

0:00:00.0 Dr. Kate Berlin: Hi, it's Dr. Kate Berlin here, welcome back to Central Line. I am with a guest today that I'm very excited for you all to meet. Dr. Jessica Vogelsang is the one who said, you really have to meet Sara. And I am so glad that she did. Sara Taylor, welcome to Central Line.

0:00:17.4 Sara Taylor: Thank you. Thank you so much for having me here.

0:00:20.0 Dr. Kate Berlin: It's just such a pleasure. And we had a little chat before this and it was... We just connected on so many levels, and I'm sure Jessica knew that and that's why she wanted to make this happen. But if you would give everybody else listening and watching a little bit of background on yourself and what you're passionate about, we'd love it.

0:00:38.9 Sara Taylor: Sure. So I have been an RVT here in California for 27 years and been in the field for 30 years. So I guess you could say I'm one of those rare ones that has made an entire career out of being a credential tech.

0:00:57.7 Dr. Kate Berlin: I hope that gets less rare. I really hope that gets less rare.

0:01:01.3 Sara Taylor: I hope so, and that's part of my goal in terms of the bigger picture of this field, is to help encourage people to make it a sustainable and hopefully enjoyable field for others and... Yeah, that's basically who I am. And I work at the San Francisco SPCA. I oversee the entire tech team and all the departments here. So my title is VP of Nursing, I'm not a big title person, it's more about what we do and what we provide. So here at the San Francisco SPCA, we have 50 RVTs and 43 vet assistants across all the departments.

0:01:47.4 Dr. Kate Berlin: That's a lot. [laughter] And we're gonna be talking about how the heck you ended up with that many bodies to help...

0:01:54.4 Sara Taylor: We developed them.

0:01:57.3 Dr. Kate Berlin: Yes. That's a lot so we are gonna talk about that because I think a lot of people listening are like 50? I haven't even seen one credential technician in the last year. [laughter] So we need to talk about that for sure. But yeah, we'll get into all of that. But you are passionate about a lot of things that I love as well, and I know we've talked about a lot on the podcast. Like you said, you're not into titles, it's more about what we do. Can you expand on that just a little bit?

0:02:26.0 Sara Taylor: Yeah, ultimately, what are we here for? We're here for the pets, the clients and each other, and this career. So I'm very much... I've been called a Leadership nerd, so I'm very much into the leadership aspect and training. And frankly, I think if we're talking about the tech field, those are two absolutely critical pieces in this career to make this career sustainable and enjoyable.

0:02:54.9 Dr. Kate Berlin: Yeah, absolutely agree with you. Okay. So personal question, we've talked to several guests about their third space, so the place where you can just be Sara, you don't have to be an RVT, you don't have to be a boss or VP of anything, you can just be you. Do you have one?

0:03:16.4 Sara Taylor: Oh, a few outside of life, and thinking of those of us who are techs, it often

is very much our being, and sometimes you have to remember to, yes, you need something else outside of teching. So reading, love reading, friends, and I live in the Bay Area, so it's a big foodie area, cooking dinner with my husband is always a very exciting thing. And we cycle, really cycle a lot. So the Bay Area is phenomenal and beautiful, and you can't answer your phone, you can't be at a computer, you are off the grid for that time going through various eco-climate, like microclimates here in the Bay Area. It's great.

0:04:00.8 Dr. Kate Berlin: I hear that. Yeah, I hear the Bay Area is really just spectacular for cycling and for running too, I'm sure. And that's my third space most of the time when I'm healthy enough to do it, so love that. Okay. Well, let's talk about culture because you're a leadership nerd and leadership and culture really go hand-in-hand. Without a good leader, a positive, strong leadership, we're not gonna see the culture that we want. So when you moved into a leadership position at the SPCA, did you already have an idea of the culture that you wanted to build and were you seeing it already and you're just gonna pick up where someone else left off or did you really need to start creating?

0:04:41.7 Sara Taylor: It's a great question. So when I joined the SPCA, I already had leadership experience from another very large specialty hospital, so I had the fortunate experience to come into this job of knowing that there was absolutely a culture that I wanted to create. And if you go back to when I first became a leader, I was more naïve. You enter this field and you're focused on workflow and you're focused on hiring and training, but there's so much of another level to take it to. So, yeah, here at The SPCA, I came in and we defined it. You say out loud, what is it that you want? Basically, in the tech field, it sounds simple and basic and easy, but you want compassion, empathy, you want people to be helpful, follow through, be there for teamwork. Remember that we're here for both for the client and the patient, both the client and patient experience. And I want to create a training, a learning culture, where we're all invested in each other's success, so it's not like you have one trainer who does that job, we're all here to encourage each other and train each other to be better at what we do. So if you wanna define it quickly, that's what I would say.

0:06:05.8 Dr. Kate Berlin: Yeah, I know it goes so much deeper than that, but I love that. Has the SPCA in general and other leaders that you work with, have they been supportive of that desire to create that culture?

0:06:18.1 Sara Taylor: 100%. 'Cause once you get that rolling... Yes, it's been... I've been here 12 years, so now I can say we have 50 RVTs, [laughter] but once you get that ball rolling and in motion, and once again, the two things, leadership and training, this is what you end up with. This is the end result. Sure, it's a lot of hard work to get there.

0:06:38.4 Dr. Kate Berlin: Yeah, but you were confident. You could see far enough down the road to say like, okay, we gotta stay the course, even though I know it probably was not smooth sailing a lot of the time. And trying to change established practices anywhere, if there are established practices. I guess culture happens whether you create it or not, so it's like a culture by default if you're not intentionally creating it...

0:07:03.4 Sara Taylor: Yes. Yes. And sometimes culture can create itself in a way that makes sense in that you want, but generally, I feel like it really has to... We have to help shape it. It's human nature. We can be chaotic or we can go into directions that... It's the vet field. We're working hard, sometimes there's that negative bonding, you don't want that or... We're in the vet field, look,

we've all experienced this. Clicks can happen, negativity can happen, or people feel not so energized by their job, so it's us as leaders to help shape that and recognize it and [chuckle] keep that from happening.

