

ADVERTISEMENT



Trends

magazine

Starpath is your

HR lifeline

Communication strategies

Leadership development

Do-It-Yourself HR

We help veterinary teams work together better.

details on reverse



STARPATH
CONSULTING LLC



We help veterinary teams work together better.



720.440.0077

starpathconsulting.com

Woman-owned business

Annual Membership Benefits

- priority access via phone, email, virtual meeting
- veterinary specific HR & management expertise
 - plans start at 2 hours / month
 - additional hours at discounted rate

March 2024 | trends.aaha.org



Trends

magazine

THE BEHAVIOR ISSUE

Postpandemic Behavior Problems

And How to Handle Them, 26



Electronic Help for Behavior Cases

Tools to Assist Clients and You, 32



HOSTILE CLIENTS | EMPOWERMENT | FEAR FREE

SIGN ME UP FOR

*making clients
as comfortable as Calypso.*

Flexible financing. Simple, convenient monthly payments. And the comfort of knowing they can move forward with care. That's the CareCredit experience. **Call 844-812-8111 to apply to enroll.** And if you're already enrolled, remind your clients that you offer this flexible financing option.



YOU CAN LEARN MORE AT
carecredit.com/vetinsights

TO APPLY CALL US AT
844-812-8111

 **CareCredit**
a Synchrony solution

80% of Dogs Suffer from Dental Disease¹

A Scientifically Proven Dental Chew² For Successful At-Home Dental Care


WELLNESS[®]

WHIMZEES[®]

— Crafted to Support the —

4 Areas Vets Check Most³:

- ✓ Plaque
- ✓ Tartar
- ✓ Gums
- ✓ Breath



THE ADDED BENEFITS OF WELLNESS[®] WHIMZEES[®] DENTAL CHEWS:

• CHEWS LONGER FOR MORE CLEANING TIME⁴

With added dietary fiber, WHIMZEES Dental Chews provide a firmer dental chew that supports a longer chewing time for a longer cleaning time.

• JUST 6 KEY NATURAL INGREDIENTS

A limited ingredient recipe with no added grains or meat proteins supports the dental health of all dogs, including the sensitive ones.

• A LOW-CALORIE DENTAL TREAT⁵

As a low-calorie dental treat, WHIMZEES help pet parents give their dog a daily dental chew to supports dental health without having to worry about their waistlines.

Helping pet parents create a daily dental health routine between cleanings is key to supporting their dog's teeth and gum health.

¹ Packaged facts "Pet Care Oral Services and Products in the US" 2018; PLoS One Stella JL, Bauer AE, Cronney 2018.

² When chewed daily. Based on WHIMZEES Brushzees medium breed dog study at an independent kennel 2022.

³ When chewed daily. ⁴ Based on studies of a comparable product conducted by an independent kennel.

⁵ Excludes WHIMZEES Ricebone, Puppy and Antler.



Just for Vets!



Trends

Vol. 40, No. 3, March 2024 magazine

American Animal Hospital Association

trends.aaha.org • trends@aaha.org

Phone: 800-883-6301 • Fax: 303-986-1700

14142 Denver West Parkway, Suite 245, Lakewood, CO 80401

Trends magazine provides timely perspectives on the art and business of companion animal veterinary practice to all members of the practice team.

The Team

Editorial Director, **Ben Williams**

Managing Editor, **Cara Hopkins**

Senior Graphic Designer, **Robin Taylor**

Graphic Designer, **Alison Silverman**

Director of Guidelines, **Ingrid Taylor, DVM**

Accreditation Specialist, **Aimee Potter, RVT**

Copywriter, **Kristen Green Seymour**

National Sales Manager, **Stephanie Pates**

Advertising and Sales Manager, **Sean Thomas**

Advertising and Sponsorship Specialist, **Jennifer Beierle**

Journal Highlights Abstracts of the current issue of *JAHA, Journal of the American Animal Hospital Association*, are reprinted with permission. For masthead information, editorial review board, authors' guidelines, and subscription information, see the online publication at aaha.org or jaaha.org.

Subscriptions Trends magazine is provided to AAHA members as a member benefit (annual membership dues include \$60 for a subscription). Annual nonmember subscriptions: \$70. Single copies: \$20. To subscribe, call 800-883-6301, email aaha@aaha.org, or visit aaha.org/trends.

Publication in this magazine of any advertisement, article, product information, or other information or data does not necessarily imply that the American Animal Hospital Association endorses or approves the advertiser, the product, the service, or the authors' viewpoints. The information presented is intended to help you make good decisions, but it is not a replacement for appropriate financial, legal, or other advice. Neither this publication nor AAHA in any way endorses or guarantees the accuracy, reliability, or completeness of the facts, views, opinions, recommendations, information, or statements contained in this publication. In addition, nothing within these pages should be construed as an offer or solicitation to purchase or sell any investment items. Readers are urged to consult their attorneys, accountants, and other advisors on all practice-related decisions. No part of this issue may be reproduced in any form without written permission from the publisher. The sole exception is made for veterinary practices, which may make a limited number of copies for use within the practices. For all other uses, including all uses by commercial entities, please send your request to permissions@aaha.org. AAHA shall not be held liable for adverse reactions to or damage resulting from the application of this information or any misstatement or error contained in this work. AAHA shall be held harmless from any and all claims that may arise as a result of any reliance on the information provided.

Postmaster Trends magazine® (ISSN 1062-8266) is published 12 times per year (January, February, March, April, May, June, July, August, September, October, November, December) by the American Animal Hospital Association, at 14142 Denver West Parkway, Suite 245, Lakewood, CO 80401. Periodicals postage paid at Denver, Colorado, and at additional mailing offices. Canadian Post Agreement Number 40041253; send change-of-address information and blocks of undeliverable copies to P.O. Box 1051, Fort Erie, ON L2A 6C7. Printed in the USA. Postmaster: Send address changes to Trends magazine, 14142 Denver West Parkway, Suite 245, Lakewood, CO 80401.

©2024 American Animal Hospital Association. All rights reserved.

Cover image: ©AAHA/Robin Taylor



CLARO®

(florfenicol, terbinafine,
mometasone furoate)

Otic Solution for use in dogs only

Do Not Use in Cats.

Antibacterial, antifungal, and anti-inflammatory
For Otic Use in Dogs Only

See full product insert for complete prescribing information, a summary of which follows.

CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION: CLARO® contains 16.6 mg/mL florfenicol, 14.8 mg/mL terbinafine (equivalent to 16.6 mg/mL terbinafine hydrochloride) and 2.2 mg/mL mometasone furoate. Inactive ingredients include purified water, propylene carbonate, propylene glycol, ethyl alcohol, and polyethylene glycol.

INDICATIONS:

CLARO® is indicated for the treatment of otitis externa in dogs associated with susceptible strains of yeast (*Malassezia pachydermatis*) and bacteria (*Staphylococcus pseudintermedius*).

DOSE AND ADMINISTRATION:

CLARO® should be administered by veterinary personnel.

Wear eye protection when administering CLARO®.

(see **Human Warnings, PRECAUTIONS, POST APPROVAL EXPERIENCE**).

Splatter may occur if the dog shakes its head following administration. Persons near the dog during administration should also take steps to avoid ocular exposure.

Shake before use.

Verify the tympanic membrane is intact prior to administration. (see **CONTRAINDICATIONS, PRECAUTIONS, POST APPROVAL EXPERIENCE**).

Administer one dose (1 dropperful) per affected ear.

1. Clean and dry the external ear canal before administering the product.
2. Verify the tympanic membrane is intact prior to administration.
3. Remove single dose dropperful from the package.
4. While holding the dropperful in an upright position, remove the cap from the dropperful.
5. Turn the cap over and push the other end of the cap onto the tip of the dropperful.
6. Twist the cap to break the seal and then remove cap from the dropperful.
7. Screw the applicator nozzle onto the dropperful.
8. Insert the tapered tip of the dropperful into the affected external ear canal and squeeze to instill the entire contents (1 mL) into the affected ear.
9. Gently massage the base of the ear to allow distribution of the solution. **Restrain the dog to minimize post application head shaking to reduce potential for splatter of product and accidental eye exposure in people and dogs (see POST APPROVAL EXPERIENCE).**
10. Repeat with other ear as prescribed.
11. The duration of the effect should last 30 days. Cleaning the ear after dosing may affect product effectiveness.

CONTRAINDICATIONS:

Do not use in dogs with known tympanic membrane perforation (see **PRECAUTIONS**). CLARO® is contraindicated in dogs with known or suspected hypersensitivity to florfenicol, terbinafine hydrochloride, or mometasone furoate.

WARNINGS:

Human Warnings: CLARO® may cause eye injury and irritation (see **PRECAUTIONS, POST APPROVAL EXPERIENCE**). If contact with eyes occurs, flush copiously with water for at least 15 minutes. If irritation persists, contact a physician. Humans with known hypersensitivity to any of the active ingredients in CLARO® should not handle this product.

PRECAUTIONS:

For use in dogs only. Do not use in cats (see POST APPROVAL EXPERIENCE).

Wear eye protection when administering CLARO® and restrain the dog to minimize post application head shaking. Reducing the potential for splatter of product will help prevent accidental eye exposure in people and dogs and help to prevent ocular injury (see **DOSE AND ADMINISTRATION, Human Warnings, POST APPROVAL EXPERIENCE**).

Proper patient selection is important when considering the benefits and risks of using CLARO®. The integrity of the tympanic membrane should be confirmed before administering the product. CLARO® has been associated with rupture of the tympanic membrane. Reevaluate the dog if hearing loss or signs of vestibular dysfunction are observed during treatment. Signs of internal ear disease such as head tilt, vestibular signs, ataxia, nystagmus, facial paralysis, and keratoconjunctivitis sicca have been reported (see **POST APPROVAL EXPERIENCE**) with the use of CLARO®. Do not administer orally.

Use of topical corticosteroids has been associated with adrenocortical suppression and iatrogenic hyperadrenocorticism in dogs (see **ANIMAL SAFETY**).

Use with caution in dogs with impaired hepatic function (see **ANIMAL SAFETY**).

The safe use of CLARO® in dogs used for breeding purposes, during pregnancy, or in lactating bitches, has not been evaluated.

ADVERSE REACTIONS:

In a field study conducted in the United States (see **EFFECTIVENESS**), there were no directly attributable adverse reactions in 146 dogs administered CLARO®. **POST APPROVAL EXPERIENCE (2019):** The following adverse events are based on post-approval adverse drug experience reporting for CLARO®. Not all adverse events are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data.

In humans, accidental exposure leading to corneal ulcers and other ocular injuries such as eye irritation and redness have been reported. Exposure occurred when the dog shook its head after application of CLARO®. Skin irritation has also been reported. In dogs, the adverse events reported are presented below in decreasing order of reporting frequency: Ear discharge, head shaking, ataxia, internal ear disorder (head tilt and vestibular), deafness, emesis, nystagmus, pinna irritation and ear pain, keratoconjunctivitis sicca, vocalization, corneal ulcer, cranial nerve disorder (facial paralysis), tympanic membrane rupture.

CLARO® is not approved for use in cats. The adverse events reported following extra-label use in cats are presented below in decreasing order of reporting frequency: Ataxia, anorexia, internal ear disorder (head tilt and vestibular), Horner's syndrome (third eyelid prolapse and miosis), nystagmus, lethargy, anisocoria, head shake, emesis, tympanic rupture, and deafness.

To report suspected adverse drug events and/or obtain a copy of the Safety Data Sheet (SDS) or for technical assistance, contact Elanco at 1-800-422-9874.

For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VEIS or online at <http://www.fda.gov/reportanimal>.

Information for Dog Owners:

Owners should be aware that adverse reactions may occur following administration of CLARO® and should be instructed to observe the dog for signs such as ear pain and irritation, vomiting, head shaking, head tilt, incoordination, eye pain and ocular discharge (see **POST APPROVAL EXPERIENCE**). Owners should be advised to contact their veterinarian if any of the above signs are observed. Owners should also be informed that splatter may occur if the dog shakes its head following administration of CLARO® which may lead to ocular exposure. Eye injuries, including corneal ulcers, have been reported in humans and dogs associated with head shaking and splatter following administration. Owners should be careful to avoid ocular exposure (see **PRECAUTIONS, POST APPROVAL EXPERIENCE**).

Manufactured for

Elanco US Inc

Shawnee, KS 66216

Made in Germany

CLARO, Elanco and the diagonal bar logo are trademarks of Elanco or its affiliates.

©2022 Elanco or its affiliates.

Approved by FDA under NADA # 141-440

Elanco

87227014 TRD BSV 04/22

PM-US-22-0849



(florfenicol, terbinafine, mometasone furoate)
Otic Solution

WIN THE FIGHT AGAINST OTITIS EXTERNA

Save your clients from the stress
of OE treatment

Proven Efficacy

Effective against your most common cases of OE¹

One-Dose Convenience

Provides a full course of therapy

Administered by You

Eliminates concerns of missed
or incorrectly applied doses



Choose Claro[®], the trusted market leader in OE treatment.²

Claro[®] is indicated for the treatment of otitis externa in dogs associated with susceptible strains of yeast (*Malassezia pachydermatis*) and bacteria (*Staphylococcus pseudintermedius*).

CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian. **PRECAUTIONS:** For use in dogs only. Do not use in cats. (See POST-APPROVAL EXPERIENCE.) CLARO[®] has been associated with rupture of the tympanic membrane. Reevaluate the dog if hearing loss or signs of vestibular dysfunction are observed during treatment. Signs of internal ear disease such as head tilt, vestibular signs, ataxia, nystagmus, facial paralysis, and keratoconjunctivitis sicca have been reported (see POST-APPROVAL EXPERIENCE) with the use of CLARO[®]. **Wear eye protection when administering CLARO[®].** (See Human Warnings, PRECAUTIONS, POST-APPROVAL EXPERIENCE.)

¹Angus JC. Otic cytology in health and disease. VCSA. 2004;34:411-24.

²Elanco Animal Health. Sales data on file.



26



32

Features

26

Behavior Problems in the Postpandemic World

The pandemic presented some special ingredients to fuel pet behavior issues.

by Melissa Bain, DVM, DACVB

32

Collecting the Right Data

Technology can be your best friend when trying to understand a patient's behavior problems.

by Sherrie Yuschak, RVT, VTS (Behavior)

Departments

38 Home Team

A Look Inside Fear-Free Practices

What is Fear Free and what does it look like in practice?

45 Culture in Practice

Soft Skills in a Hard World

What They Are, Why They Matter, and How to Leverage Them

48 Client Centric

The Art of De-Escalation, Part 2

Understanding and de-escalating extreme client interactions

55 Podcast

What Energizing and Empowering Veterinary Teams Looks Like

A conversation with veterinary trainer and educator

Alyssa Mages, BS, CVT



The Usual

- 6 From the Editor
- 8 Contributors
- 12 The Scoop
- 20 5 Questions for a Specialist
- 22 Employee of the Month
- 24 JAAHA
- 62 Advertiser Index
- 63 AAHA Marketplace
- 64 In Practice



From the Editor

Beyond Good and Bad

The Chinese philosopher Mengzi believed that people are inherently good, while his counterpart, Xunzi, said that people are born bad. They agreed that moral teachings were the key to keeping people on the good side.

What do you think about companion animals? Are pets inherently really good or bad? I'm thinking that most people in the veterinary profession would say no. However, the ancient Chinese philosophers were on to something. Now, they were probably not tossing dumplings to people for positive reinforcement of good behavior (although that might work with me). But, consistent training, a healthy environment, positive reinforcement, and a little pharmaceutical assistance can go a long way toward unlocking that "good dog" or "good kitty" in most pets.

With that wild digression, welcome to the Behavior Issue! We have articles on the top postpandemic behavior concerns, how to "train" your clients to collect and share behavior data with you, and a look inside some Fear-Free practices. And for those interested in human behavior, we also have Part 2 of Dr. Stacey Santi's article on handling clients who are showing their "bad" side.

Seriously, Enter the Contest!

Do you like money? I mean, who doesn't? Go to aaha.org/EOTM to nominate one of your co-workers for the Employee of the Month contest, and you could win \$100 for yourself, and \$400 for your nominee. The only catch? You get an email from me and from CareCredit saying congratulations. And who doesn't want an email from me?

Coming Next Month

Dermatology, artificial intelligence, and parasite control are on tap for April. Also look for an article on whether or not you should start a podcast. As always, let me know what you think at trends@aaha.org.


