communities. There are several next steps that could help clarify and further expand upon this work. First, repeated shadowing experiences when students are farther in their clinical training may allow for increased collaborative opportunities in the veterinary space. Secondly, additional exploration should be conducted to evaluate what programming would specifically benefit veterinary students and faculty. Some ideas that come to mind include veterinary experiences in human neonatal ICUs to learn about procedures on small patients, in geriatrics to contrast how death and dying and quality of life differs in the two fields and to discover opportunities for enhancing both, and with human medicine pharmacists to explore the use of opioids in human patients and risks to their pets. Additionally, understanding existing community engagement work that is being done by trainees and then expanding upon them to include human and veterinary medicine stakeholders would be another way to more purposefully collaborate around an idea of shared health. Lastly, identifying clinical topics that affect both humans and animals such as infectious disease, opioids, preventative medicine, exercise, nutrition, and others and then creating programming to address these topics jointly would allow for engagement between veterinary and human medicine professionals across different points of training and practice. We feel that the opportunities and rewards in this space are immense and hope to continue to find ways to work together to ensure the health of humans and of animals. (16)



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Annex 1: Illustrative Statements from Participants by Theme

Opportunities for Learning from Veterinary Colleagues

Code	Example
Learn from how DVM	I think there's a lot of opportunity in death and dying. During my
teaches/talks about death	shadowing experience, one of the pets that was brought into the
and dying	emergency roomthe vet hospitaldid end up dying. And so I think that
	veterinary medicine might get even more training in that area because
	euthanasia is such a regular part of veterinary medicine. And soI think
	human medicine could learn a lot from vet med in that aspect.[Student 3]
Learn about end-of-life	[P]eople will do just about everything to foryou knowprolong a human
choices and quality of	life, but have less consideration of the quality of that life. Versus for
life	animals, a lot of time the impetus is thatyou know, they just, it's time to
	end their suffering[Student 3]
See how DVM cost	And also the cost, I think that the cost ofveterinary care is much more
communications are	transparent upfront. And thatvery much guides what procedures are
"more transparent	done because, you know, they'll figure something out and they'll go talk
upfront"	to the owners and be like, "It's gonna cost this muchoption x costs this,
	option y costs this" and the cost actually drives the care. Which is what
	we're taught not to do in a sense, but we still have to consider that.
	[Student 3]
See how DVM	I think pediatrics, but also anytime you have a second person speaking,
communicates with	like it just really kind of opened my eyes. Like that information, you
nonverbal patients	cannot take as fact. Like you have to still do your own workup and keep
	your own mind open whenever [mumbled] like, a case. [Student 2]
Learn from DVM	And I think that veterinarians are probably really good at validating
students about validating	whenwhen the pet owners notice unusual behaviors and encouraging
concerns when they are	them to bring it in and get it checked out because sometimes it's nothing
vague	but sometimes it is a thing. [Student 3]
See different clinical	I think from my side it was very interesting as a teaching tool [] so you
procedures in DVM	can have six or seven patients in the same room all being worked on at the
space	same time, and so, from a teaching standpoint, I felt like I got to see a lot
	of different things happening. And like if one kinda ebbed I could go over
	and check out something else and be able to see like several large teams
	working around each other. [Student 2]



