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**To obtain full product information, request a Safety Data Sheet, or report suspected adverse events, please call 800-874-9764.**

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January 2024 | trends.aaha.org



# Trends

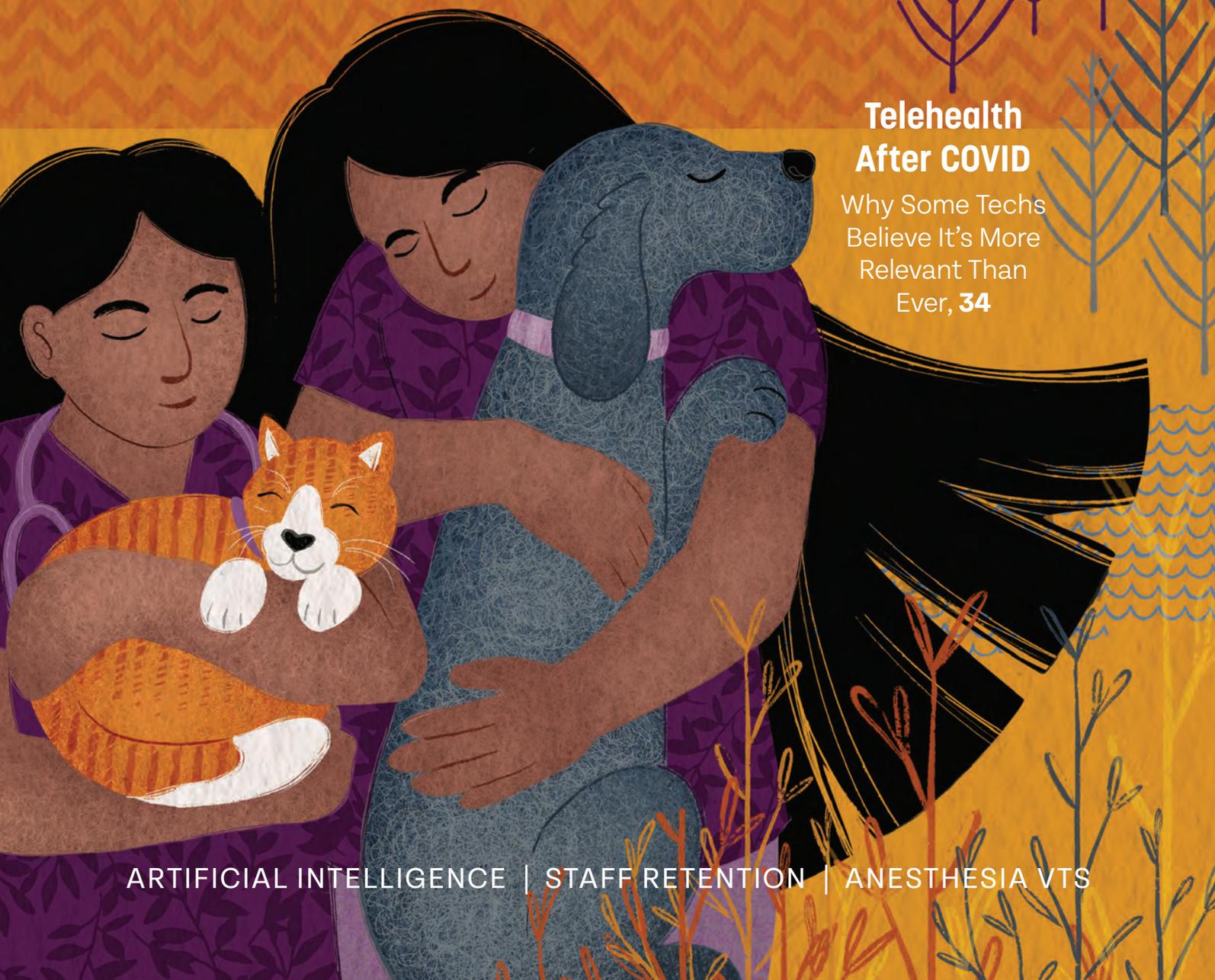
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# Trends

Vol. 40, No. 1, January 2024

AAHA  
magazine

## American Animal Hospital Association

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

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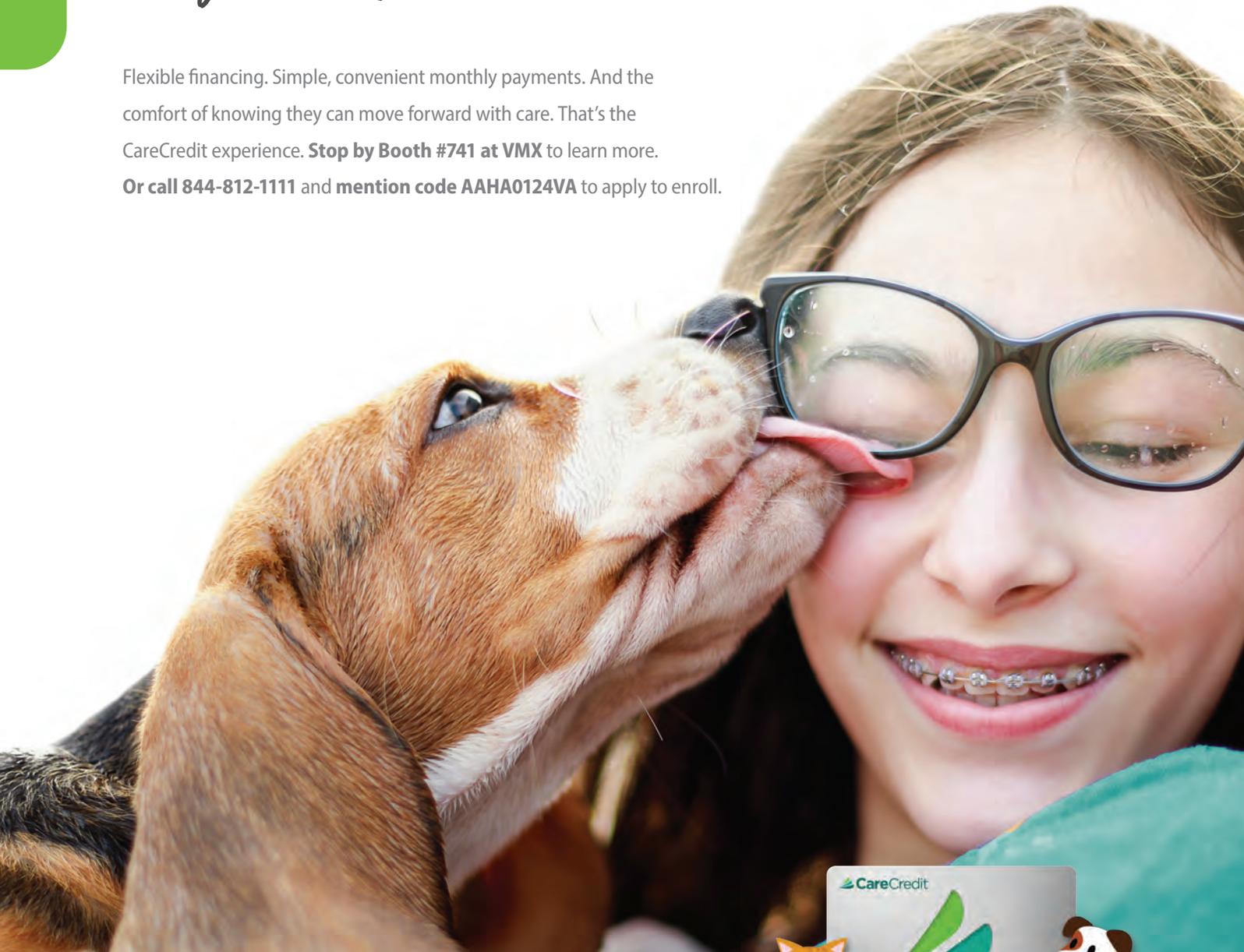
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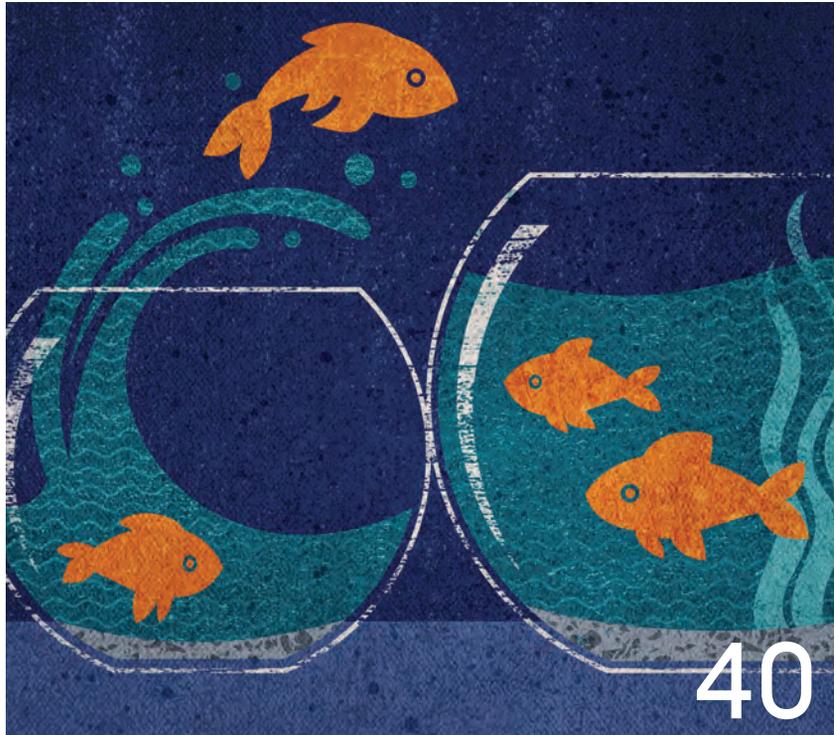
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## From the Editor