0:07:44.6 Dr. Kate Berlin: Yeah, absolutely. And I didn't tell you I was gonna ask you this, so I'm gonna ask it anyway though. But I was at the AAHA conference, so AAHA CON in San Diego this past weekend, here we're recording in late September. And I was sitting next to... I went out to coffee and lunch with my friend, Josh Vaisman, who has been on this podcast, and just wrote a book on positive leadership, which is wonderful. And he's been a friend for several years now, which I feel really fortunate to be able to say because I think when I moved into my first leadership position or my first by title, I should say, 'cause I guess veterinarians are always in a leadership position, whether they want to be or not, that we just don't always think about it that way. But from the very beginning, I've been thinking, okay, what would Josh say in this situation? And would Josh be proud of me the way that I'm trying to handle this situation? And definitely has not been perfect, but I think having somebody who you know has done this hard work and who can see situations really well from the outside and who you want to... You aspire to be like and you aspire to make proud of you, is really, really helpful when it comes to being the one who comes in and says like, no, we are gonna change this, and I promise you it's gonna pay off. Because you have somebody behind you to back you up when you're like, I don't know if it's gonna pay off, Josh. [laughter]

0:09:14.5 Sara Taylor: 100%. And it's okay, we fumble. If you're a leader, there's gonna be fumbling moments, that's okay, but if we know what we're striving towards. And I love that 'cause as a new leader or even inexperienced leader, you're always... Have that curiosity, but then have those role models or I always ask people to identify simple exercise. But what is... Pay attention to those leaders that you've had in your life that really inspired you, energized you, made a difference. And pay attention to the leaders where maybe you felt less energized, less motivate, and note that and just figure out who it is that you want to be to provide the best leadership. But yeah, having a role model, very helpful.

0:10:00.6 Dr. Kate Berlin: So that's what I was gonna ask you. Did you have one or do you have one who you still think... And it doesn't have to be like a person you know, could be an author or an expert, but somebody that you're like, I would want this person to be happy with how I'm handling this situation or with the culture that we've built.

0:10:17.4 Sara Taylor: Oh, good question. As a leadership, who doesn't love Brene Brown?

0:10:21.8 Dr. Kate Berlin: Oh, yeah. [laughter] Oh, I want her to be my friend. Please Brene Brown, be our friends. [laughter]

0:10:28.9 Sara Taylor: But also like I said, cataloging almost, I've had... I worked at a smaller general practice, even exotic, even though I'm not a Navy exotic person, I did for two years. But that practice, I felt like there's good leadership there, I had a DVM who was a really good leader. And you pay attention to what is it that that individual did that I want to emulate and take to other people. And so I'd say it's almost an accumulation of things. And honestly, my father was a business owner, and so watching him, he had very loyal, dedicated employees. And even as a kid, just registering, what did he do? What was that all about?

0:11:12.0 Dr. Kate Berlin: Why did they want to stay so badly? Yeah, love that. Well, one of the

things that you've done besides building up a fantastic population of empowered technicians and assistants at the SPCA, is you've also diversified that group a lot in terms of not just experience, but in terms of a lot of other factors that can affect the diversity of a team. Can you talk a little bit about that? Like when we look around at your average vet clinic, it's a very homogenous place, at least racially, ethnically, and I understand that's not so much the case anymore, the SF SPCA.

0:11:52.1 Sara Taylor: No, I feel like we really need to expand and grow in this field in so many ways. And diversity is one of them. We look at the... What was it? The 2022 NAFTA study. And I think they came up with 90% of the textbook answers were identified as white. And so, yes, the field is traditionally drawing in the same kind of individual, and so I set out to change that here at the San Francisco SPCA. And yes, remember, this has been over some years, but we are now... I wish I could show you the little pie chart of how diverse it is. It's really fun. But now actually 37% of our tech team are white, and the rest is all a lovely diverse mix that we basically really dedicated to equity, inclusion, diversity in a way that we're all one team, so it hopefully it doesn't feel...

0:12:55.8 Dr. Kate Berlin: It's not self-segregating in the team.

0:13:00.3 Sara Taylor: And it means reaching out to communities, maybe being willing to take in and train from the ground up and support people through the whole cover, honestly.

0:13:11.3 Dr. Kate Berlin: Yeah, and when you do that, if you do it well with the kind of positive leadership that you're talking about, I know we've talked about how you don't love the term servant leadership, which I think we should touch on, but...

0:13:24.9 Sara Taylor: I love the concept.

0:13:25.8 Dr. Kate Berlin: The concept, yes. The term just sounds a little bit... It's simplistic maybe a little bit. But the culture of supportive leadership rather than hierarchical, like here's what to do and I'm gonna tell you how to do it. And creating that empowered team is gonna inspire loyalty and make people want to stay with you through their careers. It would do that for me, for sure.

0:13:48.2 Sara Taylor: It does, and once again, the learning environment and creating a team where we all appreciate each other's differences, I think of... I think there's sometimes the desire in us as just human to want to maybe have all the same kind of person in terms of how you function, perhaps how you look, whatever it is, but that doesn't make a good team. A team is made up of a huge compilation, and then us as leaders identify what their individual strengths are.

0:14:25.8 Dr. Kate Berlin: Well, and when you end up with a lot of the same people, like the same people with the same background, people with the same sort of approximately the same cultural customs and who relate to clients in much the same way, for better, for worse, because I would imagine that having a more diverse staff is also helping you to serve your community better because your community doesn't all look the same.

0:14:50.8 Sara Taylor: Absolutely. I think it's fantastic that we have a lot of... In San Francisco, a lot of Spanish-speaking clients. So we have people who are Spanish-speaking techs.

0:15:01.3 Dr. Kate Berlin: Yeah.

0:15:01.8 Sara Taylor: And we started a community vet clinic, it's called where it's staffed with people who are all Spanish speaking in a community that's... The majority of the clients are Spanish speaking. And that connection beyond language too, just cultural connection makes such a difference. So we all know how frightening is that to go to a vet hospital with your dog... And vet medicine is almost, even if you speak English, it's confusing, it's a different language. [laughter]

0:15:28.4 Dr. Kate Berlin: For sure.

0:15:29.4 Sara Taylor: And that cultural connection and understanding, it's imperative.

0:15:33.5 Dr. Kate Berlin: Yeah. The cultural competency of just knowing how to address somebody and how to relate to them in their relationship with their pet, which might be culturally a little bit different than how your family related to a pet. And things like nutrition and stuff like that, it can all be very nuanced. And I love the idea that automatically there's an element of trust when a client comes in and sees somebody that they can relate to right away, at least on some level.

0:16:01.5 Sara Taylor: 100%. Culturally, that's one thing we call out is we don't wanna be judgmental. In the vet field, it's tricky. We don't always know what the client's experience on so many levels, and they have a tech team... Well, the entire team, frankly, but I'm focusing on tech, of not judging the client is so important.