Ben Williams
Editor

UNLEASH YOUR VETERINARY SUPERPOWERS



AT AAHA'S ANNUAL CONFERENCE

SEPTEMBER 12-14 • NATIONAL HARBOR, MD

- Offering 75+ hours of medical and practice management CE for the entire team
- Refresh your perspective on veterinary medicine
- Learn from inspiring speakers
- Gain powerful networking experiences



KEYNOTE SPEAKER
Soledad O'Brien



KEYNOTE SPEAKER
Dr. Cherice Roth



REGISTER NOW!
c.aaaha.org



Contributors



**Melissa Bain, DVM,
DACVB, DACAW**

Melissa Bain, DVM, DACVB, DACAW, is a veterinarian and professor of clinical animal behavior at UC Davis School of Veterinary Medicine. In 2016 she was selected as the AVMA's Bustad Companion Animal Veterinarian of the Year.



**Sherrie Yuschak, RVT,
VTS (Behavior),
KPA-CTP, Elite FFCP**

Sherrie Yuschak, RVT, VTS (Behavior), KPA-CTP, Elite FFCP, is a faculty member of the Karen Pryor Academy for Animal Behavior and Training where she contributes to curriculum and teaches several courses.



Lavanya Sunkara

Lavanya Sunkara is an award-winning writer who lives in the suburbs of New York City. She has been taking her two senior dogs to a holistic, Fear Free-certified veterinarian for years and hopes to spread awareness of the movement far and wide.



M. Carolyn Miller, MA

M. Carolyn Miller is a senior instructional designer and writer who has been developing soft skills training programs for 30 years. Find her online at cultureshape.com.



Stacey Santi, DVM

Stacey Santi, DVM, is a 1996 DVM graduate from Colorado State University and the founder of Vet2Pet, a technology client engagement platform for veterinary practices.



Alyssa Mages, BS, CVT

Alyssa Mages, BS, CVT, is a veterinary educator, trainer, coach, and entrepreneur. She is the chief visionary officer for Empowering Veterinary Teams, a women-owned company that provides training and education to veterinary teams.



*Buying equipment, medicine,
supplements, or supplies?*

Let AAHA Save You Money!

AAHA's Savings Programs have you covered
so you can save and even earn rebates on things
you purchase from participating vendors.

*Start your savings journey at
aaha.org/savings.*



Community

I wish that I could turn to a fellow AAHA member for help with this issue!

Now you can, in AAHA Community.



An online gathering place

Log in today at community.aaaha.org using your existing AAHA.org credentials!

- Provide a virtual space to find, learn from, and help one another.
- Get tips for your next AAHA evaluation
- Share ideas, questions, and resources

Not an AAHA member yet?

Join today at aaaha.org/joinnow



The Fear-Free Initiative

Fear-Free veterinary techniques are a relatively new approach to caring for patients and clients in the veterinary field that have gained exceptional traction within the hospital setting.

Fear Free techniques are a set of techniques that have been developed as a part of a certification for veterinarians, veterinary technicians, veterinary assistants, kennel technicians, groomers, dog trainers, and pet owners.

This certification is offered directly through Fear Free, LLC, which is based in Denver, Colorado, and was founded in 2016. This initiative strives to further increase the understanding of animals' emotional well-being, as well as reduce the amount of fear, anxiety, and stress in our companion animals.

Fear Free provides online and in-person education to veterinary

professionals, the pet professional community, and pet owners. These courses are developed and written by well-respected veterinary professionals, including boarded veterinary behaviorists, boarded veterinary anesthesiologists, pain experts, boarded veterinary internists, behavioral certified veterinary technicians, experts in shelter medicine, among others. There are tens of thousands of Fear Free-certified veterinary and animal professionals that can be found throughout the United States and in more than 30 countries worldwide.

There has been some new research put forth within the veterinary profession to determine how this initiative has positively impacted client and patient stress levels. This research investigates the perspectives of veterinarians and clients on the effectiveness of these practices, and the competitive advantage of having a

Fear Free-certified practice.

Clients who are bringing their pets into Fear Free clinics are quickly realizing that their pets' visit doesn't have to be traumatic for either them or their pet. The veterinary profession is changing as a result of this new certification, and as research has indicated, it is changing for the better.

Depending on the volume of team members a practice is certifying, practice owners can pay anywhere from \$70 to \$279 per person to have their staff certified in these practices. Veterinary practice owners commonly invest resources in various tools, treats, cleaners, diffusers, and even clinic renovations to help with client and patient flow. This is certainly another valuable program to consider.

Gregory Carastro, LVT, CVBL is a director on the AAHA board. He is hospital administrator and director of human resources at the Veterinary Medical Center of Long Island. He has over 20 years of experience as a licensed veterinary technician and hospital administrator in the Long Island veterinary community.



The Scoop

Humans May Have Influenced Evolution of Dogs' Eye Color


A study by scientists in Japan found that dark eyes are more common in domesticated dogs than in wolves, and that humans perceive dogs with dark eyes as being more friendly.

The researchers report that dark eyes may subsequently have been favored by humans, possibly unconsciously, during domestication from wolves to dogs. "I speculate that lighter irises have some evolutionary advantage for wolves, but domestication has lost this selective pressure and darker eyes have emerged in some primitive dogs," said Akitsugu Konno, the first author of the research, from Teikyo University of Science. Their study is published in the journal *Royal Society Open Science*.

The researchers compared iris

color in 22 images of grey wolves of various coat colors and from different locations and images of 81 domestic dogs, finding that the latter tended to have darker and more reddish eyes. They found that dogs with dark eyes were rated higher for friendliness than light-eyed dogs and deemed more easy-going, sociable and dependent, and less aggressive, intelligent, and mature. "We speculate that a darker iris makes it more difficult to distinguish the size of the pupil and thus gives the illusion of a large pupil, which is associated with our perception of being more infant-like," Konno said in the publication.

The researchers add that the association of dark eyes with immaturity could influence humans to protect and care



Quote of the Month

Worry often gives a small thing a big shadow.

Swedish Proverb

for such canines, although the study found eye color was not itself directly related to whether participants wanted to interact with or keep the dog. They report that "overall, dogs with dark eyes may have evolved the trait largely as means to send a nonthreatening gaze signal to humans."



← Examples of facial (eye) morphology in wolves and dogs. The eyes (iris color) of domestic dogs appear to be darker than those of wolves.

Study Evaluates Cannabis Product Use in US Cats and Dogs

Researcher Trina Hazza, DVM, DACVIM (Oncology), CVCH, conducted an online survey of 1,238 pet owners about their motivations for and perceptions of cannabis-derived product use in their pets. The results are published in *Clinician's Brief*.

Hazza reports that approximately 30% of respondents had given cannabis or cannabidiol

(CBD) to their pets (dogs, 75.8%; cats, 22.2%), most commonly in treat/chew and oil-based tincture forms, for anxiety (67.4%), joint pain/inflammation/aging (23%), cancer/nausea/vomiting (2.5%), seizures (2.5%), skin/allergy (1.7%), general health, and other conditions.

A majority of owners (64.9%) perceived some improvement in

their pet's condition; 11.5% did not notice any improvement; and 23.6% were unsure. Frequency and duration of cannabis or CBD administration were significantly related to perceived efficacy. Most owners (45.3%) reported no adverse effects, while 24.2% reported sleepiness and/or lethargy.

Cats Can Play Fetch, Too

A team of researchers recently published a study that found that some cats can and do play fetch, although it depended on the feline's individual traits and the bond shared with their owner. The study was published in *Scientific Reports*.

Jemma Forman, a PhD student at the University of Sussex and an author of the study, said in an interview that her team believes it is the most extensive conducted to date on this specific behavior among cats. The study was based on a survey of the owners of 1,154 cats who played fetch on every continent except Antarctica. The authors found that 94% of the domesticated cats surveyed were not trained to play fetch but did so spontaneously. Most owners first noticed their cats fetching within the animal's first year of life, with owners most frequently reporting seven months as the age cats began fetching.

In the survey, cats were found to fetch a variety of objects, though feline-specific toys, spherical objects, and cosmetics were the most commonly retrieved. Other owners reported their cats playing fetch with scraps, ring-shaped objects, and clothing items.

The authors also found that cats initiated fetching sessions more frequently than their owners, demonstrating their agency and an independent propensity to play. About 48% of the cats in the study tended to initiate fetch play, compared with 22% of pets whose owners reported initiating more often. The remainder of the cats initiated sessions about equally with their owners, according to the study.

While many cats do fetch, Forman suggested that more research was needed to determine how common it was. A cat's breed was not a barrier to its ability to fetch, the study found, although Siamese cats were particularly well represented in the sample.





Community

Looking for resources to share with fearful assistants

Does anyone have any good resources or training practices to help a relatively new veterinary assistant feel more confident with patient handling? She is already Fear Free certified but has had a couple of minor scratches that have raised her level of concern. She is a great employee, and we need to boost her confidence. Any thoughts/tips/tricks are greatly appreciated!

A: I suggest enrolling her in a course covering body language of cats and dogs from a reputable animal behavioral specialist.

A: Part of our training includes required viewing of Sophia Yin's Low Stress Handling DVD. There is also a book of the same title that includes the disc in paper copies. I would also suggest giving them hands-on training by one of your staff who is very knowledgeable in the space.

Offer your fear training suggestions at community.aaaha.org. For help, email community@aaaha.org.

New Heart Procedure at WSU Offers Hope for Dogs

Spike, a French bulldog, was born with pulmonic stenosis, a deadly heart defect that has become increasingly common in French bulldogs, one of the most popular dog breeds in the United States. Spike was one of the first two dogs at Washington State University's (WSU) Veterinary Teaching Hospital to undergo a pulmonary valve stent implantation, a procedure that the hospital reports is performed at only a handful of facilities in the country.

Pulmonic stenosis, one of the most common congenital heart defects in dogs, occurs when the pulmonary valve, which allows blood to flow from the heart to the lungs, narrows and causes the heart's right ventricle to pump harder. Dogs such as Spike who have a severe form of stenosis often develop right-sided congestive heart failure and rarely live past 3–5 years of age.

The hospital reports that until recently, the only surgical option offered at WSU was balloon

valvuloplasty, in which a catheter is used to guide a specialized balloon through a vein into the dog's heart. There, the balloon is inflated and deflated, then removed to create a larger opening in the valve allowing blood to flow more easily.

WSU's cardiology team received training for the stent procedure when they hosted Kursten Pierce, DVM, DAVCIM (Cardiology), a cardiologist at North Carolina State University. Pierce also oversaw the first procedure, which is similar to ballooning, except a small stent is left in the valve to ensure it remains open after the balloon is removed.

The hospital says that stenting is more effective for dogs with severe pulmonic stenosis and in breeds like French bulldogs who have smaller and narrower valves. It is also a secondary option for dogs with anatomy not suitable for ballooning and for those who have undergone ballooning but experienced restenosis.



↑ Spike, a French bulldog under anesthesia, is prepared for a procedure to have a pulmonary valve stent implanted.



FDA Approves Calming Drug for Cats

The FDA has approved Bonqat, a pregabalin oral solution for reducing feline anxiety during transportation and veterinary visits. Pregabalin is used in human medicine to treat neural pain and as an anticonvulsant, and Bonqat is the first FDA-approved application in veterinary medicine.

The medication is administered orally as a single dose about 90 minutes before travel or a veterinary visit. A full dose is safe for two consecutive days. Bonqat is a DEA Schedule Class V drug with the potential for human abuse, so labeling includes information about drug abuse, addiction, and diversion. People exposed to the drug might experience dizziness, sleepiness, blurred vision, weakness, and dry mouth, possibly requiring medical attention.

Canine Anti-Aging Drug Receives Conditional FDA Approval

The biotech company Loyal is working on a new drug, LOY-001, designed to extend the lifespan of large- and giant-breed dogs. The veterinarian-administered treatment has earned FDA approval for a reasonable expectation of effectiveness, which is part of the conditional approval application. Loyal CEO Celine Halioua said the “milestone is the result of years of careful work by the team.”

“Developing a treatment that will increase longevity by reducing age-associated disease is a new indication,” said animal drug development expert Linda Rhodes, in a Loyal press release. “No drug has ever been approved with such a claim, and being the first to bring a treatment for such a challenging indication will be truly historic.”

Loyal states that large dogs tend to live shorter lives than smaller dogs. They say that part of this lifespan disparity comes from the process of selective breeding that “created” these dog breeds. In large- and giant-breed dogs, breeding for size caused these dogs to have highly elevated levels of IGF-1, a hormone that drives

cell growth. High IGF-1 effectively drives these dogs to grow large when they’re young, but high IGF-1 levels in adult dogs are believed to accelerate their aging and reduce their healthy lifespan.

“The extreme phenotypic variety found in dogs is not natural. It’s the result of intensive breeding by humans to create

dogs that excelled at tasks such as herding, protection, and companionship,” said Brennen McKenzie, VMD, Loyal’s director of veterinary medicine.

The company says that LOY-001 is intended as a long-acting drug given to dogs every three to six months. If the FDA gives final approval, it should be available in 2026.





AAHA Names First Veterinary Technician of the Year

Susan Herbert, RVT, was chosen as the first-ever AAHA Veterinary Technician of the Year. Herbert has worked as a veterinary technician at AAHA-accredited Chestermere Veterinary Clinic in Alberta, Canada, for five-and-a-half years, but she's been a vet tech for over 25 years.

She's still invigorated by the role because she's pursued her interests along the way. Now she feels grateful to be working at an AAHA-accredited, Fear Free-certified practice where the team shares her enthusiasm for helping clients prevent and work with behavior issues in pets.

Herbert is deeply concerned with the number of dogs and

cats entering animal shelters due to behavior issues—a problem exacerbated by the pandemic. So she loves helping improve communication between people and their pets.

“Behavior is my passion,” she said. “It has been for the last few years, and it seems like a lot of people are getting on the bandwagon. So let's hope that we can make some kind of a positive impact.”

In one instance of making a positive impact, a German shepherd named Gus learned to like coming to the practice thanks to three free “positive visits” (i.e., coming in for a warm welcome and dog treats, not procedures) before a vaccination appointment, which went great.

“The client thought it was fabulous,” she recalled. “He said

it was like night and day from his previous practice. Hearing that from the clients makes you feel really good.”

So what's the secret to longevity in such a rewarding but challenging profession, according to Herbert?

“We all talk about work-life balance, and that's very important, I think. Finding something that you are still interested in (like behavior) in the field can make a huge difference,” she advised. “If you have a great team that's behind you, and a great practice, that's extremely helpful. But if you're needing a change, with the market the way it is, there's lots of room out there for it.”

Veterinary technicians are at the heart of any veterinary practice and deserve to be recognized and celebrated. This award recognizes the outstanding achievements of credentialed veterinary technicians and their key role in patient care. Learn more at aaha.org/vtoy. This award is possible thanks to the generous support of Zoetis.



← Susan Herbert, RVT of Chestermere Veterinary Clinic in Alberta, Canada is the AAHA Veterinary Technician of the Year for 2023.

Diets Limiting Ingredients May Improve Dog GI Issues

Researchers at the Cornell University Department of Clinical Sciences in the College of Veterinary Medicine report that restricting the number of ingredients in the diet lessens signs of disease in dogs with persistent gastrointestinal (GI) diseases. They report that dogs with chronic enteropathy (CE) responded equally well to both the trial and control diets.

“Our findings question assumptions that have been made about the cause of food intolerance in dogs with CE,

which was largely considered an adverse immune response to dietary antigens,” said Kenneth Simpson, BVM&S, PhD, DACVIM, DECVIM, professor of small animal medicine and co-author of the study, which was published in the *Journal of Veterinary Internal Medicine*.

For the study, dogs with CE were randomly assigned one of three diets with similar calorie and macronutrient profiles: two “hypoallergenic” diets and one with fewer ingredients compared to most commercial pet foods. To

the researchers’ surprise, all dogs did better on their new diets—regardless of whether they were in the trial or control groups.

“Essentially, this group of dogs with low-grade, chronic enteropathy went into lasting remission with diet,” Simpson said, “and the responses were independent of the diet being hydrolyzed or not, and independent of the dog having been previously fed antigens that were considered a potential cause of adverse reactions.”

North Carolina Requires Veterinarians Declare Gabapentin Use

The AVMA reports that the state of North Carolina plans to make reporting mandatory for the usage of a medication frequently employed for pain management in animals, with implementation expected in approximately one year.

Governor Roy Cooper signed into law a new requirement to report the use of gabapentin despite it not being a scheduled drug. The law is part of his North Carolina Opioid and Substance Use Action Plan. For pharmacies, the law goes into effect March 1, 2024, with veterinarians being required to comply a year later.