# New Look, Same Great Content (and More!)

Did you notice anything different about this issue? If so, you have a keen eye, for this is the first issue of the all-new and improved, redesigned *Trends*! We have been planning a redesign for a couple of years, but the pandemic put things on hold. But now, after months of hard work and planning, we are proud to offer our readers a new look and feel, as well as some new content.

Notebook and Inside AAHA are now one section, The Scoop. A new section, “5 Questions for a Specialist,” will feature a specialist each month, and then we will have a new last page called “In Practice.” This page will feature a useful handout or reference page, with a QR code so you can download and share it as well.

All this is in addition to the superb, award-winning content that you expect each month in *Trends*, which this month includes a look at a wonderful new group, Natives in VetMed; the role of technicians in telehealth; a primer on artificial intelligence; and the revealing results of an AAHA study on staff retention.

### **The *Trends* Employee of the Month Contest—Everybody Wins**

There will still be \$500 in gift cards to claim each month, courtesy of CareCredit, to be divided between the nominator (\$100) and the winner (\$400). Intrigued? You should be—it’s free money! Go to [aaha.org/EOTM](http://aaha.org/EOTM) to nominate one of your coworkers.

### **Coming Next Month**

Next month is Dental Health Awareness Month, so we’ll have some information on maintaining your dental tools. We will also explore the new technology of liquid biopsy and investigate some of the difficulties that people with disabilities face in the profession.

As always, let me know what you think at [trends@aaha.org](mailto:trends@aaha.org).

  
**Ben Williams**  
Editor

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# Contributors



**Jen Reeder**

Freelance journalist Jen Reeder felt honored to be trusted to write a feature story about Natives in VetMed—as well as a tremendous responsibility to accurately portray the experiences of its members, mentors, and partners. After each of the eight interviews, she'd feel gratitude for the chance to speak with such inspiring people.



**Hannah Lau, DVM**

Hannah Lau, DVM, is a veterinary telemedicine professional and a 2017 alum of the Virginia-Maryland College of Veterinary Medicine. In addition to consulting with veterinarians who are interested in starting telehealth services in their own practices, she is currently serving as Bond Vet's Associate Director of Virtual Medicine.



**Liz Barton, MA, VetMB, MRCVS, MCIPR**

Liz Barton, MA, VetMB, MRCVS, MCIPR, is head of communications at VetCT, a global veterinary teleradiology and teleconsulting company. Barton's clinical career varies from mixed practice to a small animal internship, emergency critical care, and shelter medicine.



**Tim Davison, B Math, PhD**

Tim Davison, PhD, is chief technology officer at VetCT. Tim has more than 20 years of experience in the development and application of machine learning and artificial intelligence solutions. Davison earned his PhD in medical biophysics from the University of Toronto.



**Kristen Green Seymour**

Kristen Green Seymour is a copywriter at AAHA, and when she's not writing about how veterinary practices can improve staff retention, you can often find her snuggling with her senior pets or doing something fun and active outdoors.



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# Harness the Power of the Team

**A**s many of us know firsthand, this post-pandemic climate has immeasurably changed the landscape of veterinary medicine and the way in which we practice and manage our facilities. Perhaps one of the most vital lessons we can take from the changes thrust upon our industry is our need to overcome complacency. Whether you own or operate a single practitioner clinic or a large multispecialty and emergency facility, there are commonalities that can help drive our resolve and continued growth despite the challenges our industry is facing.

Now more than ever, our ability to adapt to new technologies and uphold the needs of our valued team is critical to our ability to weather these challenges. Practice management is a broad topic

that encompasses many critical facets of our infrastructure. It is an essential area that needs nurturing coupled with the ability to adapt to this ever-changing terrain.

We are fortunate to have many resources to help guide us through these unprecedented times. AAHA remains at the forefront of providing accessible and vital resources to its members and the veterinary community as a whole. These valuable tools include many new releases, such as the *2023 AAHA Technician Utilization Guidelines* and the collaborative digital AAHA Benchmarking tool. These are both designed to help drive staff retention, enhance profits, and reduce inventory misappropriation. Additionally, AAHA provides many staple publications like the *AAHA Financial Management of the*

*Veterinary Practice* and *Lead to Thrive: The Science of Crafting a Positive Veterinary Culture*. These are all amazing resources geared to help in a variety of practice management dilemmas.

Utilizing the strengths of our team in the process is perhaps one of our greatest resources available when developing solutions. Enduring the challenge with them and being accessible and receptive to their concerns will prove invaluable. When you and your team are vested in the solution, they will undoubtedly be more likely to see it through to fruition. When staff are supported with optimism and positivity balanced with acknowledgment of the reality of the situation, more successful outcomes are achieved.



---

**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 more than 20 years of experience as a licensed veterinary technician and hospital administrator in the Long Island veterinary community.