0:16:21.7 Dr. Kate Berlin: Yeah. When you train the technicians and assistants from the ground up, so you go out and you basically advertise and say, we need people to come and work, but we will support you. How do you get them to come? Because a lot of the reasons I think we see homogenous populations coming to that med is because there are a lot of communities that don't really understand what it is or see it as a viable career option, so how do you capture the attention of people who may not have thought about that as a career?

0:16:58.1 Sara Taylor: I actually think there's a lot of people who want to enter this career, but there isn't that, how do I do it? And if we look at the advertisements out there and what everyone's looking for, sure, this is hard. This is that cyclical thing where most vet hospitals need someone experienced. And so I was at a curiosity scanning that assistant, a minimum one year experience. So how do you even get there? And I actually find we get applicants because if one is willing to bring from the ground up, that is the difference. And look, I know all of you listeners out there, easy to say there's that whole thing of, well, how do I do that? I'm short-staffed, I don't have the time to train someone, that takes... Yeah, it takes a fair amount of energy. So easy to sit there and say, but this is where I... When we're in moments when I've been in places of lower staff and you just kind of dig deep and go, all right, but this is the solution. This is part of the solution of how we can allow people to enter the field and provide a very welcoming, embracing atmosphere. It's scary to walk into a vet hospital, even the equipment. [chuckle]

0:18:14.8 Dr. Kate Berlin: Yeah. The smell.

0:18:16.5 Sara Taylor: The smell. [laughter]

0:18:17.4 Dr. Kate Berlin: Yeah. The whole place is just actually kind of anxiety-inducing. It can be anxiety-inducing for me. I can't imagine I've been doing this for 15 years.

0:18:27.0 Sara Taylor: I remember when I first walked into a vet hospital just to check it out to see if I wanted to get in this field and I was like, whoa, this is all so foreign.

0:18:35.4 Dr. Kate Berlin: Yeah.

0:18:36.4 Sara Taylor: And so making sure that it doesn't feel... If it feels foreign, it's okay. Acknowledging it, be comfortable with it. Well, very, very welcoming to people who are newer in the vet field.

0:18:47.8 Dr. Kate Berlin: Yeah.

0:18:49.3 Sara Taylor: And so I guess that I'm not sure if that answered your question necessarily.

0:18:55.4 Dr. Kate Berlin: Yeah, I think so. And even just like... We've talked to guests on the podcast who didn't even see a veterinarian with their own eyes until they were in college. Like Cherise Roth said that. And then just this past weekend, we were in San Diego and BlendVet, headed up by the fabulous Niccole Bruno, but with her entire team of like amazingness, did a pathways event on Friday. So they went to a local... They had a local school and talked to a whole bunch of kids and they rotated through these stations that had like CPR and surgery. And yeah, you go online and you can see like Dr. Courtney Campbell with a scrub cap on and like his whole team of little surgeons behind him with their scrub caps and gowns on.

0:19:41.9 Sara Taylor: It's so sweet.

0:19:44.8 Dr. Kate Berlin: It was so cute. And like they said afterwards that the kids didn't take their scrubs... A lot of the kids didn't take their caps off all day because they just wanted to feel like surgeons. And they'll never gonna forget that.

0:19:57.4 Sara Taylor: Reaching out to kids in yes, elementary school, high school, even community. We have community outreach programs that allow tours of our community vet clinic or bring them in and make it accessible to the client. This is...

0:20:15.4 Dr. Kate Berlin: Yeah.

0:20:16.5 Sara Taylor: The vet field, I think historically has been this brick and mortar, almost intimidating, formal...

0:20:21.6 Dr. Kate Berlin: Yes. The vets in the white coat. And they're like, this is what you should do when you do it.

0:20:26.4 Sara Taylor: Yes. Yes. So it's changing that and making it accessible in the whole bigger picture, including, yeah, kids. And they have fun.

0:20:35.3 Dr. Kate Berlin: Yeah, it looked like they had a blast.

0:20:36.5 Sara Taylor: They love the surgical cap and exam gloves and... [laughter]

0:20:41.3 Dr. Kate Berlin: If there's video of them like doing CPR on the dummies on the ground.

0:20:44.4 Sara Taylor: I love it.

0:20:45.4 Dr. Kate Berlin: Yeah. So Alyssa Mages built a whole bunch of mannequins that have like little tubes for veins. They can practice venipuncture and you can open them up and see the organs inside. It's just totally crazy how much they've done to prepare for this and it's making such an impact. And hopefully that will spread and those kids will say to, and some of the vets in the San Diego area who were connected that way, they'll take them in as externs one day and you just never know. So what workshop or what experience made a big difference? And you've been there for 12 years. 12 years is not actually very long. It's a long time to be in one place, I'm not minimizing that, but 12 years to have that shift with on the job trained assistants and technicians who have gone on to get credentialed because they started with you. That is actually a lot in a very short amount of time in the grand scheme of things.

0:21:43.9 Sara Taylor: It is. We've developed of our current team, 30 of the techs have been developed here and we've developed a lot more and sent them out into the world which is great. And we've...

0:21:53.8 Dr. Kate Berlin: Yes. And you don't view that as a failure, I assume, you view that as a gift.

0:22:00.7 Sara Taylor: It's absolutely a gift.

0:22:01.4 Dr. Kate Berlin: Yeah.

0:22:02.6 Sara Taylor: As we know, there's the quite the shortage and keeping people in this field. So as many as we can energize and get in and keep them and hopefully train them, send them out to be successes, that's a win.

0:22:16.8 Dr. Kate Berlin: Yeah.

0:22:18.7 Sara Taylor: Yeah. And I know, yeah, it took a lot of work. We're lucky that we work with a local that RVT pro school.

0:22:28.8 Dr. Kate Berlin: Okay.

0:22:29.8 Sara Taylor: And so we accept interns. So it's kind of a pipeline.

0:22:32.7 Dr. Kate Berlin: Yeah.

0:22:33.4 Sara Taylor: But you gotta once again be completely dedicated to that training which takes a lot of fair amount of time and energy. But if you create that learning structure and the other people, the whole teams invest in each other, it's a little bit self-fulfilling.

0:22:49.3 Dr. Kate Berlin: Yeah.

0:22:49.5 Sara Taylor: I guess you could say.

0:22:50.5 Dr. Kate Berlin: Yeah. Well, it takes a ton of energy to have constant turnover like to constantly be introducing someone new no matter how experienced they are. It's you may not have to teach them how to put a catheter in, but you've gotta teach them everything else and integrate them with the team. And then if they leave after a year or two, you gotta start all over. So training and growing and empowering is a lot of work. But it seems like it would be more rewarding than just kind of like slotting people in and watching them leave.