Originally approved as an anti-seizure medication for humans, gabapentin is now being misused in combination with illicit opioids, ultimately leading to some states classifying gabapentin as a controlled medication. Because the US Food and Drug Administration (FDA) has not approved any label indications for gabapentin use in animals, the drug has been used in an extralabel manner to treat a spectrum of conditions in animals, including nerve pain and anxiety in dogs and cats, seizures in dogs, and feline hyperesthesia syndrome.

Per the new law, gabapentin will be reportable by veterinarians only if the amount dispensed exceeds a 48-hour supply, says Claire H. Holley, executive director of the North Carolina VMA.





White Feet Don't Treat: Considerations for Dogs with MDR1 Mutations

As our understanding of genetics has grown, veterinarians have increasing opportunities to educate clients about potential breed-specific concerns and counsel on genetic testing opportunities. One notable genetic mutation that can lead to significant neurological toxicity and even death from certain drugs is the MDR1 mutation.

Veterinarians should be aware of which patients should be tested for this mutation and how to manage their medications.

Understanding the Genetics

The MDR1 gene (also known as the ABCB1 gene) encodes P-glycoprotein, a drug transporter located at the blood-brain barrier and other tissues that prevents certain drugs from entering the nervous system.^{1,2}

Ivermectin sensitivity was

observed in some collies, leading to researchers to investigate a possible genetic basis. A 4-base pair deletion was identified in the MDR1 gene by Katrina Mealey, DVM, PhD, DACVCP, DACVIM, and colleagues in 2001.¹ This mutation causes protein synthesis to stop prematurely, leading to a nonfunctional drug transporter.¹

Patients that are homozygous for this mutation are affected by sensitivity to multiple drugs. When exposed to these drugs, clinical signs can vary from weakness, ataxia, and tremors, to seizures, blindness, and death.

The mutation should be suspected in at-risk breeds and any patient that has a reaction to a drug known to be a substrate of P-glycoprotein. Additionally, these drugs have less biliary excretion, due to the presence of the P-glycoprotein molecule in the bile

ducts, causing decreased clearance of some drugs.³

Knowing the MDR1 genotype of a patient allows veterinarians to adjust their treatment plans. A genetic test is available through Washington State University's Program for Individualized Medicine (PRiME).⁴ Test kits can be ordered by clients or veterinarians, and samples can be obtained by cheek swab or blood draw.

Which patients are at risk?

The MDR1 mutation is often associated with herding breeds, such as collies, Australian shepherds, and Shetland sheepdogs. The mutation is most prevalent in collies (up to 70%).^{1,4} Up to 50% of other herding breeds will have the mutation.^{2,3}

However, the mutation has also been identified in several other breeds, including German

shepherd (10%), English shepherd (15%), Silken Windhound (30%), McNab (30%), and Long-Haired Whippet (65%).^{2,3} Testing should be considered for dogs of these breeds.

Up to 10% of mixed breed dogs can also be affected.³ It is important to note that even dogs that do not obviously look like herding breed mixes can be homozygous for the mutation.² It may be prudent to discuss testing with owners of all mixed breed dogs prior to administering a medication known to be a P-glycoprotein substrate.

Cats can also have a mutation. First identified in 2015, this mutation is a nonsense mutation of the same gene.⁵ It is present in up to 4% of the feline population.³

Drugs of concern for MDR1 mutations

The MDR1 mutation was first discovered because of observed ivermectin sensitivities. Ivermectin and related drugs are safe at doses used for heartworm prevention but can become toxic at doses used to treat mange.^{3,6}

Manufacturers of drugs containing afoxolaner, fluralaner, ivermectin, milbemycin, moxidectin, sarolaner, and

selamectin have tested these drugs for safety in patients with MDR1 mutations and are deemed safe at FDA-approved doses.^{3,5}

A full list of drugs that can be problematic for patients with the MDR1 mutation is available through WSU's PRiME.

These drugs include:

- Certain anesthetic agents (butorphanol and acepromazine)
- Antiemetics (maropitant, ondansetron)
- Apomorphine
- Grapiprant
- Cyclosporine
- Some chemotherapy agents^{3,6}

Identification of these drugs comes from prospective studies, retrospective studies, case reports, and some anecdotal information.³ In cats, case reports of sensitivities to eprinomectin and ivermectin have been published.³

When possible, choosing an alternative drug to accomplish the same therapeutic effect is recommended in patients with known or suspected MDR1 mutations. When this is not possible, dosing recommendations for individual patients are available through a consultation with Washington State University College of Veterinary Medicine's PRiME.



References and resources

1. Mealey KL, Bentjen SA, Gay JM, et al. Ivermectin sensitivity in collies is associated with a deletion mutation of the *mdr1* gene. *Pharmacogenetics* 2011;11(8):727-733.
2. Mealey KL & Meurs KM. Breed distribution of the ABCB1-1Δ (multidrug sensitivity) polymorphism among dogs undergoing ABCB1 genotyping. *Journal of the American Veterinary Medical Association* 2008;233(6):921-924. <https://doi.org/10.2460/javma.233.6.921>
3. Mealey KL, Owens JG & Freeman E. Canine and feline P-glycoprotein deficiency: What we know and where we need to go. *Journal of Veterinary Pharmacology and Therapeutics*, 2023;46:1-16. <https://doi.org/10.1111/jvp.13102>
4. Washington State University. MDR1 testing for your patients. Published . Available at <https://prime.vetmed.wsu.edu/for-veterinarians/>. Accessed November 10, 2023.
5. Mealey KL & Burke NS. Identification of a nonsense mutation in feline ABCB1. *Journal of Veterinary Pharmacology and Therapeutics*, 2015;38:429-433. <https://doi.org/10.1111/jvp.12212>
6. Washington State University. Problem medications for dogs. Published March 1, 2022. Available at <https://prime.vetmed.wsu.edu/2022/03/01/problem-medications-for-dogs/>. Accessed November 10, 2023.

5 Questions for a Behavior Specialist

Amy L. Pike, DVM, DACVB, IAABC-CDBC

Amy Pike, DVM, DACVB, IAABC-CDBC, graduated from Colorado State University in 2003 and was soon after commissioned as a captain in the US Army Veterinary Corps. She is an International Association of Animal Behavior certified animal behavior consultant and is also owner of the Animal Behavior Wellness Center in Fairfax, Virginia.



1 What made you choose your specialty area?

When I was in veterinary school, I really loved our behavior elective and the behavior problem prevention we learned. After graduation, as an active-duty Army veterinarian, several of my military working dogs came back from deployments with signs consistent with posttraumatic stress disorder. Watching the improvement in their anxiety using psychotropic medications and behavior modification made me want to learn everything I could about behavior medicine. I became very discouraged with general small animal practice and wanted to make a big change, so I met with Debra Horwitz, DVM, DACVB, for “life advice” over coffee and she convinced me to do a residency with her.

2 What is one thing you wish you could tell general practitioners regarding your specialty?

How frustrating it can be to hear the bad behavior advice that some

general practitioners continue to give to clients. We have been a recognized specialty for 30 years, and whether those clinicians simply are not seeking out widely available continuing education in behavior medicine or they are intentionally choosing to ignore the science-based recommendations of me and my colleagues, it can be disheartening. Also, remember that the dog training industry is highly unregulated, so please do not recommend trainers to clients who are espousing dominance theory, the use of aversive tools (like prong collars or shock collars), or those who do not keep up on the latest continuing education in the field.

3 What is one thing that pet owners could do that would make your job more satisfying?

Do not seek out the veterinary behaviorist as a last resort. If owners would come in as soon as a behavior problem is identified, rather than when they are facing the possibility of rehoming or euthanasia,

we would have a much higher chance of making significant meaningful improvement.

4 What is the most rewarding part of your job?

Teaching owners how to communicate with their pet. Knowing how to read their pet’s body language and understanding what their pet is trying to tell them about how they are feeling is so empowering for owners! And it’s amazing how much easier it is to address behavior problems when the owners understand the motivating “why” behind it.

5 What advice would you give to someone considering your specialty?

Do it! We need more amazing veterinary behaviorists. If I could do a residency that many years postgraduation, with two small kids, and an active-duty husband who traveled a lot for work, then you can do it too!



AAHA's Career Center

Connecting Talent with Opportunity

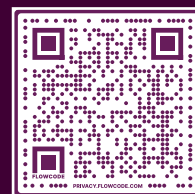
Employers

Reach thousands of technicians, DVMs and more.

Job Seekers

Get the support you need to further your veterinary career.

Learn more at careers.aaaha.org. Discounted pricing for all AAHA members





AAHA MEMBER

Employee of the Month

Amanda Witkowski, CVT

Certified Veterinary Technician

Berkeley Veterinary Center,
Bayville, New Jersey

Year started in vet medicine: 2017

Years with practice: 6.5

Nominated by
the team at Berkeley
Veterinary Center

Why is Amanda so awesome?

Amanda is smart, kind, patient, and amazing with animals. She is awesome at teaching and shaping new assistants into amazing technicians.

How does she go above and beyond?

Amanda goes above and beyond every day by helping newer team members learn about animal handling. She offers to work on days we are short, and she is a great multitasker. Her Fear-Free specialty puts clients at ease when they have an anxious pet coming to the vet for an exam. Her main priority is always the patient, and she shows that day in and out!

In their own words:



Why do you love your job:

I love my job because I love helping animals get the care they need while feeling comfortable at the “dogtors.” Being a technician isn’t just what I do, it’s who I am and it makes me feel good and gives me purpose!



Pets at home:

I have three cats and two dogs.



What brought you to the profession:

I have loved animals since I was a kid.



Hobbies outside of work:

Traveling, reading, cooking, and any activities where my dogs can come!



Favorite TV show/Actor:

Breaking Bad, and my favorite actor is Bryan Cranston.

Each month in *Trends*, we will spotlight a team member from an accredited practice. Does your team boast an outstanding veterinarian, veterinary technician, veterinary assistant, customer service representative, or kennel worker? Nominate your employee at aaha.org/EOTM, and you and your employee can win \$500 in gift cards courtesy of CareCredit!



*The Employee of the Month contest is administered by AAHA.

Photo courtesy of Berkeley Veterinary Center



AAHA Controlled Substance Logs

Nationwide DEA Compliance

With the AAHA's Controlled Substance Logs, you'll enjoy peace of mind knowing that your practice is in full DEA compliance – and you're providing greater efficiency and security for your staff. The third editions have been revised, redesigned, and reviewed by industry experts and former DEA officials to include:

- A weight log for increased accuracy
- An expired drug log and instructions for proper disposal
- An incident-notification log for tracking unexplained events and correcting errors

Shop today at aaha.org/store



Case Report of the Month

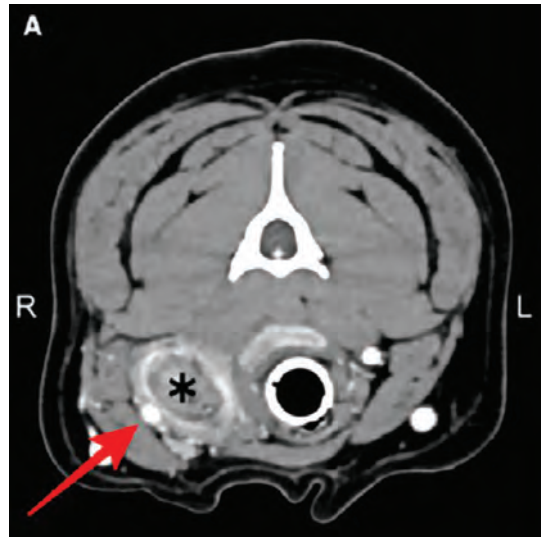
When Fetch Goes Terribly Wrong

Can a foreign body cause the condition known as sialadenosis, or enlarged salivary glands? New research in the *Journal of the American Animal Hospital Association (JAAHA)* says yes.

In this case, reported in the latest issue of *JAAHA*, a 3-year-old female spayed Labrador retriever was referred for the treatment of a chronic oropharyngeal stick injury. After the initial injury, which had occurred six weeks prior, the owners reported the dog was yelping, coughing, gagging, and bleeding from the mouth. However, an initial radiograph failed to find any foreign body in the dog's oropharynx and the dog was released with several medications including prednisolone.

However, when cervical swelling reoccurred after the prednisolone dose was decreased, the dog was sent to a referral practice. There, a computed tomography scan revealed a right-sided cervical abscess that contained a 10-cm-long wooden stick, adjacent to the vagosympathetic trunk and carotid artery.

The veterinary team was able to remove the stick and treated the dog with a variety of medications, which she initially responded well to. However, four weeks later, the dog was back.



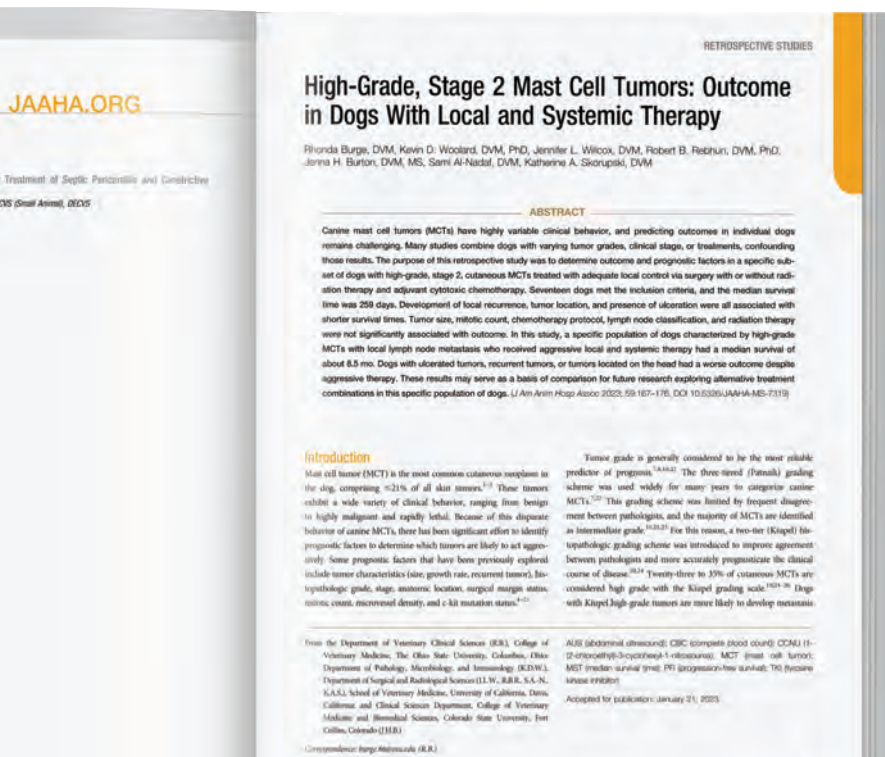
Read the outcome in the full report, "**Development of Presumptive Sialadenosis Following a Chronic Oropharyngeal Stick Injury in a Dog,**" in the current issue of *JAAHA* at jaaha.org.

JAAHA[®]
JOURNAL OF THE AMERICAN ANIMAL HOSPITAL ASSOCIATION

Ready to Publish?

Want to submit your small animal medicine manuscript to a popular and well-respected scientific journal but don't want to wait a year or more before publication? Now is the time to do it! The American Animal Hospital Association (AAHA) is actively seeking submissions for its bimonthly, peer-reviewed publication, the *Journal of the American Animal Hospital Association (JAAHA)*.

All submissions go through a peer-review process and are carefully evaluated by the *JAAHA* section editors, a team of top-tier specialists in a wide variety of fields from oncology to soft tissue surgery. Reviewers and editors will make every effort to expeditiously review manuscripts and move them through the publication process as quickly as possible.



JAAHA will consider the following types of manuscripts for publication:

- Review articles
- Original studies
- Retrospective studies
- Case series
- Case reports

If you're ready to begin your journey to publication, head over to jaaha.org and click on "Submit" to get started.

