While emergency co-ops and independent practices are helping equine practitioners cope with the demands of on-call emergency coverage, at least one AAEP member embraces after-hours emergencies. In fact, by taking the calls others don’t want, she enjoys the best of both worlds: practicing quality medicine for appreciative owners but on a schedule of her choosing that accommodates her family life as a mother of four.

Dr. Meggan Graves is clinical assistant professor of field service emergency and director of large animal emergencies relief service at the University of Tennessee College of Veterinary Medicine. Since 2013, Dr. Graves has been providing after-hours emergency coverage within a 40-mile radius of Knoxville on behalf of solo and group practices that have opted to reduce their on-call responsibilities.

“I’ve always liked emergency,” said Dr. Graves. “It’s always new and different—you never know what you’re going to get. Plus, serving people in those moments is too rewarding to pass up.”

Dr. Graves started covering emergencies exclusively in 2004 while an associate at a practice near Charleston, S.C., that had little competition and a hefty emergency burden. As the mother of a young child and in search of a favorable work-life balance, Dr. Graves asked the practice owner if she could cover just emergencies.

“It gave me enough to feel like I was practicing great medicine but not compromising being able to be with my kids,” she said. “Although I thought I’d miss out on the client relationships from seeing patients several times a year, if anything, many of those relationships became stronger because I was the person responding in their time of need.”

By 2008, Dr. Graves had two children with a third on the way and loved working after-hours. When her husband took a new job and the family moved to North Carolina, Dr. Graves decided to open an emergency relief practice. She sent cover letters and resumes to the area’s large animal practices and followed up each month with a calendar of the days she would be available to cover their emergencies.

When Dr. Graves’ husband accepted a job at the University of Tennessee in 2013, she approached the university with her business model. The university jumped on board to improve quality of life among their clinicians, provide students more exposure to emergency medicine, and expand outreach to area practices.

Dr. Graves is based out of her house, makes her own schedule and is compensated by salary. She sends area practices a calendar indicating the 17–20 days per month, including three weekends and most holidays, that she has chosen to be available for on-call coverage. Practices that utilize her are responsible for their own emergencies on the remaining days.

When her cell phone rings with an emergency, Dr. Graves gives the two clinical-year students on their Field Service rotation 15–20 minutes to get to the university’s large animal hospital to be picked up en route to the emergency. She’ll respond to an urgent emergency such as a thrashing colic or dystocia by herself if it’s in a direction opposite of the university. Approximately 70% of the caseload is equine.

When administering care, payment is due at time of service. The case is returned to the owner’s regular veterinarian the next business morning through a text synopsis of the case and treatment, or by phone if Dr. Graves deems prompt follow-up necessary. Routine services are not provided, and the university maintains the medical record, a copy of which can be requested by the horse’s owner and regular veterinarian.

The flexibility of her schedule and not having to check her phone between 8:00 a.m.–5:00 p.m. enables Dr. Graves to never miss important events such as birthdays or weddings, although she still drives separately to family gatherings such as dinners out when on call.

For those intrigued by an emergency career or for practice’s considering hiring an emergency-only associate, Dr. Graves advises against production-based compensation. “If your phone isn’t ringing, you aren’t making money, and you’ll get resentful if you’re the one driving separately to every event but not making money,” she said. “Practice owners should consider the fact they’re paying someone to do something that they themselves don’t want to do.”

Dr. Graves credits keeping her overhead low, working out relationships with other practitioners and developing trust with horse owners for her successful pivot to emergency practice. She encourages other practitioners seeking life balance via a non-traditional path to be creative in forging a career that works for them.

“The cool thing about veterinary medicine is that if you can think it up, it’ll probably work,” she said. “There’s a lot of elasticity in this profession—you can stretch it to a point you didn’t realize it was able to go and still be successful.”