0:23:20.4 Sara Taylor: Yeah, the payoff is huge. And honestly, we've all been at vet hospitals and been guilty of this or experienced it ourselves where the need is so profound. So you're just kind of like here you go. You're put into the mix really fast without onboarding, and here's I'll stand on my soapbox a little bit where it is those first two to three weeks are so critical. And as much as you need that person to be functional right away, I cannot stress enough the importance of taking that deep breath and being like, all right, I'm gonna spend two to three weeks onboarding properly before I even put them in a primary role. And it's little, but the difference that makes is huge.

0:24:05.4 Dr. Kate Berlin: Yeah. So there are a lot of people listening and watching right now who are working on teams that are short-staffed and they're feeling the pinch and they're like, okay, I'll train them like that's fine. But they're having a hard time keeping team members, especially credential technicians. So is there something that first comes to mind where you're like, okay, how could we get to the root of that problem? What question would you want to ask those teams first?

0:24:34.5 Sara Taylor: Okay. Well, I'm one of those perhaps annoyingly, so I always wanna know the why. I always dive into, have you looked at the why? But a lot of hospitals are experiencing the same thing and the same problem of cyclical turnover. And that's why I'm like, unfortunately, you have to almost take the pause. Look at the why and...

0:25:00.4 Dr. Kate Berlin: Like the why people are leaving?

0:25:01.3 Sara Taylor: Yeah.

0:25:01.5 Dr. Kate Berlin: Yeah.

0:25:02.3 Sara Taylor: What is it? Have we asked them honestly? And mostly what I experience is, it's people aren't feeling appreciated or... I'm not a big fan of tech utilization, the word utilization. I'm more of a contribution. I'm going to use the word contribution.

0:25:21.9 Dr. Kate Berlin: Sure.

0:25:24.8 Sara Taylor: Are people able to contribute in the way that is fulfilling to them, and a lot of that has to do with trust of them. But then you come back and it's trust comes through training. So the DVMs have to trust us. So if there's that proper training to get that trust and utilization, then we're there. And frankly leadership, a lot of us know the leadership is so, so critical.

0:25:53.5 Dr. Kate Berlin: Yeah. So let's talk about that for a second. Obviously figuring out and I think we can say that for the whole profession, it's figuring out why people are... Why we're bleeding people is probably more important than creating new people or new roles for them. But we can talk about that more in a second. But anyway, [chuckle] but let's talk about leadership in the term servant leadership, let's go back to that.

0:26:17.3 Sara Taylor: Okay.

0:26:17.7 Dr. Kate Berlin: Why is it that you love the concept but not so much the term?

0:26:24.4 Sara Taylor: I don't know why the term servant leader... Servant is a little bit feels extreme where we are the... I view leaders are there to ensure their team success, build their team success as a team and as individuals. So I think that servant leadership is the closest thing to explain that. I do laugh where I've sometimes taught it to newer supervisors, but then they give too much of themselves. [laughter]

0:26:55.5 Dr. Kate Berlin: Yes.

0:26:57.4 Sara Taylor: And and leave nothing left for themselves. So I think that's where the term can be tricky.

0:27:05.3 Dr. Kate Berlin: Kind of thinking of the...

0:27:05.5 Sara Taylor: We've got to take care ourselves too, there's self-care involved in the whole picture while we're serving the team.

0:27:12.4 Dr. Kate Berlin: Yeah, that makes sense. I'm thinking I'm a big Simon Sinek fan and you just said basically like let's start with why and...

0:27:21.3 Sara Taylor: Oh, yes.

0:27:22.9 Dr. Kate Berlin: And Simon Sinek is brilliant and love listening to him. And also, I hate the name of that book, Leaders Eat Last because I'd rather eat together, like let's eat together.

0:27:33.5 Sara Taylor: Yes, it's 100%. It's a collaboration.

0:27:36.9 Dr. Kate Berlin: Yeah.

0:27:37.8 Sara Taylor: The term servant certainly it almost takes that hierarchical, we don't need to swing it completely in the opposite direction. There's a happy medium, and yes, it's a collaboration of the leader and the team. But it's hard in the vet field. I know that... That's how I started. You're responsible, you're good tech or you're good DVM. You have good follow through, you're put into a leadership position.

0:28:04.5 Dr. Kate Berlin: Yeah. And with essentially no training in most cases like absolutely all you have is the examples of people you've seen lead, which as we know is usually not good enough. [laughter]

0:28:17.6 Sara Taylor: That all experience is hard. So that's where curiosity is I'd say it's such a key in leadership, just keep being curious about how one can be better and better, well, serve our teams.

0:28:33.4 Dr. Kate Berlin: Yeah. And listen, I would prefer listening leadership. I think than servant

leadership, that doesn't have quite the same ring to it. [laughter] So yeah, I think it's clear that you and I both agree that leadership is probably one of the biggest ingredient, not the biggest ingredient for success for that teams. But the team has to be on board too. 'Cause I think there are a lot of people who have grown up in this profession essentially who are used to that hierarchical structure. I've seen this happen so many times where like people just wanna be told what to do because it's how they're comfortable. And when you ask them for input or feedback, they don't wanna give it to you or they haven't thought about it 'cause they didn't think it was their business to think about it. So how do you start that? Like leadership training for the leader is one thing, but then you also have to sort of get the team on board with like, no, we're in this together. We're gonna talk about everything.

0:29:31.6 Sara Taylor: I actually think much... When you talk about generations, there is a generation now that wants to be more involved, so in some ways it's easier. There's very much a, I want to know what's going on, talk to me and loop me in, include me. But the importance of this kinda psychological safety that you can speak up and I'm not gonna judge you. It's okay if maybe it's an idea we wanna use or not use, but creating that safety to speak out is probably step number one and identifying how you can do that with a team. 'Cause we also know there's some introverts or people who maybe are shy or in the vet field who aren't just gonna be like, oh, hello, we need to do this.

0:30:16.9 Dr. Kate Berlin: Yeah.

0:30:17.7 Sara Taylor: And how do we make room for that? And I'd say in multiple ways, two. We wanna hear from the team. So whether it's through ways that they can do it without having to have face to face. I know some people hate anonymous feedback, but sometimes you need to create that situation to build the trust and then create that psychological safety so people can give feedback. Energize a team, buy in. When they have good ideas, implement it and give them all the credit [laughter] and have them be part of implementing and owning it. So there are some ways that you can really get that pride from them in their work.

0:31:08.4 Dr. Kate Berlin: Yeah, that psychological safety piece is just... And that's where Josh starts in his book, that's where...

0:31:14.2 Sara Taylor: Oh, I have to read this.