# The Scoop

## Study: People Favor Dogs Over Cats

A team of researchers conducted a study in Denmark, Austria, and the United Kingdom and found that people generally are more invested emotionally and financially in their dogs than their cats. Their findings were published in *Frontiers in Veterinary Science*. The team used four different measures: Lexington attachment to pets scale (LAPS), possession of pet health insurance, willingness to pay for life-saving treatment,

and expectation of veterinary diagnostic and treatment options.

The journal stated that “The scientists found that people . . . had higher attachment scores for their dogs, insured their dogs more often, generally expected more treatment options to be available for dogs, and would pay more for those treatments.”

Researchers said that people care more about their dogs than their cats in all countries, but with

a clear cross-country variation and a very modest difference in the United Kingdom. Therefore, they said, it does not seem to be a universal phenomenon that people care much less about their cats than their dogs. This finding has practical implications for future efforts to expand the level of veterinary services provided for cat owners.

Dr. Microbe/Stock via Getty Images Plus

## FDA Approves First Treatment for *Giardia Duodenalis* in Dogs

The US Food and Drug Administration (FDA) recently approved Ayradia (metronidazole oral suspension) for the treatment of *Giardia duodenalis* infection in dogs. Ayradia is the first FDA-approved animal drug for treating *Giardia duodenalis* infections.

In a release, the FDA stated that *Giardia duodenalis* is a common protozoal parasite that can infect the intestinal tract in dogs. Although *Giardia* can be present in healthy dogs, it can also lead to gastrointestinal infections that most commonly cause diarrhea, which can sometimes be severe. *Giardia* can be spread to other animals and is also a protozoal parasite with zoonotic potential, meaning it can spread to people.

The FDA also stated that metronidazole has both antibacterial and antiprotozoal activities. Although veterinarians have historically prescribed a metronidazole product intended for humans when treating their animal patients for *Giardia duodenalis*, this approval means there is an approved product for dogs that has known safety and effectiveness for this species and is manufactured to quality standards.

Ayradia is only available by prescription from a licensed veterinarian because professional expertise is required to properly diagnose *Giardia duodenalis* infection in dogs and to monitor the safe use of the product, including treatment of any adverse reactions.



## Quote of the Month

The most difficult thing is the decision to act; the rest is merely tenacity. The fears are paper tigers. You can do anything you decide to do.

Amelia Earhart



↓ The dogxim was taken to an animal shelter after being hit by a car in Brazil.



↑ Researchers say they believe this is the first time fox-dog hybridization has occurred.

### First Dog-Fox Hybrid Points to Growing Risk of Domestic Species to Wild Animals

Researchers in Brazil recently used genetic testing to confirm the first known dog-fox hybrid. Identified as a “dogxim” (a cross between dog and graxaim-do-campo, the Portuguese name for pampas fox), the research team stated that this discovery raises concerns about the impact that pet dogs might have on wild animal populations and their survival.

While caring for the animal after she had been hit by a car, animal shelter staff in Vacaria, Brazil, noticed that she had a unique mix of physical and behavioral characteristics. Her pricked ears and preference for eating small mammals seemed foxlike, but her barking was more reminiscent of a dog.

Two years after her initial discovery, scientists from the Federal University of Rio Grande do Sul in Brazil genetically confirmed that the animal was a hybrid between a female pampas fox (*Lycalopex*

*gymnocercus*) and a male domestic dog (*Canis lupus familiaris*). This is the first documented case of a dog-fox hybrid.

Genetic analysis revealed she had a total of 76 chromosomes, compared with the 78 chromosomes of the domestic dog and 74 of the pampas fox. The results were published in the journal *Animals*.

“Using genetic and cytogenetic markers, our findings suggest that this individual represents a first-generation hybrid,” researchers stated. “This discovery implies that, although these species diverged about 6.7 million years ago and belong to different genera, they might still produce viable hybrids.”

Researchers stated that further work is needed to understand the frequency of this hybridization and how this transfer of genetic information from one species to another could impact native pampas fox populations in South America.



## Community

### How do you go about mentoring early career vets?

Does anyone have tips or protocols surrounding mentorship for early career vets who have recently joined a practice? I would love to find more ways to offer tailored support.

**A:** We try to ask new vets what they hope to achieve throughout their career so we can be forward-thinking when identifying what we can do to best support them in the long run.

**A:** We like to create an informal “career roadmap” with our new hires to ensure we are helping to strengthen opportunities that align with their interests early on.

**AAHA members, add your mentorship tips to the conversation at [community.aaha.org](https://community.aaha.org).**

**For help, email [community@aaha.org](mailto:community@aaha.org).**



### Long Live the Golden Retriever

A new study has identified a gene in golden retrievers that is associated with a longer lifespan in the breed. Goldens are extremely susceptible to cancer; the average golden retriever has a 65% chance of dying from cancer. But University of California-Davis researchers found a gene called HER4, variants of which appeared to be responsible for a nearly two-year lifespan extension.

The researchers studied more than 300 golden retrievers and compared DNA from dogs that were alive at age 14 with those that had died before age 12. Dogs with particular variants of the

HER4 gene had longer lives, living to 13.5 years compared with 11.6 years, on average.

“Almost two years is a significant difference in a dog’s life,” said co-corresponding author Danika Bannasch, DVM, PhD, Maxine Adler Endowed Chair in genetics with the UC Davis School of Veterinary Medicine. “Wouldn’t we all want our beloved pets to live another two years? Two years in goldens is about a 15-20% increase in lifespan, the equivalent of 12-14 years in humans.”

The study was published in the journal *GeroScience*.

### New Resource for Hospice Patients

Pet Peace of Mind is a nonprofit based in Salem, Oregon, that teaches hospices how to provide pet care assistance for their patients with pets. The company has released a free resource for people whose life situations could put a pet’s health, safety, and overall wellbeing at risk.

The organization states that My Pet Placement Plan, available at [bit.ly/3Fv5gpG](https://bit.ly/3Fv5gpG), was designed to ensure that beloved pets will not be placed in an animal shelter and minimizes an owner’s apprehension about what will happen to their pets while dealing with life’s difficulties.

The document includes information such as an identified pet guardian, elements of the pet’s daily routine, details specific to the pet’s health, power of attorney, and next steps.

## Physicist Was Essential to Cat Gallbladder Discovery

Two veterinary internists at the North Carolina State College of Veterinary Medicine have determined that a cat's gallbladder doesn't have its own microbiome, which they state is an important discovery for the treatment of feline cholangitis, the most commonly acquired inflammatory liver disease in domestic cats.

The veterinary team of Jody Gookin, DVM, PhD, DACVIM (Small Animal Internal Medicine), and Tanner Sleed, DVM, relate that the expertise of Ben Callahan, who has a PhD in physics, helped them design a study that showed conclusively that any infection-causing bacteria found in the bile of suffering cats came from somewhere else. Callahan, a world-renowned expert in

microbiomes, joined the NC State College of Veterinary Medicine's Department of Population Health and Pathobiology in 2017 as part of a "cluster hire."

"Ben was hired as part of the Chancellor's Faculty Excellence Program, and one of the key goals was to place someone like Ben in an environment where he could collaborate with clinicians," says Gookin, a professor of small animal internal medicine.

When starting their gallbladder study, Gookin and Sleed first needed to know whether the healthy gallbladder had bacteria living in it or whether it was a sterile environment. If the gallbladder had its own microbiome, some infections could be caused by an overgrowth of

what's normally healthy bacteria.