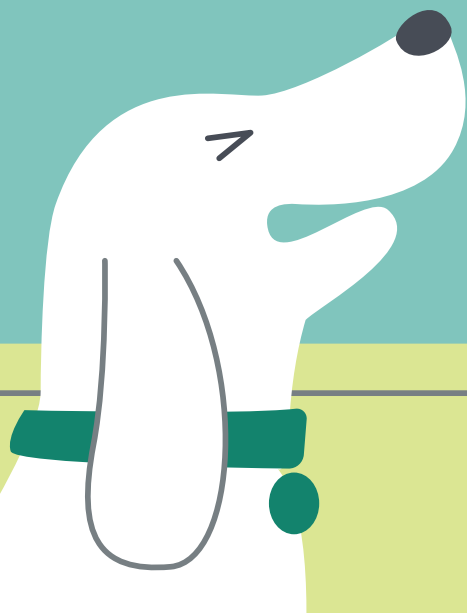
jaaha.org



BEHAVIOR ISSUES IN THE POST- PANDEMIC WORLD

Commonly Seen Problems
and How to Address Them

BY MELISSA BAIN, DVM, DACVB, DACAW





©AAHA/Robin Taylor

Behavior problems have come to the forefront of veterinary medicine, receiving a lot of interest among veterinary professionals and owners alike. Whether it is due to owners being more aware of problems or whether veterinary professionals are tackling them earlier, addressing the behavior of the pet is becoming standard of care. Once you see something, you can't unsee it.

Is this uptick only due to veterinary vigilance? Or are pets presenting more frequently for these problems since the pandemic, and why would that be? Here are some hypotheses on the reasons behind the uptick.

Limited Appropriate Social Interactions

It was a worldwide pandemic, and lockdowns restricted our ability to interact with others, trickling down to our pets. How many of us walked our dog on a 6-foot leash and dredged up trigonometry to determine how far away we were from another person on a walk? There was also a concern about nonhuman animals carrying and transmitting COVID-19 to humans, so there were recommendations to limit nonfamily members petting their pets. At least two different studies have shown that lack of social interactions, especially during a dog's primary socialization period ending at roughly 14–16 weeks, can lead to increased anxiety and aggression.

More Time at Home

Especially during the early stages of the pandemic, people were more likely to be home, sometimes never leaving their pet alone at all, which, based on a recent study,

seemed to increase a dog's anxiety level, and likely has also affected our cats' behaviors. This new routine became the new normal, so when owners resumed their typical routines of leaving to go to work, this shift in time spent home sent some pets into a panic.

Environmental Changes

Some owners were forced to change their living arrangements, whether moving into or out of a home, or being sequestered into a separate part of the house due to potential COVID-19 exposure at work. These changes may have exacerbated anxiety and may have contributed to territorial aggression and resource guarding, both of which are manifestations of anxiety.

Curbside Veterinary Care

Curbside care was often a necessity to help protect veterinary staff from contracting COVID-19. One upside to this was that pets (and owners) didn't have to wait in loud and crowded waiting rooms. However, behavioral downsides included owners not being present during veterinary examinations and care.

Multiple studies have demonstrated that dogs and cats are by far more comfortable when their owners were present in the exam room with them. While some in the veterinary profession will say the pet is better in "the back," that is sometimes either due to the animal shut down with fear, or veterinary staff using more aversive methods of restraint not demonstrated in front of an owner.

Lack of Training

As the world shut down, so did most dog training classes. While they are not the only opportunity

It was a worldwide pandemic, and lockdowns restricted our ability to interact with others, trickling down to our pets.

for a dog to learn cues and socialize, they provide an opportunity for owners to learn about care and training, while providing stability and predictability for both dog and owner.

Owner-Pet Mismatch

During the pandemic, it was sometimes difficult for shelters and rescue agencies to properly staff for animal care, whether it was at the beginning during lockdowns, or as employees became unable to work if they tested positive for COVID-19. This led to increased adoptions, sometimes to owners with a newly found desire to foster or adopt a pet.

This increase was generally seen as positive, as evidenced by no identifiable increase in re-relinquishments. However, some pets were not well-suited for their new home, whether it was conflict with a resident pet or a mismatch with the new owners' knowledge, skills, and ability to properly care for that individual. Some may have had pre-existing behavior problems for which they were originally relinquished to the shelter. So what is the solution?

Due to many of the factors described above, some common problems seen postpandemic are anxiety at the veterinary clinic, interdog aggression, and separation-related disorders. But where does this leave the veterinarian, who is stretched in

time and mental fortitude to focus on behavioral issues, especially in the postpandemic world? Veterinarians can work to triage these behavioral cases, diagnose a problem, and identify when or how to best collaborate and/or refer to other professionals.

Below is a breakdown of these common issues and steps to address them.

Anxiety at the Veterinary Clinic

Many things can be done to help alleviate anxiety at the veterinary clinic. Triage and prioritizing what you and your teammates can do is an important first step. More detailed and practical information can be found in other resources (see sidebar).

- Prioritize "needs" versus "wants." Do you NEED to do that nail trim? Do you NEED to have your assistant obtain a temperature on the pet before you see it? Sometimes the answer is yes, but sometimes it isn't.
- Utilize anti-anxiety medication (previsit pharmaceuticals, PVP), including but not limited to gabapentin and trazodone. If these are not sufficient in alleviating anxiety, injectable sedation or anesthesia will

allow the veterinarian to perform a more complete examination, especially if the animal is painful.

- Identify when a pet starts to display anxious behavior so that you can pause or stop what you are doing at the moment to reassess. Resources below can offer ideas for you and your staff.
- Utilize lower-stress handling techniques, locations, and timing.
- Perform as many procedures as possible with the owner present, taking safety into consideration.
- Further treatment can include a development of “Victory Visit” protocols, partnering with staff, veterinary behaviorists, and trainers with experience in helping pets with these specific problems.

Interdog Aggression

With the lack of socialization, not attending in-person training classes, and COVID-19 distancing, dogs can develop aggressive behaviors toward other dogs based in fear and frustration.

- Again, prioritize “needs” versus “wants.” The owner may NEED their dog to not get into fights with another household dog, but WANTS to take their dog to the dog park.
- Make a proper diagnosis of the root reason. Is it more based in fear, therefore, having a higher need for anti-anxiety medications and behavior modification? Or is it frustration, with a treatment more focused on training and behavior modification?
- Educate the client on management techniques,

Identifying Problems at Wellness Visits

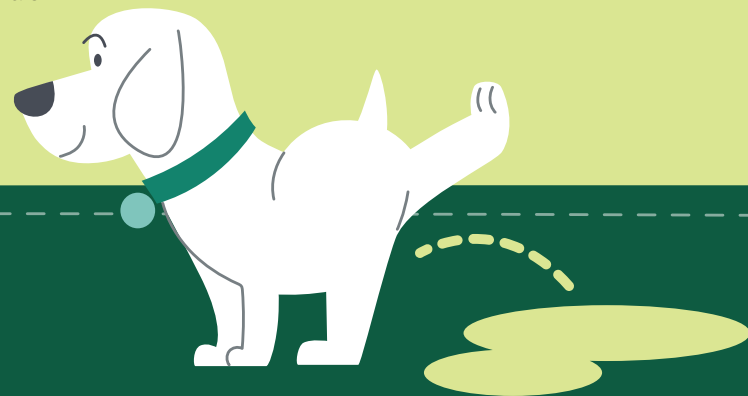
Veterinarians may feel underprepared to investigate and treat behavior problems in pets, leading to lack of identification and subsequent treatment. Discussion of preventative care and early identification of problems should be prioritized, whether it is primarily a behavioral or physiological problem.

The broad overview, taken directly from the *2015 AAHA Canine and Feline Behavior Management Guidelines* (aaha.org/behavior), is as follows:

1. Integrate basic behavioral management into all aspects of clinical practice so that every patient gets the best hands-on care in a low-stress environment.
2. Understand age-specific normal and abnormal behavior for dogs and cats to ensure developing or existing behavioral problems are recognized and addressed.
3. Promote routine assessment of behavioral development and changes in behavior through the use of standardized assessment tools.
4. Provide owners with guidance regarding the most common canine and feline behavioral conditions so clients seek help early (if needed).
5. Create cooperative patients and superb client–veterinarian–patient relationships so the patient and client can benefit from a lifetime of the best possible care.
6. Impress upon the entire veterinary health care team the importance of making behavioral management a core competency of the practice.

Within this framework are the following steps:

- Prioritizing what NEEDS to happen versus what you and the clients WANT to have happen
- Making a diagnosis
- Developing a practical management plan
- Identifying some tools, including medications, that can help everyone meet these goals
- Developing a full treatment plan, which may involve referral or partnership with veterinary behaviorists or other animal care professionals



Resources

American Animal Hospital Association, “2015 AAHA Canine and Feline Behavior Management Guidelines”, <https://www.aaha.org/aaha-guidelines/behavior-management/behavior-management-home/>

Miller, P. and L. Sinn (2023). *Veterinary Cooperative Care: Enhancing Animal Health Through Collaboration with Veterinarians, Pet Owners, and Animal Trainers*, Dogwise.

Riemer, S., et al. (2021). “A Review on Mitigating Fear and Aggression in Dogs and Cats in a Veterinary Setting.” *Animals* 11(1): 158. <https://www.mdpi.com/2076-2615/11/1/158> (Open Access)

Tynes, V. V. (2021). “Separation anxiety and the “pandemic puppy””: What lies ahead after lockdown.” *NEWStat*. <https://www.aaha.org/publications/newstat/articles/2021-06/separation-anxiety-and-the-pandemic-puppy-what-lies-ahead-after-lockdown/>

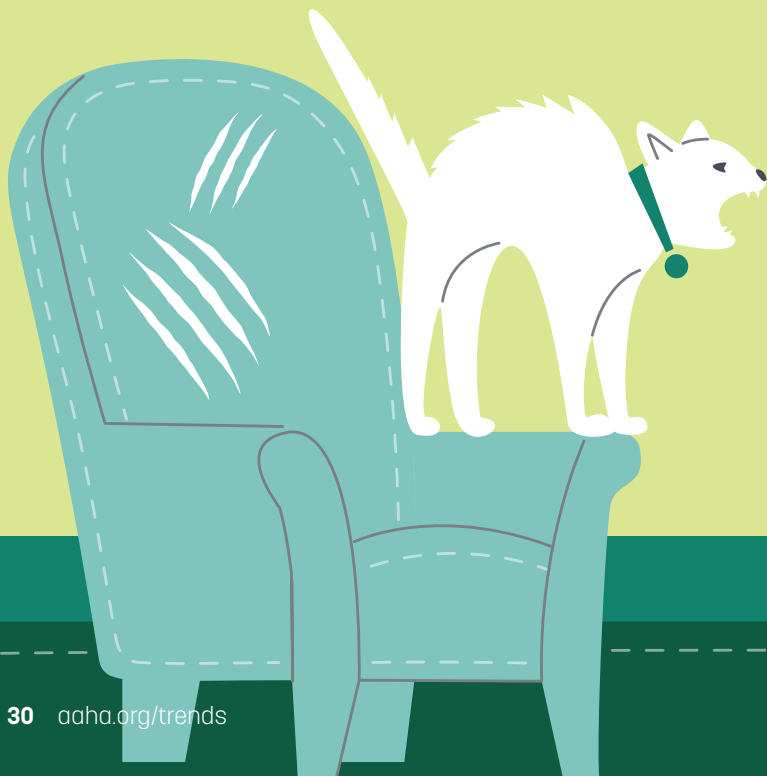
Feline Body Language resource

Maddie’s University, “Feline Communication: How to Speak Cat.” <https://university.maddiesfund.org/products/feline-communication-how-to-speak-cat>

Canine Body Language resource

ASPCA Pro “Speaking Dog! Canine Communication” Three-part series:

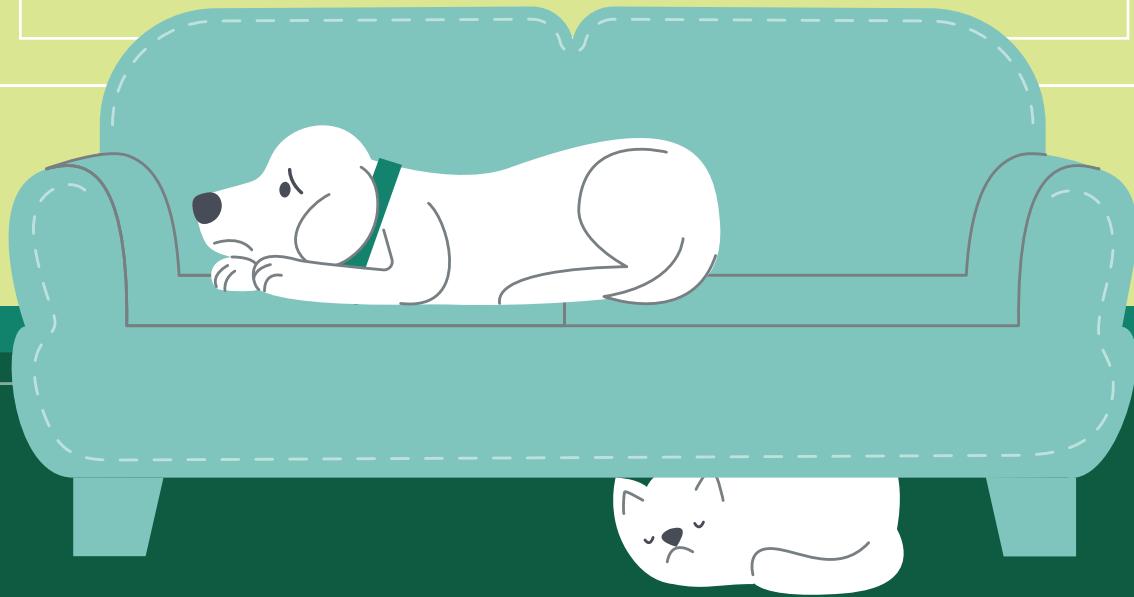
- www.aspcapro.org/training/webinar/speaking-dog-canine-communication-1-3
- www.aspcapro.org/training/webinar/speaking-dog-canine-communication-2-3
- www.aspcapro.org/training/webinar/speaking-dog-canine-communication-3-3



Many things
can be done
to help alleviate
anxiety at the
veterinary clinic.

which could be limiting outdoor walks to “Sniffaris” or covering windows and playing white noise or classical music to buffer the triggers of passing dogs outside.

- Utilize appropriate tools, such as front-attach harnesses and head collars instead of those inflicting pain and discomfort to control the behavior, such as prong/pinch collars, choke collars/slip leads, or electronic/shock collars.
- Medications, such as selective serotonin reuptake inhibitors (SSRIs), may be beneficial if the behavior is based in fear, anxiety, and/or high arousal/impulsivity.
- Partnering with a highly trained dog trainer who utilizes humane training techniques, or referral to a veterinary behaviorist, is an important part of helping owners manage and treat these dogs.



Separation-Related Disorders

Separation-related disorder, or separation anxiety, is a condition in which a dog panics when separated from their owner. While the jury is still out as to whether dogs are more likely to be diagnosed with separation-related disorders after the pandemic, changes that occurred during this stressful time may play a role in how dogs react to our departures. Further discussion and treatment options can be found in multiple books and other resources.

- Confirm your diagnosis. Differentials include generalized anxiety, confinement anxiety, and barrier frustration. A videorecording of the dog when left alone will help veterinarians more definitively diagnose the problem.

- Management, such as never leaving the dog alone or taking the dog to daycare, can be very difficult, if not impossible, for the majority of owners.
- Anti-anxiety medications play an important role in improving the dog's welfare. These include quick-onset medications for immediate relief, along with maintenance anti-anxiety medications.
- Tools, such as long-lasting food toys and calming music, may be beneficial in helping to prevent separation-related distress but are often ineffective in treating dogs with separation-related disorders and may even become the salient cue that the owner is about to depart.
- You can deliver treatment plans directly to the owners,

or refer them to a veterinary behaviorist. As this is a true panic disorder, treatment is more focused on changing the emotional state of the animal compared to teaching it cues while training.

Information overload coupled with limited time in veterinary medicine can make it feel overwhelming to even start addressing behavior problems. Identification and diagnosis are the first important steps, followed by alleviating anxiety and providing practical tips for management, which is then followed by referral, partnership, or certainly treatment oneself. By addressing these things, veterinarians can prioritize and tackle the most pressing concerns while developing a comprehensive approach to manage or resolve the behavior problem. ■





Marilia Borokova/Stock via Getty Images Plus

'Spying' on Pets with Clients

Using Technology
to Enhance
Behavior Visits

BY SHERRIE YUSCHAK, RVT, VTS
(BEHAVIOR)

Veterinary professionals gather a great deal of information about the pets in their care. But how well do they really get to know that individual? Like a color-changing chameleon, pets display different identities in different situations.