0:31:15.8 Dr. Kate Berlin: Yes. He talks about the four P's of positive leadership and that's the first one. And without that, it really seems like a lot of other efforts will end up falling flat because you'll think you're doing a good job, but as he and so many other people have said, a silent team is not a successful team. You need that sort of productive, healthy conflict and discussion and not be afraid of it. And I'm thinking about the story in radical candor, which is another amazing book by Kim Scott. And she's talking about going to a factory in Japan or something where people are not used to being at all what they might consider rude. So they didn't wanna give any feedback on things that could be changed in their systems. And so she didn't let them go home until they stood on a spot and like said two pieces of negative feedback or something. And I wonder if that's... 'Cause creating an expectation that you're gonna be asked and that it's okay to say it, and showing that by example, too, seems like a really important thing for a leader to do. Like, please critique me. Please tell me, I need you to do this for me. It isn't always about, oh, you're complaining. It's that this is something I need that will help me make our team better.

0:32:35.4 Sara Taylor: Yes. Indeed. The two things that came to mind along with that psychological safety, the culture of feedback.

0:32:43.0 Dr. Kate Berlin: Yeah.

0:32:45.5 Sara Taylor: I'm one that feels feedback is such a gift. I actually almost think it's... I always say it's almost cruel if you watch someone who's struggling and you're not doing anything. But how to provide it in a way that is helpful. So I always... But honestly, look, in the field, this field, we're giving, giving, giving all the time to pets, to clients. So we wanna feel like someone has our back. Someone is supporting us back there so that we can continue to give enormously in this field. So I'd say that's number one, making sure people know that you are there to support them, whether that's giving... And that includes giving some feedback to help shape them be better people and giving the positive feedback and expecting the feedback back. As leaders, I'd say don't assume your employees will give it to you, you have to solicit it in a way that is safe and non-threatening.

0:33:48.4 Dr. Kate Berlin: Yeah.

0:33:48.9 Sara Taylor: We're not perfect, we're people. [laughter] We've got to grow and learn.

0:33:52.4 Dr. Kate Berlin: Yes. And then acknowledge it and try to do something with it, even if it's not complete within your control. 'Cause people will stop giving it if you don't do anything with it. Yeah. I can think of times when leaders have asked for my feedback and then it just seems to like go into the ether and die. And it gets less and less to be a good feeling when you get asked 'cause you're like, well, why should I even waste my time? I've seen that happen so many times.

0:34:20.7 Sara Taylor: Yeah. We don't want those situations that are demotivating to the team.

0:34:24.7 Dr. Kate Berlin: Yeah. Yeah. Like the engaged people become disengaged because they feel like you don't actually... It's performative feedback. [laughter]

0:34:34.0 Sara Taylor: Yes. Yeah.

0:34:34.8 Dr. Kate Berlin: Yeah.

0:34:34.9 Sara Taylor: And that's tricky. But I think that comes down to communication with your team too of I'm working on it. Sometimes we want instant results and maybe it's coming back to our team and realize this is kind of a... This takes time too.

0:34:53.3 Dr. Kate Berlin: Yeah. Yeah. Does your team do any DEIB, diversity, equity, inclusion and belonging? Do they do any formal training about that or is it a topic of conversation in your meetings?

0:35:06.4 Sara Taylor: All and above.

0:35:07.4 Dr. Kate Berlin: Yeah.

0:35:07.8 Sara Taylor: We're lucky that as an organization, we're highly invested in it. So we

have...

0:35:11.4 Dr. Kate Berlin: Forefront.

0:35:12.8 Sara Taylor: Because we're such a big organization, we're very fortunate. I'd say in smaller practices, there can be short trainings that one can have to start get the ball rolling if one hasn't already.

0:35:28.8 Dr. Kate Berlin: Yeah.

0:35:29.2 Sara Taylor: But yeah, we celebrate different heritage months and we have trainings, we discuss it. It's open and we have leaders being trained as well.

0:35:42.4 Dr. Kate Berlin: Love it. Okay. Let's talk about roles for a second because you said you have like over 80 people, credential technicians and assistants reporting to you. Do you have any veterinarians? Oh, I'm sorry.

0:35:58.4 Sara Taylor: Oh, I do have managers. I don't have any... [laughter]

0:36:00.4 Dr. Kate Berlin: Yeah. Yes. But under your umbrella, leadership umbrella, I guess I should say. But thank you for clarifying. Yeah, that's good 'cause that would be like you just do one-on-ones until you die. [laughter] Nothing else. Okay. So what about veterinarians? Are there veterinarians that are under that umbrella as well? And so you're technically their boss or are there veterinarians that are... And I know we don't love titles or rankings, but you technically outrank some veterinarians and so you would have decision-making power over systems that affect them. I'm just asking because that is something that we do see a little bit of pushback, whether or not it's conscious when we see technicians moving into higher leadership roles.

0:36:46.6 Sara Taylor: It's a great question and a reality. So I'd say at this moment, there are no DVMs reporting directly to me. However, there's a high level collaboration of workflows. And so this is because I'm such a collaborator, titles don't necessarily... The rank... Would I possibly affect some workflows that are tech-driven that then the doctors would kind of have to go with? Perhaps. But I view it as we're all a team with the same goal. So I don't think I'd necessarily had to pull rank, I guess you could say.

0:37:31.4 Dr. Kate Berlin: Yeah.

0:37:32.4 Sara Taylor: But very much working together. But historically there is that... It's tricky. As techs, were taught we are following directions from a DVM. If you look at medically, there's the treatment plan. We are following it and implementing it. And DVMs, you're taught you're supposed to do everything in terms of somehow you're supposed to be a leader of the team and clinical, we're supposed to do it all.

0:37:57.5 Dr. Kate Berlin: Yes. And we should be able to do everything techs do, even if we don't do it. [laughter]

0:38:04.2 Sara Taylor: I guess, although I'd most argue that like here the doctors don't draw blood, induce anesthesia, put in catheters, take x-rays.

0:38:15.4 Dr. Kate Berlin: Yeah.

0:38:16.3 Sara Taylor: Use the anesthesia, ventilators, none of that.

0:38:18.9 Dr. Kate Berlin: Oh, yeah.

0:38:19.3 Sara Taylor: None.

0:38:19.9 Dr. Kate Berlin: I know. I wouldn't know the first place to start with a lot of things now because I didn't have to for so long because I had amazing technicians I worked with who just did it all. I remember one time there was a doctor's meeting at a practice where I worked and there were like six doctors around and an emergency came in 'cause we were in the practice, practice was closed. It was only doctors in the building and it was a... But it was a really long time client, so we decided to see it. And we had to run blood work and all of us were standing around just looking at the blood machine, like [laughter] does anyone know how to use this thing? It was pretty bad. So there was like an instruction manual and a tech support call. Yeah.