Callahan, winner of the 2023 American Society of Microbiologists' Microbiome Data Prize, is also the person who wrote the software that scientists use to design microbiome tests that filter out contaminants. Gookin says that because of his expertise, Callahan was able to teach her and Sleed how to complete the study.

For cats, Sleed says, the study results mean that clinicians can more accurately diagnose and understand the role of bacteria in liver diseases and that they can consider bile culture an adequate diagnostic tool when looking for the most common infections, such as *E. coli*. The study was recently published online in the *Journal of Veterinary Internal Medicine*.

→ Jody Gookin is a professor of small animal internal medicine at the NC State College of Veterinary Medicine.



→ Tanner Sleed, left, completed a three-year residency program in small animal internal medicine at NC State and is now an internist in Texas.



↑ Ben Callahan is an associate professor of microbiomes and complex microbial communities, which is one of the 20 interdisciplinary clusters at NC State University.

## FTC Chair Discusses Veterinary Trends at AVMA Economic Meeting

Federal Trade Commission (FTC) Chair Lina Khan gave the opening talk at the recent 2023 AVMA Veterinary Business and Economic Forum. She stated that federal regulators are keeping a close eye on competition among veterinary service providers with the FTC's focus on noncompete agreements, mergers, and private equity acquisitions.

"Time after time, we've been hearing from veterinarians about how various trends in the industry, including consolidation and financialization and the proliferation of noncompetes, may be undermining the business of veterinary services and making it more difficult to provide quality service," Khan said. "And, so,

we've been hearing from you all and wanted to make sure we were getting a chance to engage directly."

As part of the FTC's enforcement agenda, Khan highlighted the FTC's work on mergers and acquisitions and, in particular, roll-up strategies. This is where companies acquire many similar companies to gradually amass market share.

Khan noted that "instances in which a private equity firm, or others, may be serially making acquisitions, each one of which may be relatively small, and may not raise competition issues, but how in the aggregate these serial acquisitions can still roll up a market in ways that we believe can be quite harmful to competition."

Khan ended the address with a clear message of caution regarding mergers and acquisitions in veterinary services.

"To the extent that there continues to be potential shifts towards roll-up activities, being aware of the FTC's concerns in this area—be it serial acquisitions, roll ups, these stealth consolidation schemes—this is an area where enforcers have been somewhat hands-off in recent decades. But we're really doubling down again because we think there has been harm to people at the level of higher prices, but also worse quality," she said.

Visit [avma.org](https://avma.org) for more information.

## VHMA Announces 2023 President's Award Recipient

The Veterinary Hospital Managers Association (VHMA) shared that Karen E. Felsted, CPA, MS, DVM, CVPM, CVA, is its 2023 President's Award winner. The award is given to a VHMA member in celebration of their contributions to positive change and enhancing the standing of the association.

"It's nice to be recognized for what you do and particularly by an organization that I value so much," said Felsted, founder and president of PantheraT Veterinary Management Consulting, in a release. "I think VHMA is a truly tremendous group. It has amazing leadership, a dedicated membership, and has spent so much time and effort on really interesting projects that impact the profession a great deal."

According to the release, Felsted joined VHMA more than 20 years ago and contributes to its column "Insiders' Insight" each month, where she discusses industry trends and data impacting the veterinary industry as well as being involved in pricing projects for veterinary medicine.



↑ Karen E. Felsted, CPA, MS, DVM, CVPM, CVA, recipient of the VHMA 2023 President's Award.

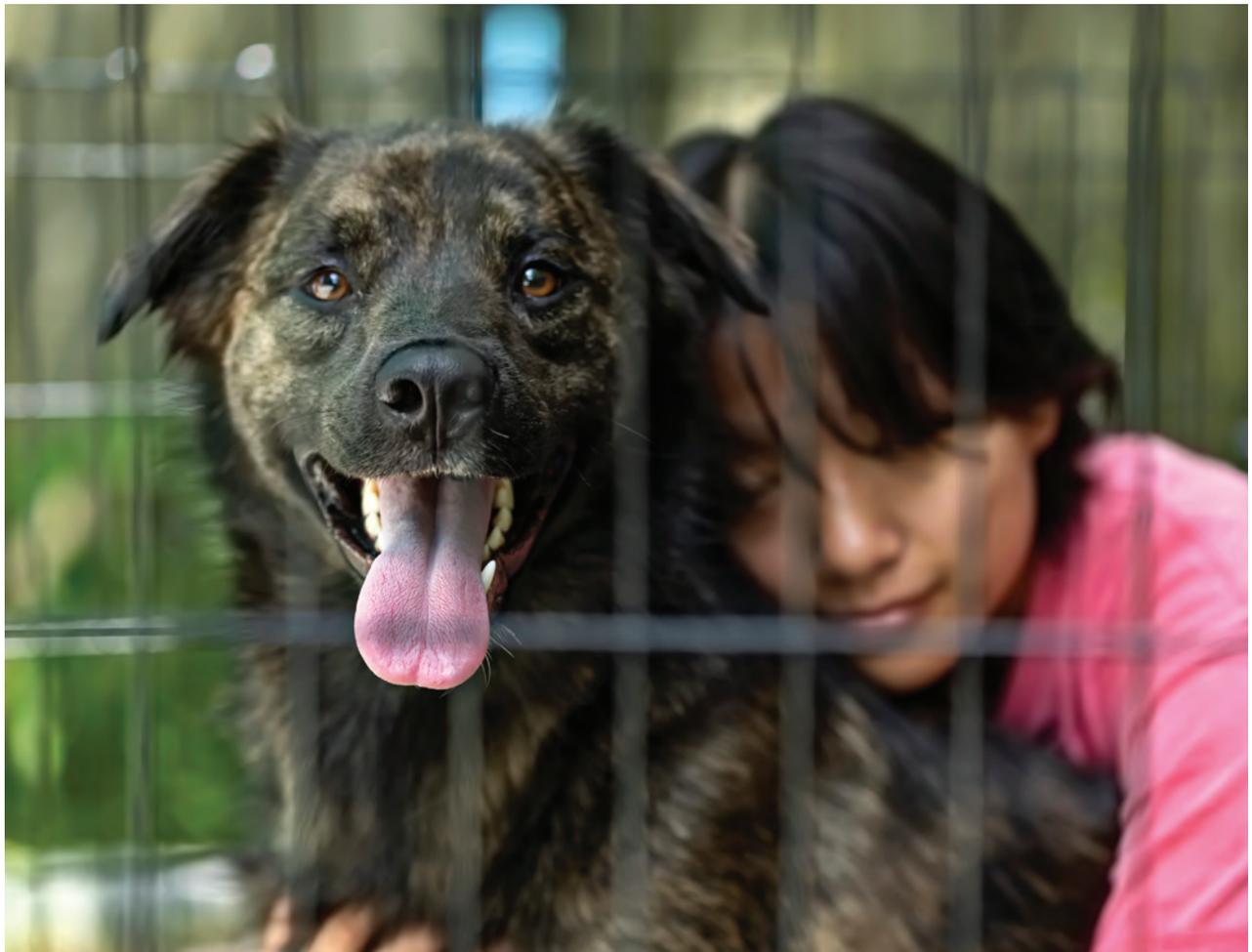
## Purina and RedRover Announce 2023 Purple Leash Project Grants

Purina and the nonprofit RedRover named the recipients of seven new Purple Leash Project grants to help domestic violence shelters make pet-friendly renovations. This is part of an ongoing effort to provide resources for survivors of domestic abuse with pets, who often will delay leaving an abuser if they can't take their pet with them, Purina officials stated. The company stated that fewer than 20% of domestic violence shelters in the United States accept pets.