The hissing cat hiding under the exam room bench may be a purring pussycat who rubs on visiting houseguests. Or the silly, bouncing Labrador in the reception area becomes a growling, teeth-baring threat every day at mealtime. Specifics of the environmental scenario generate observable behavioral changes in the animal.

Gathering these objective details is critical to evaluating behavior complaints a client may present. Data-collecting technology can act as a veterinarian's behavioral spy, revealing the pet's secrets to guide a diagnosis and treatment plan.

Recording the ABCs

Smartphones have become a new human appendage, and their near constant access provides handy opportunities to capture pet behavior. Tablets, laptops, and PCs with cameras are also useful. Many clients have home security systems that can collect footage even if they aren't home. Thankfully, grainy black and white footage has been upgraded to high-definition color images allowing for subtle body language observations. Cameras can even peer into the darkness of night while a pet sleeps. Modern technology means pets can rarely hide from prying eyes keen on learning the intricacies of their behavior.

Pictures and video footage can

help clients show the veterinary team their pet behavior concerns. This visual information can fill in knowledge gaps, remove biased descriptions, and provide observable body language and behavior instead of relying upon third-party descriptions and subjective labels (e.g. "aggression").

The key components necessary to diagnose and treat pet behavior problems are:

- A.** Antecedents (triggers)—what occurs before the behavior
- B.** Behavior—specific body language and actions
- C.** Consequence—how the client, other pets, or the environment reacts to that behavior

learning and changing. These changes can be monitored and compared as the pet ages and lifestyle changes.

Using Technology to Support Complaints

Pets live in a human-centric world with lifestyles curated by their caregivers. Given their unique sensory perception, differing needs, and inability to communicate verbally, conflict and behavior complaints are not uncommon. Below are some examples of behavior concerns and a few helpful details that video data can reveal.

Smartphones have become a new human appendage, and their near constant access provides handy opportunities to capture pet behavior.

Client-submitted A, B, and C event recordings can be evaluated by the veterinarian. Differential diagnosis can be formulated, diagnostics determined, treatment planned, and implementation results monitored. The behavior data can be shared with professionals such as veterinary behaviorists, behavior consultants, credentialed trainers, or veterinary specialists such as neurologists.

Equally as important as medical data, the footage becomes part of the pet's behavioral and physical health history. Pet behavior is adaptive, and animals are always

- **Separation-related behavior (separation anxiety):** Onset and duration of symptoms, single or multiple occurrences during the separation, environmental triggers such as sounds, and alternative or compounding causes.
- **Barking and vocalization:** Triggers, body language, intended target, duration, and frequency.
- **House soiling:** Identification of the pet (in multipet households), location, time of day, frequency, any stress-inducing

Since most behavioral problems occur at home, the client is an integral part of their pet's behavioral health care.

triggers, and body posture during elimination (such as straining).

- **Excessive grooming:** Triggers, frequency, and duration.
- **Sound and thunderstorm:** Subtle body language signs indicating fear.
- **Social interactions between pets:** Abnormal play, conflict, and aggression between pets.
- **Social interactions with people:** Fear and aggression toward unfamiliar people, family members, and houseguests.
- **Medical components:** Seizures, body language, and movements indicating pain or sensory and cognitive impairment.

Since most behavioral problems occur at home, the client is an integral part of their pet's behavioral health care. Recording the pet's behavior may show subtle signs of problems before they escalate and become harder to treat. Veterinarians can help evaluate normal versus abnormal behavior and educate the client about body language and behavior to monitor. Objective analysis can help clients understand their pet better, decrease any misguided judgement, build empathy, and strengthen the

human-animal bond.

During video review, the client's behavior can also be observed, and any helpful alternatives suggested. Recording the client's behavior also may show subtle signs of problems before they escalate and become harder to treat.

Virtual meeting apps are an adjunct or alternative to recordings and can provide real-time observation, evaluation, and coaching. These internet integrations expand access to other professionals and a behavior team approach can maximize efficiency and effectiveness. Virtual behavior modification and training sessions have proved successful, and many clients appreciate the convenience. Pets who become stressed in unfamiliar environments benefit from being at home where skills can develop faster. The client and pet can practice the learned skills in the home environment where they are needed.

Meeting apps are often intuitive to many people, but clients occasionally need a bit of guidance to generate and share video footage efficiently. Each practice should determine what platforms and systems work best and provide simple and convenient instructions for clients. Written steps and video tutorials are available on the internet for commonly used



Video Recording Tips to Share with Clients

- Avoid staging or provoking any behavior that may cause physical or emotional harm to the pet or others. Instead, discuss the history and/ or use existing footage.
- Record with the phone or tablet in landscape orientation.
- Record in high definition. 720p is suitable and 1080p is best. 2k and 4k will result in large files and increase editing effort.
- Stop and start recording to keep the videos in 1-minute segments.
- Edit longer videos or document the relevant observation points within the recording (Ex: 0:15sec and 2:20min)
- Save video as an MP4 or AVI. MOV files can pose compatibility challenges.
- Label videos to prevent submission errors and enable quick retrieval.
- Evaluate and monitor available storage capacity of device or cloud account.

Home security cameras can be utilized to collect pet behavior data.



programs and apps such as Zoom, Skype, or Google Meet.

Home security cameras can be utilized to collect pet behavior data. Work with the client to figure out how the camera should be used. Whether it be motion-activated, always-on, or infrared, you can discuss with the client which setting is best for their particular situation. Sometimes storage capacity can be an issue so talk with them to figure out what their system is capable of.

Getting the Data to You

Creating a plan for the client's video submissions is an important part of successful behavior data collection. Video files often exceed the size limits for email attachments. Texting the video often results in low quality and difficult viewing (especially between Androids and iPhones).

Sending a link within an email or text is best. It preserves

veterinary team and client privacy and simplifies transfer to the patient's file. Popular online services such as Google Drive, Microsoft One Drive, and Dropbox can create sharable links. A link can be specific to one video or a whole folder where future videos can be uploaded and accessed. Social media users can create sharable links from their account, but this is not ideal due to privacy concerns and universal viewing access.

Accurately documenting the pet's behavior concern beyond video recording is beneficial. Like other treatment recommendations, it is helpful to offer a few choices. Ask which data collection option the client prefers (for example, video, checklist, or photos) and then streamline implementation.

Data collection document templates can provide questions and answer space and action item checkboxes. This helps prompt the client's action and ensures the data

are succinct and relevant. Formats can be created for common behavior concerns and treatments and then customized based on the individual needs.

For example, if the complaint is house soiling, the ABC data collection form could look like this:

Antecedents

- What were the observable triggers or environmental changes: (example: worked late, kids left for camp)
- How long after the dog was let outside (or cat's litterbox scooped) did the soiling occur?

Behavior

- Was there any straining or unusual behavior?
- Where did the soiling occur?

Consequence

- How did people respond to the incident?
- How was it cleaned?



Action items: Collect urine and drop off at the vet, set phone reminder for every two hours, and let dog out/scoop litterbox, add another litterbox, schedule appointment with the trainer.

Many clients are unaware of subtle body language signals and their possible indications. Yet this awareness is a critical component for behavior data collection and treatment implementation. There are many dog and cat body language infographics, books, and videos created by veterinary and behavior professionals. For those who like to gamify learning, available products

include a dog body language app (Dog Decoder) with pictures and knowledge quizzes, an interactive dog detective kit for teachers of school-age kids, and a board game for group play.

Other Helpful Technology

Advancements in artificial intelligence and large data crunching are being used to create pet behavior analysis programs using pictures or video. However, some of the apps are not scientifically accurate and are only for entertainment purposes. A new app that is relevant to veterinary medicine interprets a cat's pain level based on the validated Cat Grimace Scale. Based on a picture of the cat's face it can help identify signs of pain the client may otherwise miss. Other research and development are occurring with the goal of interpreting animal behavior data in real time. Before suggesting pet behavior apps for clients, always ensure board certified veterinary behaviorists (DACVB) have co-created or evaluated the validity of the app.

Smart collars are another helpful behavior data collection tool. GPS tracking has improved in precision and relevance and is now very accurate. In addition to finding a lost pet or following where the cat wanders, they monitor the pet's activity level.

Peaks and valleys in activity levels may correlate with behavior triggers, and trends over time may show if a pet is not getting enough exercise or is restless during sleeping hours.

Behavior changes are often the first sign of a medical problem and physical ailments can create new behavior problems. Wearable tech that accurately collects biometrics can be a first alert and monitoring system. ECG level heart rate mapping, respiration rate tracking, and activity sensors that detect a seizure are new smart collar features. They can alert the client to an abnormality and that data can be sent to the veterinarian.

Electronic self-cleaning litterboxes have been available for many years, but they too have become smarter. Features can include how often a cat uses the box, which cat visited, time spent in the box, if urine or stool was deposited, the cat's weight, and the frequency of box cleaning. This data can be helpful to monitor early changes in behavior and health.

In every sector, technology is rapidly changing how humans interact, work, play, and navigate daily life. Designers are constantly upgrading and creating new trends to entice our attention and wallets. Since modern pets are deeply intertwined family members, it makes sense these trends are gaining market share in the companion animal space as well.

New behavior tech for pets means additional opportunities for veterinary applications and better care. Easy to use high-tech cameras, speedy video sharing options, and insight from artificial intelligence and data analysis can all be implemented to advance pet behavioral and physical health. ■

Creating a plan for client's video submissions is an important part of successful behavior data collection.

A Look Inside Fear-Free Practices

The Movement That's Revolutionizing Veterinary Medicine

BY LAVANYA SUNKARA

By now you must have heard the phrase Fear Free or heard of Fear Free-certified practices. But what exactly is Fear Free and what does it look like in practice?

Fear Free was founded by Marty Becker, DVM, in 2016, and was developed with the help of hundreds of experts in medicine, behavior, and handling. Since then, more than 320,000 veterinary and pet professionals, animal welfare communities, and pet owners have registered for Fear Free's programs and courses. According to Becker, the majority of all veterinary schools now also incorporate Fear Free into their curriculum.

One of the basic tenets of Fear Free is that people—including veterinary staff—are unintentionally scaring animals every single day in the ways they interact with them, says Tori Williams, chief operating officer of Fear Free. For example, in many practices' exam rooms, the pet is restrained for the exam and then "taken to the back" if vaccines or tests are needed. All of this can be extremely stressful, leading to barking, hissing, and even biting out of fear.

Even the act of lifting the patient onto the exam table is questioned in Fear Free's teachings.

"The number one fear from birth for all animals is the fear

of falling," said Becker. Yet, the first thing that happens in many exam rooms is that the pet is lifted up and put on a cold, slippery stainless steel table.

"We are basically making them face one of their inherent fears of being in a high place," says Sarah Hilliard, DVM, co-owner of PetVet365, a Fear-Free-certified practice in Westminster, Colorado, where exam rooms have couches and rugs instead of high metal tables.

The international movement's objective is to prevent and alleviate fear, anxiety, and stress (FAS) not only in pets, but also for the people who care for them. With Fear Free protocols in place, Becker says,



pets not only are less fearful, they can even enjoy the experience of going to the vet.

“In Fear Free, the dog drags them in there, and they have to try to drag them out because we put the ‘treat’ in the treatment,” Becker says. “What you’re doing is so incredible that you won’t have to see the trauma.”

How Fear Free Differs from Traditional Veterinary Practice

Before pet owner AJ Albrecht found a Fear Free clinic, she was shocked to witness at her old veterinarian’s office the forceful manner in which one of her fearful rescue dogs was dragged into the back on a slip lead

with his tail between his legs.

So she was delighted when she found CoastView Veterinary Hospital, a Fear-Free–certified hospital in San Diego that offered “happy visits.”

At a Fear Free practice, the pet’s triggers and inherent fears are assuaged by a safe environment and the use of positive reinforcement. In some cases, veterinarians recommend a “Chill Protocol” of pharmaceuticals for severely anxious pets. The animal is allowed a chance to adjust and interact with toys, treats, and other enrichment activities.

“The lobby floor was covered in toys, and Leanne Beth Schmitt, a vet tech who is also a Karen

↑ Dog exam room at PetVet365 in Westminster, Colorado.

Pryor–certified trainer, greeted our dogs with lots of treats,” she recalled. The goal of the visit was for her mixed-breed rescue dogs, Beau and Mama Julep, to simply enjoy the space without being handled. “Seeing them both zoom around, sniffing and playing and having fun with Leanne, was a stark contrast to our early vet experiences.”

Fear Free operates from the core principle that animals are sentient beings with emotions, and it’s vital for those who care for



them—from groomers and trainers to veterinarians and technicians—to not do anything that makes them afraid. This results in a more positive experience for everyone involved—and a more accurate diagnosis.

One of the biggest advantages of Fear Free is that there's a chance to better diagnose health issues when the animal is not experiencing FAS. An animal's fight-or-flight response causes a spike in adrenaline that leads to changes in physiology. "A horse limps on the ranch. You take it to the vet, and it does not limp because it's a prey animal and it's in fight-or-flight mode," said Becker. The same principle applies to cats and dogs.

Simply being up on the exam

↑ Beau and Mama Julep at CoastView Veterinary Hospital, San Diego, Calif., with Leanne Beth Schmitt, RVT.

table can elevate the pet's vitals. "If the pet is calm and happier and has an increased temperature, maybe it's an infection, not just artificial shivering because he is stressed out," Becker said.

Fundamentals of Fear Free

Creating a Peaceful and Enriching Environment

Upon entering PetVet365's Westminster location, it's immediately clear why furry

friends and their owners love it. The newly built facility, opened in late 2023, incorporates Fear Free throughout, with two separate sections for dogs and cats.

PetVet365 is the country's first and only network of veterinarians with an entirely Fear Free-certified staff, with hospitals designed to provide a peaceful experience. "We are very intentional about not mixing cats and dogs," said Maggie Lind, RVT.

The facility doesn't have a traditional lobby; locked doors control the traffic, so animals don't run into one another and cause unnecessary stress. The cat rooms are filled with comforts, from feline-specific pheromones and catnip to areas where they can scratch, hide, and climb (onto the Rocky Meowntains wall mounts) and enrichment via cat TV. Dog exam rooms have a couch with pillows, rug, toys, and beds. Patients are treated to yummy treats, which can be preordered if a pet prefers a certain flavor.

More importantly, the pet owner never leaves the side of their pet.

"We do all the examinations in front of the pet parent, so they see that their pet is much more relaxed, and that encourages them to continue doing that every time they bring them in," said Iheoma Ehie, DVM, who co-owns a PetVet365 practice in Atlanta. She often sits on the carpet or the couch when conducting an exam.

"That has made a world of a difference, because even some pet owners have looked up clinics based on Fear Free status." For those who can't completely transform their exam rooms or have a Fear Free facility built from scratch like PetVet365, Ehie recommends keeping the steel table lifted up and adding a rug.

Giving Animals Agency

At the root of Fear Free is not forcing animals to do anything against their will. Hilliard recalls her pre-Fear Free experience, how the patients went straight into the exam room where a technician would restrain the pet (sometimes tightly, if wiggling), so she could perform the exam.

“It’s obvious to me now, but when I was doing it [before Fear Free], we had to get things done,” she said. “We were not going to necessarily ask for permission.”

When animals are brought to the practice, they have no idea why they are there, says Becker. It’s especially hard if they’ve had negative experiences in the past. “They have zero idea why a procedure benefits them. They also have no concept of time,” he added. “Lastly, they can’t flee the threat.”

Because animals can’t give verbal consent, staff can get it by reading their body language and behaviors. This way, “we can better understand whether they’re saying ‘yes, go ahead and do this’ or, ‘no, I am about to have a panic attack, please, please, please don’t do this to me,’” says Hilliard. “What we are essentially doing is asking a nonverbal being for consent before we do something.”

Pet owner and Fear Free-certified dog trainer Erica Beckwith in Santa Fe, New Mexico, says traditional vet care with restraint was terribly scary for her dogs. Her 12-year-old cocker spaniel/Jindo mix named Myles would vocalize loudly when restrained before any shots.

“I started asking to have him sedated for even nail trims, but, at traditional vets, many of them downplayed his fear.” She remembers leaving one clinic in tears with a scared and

Because animals can’t give verbal consent, staff can get it by reading their body language and behaviors.

traumatized dog. She has since switched to a Fear Free practice and is now transitioning to a mobile Fear Free veterinarian.

At Hilliard’s new practice, the staff keeps records of each pet’s physical and emotional well-being, the latter focusing on the patient’s triggers and what tactics worked to reduce stress and make them comfortable, so they are better prepared for future visits.