0:38:55.3 Sara Taylor: YouTube. [laughter]

0:38:56.2 Dr. Kate Berlin: Yes. [laughter] We're like kind of tech on standby on the phone. So yeah, definitely there's this expectation that even from the clients, they're like, I want the vet to draw my dog's blood. I'm like, no, you don't. [laughter] You don't want me to do it. I do it once a week.

0:39:13.8 Sara Taylor: So yeah. I think there are definite roles there, but how to think less of that hierarchy, which is so embedded, I think, in this field from many decades to how is it a collaboration? And we're seeing... I think we're seeing more RVTs come up into more leadership positions. People who've have been in the field for a long time and they're more excited about teaching others to draw blood than doing the actual task or elevating everybody else. But it is the... Sure, there can be moments of friction.

0:39:54.4 Dr. Kate Berlin: Yeah.

0:39:54.5 Sara Taylor: A hundred percent of who... And I think the ranking is still tricky 'cause it's still DVM has the final decision on many, many aspects. That's how the structure has been created.

0:40:10.3 Dr. Kate Berlin: Yes. True. But I love that you are in a position where you can work collaboratively with DVMs to try to optimize workflows and training and stuff. Because a DVM doesn't have... And we just don't have the same insight into how technicians and assistants and CSRs even are affected by what we do. We're like, oh, this is how I do this thing. And like, we don't have any... Even if we've worked as assistants or technicians, it's still very difficult to see in that situation how everything works together. And you have to have somebody speaking up for everybody on the team.

0:40:47.5 Sara Taylor: Absolutely. And so I think we can't... That's human. We all sometimes have our scope of how we see things. And to have someone who is on the... Whether it's your clinic manager, hospital administrator, tech, someone in a leadership who can look at the whole big picture holistically, is so important.

0:41:10.4 Dr. Kate Berlin: Yeah. For sure. Okay. I wanna ask you a couple of opinion questions. You'll have facts I'm sure that support your opinions, but I'm just really, I'm curious because as a technician who's been in the field for a long time, and now you've seen a lot of people come and go, and you've seen a lot of changes in the profession, particularly where technicians are concerned. We are having a ton of conversations now about kind of two big things as far as I can tell. There's technician title protection and there's the idea of the, quote, unquote, "mid-level practitioner role" and whether that's something that we need and something that should be implemented more widely. So I'm curious as to your thoughts on either or both of those as an RVT leader.

0:42:02.5 Sara Taylor: I love it. [laughter] Alright, where to start? It's definitely a hot topic and there's a lot of opinions out there. Title protection, I think I'll just start with the first one, is I do feel it's important in terms of the public doesn't even understand us. And so if we're all over the place internally, externally, of course, it's gonna be perceived that way. And we have... In some ways, there's a model of human medicine that we can look at where there's clarity in the different roles. And so we as patients, we know what to expect of different roles, we don't... It's muddled in the vet field. And it's tricky because each state is so independent. And I'll be honest in my... I would've thought by now being in this career for 30 years, we would have gotten to have a more national standard by now. So I get it, it's hard. And that is a mountain to move in that respect. But if each state at least can do as it's, we're headed there, title protection and then educate the public. Tricky thing is, I get it, people say, but I'm short-staffed, I can't get a credential tech. I need someone to do this job. How do you... But if we all head in the same direct... March in the same direction, I think we can get there. That's my personal opinion on title protection.

0:43:43.1 Dr. Kate Berlin: Yeah. And I've heard so many people say that. And I would have expected too after all this time that we'd be farther, we'd be closer to a more unified front in terms of what, at least what we call technicians, even if they can do different things in different states. I can't imagine that like nurse practitioner, I don't know if it's statewide, that they can decide like what a nurse practitioner can do in various states or if nurse practitioners have the same legal capabilities in every state. I don't actually know if that's the case or not. Or like an RN. Are there restrictions in some states that don't exist in others? I don't know.

0:44:22.4 Sara Taylor: That's a really good question. And I would...

0:44:23.5 Dr. Kate Berlin: Yeah. I'm gonna have to find that out now.

0:44:25.8 Sara Taylor: Yes, please do. Tell me when you get the answer.

0:44:28.3 Dr. Kate Berlin: Yeah. [laughter] I'm sure there's somebody listening who knows. Stephen Cital, I'm looking at you. [laughter] I'm sure you know.

0:44:33.9 Sara Taylor: Alright. Tell us, please.

0:44:35.4 Dr. Kate Berlin: Yeah. [laughter]

0:44:37.5 Sara Taylor: And a mid-level practitioner, I actually... This is an interesting one. Let me see. Come back one step and then head there. So go with me and interrupt as needed.

0:44:51.4 Dr. Kate Berlin: But okay.

0:44:52.4 Sara Taylor: So in California, do you know that there's something, a legislation SB 669 that would allow RVTs to establish the VCPR as an agent of a DVM without the DVM present to basically hold vaccine clinics in underserved communities.

0:45:13.4 Dr. Kate Berlin: Yeah.

0:45:14.7 Sara Taylor: So I know there's some listeners out there who may have... They're varying opinions on that.

0:45:20.8 Dr. Kate Berlin: Yeah.

0:45:21.4 Sara Taylor: Personally, I actually am in support of it. So can we do start number one. RVTs exist, how can we allow more full contribution in this field and utilize what we have and hopefully that can help energize the field, perhaps a little bit. That's I think, empowering. We trust you to run a vaccine clinic.

0:45:48.5 Dr. Kate Berlin: Yeah. Oh, yeah.

0:45:49.9 Sara Taylor: Yeah. Fun. Great. Exciting. [laughter]

0:45:53.8 Dr. Kate Berlin: And then that frees up a DVM not to have to do a vaccine clinic. That benefits everybody. But Yeah, I'm letting my own opinion creep in here, which I have to do.

0:46:02.5 Sara Taylor: Go ahead.

0:46:02.6 Dr. Kate Berlin: As a disclaimer, this is not the opinion of AAHA, this is the opinion of Kate Berlin.

0:46:06.4 Sara Taylor: Okay.

0:46:07.8 Dr. Kate Berlin: [laughter] But I agree with you that it seems like I am not opposed to that in any respect, I think... But I also had the experience of working with some extremely empowered and capable credential technicians. I would let them work on my family members, you know what I mean? And I would want them to work on me. Like I absolutely have the most faith in their ability. And there are so many people that their credential technicians are like trimming nails. And like of course, they're not gonna move directly from nail trims to you can run a vaccine clinic without me there. So it makes perfect sense what you're saying that improving our empowerment and their ability to contribute make...