The Purple Leash Project has provided more than \$1.2 million to domestic violence shelters and service providers since it was founded in 2019.

The most recent recipients of Purple Leash Project grants are:

- The Women's Safe House in St. Louis County, Missouri, will receive \$60,000 to fund a new program called The Pet Safe House.
- Safelight in Henderson County, North Carolina, will receive \$60,000 to build the organization's first-ever onsite kennel.
- F.A.I.T.H. in Rabun County, Georgia, will receive \$60,000 to build onsite dog and cat kennels.
- Schuylkill Hope Center in Schuylkill County, Pennsylvania, will receive \$60,000 to complete a pet shelter.
- Peace at Home Family Shelter in Washington County, Arkansas, will receive \$60,000 to build an onsite pet sanctuary.
- Verde Valley Sanctuary in Yavapai County, Arizona, will receive \$60,000 to add six indoor/outdoor dog kennels to its emergency shelter and veterinary care for survivors.
- 180 Turning Lives Around in Monmouth County, New Jersey, will receive \$6,000 to support its onsite pet housing program.



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# 5 Questions for a Dental Specialist

## Jan Bellows, DVM, DAVDC, DABVP

Jan Bellows, DVM, DAVDC, DABVP, is one of the few board-certified veterinary dentists in the country. He is the owner of Hometown Animal Hospital & All Pets Dental in Weston, Florida.



### 1 What made you choose your specialty area?

I attended a dental wet lab given by a veterinarian who was also a dentist. When I returned to my practice, I found nearly all my patients needed dental care. Fortunately, in my shopping center was a dentist who loved animals, so it began. Many pets suffer in silence from dental diseases, and by specializing in this area, I could make a tangible difference in their quality of life.

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

Dental health is not just about teeth but the whole system. Early detection and timely care can drastically change an animal's happiness and life!

### 3 What is one thing that clients could do that would make your job more satisfying?

Regular at-home dental care, especially with daily wiping of the outside surfaces of the teeth in dogs and Q-tips dipped in tuna water rubbed against the gingival margin for cats, can make a difference. Clients can also make use of VOHC.org products to decrease plaque accumulation. It's about preventing dental disease and strengthening the bond between pets and their owners. If clients took a proactive approach to their pets' dental care, we'd see fewer severe cases and more happy, healthy smiles.

### 4 What is the most rewarding part of your job?

Witnessing the transformation of an animal's behavior and wellbeing after a successful dental procedure is immensely gratifying. Seeing a once lethargic or pained pet become lively and playful again

after addressing their dental issues is fantastic. Knowing that I played a part in alleviating their discomfort and potentially extending their life is incredibly fulfilling. Caring for the dental needs of large exotics (gorillas, bears, chimps, sloths, tapirs, and even porcupines) in zoos and sanctuaries has also been highly gratifying. Interacting with veterinarians who want to learn more is more than satisfying.

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

This specialty is not just about technical skills; it's about patience, attention to detail, and a genuine passion for improving animals' lives. Continual learning is critical, as the field of veterinary dentistry is constantly evolving. Additionally, communication skills are vital, as educating pet owners about dental health is a significant part of the job. If you're truly committed, the professional and personal rewards are immense.

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AAHA MEMBER

# Employee of the Month

## Jillian Shenkel

**Customer Care Representative Supervisor**

Rose City Veterinary Hospital, Portland, Oregon

Year started in vet medicine: 2019

Years with practice: 4

Nominated by  
Drea Hutchinson

### Why is Jillian so awesome?

Jillian is our Customer Care Representative Supervisor, and she's worked here at Rose City Veterinary Hospital for over 4 years. She helped us all get through the challenges of the pandemic, while maintaining top-quality customer service.

She really is a ray of sunshine for our team, clients, and patients every day. She has a wonderful warmth about her that helps clients and patients feel welcome, loved, and at ease. Jillian really relates to our clients on a personal level, and can commiserate with the highs and lows of loving a furry family member through thick and thin. Her best girl Charlie is a 15-1/2-year-old female pittie mix who is living her best life everyday.

### How does she go above and beyond?

Jillian shows her genuine love to each and every patient. Her compassionate and empathetic nature make her excel in her role!

## In Her Own Words:



### Why do you love your job:

**This job nourishes my soul.** I cannot do anything I don't wholeheartedly believe in. It's important to me to be able to advocate for pets and their people the way I would want someone to advocate for me if I were in their shoes.



### Pets at home:

**Charlie**, my sweet old lady pittie and BFF.



### What brought you to the profession:

I've tried out various avenues of working with animals—daycares, grooming—but I did not find them to be as impactful as veterinary medicine. **I am grateful that they led me here.**



### Hobbies outside of work:

I love nature **walks with my dog** and going to **concerts**.



### Favorite book/TV show:

Shows: **Seinfeld** and King of the Hill  
Actress: Gillian Anderson

Photo courtesy of Rose City Veterinary Hospital

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](http://aaha.org/EOTM), and you and your employee can win \$500 in gift cards courtesy of CareCredit!

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

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# Case Report of the Month

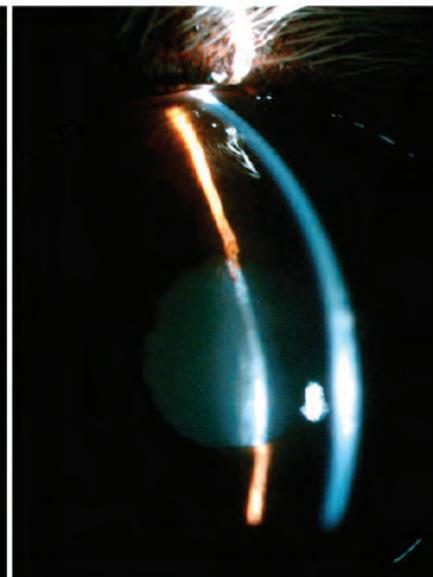
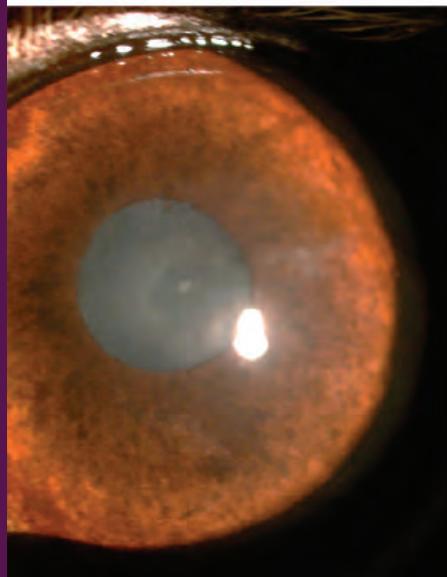
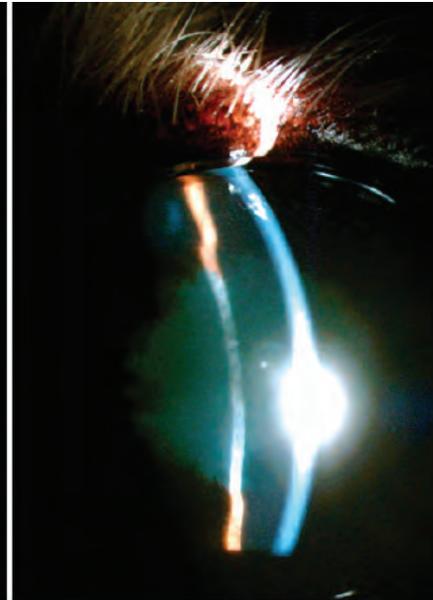
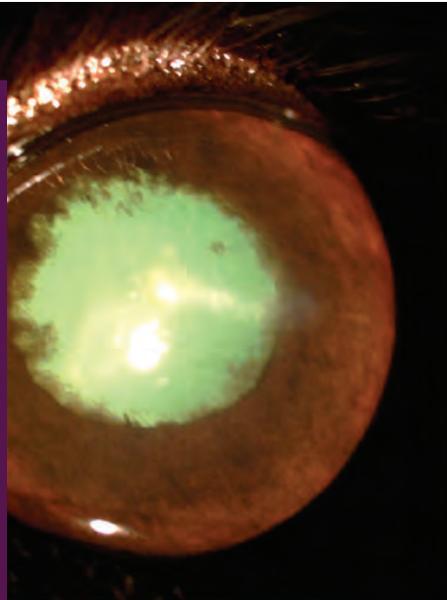
## The Eyes Have It