Gentle Handling and Positive Reinforcement

Once the animal is calm and adjusted, gentle handling helps the veterinarian or technician get desired results. “We will start touching them at the least reactive part of their body,” says Lind. “If we need to examine their paw, we might touch their shoulder first and work our hands down their leg, which is a lot more comfortable for a pet and less shocking than having their paw being grabbed right off the bat.”

Additionally, assent is achieved through positive reinforcement. “When the animal gets rewarding treats, they won’t even see the nail trimmers,” said Becker. Recently at Hilliard’s clinic, the staff were able to draw blood from a feline patient’s neck while the owner fed them a yummy tube of chicken paste.

At CoastView Veterinary Hospital, Albrecht worked with the vet tech to adopt a consent-based behavior modification program for

her dog, Mama Julep, so she can “opt in” to the blood draw. “She sits on a mat and when we count to three, she is pricked and the blood is drawn. She gets lots of high value food rewards,” Albrecht said. Of course, if Mama Julep resists or avoids, they call it off for the day.

There is a misconception that restraint is never used in Fear Free. This hard line is not necessarily true, says Williams. “With Fear Free, we refer to our restraint techniques as gentle control and stabilization. We are going to show you the steps you can take before you just put a muzzle on a dog but, of course, we have to keep our people, the animals, and pet parents safe.” In a Fear Free setting, the staff may use an Elizabethan collar, towel wrap, or a basket muzzle (to allow for the pet to still eat treats), while monitoring the pet’s FAS level and offering positive reinforcement throughout the experience.

Opting for the Chill Protocol

Despite taking all the right steps, some pets that have experienced trauma may need anti-anxiety medication for any activities that incites trepidation—even for basic tasks like nail trims. With the right combination of medications, Becker says, “they can have the

→ Cat Exam Room at PetVet365 in Westminster, Colorado.

same experience as everybody else, courtesy of nutraceuticals or pharmaceuticals.”

One of the benefits of being a Fear Free practice is that pharmaceuticals (both oral and injectables) are used much more readily than in traditional practices to help calm the animal down. In some cases, medication, such as Gabapentin, is prescribed for the fearful feline or canine to take the night before and one to two hours before the appointment. “The first time Myles went to the vet with gabapentin on board, he waggily approached the vet and the tech to sniff and say hi for the first time in years,” recalled Beckwith.

If the medication doesn’t work out for that day, and the treatment can wait, the appointment is postponed and the client is sent home with a different medication protocol. “If it’s something that we have to take care of today, then we’ll just completely sedate them. Everybody’s safe, and everything still gets done the way it needs to get done,” stated Ehie.

Veterinary assistant Sharm

One of the benefits of being a Fear Free practice is that pharmaceuticals are used much more readily than in traditional practices to help calm the animal down.



Tasmin of Riverside Veterinary Care on Columbus, a Fear Free-certified hospital in New York City, says that her own cats need to be sedated for vet visits. She shares this information with pet owners who might be apprehensive about using medication. “It’s totally fine to have them sedated and they’re happier because they don’t have to remember that we were doing their treatments,” Tasmin said. Sedation also helps keep the animal and staff safe, if the patient is showing aversion or aggression.

The usage of medication in a Fear Free setting is something

Tasmin finds extremely helpful. Being a part of a Fear Free hospital gives her the confidence to let a pet owner with an especially anxious animal know that she does not feel comfortable doing a nail trim (or anything else) without medication. She can request that they return when the animal is medicated, instead of trying multiple times on a stressed-out animal. “It’s just so much easier to do my job,” she said.

Fostering a Stress-Free Work Environment for Staff

Hilliard graduated from veterinary school 15 years ago with aspirations of being a specialist, but a serious mental health crisis related to her work made her leave residency and begin working in general practice. She practiced for six years before leaving for a nonclinical job.

“The wear and tear on me emotionally led me to a point where I had to leave practice all together,” Hilliard said. It was Fear Free that brought her back to veterinary practice as the co-owner

of PetVet365. “I have been through my own trauma, and I want to make the profession better,” said Hilliard. She especially likes that she can provide better care for her patients, herself, and her staff.

“I really had a lot more bruises on my body before [Fear Free], just physical stress to my body throughout the day. It’s a lot different now,” says Lind, who works with Hilliard. She says veterinary technicians often compromise their own bodies, laying on the ground holding down dogs who are filled with fear. Now, she doesn’t have to.

The Business Case for Going Fear Free

Becoming Fear-Free certified is seamless and the results are incredibly positive, according to many who have gone through the process. The courses are self-paced with quizzes at the end, and it typically takes around eight hours. Certified professionals renew annually to ensure access to continuing education and other benefits. For practice certification, a hospital needs to showcase that their standard operating procedures align with Fear Free requirements, both in writing as well as a virtual interview, explained Williams.

Once certified, practicing in a Fear Free way is a skill that must be learned and practiced, she adds. “The more you practice it, the quicker it will be utilized within unique scenarios.” This means while appointments for new patients might be longer at first, they don’t have to stay long once there’s a Fear Free plan in place.

Embracing Fear Free can also unlock growth. According to a 2021 Fear Free white paper, Fear Free clinics noticed a 14% increase in patients and a 23% increase in

“If we need to examine their paw, we might touch their shoulder first and work our hands down their leg, which is a lot more comfortable for a pet and less shocking than having their paw being grabbed right off the bat.”

Maggie Lind, RVT

revenue per practice. They also saw a 44% increase in forward bookings for canine patients and a 37% increase in feline patients after three years. More importantly, there is a significant reduction in injuries.

Anyone who chooses the veterinary industry loves animals and wants them to return the love. It’s not fun going to work where a defensive cat is hissing or a traumatized dog is cowering in the corner. Fear Free can address these situations, without compromising the safety and well-being of everyone, especially the animals who can’t speak for themselves. Today’s pet owners want to bring their beloved animals to a place where they are happy and excited.

“My previously vet-phobic dogs now station in a trained position willingly for blood draws, vaccines, full exams,” says Beckwith. Their blood work shows more accurate results because they are much more relaxed. More importantly, she is much more willing to go to the veterinarian knowing it won’t completely traumatize her dogs or her. “My dogs trust me so much, and they control the visit almost entirely.” ■

By the Numbers

According to the Fear Free website, the cost of membership for Fear Free certification ranges from \$775 per year for a practice with one full-time equivalent (FTE) veterinarian on staff, up to \$2,800 per year for six or more FTE veterinarians.

Practices must also complete a re-certification process every three years. Check out fearfreepets.com for more information.



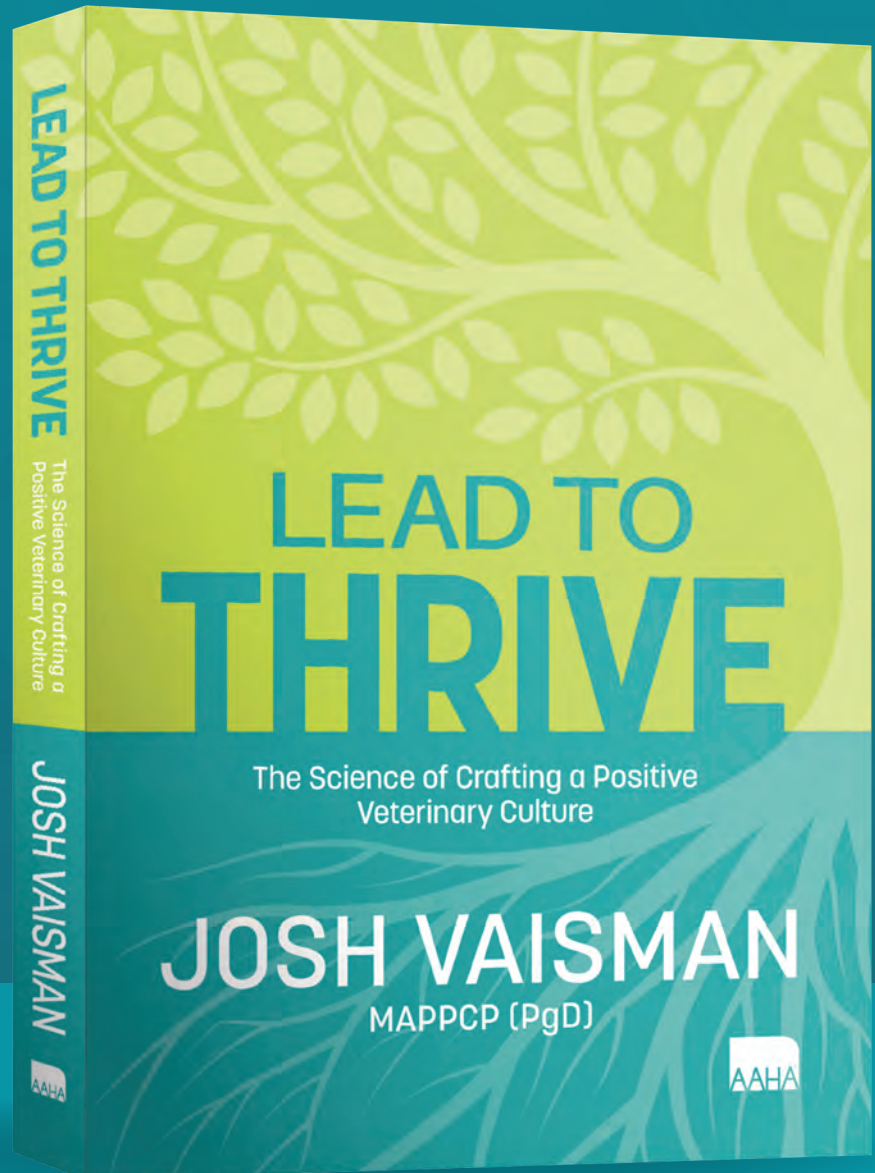
GREAT CULTURE IS GOOD BUSINESS

BUILD A WORKPLACE PEOPLE WANT TO STAY IN



"I dream of a world in which every veterinary professional feels fulfilled in their work, each and every day."

Josh Vaisman
MAPPCP, (PgD)
CO-FOUNDER,
Flourish Veterinary
Consulting



Order Your Copy at the AAHA Store Today!
aaha.org/leadtothrive





CULTURE IN PRACTICE / **SOFT SKILLS**

Soft Skills in a Hard World

What They Are, Why They Matter,
and How to Leverage Them

BY M. CAROLYN MILLER

Prior to the pandemic, employee development focused primarily on teaching technical skills, like how to operate the latest accounting software or inventory management system. But the pandemic showed us that skills such as

communication and innovative thinking are what will enable a practice not only to survive but also to thrive, especially in tough times.

Indeed, all the technical skills in the world could not have overcome the challenges the pandemic presented. That was when the

value of soft skills rose to the top, both personally and professionally. In fact, according to LinkedIn's *2019 Global Talent Trends* report, 89% of recruiters say that when a new hire doesn't work out, it usually is because of a lack of soft skills, reports the *Society of Human*

Top 11 Soft Skills

According to Forbes.com, these soft skills are the most sought-after for 2024.



Communication: Good communicators need to be able to convey information clearly, but also need to be good listeners and accept feedback.



Leadership: Good leaders are pure gold. They can set the vision for the team and inspire those around them to constantly improve.



Teamwork: Working well with others is an invaluable skill that is crucial in maintaining a positive workplace culture.



Creativity: The classic “thinks-outside-the-box” mentality is still very relevant and desirable in today’s work environment.



Time Management: Employees who can manage their time well are more likely to be seen as reliable and efficient, allowing them to stand out in the workplace.



Adaptability: Adaptable staff members can adapt quickly to changing circumstances, which can help organizations quickly recover from setbacks.



Problem-solving: Employees who can execute critical and strategic thinking are better able to address complicated challenges and opportunities.



Work ethic: A demonstrated commitment to the job goes a long way in establishing credibility and reliability.



Critical thinking: Approaching problems with a strategic and analytical mindset can help generate effective solutions.



Conflict management: Empathy, negotiation, and mediation skills are all key to being a good conflict manager.



Emotional intelligence: An employee who can recognize and understand emotions is critical in working with a team from various backgrounds.

Source: forbes.com/advisor/business/soft-skills-examples

Resources Management (SHRM).

What exactly are soft skills? They are the work habits, behaviors, and personality traits that keep the human workplace engine humming and enable employees—and their companies—to prosper, notes SHRM.

Does one of your staff members know how to listen and ask questions before jumping in with solutions? Is another staff member always dependable and does what she says she’ll do? Is another staff member a keen observer of what *isn’t* said in a meeting and then articulates that? All of those are successful soft skills in action.

Some employees are naturally gifted at technology and technical skills, called “hard skills.” “Want me to learn a new software program?” a staff member may ask. “No problem.” Still others are naturally gifted with soft skills, such as the ability to derail a potential conflict by speaking calmly and asking questions. Everyone has a comfortable “home base.” The challenge is to stretch that comfort zone to include its opposite for mutual growth.

Like technical skills, soft skills can be learned. The key is to foster an environment that enables employees to try and fail and try again. With that, learning such skills, be they “hard” or “soft,” can be set up as learning adventures.

To start, identify the holes, or areas of improvement, in your practice’s soft skills. One way to do that is to review team members’ past performance reviews, Abby White, CEO of Gro HR Consulting said in a interview with SHRM. These can include behaviors such as a tendency to be late, or an employee’s inability to speak up and offer ideas in meetings.

Another way to surface soft



Soft skills are the work habits, behaviors, and personality traits that keep the human workplace engine humming and enable employees—and their companies—to prosper.

skills training needs is through the use of assessments, notes White. Ask employees to self-assess, that is, to reflect on their personal behaviors when interacting with others. Additionally, you can use a 360-degree feedback system. Through a series of objective questions, you can get input from a staff member's subordinates, peers, colleagues, and supervisor to highlight areas for improvement.

Once you have identified your practice's soft skills training needs, look on the flip side, at those staff members who excel at specific soft skills, suggests White. This can provide you with insights on the behaviors you may want to train your employees on.

Practice makes perfect and that applies to learning anything new, be it how to use your new Apple Watch or how to resolve a workplace conflict. But there are identifiable learning stepping stones to make it easier.

The first step is to teach employees the behaviors, such as through a staff meeting or training video. The next step is to have employees practice those behaviors, such as via role plays. The final step is to apply those behaviors back on the job. It's helpful, too, if staff members can get feedback so they know where and how to improve before trying again.

As a practice owner or

manager, you can also link those new behaviors to performance reviews. For instance, if Sallie needs to improve her communication skills you can identify the specific behaviors and then both you and she can assess how well she is doing during an annual review.

Finally, make improving your practice's soft skills a team sport. Open the doors to honest talk about the soft skills challenges in your practice. Ask, "What could we do differently, or better?" Then, together, make a plan for improvement. Not only will this create "buy-in" for everyone on the team, but it will also result in positive outcomes. ■



CLIENT CENTRIC / ANGRY CLIENTS

The Art of De-Escalation, Part 2

Defusing Even More Tense Client Situations

BY STACEE SANTI, DVM

In Part 1 of this two-part article, we looked at strategies for calming down annoyed clients whose stress levels are mild to moderate, and what can set people off in these situations. In Part 2,

we will go over the more extreme cases of client anger, when stress levels are escalated and through the roof.

Again, with a little curiosity and a fair amount of empathy, you

can successfully navigate most of these interactions. But, especially with really irate clients, you have to know when to get out of the situation in order to protect your wellbeing and safety.

Client Stress Triggers: Review

Last time, we broke down the deeper issues at play that may send a client into “fight or flight” mode when they are in your practice. These are the four main triggers, and the strategies you can use to help defuse them. (For more details see Part 1 of this article in the January 2024 issue of *Trends*.)

Trigger: The client feels that their goals are being blocked.

Example: They are in a hurry to refill their meds but you usually need 24 hours.

Strategy: Uncover their goals and brainstorm ways to help them meet their goals.

Trigger: The client feels powerless.

Example: Their pet needs care but it is difficult for them to afford it.

Strategy: Help them see they still have power by providing options.

Trigger: The client feels they are being treated unfairly.

Example: A patient’s wound is not healing and needs more surgery.

Strategy: Provide reassurance that you will help them.

Trigger: Making a mistake and feeling guilty.

Example: The client removed the pet’s Elizabethan collar, and the pet chewed on its sutures.

Strategy: Use empathy and compassion to let them know you understand and it will be OK.

Assessing Anger Levels

When dealing with angry clients, it is important to assess their level of anger as each requires a different strategy.

In Part 1 we talked about the Level 1 Angry Client, the client

that is on the verge of becoming upset. The goal with this client is to uncover what they are feeling and thinking so you can help resolve the situation before they escalate.