Practice translatable clinical skills	And one of the things we did was like testing for proprioception on a dog and how can a dog tell if it's body's in the right spot and space. And like we talked the day before in class so I knew the answer, but like if you turn their paw upside down and they like fix it, and so like doinghaving that correlation in the back of your head is a way to think outside the box when you're working with human patients, I think would be really good [Student 1]
Learn from how DVM teaches/talks about bloodwork/labs	I think kind of the differentsystemsso when I was there we got to go see some of the imaging and they do bloodwork and labs, and so, a lot of the similarities between human and animal medicine and just kind of understanding those processes I think an opportunity. [Student 3]
Opportunities to observe and reflect on history taking/communication skills	[I]t's learning to ask the right questions. And making sure they're open ended. And stayinginitially pretty broad and thenprobably getting narrower, kind a similar to what we kind of do in human health. [Student 3]
Educational opportunities between parallel specialties/disciplines	I feel like there opportunities, like educational opportunities in every field, like almost every specialty filed. Maybe like psych would be a little hard [laughing], but I feel like for imaging like you noted, and for like heme and stuff, I feel like there are opportunities for that. I remember we saw a dog with a stroke, so I feel like every specialty, there were so many specialists we saw even in the [veterinary] ER that day, and I feel like there are opportunities for education to draw parallels between the two. [Student 1]
Opportunities to observe and practice team-based care	I feel like something that was prepared me for clinic was working on a team environment. Because we were like all in a room with a bunch of different animals. And like we would just like, we would all be like, you know, one person would be petting the animal and like making sure it was relaxed, while the other one would like, kind of low-key pin it down, and then the other one was giving it a shot – it was very collaborative. And that was really awesome to see, because I think in a lot of our preceptorshipswe are just mainly following ourour like, the doctor who we see but not the nurses or the MAs. Because we all go in the room at separate times. At least that's what mine is like. But this one was really cool because all of us were in there together, we were all working as a team together, and that was a really coolsuper cool to appreciate, and it will prepare me more for like being in an ER next year, or being in certain clinical settingsnext year as well. [Student 1]
Awareness about the role of a pet in human health/mental health	I think asking about pets. I realize now, especially after we just had our [clinical skills exam] and stuff, thatthat's traditionally not something we ask anywhere in our histories. [] I don't think I've ever had a patient bring it up unless I specifically asked. Sometimes they'll mention it when you ask about exercise, "Oh I walk my dog." But when you ask about living they talk about the humans they live withand rarely the animals they live with. And that can have big health implications. [Student 3]
Opportunities to learn about disease that affects humans and animals	I don't think I realized how many human diseases transmit to animals and vice versa. And like, what the implications of that kind of are. So that's kind of got me thinking. [Student 2]



Learn from DVM students about food production/safety	[V]ets get a lot of training in broader fields like about food production and food safetythat I don't think we often do. But it has such an impact on people's health. So I'm curious if there's opportunities forus to learn more about that andif that's something we can learn from our vet colleagues. And potentiallybring intoour practice and knowledge. [Student 3]
Opportunities to learn about provider safety strategies	Something else I just thought of is I think the veterinary medicine spends a lot more time learning how to keep the provider safe. And you know, when the dogs and the cats and the whatever animal is not happy to be there. You know, how do they restrain them and protect the providers and, especially recently, in the past decade especially in the last couple years during COVID, the amount of violence towards physicians and other healthcare providers has just increased dramatically. And so, potentially bringing in what [our] veterinary medicine colleagues have learned about staying safe. [Student 3]
Opportunities to learn about pharmacology effects on animals and implications on humans	[T]here are a lot of, like specific medications that are totally safe in humans but like very dangerous to animalsbecause of the way their kidneys are different. And I thought that was really interesting, just theimplications of human medicines accidentally getting ingested by dogs. Or dog medicines with like the opioids getting ingested by humans [] So like, having just that overlap of two medication pools that people are like, "Oh it's totally fine to swapsies [sic] them back and forth" and it's not actually. And I think there's very little education about that. So that's a very interesting point toto kind of explore for me. [Student 2]

Interdisciplinary Relationships and Appreciation

Code	Example
Appreciation for DVM	[I]t really helped me appreciate how likeI guess intensive the training is
training	for that. So thatthat was a reallya great way to appreciate everything
8	thatvet students and residents go through. [Student 1]
Comparing curriculum	I'm like really interested in comparing the two curriculumcurricula?
and getting to know vet	Yeah. Just like comparing them andknowing like I guess because they
med educational	haveyou know they have the same blocks probably that we do with
approach	neurology and then, you know, cardiobut they have so many different
	species and stuff. And then as far as the actual patient interaction, they
	still, they still learn to ask open ended questions and stuff. So I'd be really
	interested in comparing the two, like the two curricullas [sic] and learning
	more about that and how to build a morelikeI guess likeI guess
	like more curriculum that prepares us to be, like, the kind of physicians
	and veterinarians that ask the right questions I guess. So that, that would
	be really interesting to me. [Student 1]
Appreciation for skills of	[T]here were thesepremature puppies that came in. And some were
vet techs	really dehydrated, just being so impressed at the vet techs being able to
	get IVs on these tiny, tiny little veins. So as someone else mentioned the
	different anatomy with different animals, and thenyou know, different
	agespuppies versus older adults, and just being very very impressed
	atthe skills. [Student 3]
Benefit of interaction	I think having that experience of interacting with other students in the
with other health	healthcare field is kind of nice to be reminded, like, it's not just [our
professional students	group of MD students]. There are other people. And so I think finding



ways to have that overlap, you know, where we could recognize faces,
and like, things like that would be really great. [Student 2]