**Is oral leflunomide a viable treatment option for canine idiopathic immune-mediated uveitis?**

In an attempt to avoid the systemic side effects associated with oral steroids for chronic bilateral uveitis, a bichon frise was given oral cyclosporine after discontinuing the oral steroid. However, the cyclosporine was also discontinued 1 mo later, because of severe vomiting.

Leflunomide (2 mg/kg q 12 hr) was initiated, and the uveitis symptoms resolved after 2 mo. The dose was tapered according to the remission of clinical signs, with no relapse during the following 13 mo. Leflunomide therapy was then discontinued due to vomiting caused by severe gastroenteritis and pancreatitis, and topical prednisolone monotherapy was continued.

At 8 mo after discontinuation of leflunomide, bilateral uveitis recurred, and leflunomide therapy was resumed. However, the patient lost vision due to the progression of clinical signs at 33 mo after commencing leflunomide, and enucleation of the glaucomatous right eye was performed at 43 mo.



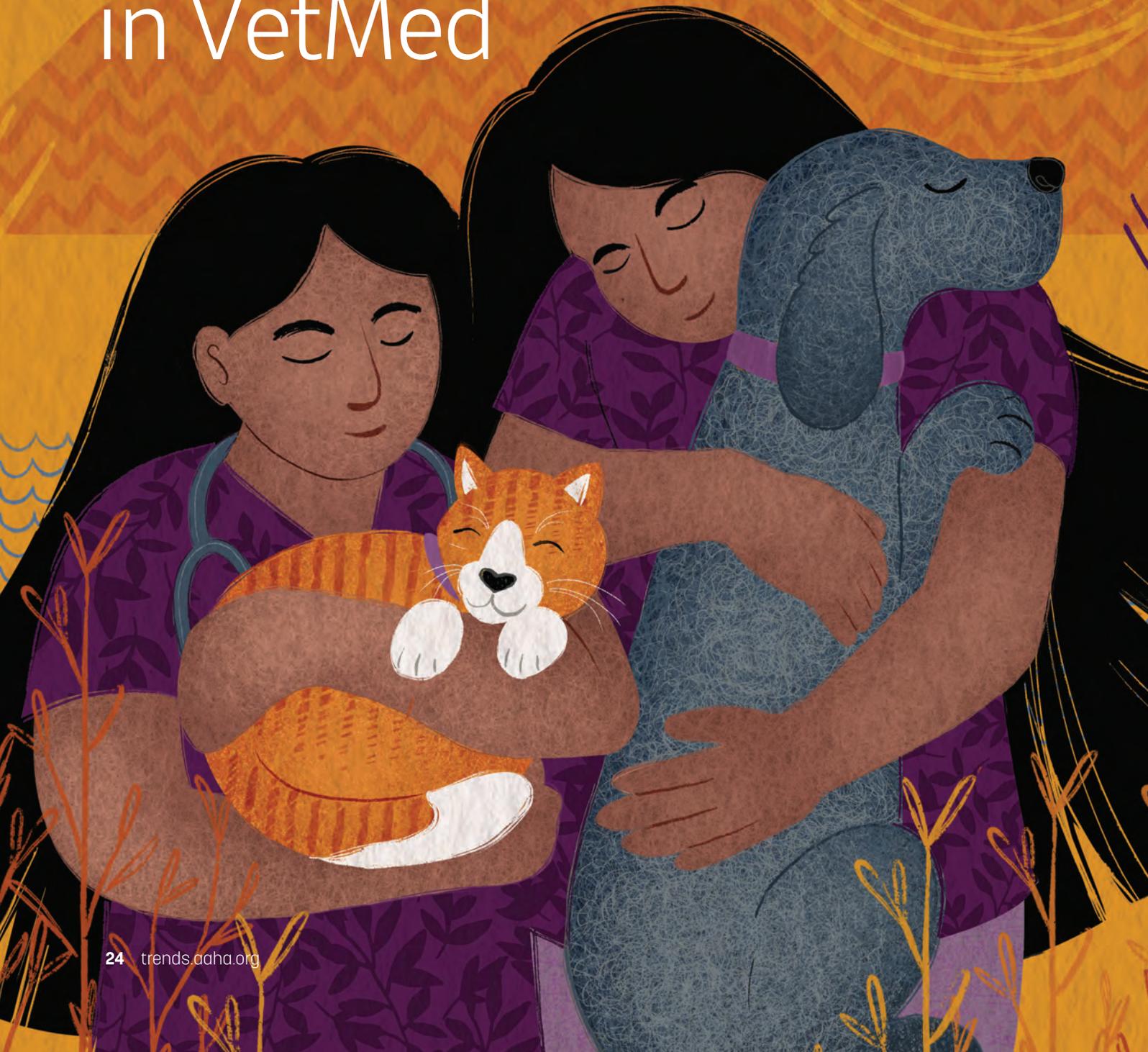
**Read the outcome** in the full report, “Leflunomide for the Treatment of Immune-Mediated Uveitis in a Dog,” in the current issue of *JAAHA* at [jaaha.org](http://jaaha.org).

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An Extra Wind:

# Natives

in VetMed





## Group Offers Camaraderie and Support for Indigenous Veterinary Students and Professionals

BY JEN REEDER

**S**ummer Lara's passion for veterinary medicine intertwines with her love for her culture. The second-year veterinary student at Colorado State University is an enrolled member of the Sisseton-Wahpeton Oyate of the Lake Traverse Reservation in South Dakota, with family across the different Dakota and Lakota Nations.

"One of our teachings has to do with *mitakuye owas'in*, and that has to do with 'all of my relations.' That idea is really important to us because we view everybody as a relative, whether it's people or animals or plants—any kind of living thing," she said. "That's the basis of my culture."

Growing up, she saw people in her community wondering how to afford care for their pets while also not having an animal hospital nearby. So she helped out at local spay/neuter clinics on the reservation and realized she might have discovered a career path with particular meaning, since reciprocity—or *ituha'an*—is integral to her culture as well.

"Traditionally, our wealth was not measured by how much we held but rather how much we gave away, and that plays into that idea of reciprocity because it has to do with how we support each other," she said. "So for me, veterinary medicine is my giveaway—my form of reciprocity."