Ask them “Is everything okay?” or “Is that what you were expecting?” Asking how they are feeling opens up the door for them to tell you what is on their mind.

Now, let’s look at the next two levels and how to handle them.

Level 2: The Angry Client

This is the client that is mildly to moderately upset. They likely have a mid-level grievance that is bothering them that they want to talk about. They may have a raised voice and be emotional but they aren’t acting threatening or calling you names. They likely have a real problem that they are very stressed about and are trying to hold it together.

Our goal with the Level 2 upset client is resolution. We want to de-escalate them so that we can collaborate and find a solution for their situation as quickly as possible. In general, they are a good person but aren’t bringing their best version of themselves to the practice because they are scared.

Defusing a Level 2 Angry Client

In situations where the client’s stress is not a result of your or your team’s error, your primary goal is to assure them that you’re there to help. Establish trust and empathy through the following steps:

1 Reassure the client you are there to help.

Make it clear that you’re committed to helping them and their pets. Let them know you’re on their side, no matter what. Use language that conveys your unwavering support, such as “I’m here for you and your pet. Let’s figure this out.”

2 Put yourself in their shoes.

This allows you to understand their perspective and emotions. It might be hard but try to imagine how you would feel if you were in their exact situation. This empathy can help you connect with them on a deeper level. Most people will start to feel better just knowing you care.

3 Relocate to a quiet place.

Try not to have this conversation in front of an audience in the lobby for everyone to hear. Also, it is hard to focus on the client if you feel you are on stage yourself. If at any point you

In situations where the client’s stress is not a result of your or your team’s error, your primary goal is to assure them that you’re there to help.

feel threatened, open the exam room door. Try this phrase to move them out of the lobby. “Let’s go to the exam room so I can give you my undivided attention.”

4 Think Outside the Voice Box. Use nonverbal body language to help calm the client down. Sit down if possible. Palms up, hands to side or in lap. Position yourself 45 degrees from the other person. Do not stand face to face and have your arms crossed. Another tip is to blink slowly. One study showed that blinking slowly at a cat can help improve positive communication. Personally, I haven’t had success with this yet but I do notice that blinking

slowly when someone is displaying anger gives me something to focus on and helps improve facial expressions. It’s quite hard to have an ugly face while blinking slowly (try it out!).

5 Become Curious George. Encourage the client to express their concerns and feelings. Ask open-ended questions to understand the situation better. Remember that complex pet issues require a thorough exploration. It is critical that you do not interrupt the client or try to explain your point of view at this moment. This is the actual defusing step and by letting the client explain all of their feelings, you are allowing them to

let the steam off the pressure cooker. You want to get as much steam off as possible before you respond. Ask questions to get them to tell you more. “I’m very curious about that part. Can you tell me more?”

6 Paraphrase back to them. Show that you’re actively listening by summarizing what the client has told you. This demonstrates that you grasp the issue and care about their perspective. “What I am hearing you say is . . .”

7 Ask for more. Give the client ample opportunity to share their



skynesher/E+ via Getty Images

thoughts. Sometimes, there may be underlying pet-related issues they haven't mentioned initially. When they finish their monologue and take a deep breath, wait for five seconds then ask, "Is there anything more you didn't feel went right?"

8 Respond with your side of the story.

When providing solutions, try to shoot for a compromise that meets both the client's pet care needs and your veterinary practice's goals. It is unlikely there is a straightforward answer to their problem but giving options to people makes them feel more in control, which lowers their stress level. Try this phrase: "I have a good understanding now. I'd like to share my perspective. Is that okay with you?"

9 Search for a compromise.

In general there are always at least three solutions to every problem. Do your best to identify three possible options for your client. If you are fortunate enough to have a problem that doesn't require an immediate answer, take advantage of that. If possible, allowing 24 hours between the client venting and your response will increase your chance of success because the client will have cooled down quite a bit more by then. Try this phrase: "I have a few options that I think might work for you. Let's discuss those and see if any work for you."

10 Thank them for sharing.

The client just unloaded on you and probably the last thing you feel like doing is thanking them. However, if you can bring yourself to do this, you will end up having the final upper hand in the situation and show that you are a

Dealing with a Level 3 hostile client is no fun and hopefully something you don't have to deal with very often.

class act. Everyone on the planet wants to be seen and heard. When you are able to display that to your client, they will know how much you care regardless of the outcome. Say something like this: "I appreciate you sharing how you feel. I know that wasn't easy but I'm glad we were able to find a compromise." Or, if the outcome was less than ideal, try this: "I appreciate you sharing how you feel. I know that wasn't easy. I'm sorry we couldn't find a resolution for your problem."

Level 3: The Hostile Client

This is the client that is extremely mad. Their behavior doesn't seem to match the situation, and they are likely trying to bully their way to a solution with threats and aggression. They generally have a puffed up body position, moving into your personal space, using a commanding loud voice, hurling insults. They are likely swearing and making immediate demands for their problem. They may also be displaying a clenched jaw and fists.

Our goal with a Level 3 hostile client is to listen to their concerns and get them to calm down, and then ease them out of the practice, never to be seen again. Their behavior is unacceptable. They have anger management problems that are red flags for future visits.

Defusing a Level 3 Hostile Client

Dealing with a Level 3 hostile client is no fun and hopefully something you don't have to deal with very often. First, you must recognize the situation, then remain calm and collected as you implement your de-escalation plan. This is very similar to when you encounter a bear in the forest. It is important to not provoke the client further.

Here are a few things that you should NOT do:

- Tell them to calm down
- Interrupt them
- Yell back
- Turn your back to them
- Move in on their personal space

Here is what you SHOULD do:

Maintain a nonthreatening body stance

The first step in de-escalating an angry client is to convey openness and nonaggression through your body language. Adopt a nonthreatening body stance, with your hands by your sides and palms open, facing slightly away from the client. Position your body at a 45-degree angle to them. This posture communicates that you are not a threat and are willing to listen.

Toolbox of Helpful Phrases for Level 3 Hostile Client



In-person

“I can see that you are very upset but listen, I’m not the person you need to be talking to about this. I have a good understanding of your situation and will talk to my manager as soon as possible.”

“I can talk more if we can have a civilized conversation. What do you want to do?”

“I can see that you are very upset, but unfortunately I can’t solve your problem. I need to ask you to leave.”

“This conversation isn’t working. I am feeling uncomfortable and need to ask you to leave.”

“I’m sorry. I have to call the police now because you are scaring us.”



On the phone

“I can hear that you are very upset but listen, I’m not the person you need to be talking to about this. I have a good understanding of your situation and will talk to my manager as soon as possible.”

“My boss told me that I don’t make enough money to be yelled at so I am going to need to hang up. I can talk more if we can have a civilized conversation. What do you want to do?”

“I can see that you are very upset, but unfortunately I can’t solve your problem. I need to hang up now. Goodbye.”

“This conversation isn’t working. I am feeling uncomfortable and need to hang up now. Goodbye.”

“I’m sorry. I have to hang up now because you are scaring me. Goodbye.”

Whether defusing annoyance, addressing anger, or managing hostility, the veterinary team's dedication to providing compassionate care remains paramount.

Keep your emotions in check

Remaining calm and composed is essential when facing a hostile client. It's easy to become defensive or frustrated, but doing so can escalate the situation further. Take deep breaths, remind yourself to stay calm, and focus on the client's concerns rather than getting caught up in the emotional intensity. Think of it as a game of chess.

Have a colleague present

Whenever possible, have another coworker accompany you when dealing with a hostile client. This provides both emotional support for you and an additional witness to the interaction. Their presence can help maintain a sense of security and accountability, potentially calming the client as well. Their role is to be a silent bystander, not give additional commentary unless the situation is escalating and they need to step in.

Allow the client to vent

Hostile clients often need to express their frustration and anger. Let them vent and express their concerns. Do not interrupt or argue with them during this phase. Sometimes, simply allowing them to voice their feelings can help to de-escalate the situation naturally as their energy becomes depleted.

Position a physical barrier

If your workspace allows for it, position a physical barrier, such as an exam table or counter, between you and the angry client. This barrier can act as a psychological buffer, creating a sense of physical separation and safety for both parties. It can also discourage aggressive behavior.

Choose your phrases carefully

After the client has finished expressing their anger, it's time to respond. Use phrases that acknowledge their concerns while also establishing boundaries. For example, you can say, "I understand that you're upset, and I want to help, but I can't assist you if you continue to raise your voice or act aggressively." For a list of more helpful phrases, see Toolbox on the opposite page.

Request them to leave peacefully

If the situation continues to escalate or the client's behavior becomes threatening, politely and firmly request that they leave your premises. You can say, "I'm sorry, but I can't help you in this situation. I must ask you to leave." Stay firm but avoid confrontation.

Call for assistance

In extreme cases where the client's behavior becomes dangerous or violent, it's important to prioritize the safety of everyone involved. If necessary, call the police or your security team to handle the situation and ensure the safety of all parties.

It is important to recognize that, with the exception of hostile clients, every interaction is an opportunity to strengthen the bond with the client. Whether diffusing annoyance, addressing anger, or managing hostility, the veterinary team's dedication to providing compassionate care remains paramount. The art of defusing a client outburst ultimately lies in creating a space where both clients and staff feel heard, respected, and supported, fostering a harmonious partnership in the pursuit of optimal pet health and wellbeing.

Navigating the intricacies of defusing a client's anger is undoubtedly an art, demanding an understanding of human emotions and the ability to adapt strategies based on the intensity of the situation. It is crucial to emphasize the significance of empathy, active listening, and thoughtful responses. The veterinary team's role in de-escalating conflicts involves a genuine commitment to understanding the client's perspective, even when faced with the most challenging circumstances. ■



PODCAST / **ALYSSA MAGES**

What Energizing and Empowering Veterinary Teams Looks Like

A Conversation with Alyssa Mages, BS, CVT

INTERVIEW BY KATIE BERLIN, DVM

© AAHA/Alison Silverman, PeopleImages/istock via Getty Images Plus

In this excerpt from an episode of *Central Line: The AAHA Podcast*, Alyssa Mages, BS, CVT, discusses her journey as a resilient veterinary educator, trainer, coach, and entrepreneur. Mages is the chief visionary officer of the company she co-founded, Empowering Veterinary Teams (EVT), where she oversees the content development, clinical skills training, and overall vision of the company. EVT provides training programs, materials, and coaching/learning opportunities for veterinary practices, as well as content development and training directives for veterinary industry service providers.

Mages is an unwavering empowerment enthusiast who shares her passion for advancing veterinary teams and the pivotal role of veterinary technicians in shaping the industry's future. Read on to discover what it means to level up for a brighter tomorrow and gain inspiration from Mages as she outlines her vision for a thriving future in our field.

Katie Berlin: So, Alyssa, I was wondering if you have a “third space;” you know, you wear so many hats that require you to be

present in a way that isn't about you. You're a mom, you're a wife, you're a very prolific speaker, an educator, and business owner. So where do you go when you don't want to be any of those things? Just be Alyssa.

Alyssa Mages: I have a third—and a fourth—space. Am I allowed to have two?

KB: Yes.

AM: Okay. So the first is, I need the water. I've been a swimmer since I was 10 or 12-ish, somewhere around there. And then I shifted into synchronized swimming. And there are two other synchronized swimmers in veterinary medicine. Shout out to Karen Shenoy and Teva Stone. Yes. I did, I outed you guys. Sorry.

I no longer compete. I've had a whack ton of knee surgeries, but I get in the water and I just can disappear—that's my meditation. I'm not good at doing the sitting-still meditation. But if I get into that zone of either lap swimming or simply just being on a paddleboard in the middle of somewhere, that's where I don't have to be anything. I can just be.

And then my fourth space is on a stage singing. I'm in a Tom Petty tribute band called Hypnotic Guy, and I do all the background vocals and hand percussion. And then every once in a while they let me sing a Stevie Nicks song because she and Petty were really good friends.

I throw on a wig, and I get to disappear even though I'm in the spotlights, but I'm just in the moment, I'm in the music, and I'm just rocking out.

KB: At AAHA Con 2023, our theme was "Level Up." And I love that theme because I feel like it could encompass so much, you know, you really can think about what area of your life you want to apply that to. But for you specifically, looking ahead at the next 6–12 months, what does leveling up mean to you?

AM: Bringing everyone up with me. So for me, it's hard to look back and reflect and celebrate the little moments. I'm not great at that. Because we're like, oh, we've got to get to the next place. We've got to go to the next thing.

My goal over the next 6–12 months is that everyone knows who the EVT team is, and they get

“It hurts me in a different way when I hear people say that vet med is broken. Are there parts of it that need a lot of fine tuning and fixing? Yes. 100%. I'm not denying that, but to say it's broken implies that it's irreparable. And I can't agree with that.”

ALYSSA MAGES, BS, CVT

their chance to shine, and they get to step up. And I get to step back because as a het cis white woman, I don't need to be in the spotlight at all. I've been there enough. And it's really important for anyone that has been othered in their experience to shine. So I am ready

good to be here at this moment in vet med.

AM: I agree. And it hurts me in a different way when I hear people say that vet med is broken. Are there parts of it that need a lot of fine tuning and fixing? Yes. 100%.

concept of *kintsugi*, the Japanese art of fixing broken pottery with gold. When something actually breaks into multiple pieces, they glue it together with this gold epoxy. And it's really, really beautiful afterwards. I feel like maybe that's how I want to think

“What I think the underlying message needs to be is that we are all coming at this from the same angle. We want to have a unified body, we want to have title protection, we want to have the recognition and the ability to work to the highest level of our licensure. And in many practices, that's just not the case.”

ALYSSA MAGES, BS, CVT

to just take both hands and get everyone up and push them up and just be that boost that they need.

KB: That's something you do really well. And it's one of the things that when we met, I felt that your energy always says there's enough for everyone. It's an abundance mindset, not a scarcity mindset—you don't have to compete. We can actually all just share—there's more than enough resources, more than enough space and stage for everybody. So, I love that.

AM: Thank you.

KB: So many other groups are working towards that same goal right now. And that feels really

I'm not denying that, but to say it's broken implies that it's irreparable. And I can't agree with that. Looking at all the work that Niccole Bruno's doing with blendVET, looking at what Valerie Marcano's doing with PAWSibilities.

And with all the conversations that we're starting to have more readily, the big organizations are starting to notice. And they're stepping in. Every time you throw a pebble, it spreads. So you do one good thing, it's going to affect so many people. So it's rusty, and the axle may be a little bit loose, but the red wagon's okay. It's going to push along.

KB: I told you that one of the things that I love the most is the

of vet med right now, as it is a little bit broken in the sense of there are pieces that aren't aligning the way that they should, but we are seeing so many people wanting to be that gold glue that puts it together.

AM: I love that. And that's a better analogy. And I think that's a much more apt description, because to your point, there are disparate pieces. So, all right. It is a little broken. But . . .

KB: But at the end we're going to have something that's...

AM: It's a piece of art. And what is medicine?

KB: It's an art.

AM: That was good.

KB: All right, so at AAHA, as in many places. I feel like October has sort of turned into national technician month because we had the *2023 AAHA Technician Utilization Guidelines* come out in October 2023, and you were on the task force that created those. I'm really curious to know what that process was like because that task force had a lot of very strong personalities.

AM: I'm not gonna lie, I had a little bit of imposter syndrome. Like, you want *me* here? But then when I got there, I was like, I need to be here. And every voice that was there needed to be there. It was such a labor of love for everyone. And you could get that sense. There was such a feeling of camaraderie and collaboration, there were no egos involved at all.

And it gets challenging in our profession regardless of being a technician or a veterinarian because there's so many different governing bodies and associations and who does what and who takes

care of this and who do we report to. And it's all state by state.

How can we have cohesion when it's state by state? Well, we have a national standard. And we all take that exam. So I'm a CVT in Pennsylvania. But there's LVTs. I can't list all the states because there's too many, and I don't want to mess up. But I do know that Tennessee is LVMTs.

KB: Tennessee is the outlier there, but yeah.

AM: And then we have our RVTs, and that's all of Canada now. I





think there's so much we could learn from Canada. I may be a little biased. I lived there for five years, and my daughter was born there.

What I think the underlying message needs to be is that we are all coming at this from the same angle. We want to have a unified body, we want to have title protection, we want to have the recognition and the ability to work to the highest level of our licensure. And in many practices, that's just not the case.