Combatting Imposter Syndrome and Increasing Confidence

Example
And then the other thing I really enjoyed about the shadowing
experience was that I was coming inlike four or five months
into med school. So like not knowing a ton, but everyone there
expected me to know nothing, because I study human medicine
and not animal medicine. And so it was a very low-pressure way
to like, get asked questions and stuff and like the expectation was
zero. And so it was really reaffirming to likehave a clinical
experience where I knew way more than anyone expected me to
[Student 2]
Student 2: [L]ike I said earlier, coming so early in med school to
med school to just reaffirm I am learning things, I can do these
things, and to like, get more comfortable. And so things like,
doing that orI watched a couple catheters be placed, and just
being like, "Oh, that's what's going on!" In a way where I didn't
feel like there was any other humans there who were going to
judge me for not knowing, or doing it poorly.
Student 1: I completely agree. Especially with, because the heart
and lungs, that's like I feel like at first I was like, with humans
like, I have to get it on the exact right spot. And if I have to like move you're going to think I'm a fool. But then with animals like
you just like moved it and it was like no big deal. And I was like,
"What does it matter with humans if I can't feel your pulse on the
right spot? I'm just going to try it again at a slightly different
spot." So it did make me less nervous about physical exams with
humans.
[T]he other thing I was going to say is asking questions. I know
you kind of alluded to this earlier. [] Sometimes I'm like, "I
don't know if I should ask this question because I feel like I
should know it and my preceptor probably feels like I should
know it." [Student 1]
I feel like because we listened to a dog's lung and heart. And it
was right around the time we learned to do that on humans. And I
was so awkward doing it with like [standardized patients] or like
even [my partner], cause it's like, "Do they know that I don't
know what I'm doing?" [Laughter] But like, I never was worried
about the dog being like, "Well this [person] doesn't know
anything" [Student 2]

Joint Engagement Opportunities

Code	Example
Joint blood drives	[F]or example, for outreach, doing blood drives, or we have humans
	and their pets come in, and stuff like that. [Student 1]



Vaccina delect	[II]
Vaccine drives	[H]ow can we use veterinary outreach events to also reach, like, humanthe human population as well. So for vaccine drives, can we also bring like human vaccines and try to get humans vaccinated. [Student 1]
Joint health fairs	[T]hey [veterinary students] have a hard time finding people from the community who will bring their pets, and even for like free checkups, so the vet students can practice, and so pairing that with like a health fair, like you come and your pet comes, could be a really cool way to like, pull more people in and serve, you know, maybe give vet care and like human health care to people to would not otherwise be going in to get that. [Student 2]
Joint human/animal	And then potentially influencing both animal health and human health.
health opportunities	So if the dog's really overweight and needs more exercise, and so does the human, kind of having the veterinarian and the human physician team up together and figure out how to help motivate the owner, like, whether they're more motivated to improve their health or the dog's [health]. And see if they can kind of collaborate and improve both of their health together, not consider it separately. If that makes any sense. So I think that could be really interesting. [Student 3]
Partner on opioid-abuse initiatives	Through some other work I'm involved in I recently learned about how opioids, everybody's pretty aware aboutin human medicine, not over-prescribing opioids, and I think there's awareness in dentistry and things like that. But many people don't think about veterinary medicine, and that the vets will prescribe opioids for the animals but then the humans take them. That, that's not going into the same system. Like all of the human prescriptions do. And so there's this big potential for abuse, because were not communicating with our veterinary medicine counterparts appropriately [Student 3]
Human/animal safety initiatives	I think animal behavior andsome of the implications for whenit goes wronglike interactions between animals and humans go wrong. And the legalities, when the law's behind that. Because I know dog bites have to be reported, andI think cat bites and stuffand checking for rabies and stuff like that. But so potentially educate – is itwho's responsibility is it to try and see if people are making sure their pets are trained enough so they're not going to cause harm to other animals or other humans. And especially with kids, right? Babies and kidsis a big one. So, you know, if you've got a family, and they've got a new baby and stuff, and they also have a dog, likeis it our responsibility to have, you know, ask about the dog's behavior around the baby? Is that the vet's job? Wholike where's that intersection fall, I guess. [Student 3]
Designing dog parks	I appreciate some of the dog parks around here, but compared to the dog parks back home they're kind of trash [laughing]. And I, like have a whole folder on my computer about how do we improve dog parks, how do we get more people to come, how do we get them more pleasant spaces to be in, also more self-sufficient spaces to be in so I think looking into that overlap between human and animal health and how do we promote those side-by-side is a very interesting thing. [Student 2]



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