But as she started on the path, she often felt alone. While pursuing her undergraduate degree at the University of Minnesota and working at a veterinary clinic in Minneapolis, she mentioned to an attending veterinarian, “I’m Native.”

His response took her aback: “So do you have a dad?”

“I’ve had my fair share of experiences like that, whether they’re microaggressions or outright racist things,” she said. “But it’s always still kind of a shock when it comes in a professional place.”

Fortunately, she also found supportive mentors while volunteering for Student Initiative for Reservation Veterinary Services (SIRVS), a student group founded by the late Larissa Minicucci, DVM, that offers free veterinary services to tribal nations in Minnesota and neighboring states.

One active SIRVS mentor, Marilou Chanrasmi, was impressed with Lara’s spirit, but she was also concerned that Lara felt alone. In fact, she knew three other Native students in a similar situation. So in the spring of 2022, Chanrasmi sent an email suggesting the four students join her for a Zoom meeting to connect.

“It was beautiful seeing how they lit up,” she recalled. “I just planted the seed: what if a group formed that brought other Native vet students and vet techs together? They loved the idea and ran with it.”

Natives in VetMed was born. The group welcomes Indigenous people working in various capacities in veterinary medicine across the globe. The four founders—Summer Lara, Lecia Mata, Kayla Plucinski, and Mitakamizi Liberty—are pursuing nonprofit status, building a website, and hosting monthly Zoom meetings with members.

With guidance from the nonprofit Companions and Animals for Reform and Equity (CARE), which develops and supports BIPOC nonprofits across the country to diversify animal welfare (Chanrasmi is executive director of CARE Centers for the organization), Natives in VetMed is rapidly expanding. Already, members represent 33 tribes from the United States and Canada.

“What excites me most is all



“Traditionally, our wealth was not measured by how much we held but rather how much we gave away, and that plays into that idea of reciprocity because it has to do with how we support each other.”

SUMMER LARA, VETERINARY STUDENT AND COFOUNDER OF NATIVES IN VETMED





← Summer Lara vaccinates a dog at the Red Lake Nation clinic in June 2023.

the dreams and ideas that each of them have individually, and then they bring it together collectively,” Chanrasmi said. “They are so humble, but they do so many amazing things.”

### Community Support

Natives in VetMed offers support to its members and to their communities. This summer, the group cohosted free veterinary clinics on Red Lake Indian Reservation in Minnesota and Lake Traverse Indian Reservation in South Dakota.

The chance to connect with one another while giving back to Indigenous communities resonates with Lecia Mata, an enrolled member of the Red Lake Band of Ojibwe in Minnesota studying to be a veterinarian at Colorado State University. She attended both clinics, which involved pop-up clinics in places like Minnesota’s Ponemah Elementary School as well as knocking on doors and offering services to family pets.

“At one point in Red Lake, the number of Indigenous volunteers

outnumbered the non-native volunteers, which I don’t think I’ve ever seen happen in any setting,” she said. “It was just so cool.”

Mata feels buoyed by the connections. When she began her undergraduate studies at University of Minnesota, she was a first-generation college student who had just taken full custody of her younger sister. Carrying a full credit load to pursue a double major in animal science and Ojibwe language felt overwhelming, and she kept being told it wasn’t feasible to do both.

“I grew up helping with sweat lodge when I was little with my grandma. She speaks fluent Lakota, and she wouldn’t speak it to the kids—she would only speak it to other elders. And I remember wondering, ‘Why?’” Mata recalled. “Then you learn the history of boarding schools and how, in their lifetime, it was illegal to practice their cultural traditions and their ceremonies. So being able to learn my language just felt like a responsibility to myself and my family to be able to take that back.”

When she met Lara, she “almost wanted to cry” because it was so empowering to meet a Native student studying to be a veterinarian while double majoring in Dakota language.

Photo courtesy of Marliou Chanrasmi



← Left to right: Lecia Mata, Tanisha McChesney, and Raye Taylor.

## How to Be an Ally

Veterinary professionals who want to be more inclusive of people of diverse backgrounds can start by intentionally choosing to work on self-awareness, according to Raye Taylor, DVM, an advisor to Natives in VetMed.

“You have to choose to listen, and you have to choose to recognize that you have biases. It doesn’t make you a bad person, but you have to recognize what is implicit,” she said. “Then you have to choose to learn.”

Learning can involve bringing in groups that offer cultural sensitivity training. For instance, CARE is launching a program called Vet REDI to

bolster racial equity, diversity, and inclusion in the veterinary industry, and the organization blendvet offers online CE courses and certification in DEI.

Taylor said financial support of groups like Natives in VetMed is always welcome, as well as creating job opportunities for underrepresented communities. She suggests reaching out to local schools to ask for applicants from the community or offering a shadow day for high school students to share the profession.

“Listen with intent and speak with positivity,” she advised. “Speak with collaboration and partnership.”

“Seeing that it is feasible, it’s just not common, I felt like I found people who finally got it,” she said.

Volunteering with SIRVS and Natives in VetMed also reminded Mata of why she wanted to go into veterinary medicine.

“I was constantly getting met with people from the community recognizing that I was Native and just sharing how proud they were of me and of the other Native veterinary technicians and students who were on these trips,” she said. “They never expected to see Natives being represented in such a niche profession.”

More than 91% of veterinarians identify as White, according to the US Bureau of Labor Statistics. That lack of racial representation could have dire consequences for a profession facing staffing shortages. So Natives in VetMed mentor and advisor Raye Taylor, DVM, senior veterinary medical officer for Rural Companion Animal Care for CARE, and part-time professor in the College of Veterinary Medicine at University of Minnesota, hopes the veterinary industry will work to diversify the profession.

“When you are growing up, if you are not seeing someone who looks like you in a particular profession, without intentionality, it doesn’t become an option,” she said.

Photo courtesy of Raye Taylor

She personally thought all veterinarians were evil after a veterinarian callously and coldly euthanized her childhood dog, Thor—a notion that extended to any medical professional wearing a white coat. Thankfully, her father recognized her potential and love of animals, and arranged for her to shadow a veterinarian when she was in high school.

“That very first day, this kind veterinarian—a White man—did change my vision,” she said. “My guiding light is empowerment through knowledge.”

Mentors have been life-changing for Natives in VetMed cofounder Kayla Plucinski, CVT at Ashland Area Veterinary Clinic in Ashland, Wisconsin, and enrolled member of the Bad River Band of the Lake Superior Chippewa. She’d been encouraged to become a veterinarian, but soon after beginning undergraduate studies, she realized the financial challenges would be insurmountable.

Then she met Monte Fronk from the Mille Lacs Band of Ojibwe in

Minnesota, who introduced her to SIRVS spay/neuter/wellness clinics, where she decided to switch gears and become a veterinary technician.

“I just fell in love with being a nurse for animals,” she said. “It’s a very rewarding field.”

She hopes that when students of different backgrounds intern at veterinary practices, the team will try to really get to know them and why they chose the field. And, if possible, she suggests they offer scholarships.

“When you are growing up, if you are not seeing someone who looks like you in a particular profession, without intentionality, it doesn’t become an option.”

RAYE TAYLOR, DVM, NATIVES IN VETMED  
MENTOR AND ADVISOR

“Just encourage them to stick with it,” she urged. “It’s worth it.”