Even in Pennsylvania, it's not required to have a credential to be called a technician. And I absolutely respect someone who's been on-the-job trained and has

worked there for 20 years, oh my gosh, yes. Because they're going to be able to get that 17-year-old dehydrated, hyperthyroid cat that's trying to eat everybody in one poke, 100%. I'm not questioning their skills.

And their knowledge is based in what they've learned there. They know what to do and they're damn good at it, but why are they doing it? Do you understand the mechanisms of action? Do you appreciate what the lifecycle of this parasite is and why you need two different parasiticides?

So it would be akin to me, having had my credentials now for 13 years, saying "Well, I could have

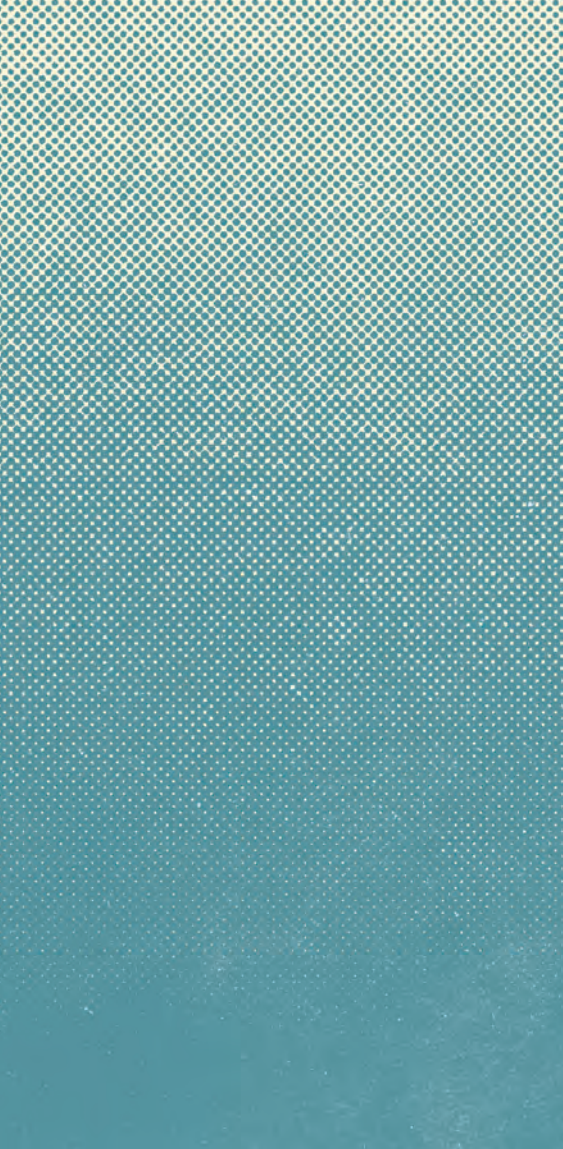
been a vet three times over, so call me Dr. Mages." And I'm not.

KB: Yeah. And legally my job as a veterinarian is protected from you being able to call yourself a veterinarian or do a lot of the things that I do.

AM: Correct.

KB: In every state that's protected, but that is not the case in a lot of states for technicians.

AM: Right. And there's really only four things we can't do. And that is prescribe, diagnose, give a prognosis, and perform surgery.



that other can of worms that I love to mess with. We do nursing skills.

And it goes along with everything else though. You know, we do phlebotomy, we do radiology. And if you get trained in a specialty center, you might be doing oncology anesthesia and then you can even go onwards to get your specialty. So much you can do, I don't want to be limited to a nurse. That's one aspect of that. And in a lot of states it's protected for human medicine. Honestly, I don't disagree with that. We should have a unified title, but we don't yet.

So adding another title to me doesn't make sense until we have figured out what we should all be called collectively, and how we can standardize that and protect it. And then we can go onward from there.

So it's really making sure that we not only educate our profession about what a veterinary technician does and how we can utilize them appropriately, but we have to educate our clients and the public. Because when you tell them you're a veterinary technician, they look at you like that, right? The head tilted, they're trying to make that make sense. "What does that mean?"

So it's a multifaceted, really wiggling collection of cans. So that's what we were really trying to tackle with the guidelines.

KB: So many organizations are starting to realize that even if they've only been talking about clinical medicine for a very long time, the so-called soft sciences like psychology, communication, and leadership are so essential to running a successful veterinary clinic and to and to keeping a team happy and fulfilled and together. I'm just really excited about that

change that I'm seeing all over the profession.

AM: It's really encouraging. And it goes back to putting the gold pieces in.

KB: Yeah, that's the gold.

AM: It's human skills. It's how we human. We're so focused on can you place a jug cath? Can you maintain TIVA? All of those things which are absolutely critical. But what about the humans that are performing those skills? Because if you focus solely on your clinical skills and you stress out over that, what happens to your well-being? And if one suffers, so does the other. So we've got to do all of it. And that seems like a lot, but there are a lot of resources out there and a lot of organizations that can help.

KB: Okay, another question for you. If you could wish something for National Veterinary Technician Week, what would it be?

AM: My wish for veterinary technicians, is for my credential cohort. I love all of you in the support roles in veterinary medicine. Truly. Please hear me that I respect and appreciate all the work that you do. But this Veterinary Technician Week/Month is for credentialed veterinary technicians. I wish for recognition, appreciation, and appropriate utilization with the accompanying compensation. Well, that should be easy. And while I'm still wishing I'd like a pony 'cause I never got one.

KB: I don't want to say that maybe you'd be more likely to get a pony than to have those other things happen really soon. But I really hope that that's not right. I really

That leaves it open to a lot of other things.

It's an important part to have on-the-job training. Yes. But how can you do on-the-job training and your full-time job? So as a trainer on the job, when you're training an assistant, what does that look like? How do we define that? What is an assistant? I don't know.

You can say oh, I met this really great girl at Starbucks. And she was really kind and she was really smart, and she doesn't mess up her orders. So we're going to hire her and then train her. And in three months, not only are they going to call them a technician, they're going to call them a nurse. There's

hope that those things are going to come sooner rather than later, because I think they will come. It's just a matter of when.

AM: Right. We simply have to get a unified front together. If we have title recognition and protection, the rest will follow. Because once that is cohesive and standardized, nationally recognized, once you've achieved that, then we can establish standards of pay. We can establish standards of implementation and utilization. But we've got to start there. So we have to stop fighting about what we call each other.

KB: I think you're totally right. We could spend all of our energy and resources chasing after something that we're just not ready for because we haven't gotten past the first step. So we're trying to jump

over that step, and we just can't. So hopefully it will happen.

The technicians at the hospital where I last worked, Shiloh Veterinary Hospital in York, Pennsylvania, had so many credentialed technicians, and they were really able to do a lot. And I saw the full capability of that, not just that technician degree, but of the people who go after that degree and do the necessary CE to keep it and want to go to conferences every year and get a CE allowance and use it and ask, can I try this or can I learn this?

Being around that really made me realize how little I saw of that in other places. I wish every veterinarian would have the chance to work in a practice like that, where you come into the culture and that's already the culture, because that will shape how I see technicians from now until forever

based on looking at those strong people doing what they were trained to do and loving it.

AM: And what did that do for your workflow?

KB: I mean, I will say that I am not the most efficient or fastest, but it's not because the technicians were not drawing all the blood and doing all the radiographs and monitoring anesthesia like bosses. It made surgery so much less stressful. And we had a treatment technician that ran that place like a ship, you know, like that treatment technician could have run, you know, like a military operation.

AM: If they're given that chance. And that is so lovely to hear because that is the type of culture we're looking to create, right? Where as an assistant, you can see



"I'm not great at everything. But I know people who are great at other things. So you can identify the existing strengths within your team and make them shine and say, 'Hey, you can do this at the next level. This is how we make this happen.'"

ALYSSA MAGES, BS, CVT

what you can level up and strive towards. And again, it's not saying that an assistant or someone who's been on-the-job trained is not qualified and isn't valuable and shouldn't have those opportunities. Absolutely they should. And the recognition. That's why there's a Veterinary Assistant Week. I was a veterinary assistant for years before I went back and got my degree.

KB: I was one before vet school.

AM: And when you have that sense of team, then you know, okay, I can stay in this lane. I can merge here. I'm going to come back over here because I'm not really comfortable there.

And I like being under the umbrella of a doctor. It's all on you. I'm happy to sit over here and play with the things that I like. I'll stay in my corner of the sandbox. But really it is making sure that I recognize that where my skills are and where my skills are not.

One of my lead trainers is currently a practice manager. So when we're talking about management and leadership, that's him. And he's got a certificate in anesthesia. When we're talking about education development, I

have another trainer who has a master's degree in education, so we're talking to her to make sure that that's relevant.

I'm not great at everything. But I know people who are great at other things. So you can identify the existing strengths within your team and make them shine and say, "Hey, you can do this at the next level. This is how we make this happen. This is a distance program. This is how you can get the certificate. You want to go back to school and do all these things? How can I facilitate that for you? What do you want to do? Don't leave vet med."

I had to get out of clinics for many reasons, but I didn't ever want to leave the profession.

So how do we make that

happen? How can you as a veterinarian support that? Recognizing it, championing it, talking about it, highlighting it, and lifting it. And that's what you do. And that's one of the many millions of reasons I love you.

KB: Well, thank you, Alyssa. I talk to so many vets now who sound different than the veterinarians I was talking to 10 years ago. And all the ways that we're reaching people now, I think we're getting through.

AM: It's coming.

KB: I'm really hopeful. And you make me hopeful.

AM: Thank you. ■



Central Line is generously supported by CareCredit. Catch the full episode, and every other episode of *Central Line: The AAHA Podcast*, on major podcast platforms, YouTube, and at aaha.org/podcast.

Find Alyssa Mages, BS, CVT, at empoweringveterinaryteams.com, nurtur.co, and mentorvet.net/tech.

Got the
Gold Standard???

If you have earned
your **CVPM**
the answer is **YES!**

Validated
experience

YES!

Higher earning
potential

YES!

Greater career
opportunities

YES!

Esteemed
recognition

YES!

Become a **CVPM**.
Start Here.



Certified Veterinary Practice Manager

Advertisers

AAHA Career Center 21
careers.aaaha.org

AAHA Community 10
community.aaaha.org

AAHA Con 7
c.aaaha.org

AAHA Education 63
aaaha.org/education/guidelines-certificates

AAHA Savings Program 9
aaaha.org/savings

AAHA Store 44
aaaha.org/leadtothrive

AAHA Store 23
aaaha.org/store

Animal Health Options Inside Back Cover
animalhealthoptions.com

CareCredit Inside Front Cover
carecredit.com/vetinsights

Elanco Animal Health 2-3
my.elanco.com/us/claro-neptra

Endoscopy Support Services Back Cover
endoscopy.com

Journal of the American Animal Hospital Association 25
jaaha.org

Starpath Consulting False Cover
starpathconsulting.com

Wellness Pet Company 1
whimzees.com

Veterinary Hospital Managers Association 62
vhma.org

Trends magazine is not responsible for contact information not specifically provided by an advertiser for use in the Advertiser Index or for other company contact information not listed in this index. Please contact the advertiser directly for all product information.

UNLOCK BETTER ANESTHETIC OUTCOMES
WITH 4 HOURS OF RACE-APPROVED CE



CHECK OUT AAHA'S NEW

anesthesia

SAFETY & MONITORING GUIDELINES

HERE'S WHAT YOU CAN EXPECT:

- Solid grasp of critical guidelines concepts.
- Reinforced understanding with regular knowledge assessments.
- Downloadable resources to help implement what you've learned.
- Strengthened team approach with the action guide built by you.
- Interactive experience for any skill level.
- Flexible format that accommodates your busy schedule.
- Valuable guidance based on AAHA's expert-developed, non-biased, and trustworthy guidelines.

Learn more about anesthesia and other guidelines at:
aaha.org/education/guidelines-certificates



In Practice

Outside of the clinical setting, pets rely on their owners to recognize signs that they are in pain. Many signs of potential pet pain are revealed through changes in behavior.



Scan the QR code or visit the URL to download a PDF of this resource.

aaaha.org/ip-mar24

How to Be Your Pet's Pain Advocate



Look
for changes
in normal



Learn
the signs



Take
a video



Write
it down

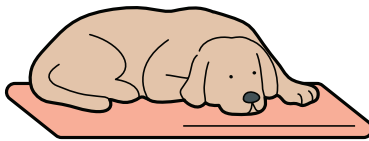


Share
with your
veterinary team

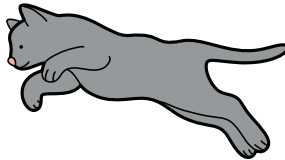


Monitor
and adjust

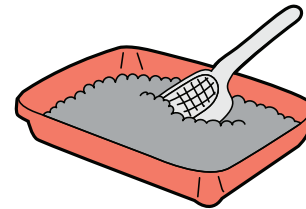
Signs of Potential Pet Pain



Slow
to rise



Changes in how cat
goes up/down steps or
jumps on/off things



Going outside
the litterbox



Less interest
in play



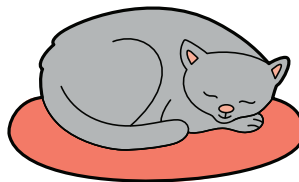
Decreased
grooming



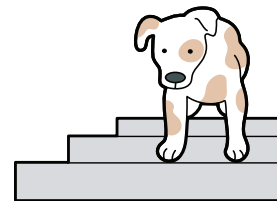
Irritability
or hiding



Licking or chewing
a certain spot



Less energy, increased
sleeping



Difficulty with or
avoiding stairs



Looking for Affordable Behavior Solutions?

Veterinarians have been recommending ProQuiet® and ProNeurozone® for over 20 years. For pets young and old, these formulas help by supporting the nervous system and providing nutrients that boost serotonin levels.



ProQuiet® contains 120 mg L-Tryptophan per chewable tablet, plus taurine, B vitamins, hops, chamomile, and ginger. This formula relaxes cats and dogs during situations when they may be stressed or destructive, such as:

- Holidays / Fireworks
- Travel / Motion Sickness
- Grooming
- Mild Separation Anxiety
- Plus Night-Time Vocalization

To reverse behavioral changes associated with canine CDS, use ProNeurozone® with its therapeutic blend of antioxidants. ProNeurozone® may also delay the development of age-related brain damage and memory loss in senior pets, who aren't yet exhibiting behavioral changes.

ProNeurozone® for:

- Memory Loss
- Behavioral Issues (DISHA)
- Quality of Life
- Family Interactions



Buy 3, get 1 FREE!

Offer is kind-for-kind and valid March 1-31, 2024.

To place an order, contact your distributor representative.

©2024 Animal Health Options

ProHepatic® • ProMotion® • ProQuiet® • ProNeurozone® • ProtectaCell® • ProAnimal® • Prosamine® • Proanthozone® • Proanthozone® Derm



The Science of Antioxidants
Since 1990

Request a free sample
or product information at
800-845-8849 or
www.animalhealthoptions.com

Discover the latest advancements in endoscopy and stay updated on equipment shaping the field.

Flexible Endoscopy

New (not used) Flexible Videoscopy for Veterinary featuring our USB Endoscopy products (no need for a separate video processor; your PC is the processor!)



USB[™]
ENDOSCOPY

iCAP[®]
CAMERA



Rigid Endoscopy

New Rigid Endoscopy products made from surgical stainless steel through fine craftsmanship for many surgical/examination procedures:

- Otoscopy
- Laparoscopy
- Cystoscopy
- Urology
- Naso-Pharyngoscopy
- Rhinoscopy
- Arthroscopy

Artificial Insemination • Spay/Neuter



ESS Multi-Procedure
HD Rigid Endoscope
Set



SPITZ® ArthView®
Rigid Telescope and Sheath

Disposable Endoscopy

Now available: disposable endoscopy products - designed to be economical for those who's endoscopy usage is low, or for those just getting into endoscopy and wish to work with a smaller budget to "try it out". Select products for Flexible Videoscopy and Rigid Videoscopy.



IntraVu® MidasVu®
Disposable Rigid HD
Videoscopy System



ESS 5.0mm Disposable
Full HD Videoscopy System
(SKU#: VET-BR-M52HM)



**endoscopy
support
services, inc.**

Better Products for Better Medicine
endoscopy.com

1-800-DVM-ENDO

Sales of these and other fine products:

OLYMPUS

AOHUA

SPITZ
VET CARE

SonoScape

IntraVu

mindray
animal care

emd

Ambu
Ideas that work for life

ANDERSEN
STERILIZERS

RICHARD WOLF

medela

TEAC