0:46:53.4 Sara Taylor: Empowerment contribution.

0:46:54.4 Dr. Kate Berlin: Yes.

0:46:54.8 Sara Taylor: Yes. Versus... I'm using those words versus RVT do more because it's often the RVTs are running...

0:47:03.0 Dr. Kate Berlin: They're doing everything. Yes. [laughter]

0:47:05.5 Sara Taylor: So it's more about empowerment and contribution and trusting. So that's hard. I get it. As a DVM, we're working under your license.

0:47:14.4 Dr. Kate Berlin: Yeah.

0:47:14.7 Sara Taylor: So there has to be that trust once again. Leadership and training is a theme.

0:47:18.7 Dr. Kate Berlin: Yeah. Crazy how that keeps coming back. [laughter]

0:47:22.3 Sara Taylor: We also have VTS.

0:47:24.4 Dr. Kate Berlin: Yes.

0:47:24.6 Sara Taylor: And so how can... For all... I'm not a VTS, for all you VTS out there, yes, there is this structure. Can we build on this? So if we're looking at mid-level practitioner, I'm a big fan of, I'd rather not go the PA route where it's, you don't need prior experience, I'd rather go the NP, nurse practitioner route. In my understanding, hopefully I get this right for any of you in the human nursing field or a family friends, that it's a progression of a career that maybe there's like...

0:48:02.4 Dr. Kate Berlin: Which is already what VTS...

0:48:02.7 Sara Taylor: I don't know if it's RVT, VTS. Yeah.

0:48:04.8 Dr. Kate Berlin: Have to do.

0:48:06.5 Sara Taylor: Exactly.

0:48:07.4 Dr. Kate Berlin: Yeah.

0:48:08.0 Sara Taylor: So can we build on that versus create some new position that then almost demotivates more people from entering the RVT credential, LVT, CBT credential tech field.

0:48:24.4 Dr. Kate Berlin: Yeah. Makes sense to me. I know that like Lincoln Memorial has an MPA. Yeah. VPA Program. VPA. So it's a master's degree program that is graduating people who are gonna be in that sort of mid-level practitioner role. And...

0:48:47.8 Sara Taylor: And I love that... My understanding is you have to be an RVT for... It's for RVT.

0:48:51.5 Dr. Kate Berlin: I believe so.

0:48:51.7 Sara Taylor: Sorry, I keep saying RVT because I'm in California. Bear with me. Credential tech base.

0:48:56.8 Dr. Kate Berlin: Yes, I believe so.

0:48:57.7 Sara Taylor: Which is exciting. That builds kind of on that prior knowledge and experience.

0:49:05.8 Dr. Kate Berlin: Yes. And I think part of the discussions that I've heard about that program is that it includes leadership training. So we're talking so much about empowering leaders and trying to keep training up people who want to carry on with good positive leadership and know how to lead a team 'cause so many technicians get no training in that whatsoever. And keeping opinions about the VPA program out of it, I do think leadership training for credential technicians is essential. And one way or another, they need to have it. Especially if they're gonna be serving in roles where they might be leading a team, or they might be in a place where there is no doctor or manager or practice owner who's there to be the final word on things. Because like it or not, servant leadership or not, somebody has to be the one to make the decision. And a lot, it's a lot of leadership. I feel like it's just decisions all day.

0:50:03.1 Sara Taylor: A lot. And when do you collaborate? When do you have to just make a decision and tell? Where do you find that balance?

0:50:09.5 Dr. Kate Berlin: Yeah.

0:50:10.9 Sara Taylor: The change management?

0:50:11.7 Dr. Kate Berlin: Yes.

0:50:12.2 Sara Taylor: And this field is changing constantly.

0:50:14.8 Dr. Kate Berlin: Yes.

0:50:15.5 Sara Taylor: Our clientele, the expectations, how we function, we just came off of a pandemic where we had to pivot fast. So yes, change management isn't necessarily come... It doesn't come naturally to a lot of people.

0:50:30.4 Dr. Kate Berlin: Yeah.

0:50:30.9 Sara Taylor: How do you shape it?

0:50:32.3 Dr. Kate Berlin: For sure. Well, it's clear that we agree on mostly everything. And I don't want people listening to think that that means that there's no room for discussion here. I would love to hear other people's opinions of like, have they been in scenarios where somebody tried some of the things that you've been doing over the last 12 years and it didn't work? Because a lot of people are like, well, it just seemed like things were just sinking and I couldn't keep it going. And I felt like I was out on this branch by myself. And I've heard that too, and I'm just curious about that. Discussion about this, it's not ever gonna get better and this isn't ever gonna spread and become a good epidemic of positive leadership and empowerment without discussing it and without some bumps.

0:51:21.9 Sara Taylor: A hundred percent, bumps and discussion and being there for each other. When I first entered this field, actually leadership in the field, I think I was so surprised to find so many of us struggle independently with exactly the same problems.

0:51:35.7 Dr. Kate Berlin: Yeah.

0:51:36.7 Sara Taylor: And we're like, wait, wait.

0:51:38.0 Dr. Kate Berlin: Like it's only me.

0:51:40.8 Sara Taylor: You experienced that too, and that and that and that and that. And so being okay with... I think there... From when I entered the field, there seemed like there are these little pods of management groups and leadership groups in the vet field. How do we... It can feel very lonely sometimes as a leader and how do we collaborate but get to get to a solution, but really look at some of these issues that we're all, all encountering. And I also didn't wanna be... No one wants to hear, well, you have 50 RVTs and we have none. How do we get there? It's a hall, but there are certain things I think little tiny things one can do. I think of the smaller general practices I worked at, and a credential tech was a credential tech and a vet assistant was a vet assistant. But even within some of these smaller general practices or whatever it is, you can even create just this small matrix of growth. And it sounds, maybe it's too basic. But just even small, so you achieve these skills, you get this pay, you achieve these skills, you get this pay and show a progression of how people to keep them interested growing in the field. And so the techs can have something and the vet assistants or CSRs can have something in sight of why do I wanna stay here?

0:53:13.0 Dr. Kate Berlin: Yeah. Yeah.

0:53:15.8 Sara Taylor: So there are these small tangible things I think that we all can do.

0:53:21.0 Dr. Kate Berlin: Yes. Absolutely. And actually, AAHA's first... This will come out after their release, so I can say this here. But AAHA's first technician utilization guidelines are coming out next month in October of 2023. And their task force actually has said they discussed the word utilization as well 'cause none of them loved it either, but it seems like the closest to what they needed to.

0:53:43.0 Sara Taylor: Yeah. It's fine.

0:53:43.5 Dr. Kate Berlin: Nd it's recognizable, but they said the same thing. But it talks about that. About tiers and sort of levels of skill. And there's gonna be so much packed into those guidelines. I'm really excited for people to read them. The task force just works so hard to try to create something that was useful, but also a little bit groundbreaking. For a lot of people, this is a new way to think about how to empower their team. So I love everything that you've talked about. And it seems like your team is very lucky to have you. I know what you're gonna say. You're gonna say you're lucky to have them, and that's exactly why you're good at this. [laughter] But I could see you getting ready to say it. But from an outside perspective, they are extremely lucky to have you. And just take that with you because you probably don't get to hear that all that much in a culture where you give away all the credit. So you deserve credit for what you've helped to create. And, I just wanted to say that, now it's on the air, so it's true. [laughter]

0:54:54.4 Sara Taylor: Thank you. We're never bored in this career. Ever.

0:54:58.9 Dr. Kate Berlin: No, that's true. [laughter]

0:55:02.7 Sara Taylor: And I love people with all the muddiness that is involved in people.

0:55:07.6 Dr. Kate Berlin: Yeah. Yes. Same, same, same. Okay. Last thing. We've talked about several resources, so I'll put links in the show notes to like Brene Brown and some of her stuff, Kim Scott and Radical Candor, Simon Sinek. Is there anything else that you want to shout out as a resource that's been useful to you or something that you've learned from in your leadership journey?

0:55:33.5 Sara Taylor: That's a great question. In terms of resources, I actually like Gallup StrengthsFinder for leaders or for managers. It's good, but there's other one of these where it feels, sometimes you're like, but wait, maybe there's only four categories, and maybe some of them people feel like maybe they should be something else. And I actually like doing this with my managers, supervisors, and perhaps even teams. Because then you can all, once again, appreciate each other and what each member brings to the team.

0:56:15.7 Dr. Kate Berlin: Yeah.

0:56:16.2 Sara Taylor: How we compliment each other or we're aligned. And people kind of think it's fun too. So I think that's a fun tool. And I do like how it does... It kinda tells, it helps shape, like these might be some of your blind spots or areas of growth and I find it shockingly true. How did this test get...

0:56:38.3 Dr. Kate Berlin: I know. It's actually like... And it's kind of sobering when you see some of... So just for people that aren't familiar with StrengthsFinder, and you could see there's a black book on the shelf behind me, and it's the manager, which is one of the Gallup StrengthsFinder resources for managers talking about how to lead if you have certain strengths, and also how to lead people who have certain strengths. I love that stuff. And I think you're so right. Something like DISC or Myers-Briggs where you kinda have four categories and you have to sort of fit pick one, that can feel a little bit limiting. And StrengthsFinder is so positive because it's not saying, here's what you're bad at, it's saying, here's your superpowers. You happen to be exceptionally good at this, and these come naturally to you and they're really important to you and you're passionate about them.

0:57:31.5 Dr. Kate Berlin: And it's bringing that like accentuate the positive. This is what you can contribute to the team versus like, here's the areas that you should focus on the most 'cause you suck at them. And nobody responds well to that. At least hardly anyone. Maybe like CrossFitters [laughter] because they have to do everything. But you know what I mean? It really encourages you to look at the team and say, okay, this person is really good at details and relationships and talking through each step of something and they're very fastidious. And then other people, I'm raising my hand, are much better at the big picture and can say, okay, here are some connections between things that we could think about that maybe we hadn't thought about before. But I am not making that spreadsheet 'cause I'm gonna start it and then I'm gonna leave it and get distracted by something shiny and I'm not gonna see it again for six months. And it makes me feel so much better about that. I should not...

0:58:24.3 Sara Taylor: Versus I'm good at executing and the fall of, and making it happen.

0:58:28.5 Dr. Kate Berlin: Yeah.

0:58:29.9 Sara Taylor: And yes, we're... And as a team leader, how can we all... If these are strengths that come naturally, how can we live... Be in positions where we live in these strengths versus struggling in something that maybe we could do, but we're not great at. And so I'm a fan of that as a tool and leadership and your team.

0:58:49.8 Dr. Kate Berlin: Yeah. I'll put a link t to the StrengthsFinder website, the Gallup website in there too. There's so many... The easiest way you could take tests online, you can give codes to your team, but you also can just buy the book. It's like a StrengthsFinder 2.0 book and it's got a code in it, and then you get the book that explains all the strengths and stuff. And if you have a big team, it adds up, but it's not that expensive per person to do it. And so even for just leadership teams, I think it's really, really helpful. So I'm really glad you brought that up. It's one of my favorite things. My top strength is activator. What about you?

0:59:22.0 Sara Taylor: Learner?

0:59:23.5 Dr. Kate Berlin: I got that one.

0:59:23.8 Sara Taylor: Arranger, achiever are some of my tough ones.

0:59:27.5 Dr. Kate Berlin: Yes. So I don't have much of the executor ones. I have a lot of the influencer ones.

0:59:33.0 Sara Taylor: And I have little influencers.

0:59:34.4 Dr. Kate Berlin: Yeah. So we would be a good... We would be good teammates is what you're saying. [laughter]

0:59:38.6 Sara Taylor: Absolutely. [laughter]

0:59:42.1 Dr. Kate Berlin: All right. Well, Sara Taylor, it's been a pleasure. I love talking to you. We've only talked a couple of times now, but I leave feeling really hopeful about the future, not just of where you work, but of the profession in general. If we can churn out more leaders like you.

1:00:00.4 Sara Taylor: And techs who want to stay in this field, enter this field and stay in this field. It can be a positive. So energizing us as a career, I think that's so important.

1:00:12.9 Dr. Kate Berlin: Yeah, that's the key. Honestly, we have so many challenges in this profession, but I firmly believe the technicians are the key. We need to figure out how we've been letting you all down and how we can turn that around. And I think at least those conversations are happening now, and I'm really encouraged by that.

1:00:35.8 Sara Taylor: Yay. Thank you so much. This has been such a pleasure talking with you. And thank you anyone out there who will be listening to this.

1:00:44.4 Dr. Kate Berlin: Yeah, absolutely. Thank you all for watching and listening and hit me up on podcast@aaha.org. If you have questions for Sara or just about this topic in general, if any of the resources we talked about, you can always email that address and we'll do what we can to get you

answers. So thanks again and we'll catch you next time on Central Line.