### Inspiring Each Other

Awanookwe Kingbird-Bratvold, founder of the nonprofit Awesiinyag Are Loved, and professor of Indigenous Sustainability Studies at Bemidji State University in Minnesota, is a community partner with Natives in VetMed and worked alongside them at the Ponemah clinic. She’s inspired by the group.

“It’s very beautiful and something that is extremely exciting to see within Indian Country today,” she said. “To say that I’m proud is an understatement.”

← A child cradles her puppy at the Red Lake Nation clinic.



Photo courtesy of Raye Taylor





← Summer Lara on left and Dr Raye Taylor examine dog at Red Lake clinic June 2023.

She’s seen the way members uplift one another while collaborating with her nonprofit, SIRVS, CARE, the spay/neuter nonprofit MN SNAP, the rescue group Secondhand Hounds, and other partners to care for the pets in Indigenous communities.

“We’re all different organizations, but we’re all coming together, and we’re building a family out of this,” she said.

Many representatives from these organizations reunited in October 2023 at The Gathering, an annual conference hosted by CARE. Natives in VetMed cofounder Mitakamizi Liberty, a veterinary assistant at MN SNAP, said his group was doing “together dreaming” for the future, which might include youth programs, sponsoring externships for vet students, being references for applicants to veterinary school, and building a support network for Native students and graduates.

He first met his “auntie” and mentor Chanrasmi when SIRVS volunteered on his reservation,

and he started helping out because he loves animals so much. She arranged a tour of the University of Minnesota’s veterinary school and he hoped to become a veterinarian, but the financial hurdles were too great.

After graduation, she helped him set up job interviews, and he’s incredibly grateful for her help, which landed him at MN SNAP. But he doesn’t want financial challenges to deter other Indigenous students.

“I don’t have any particular regrets about my life, but it’s definitely something that was a barrier, and I don’t want that to be the case for anybody in the future,” he said. “I would like Natives in VetMed to be a supportive network for any *shinaabs* looking to get in the field.”

It’s an optimism shared by Natives in VetMed member Tanisha McChesney, a certified veterinary assistant at AAHA-accredited DC Ranch Animal Hospital in Scottsdale, Arizona, volunteer with the spay/neuter nonprofit Soul Dog Rescue, and enrolled member of the Navajo Nation.

McChesney—whose Diné name T’aa’háábaa’ means “seized from battle” because her pregnant mother deployed during Desert Storm as a Marine but was called home due to her pregnancy—was welcomed “with open arms” when Natives in VetMed flew her to Minnesota for their first clinic. She felt a special camaraderie.

“We were all the same little kids running around on the sacred lands, holding little rez puppies, but now we get to do something for them, for us, for everybody,” she said. “It’s full circle.”

McChesney’s tribal work has given her “an extra wind,” and she’s studying to become a veterinary technician. She’s thrilled to be part of Natives in VetMed.

“I’m so inspired by this group of people,” she said. “I would love to see where Natives in VetMed goes from here, because the sky is the limit.” ■

## Learn More

Indigenous veterinary students and professionals interested in joining Natives in VetMed can email [nativesinvetmed@gmail.com](mailto:nativesinvetmed@gmail.com). For more information, visit: [nativesinvetmed.org](http://nativesinvetmed.org).

To donate to Natives in VetMed, visit: [every.org/natives-in-vetmed](http://every.org/natives-in-vetmed)

Photo courtesy of Tasha McChesney



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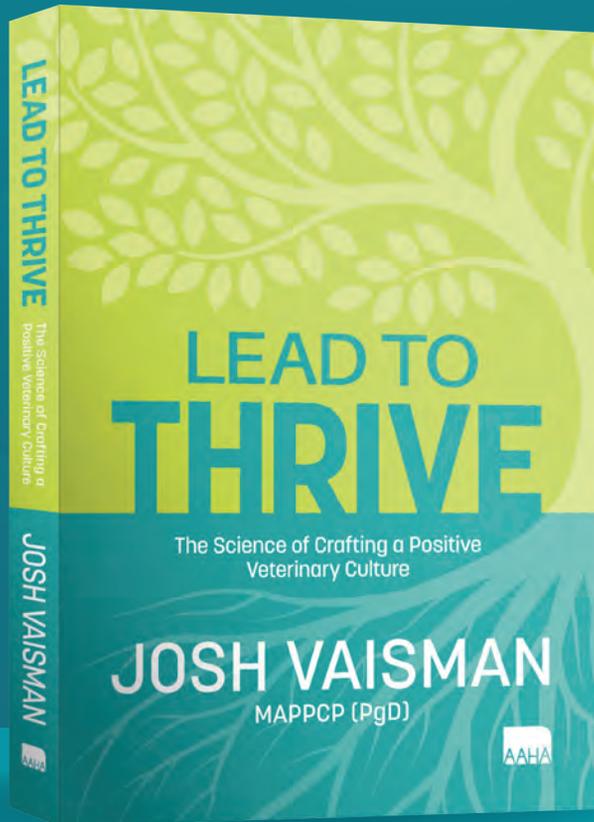
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## CLARO® (florfenicol, terbinafine, mometasone furoate) Otic Solution for use in dogs only

### 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*).

### DOSAGE 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 dropperette from the package.
4. While holding the dropperette in an upright position, remove the cap from the dropperette.
5. Turn the cap over and push the other end of the cap onto the tip of the dropperette.
6. Twist the cap to break the seal and then remove cap from the dropperette.
7. Screw the applicator nozzle onto the dropperette.
8. Insert the tapered tip of the dropperette 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 **DOSAGE 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 otic 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-approved 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/reportanimalae>.

### 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**).

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Made in Germany

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(florfenicol, terbinafine, mometasone furoate)  
Otic Solution

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**Choose Claro<sup>®</sup>, the trusted market leader in OE treatment.<sup>2</sup>**

Claro<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup>. **Wear eye protection when administering CLARO<sup>®</sup>.** (See Human Warnings, PRECAUTIONS, POST-APPROVAL EXPERIENCE.)

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

<sup>2</sup>Elanco Animal Health. Sales data on file.





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# Telehealth After COVID

Why Some Technicians Believe  
It's More Relevant Than Ever

BY HANNAH LAU, DVM

**W**elcome to our official “post-COVID” era of veterinary medicine—at

least, the world is forging ahead and adjusting to the new normal. Most businesses have opened their doors to the public and said farewell to curbside-only services. However, there are skills we learned during the thick of the pandemic that can—and should—be brought along with our ever-evolving practices.

Telemedicine and virtual care have been a strong part of our industry for decades, but it enjoyed new attention during 2020 as a solution to new stressors, including social distancing, intense demand, and smaller veterinary teams. If you were an adopter of virtual care during the height of COVID, you may now be facing a choice: to phase out virtual services and “go back to normal,” or to continue to offer them to clients. Or perhaps

you weren’t able to implement virtual services in 2020 but are interested in doing so now in pursuit of the many benefits they can offer.

There is a reason that virtual care has persisted for decades even outside of the media spotlight: It offers huge benefits for your patients, clients, staff, and bottom line. These include increased workflow efficiency, improved work-life balance, better and more thorough care for patients, and added convenience value for clients. And, to no one’s surprise, the lynchpin of well-implemented virtual care begins and ends with veterinary technicians, assistants, and care coordinators.

### **New Twist on an Old Method**

Regardless of headlines, telehealth and virtual care are nothing new. The veterinary field has been using virtual care extensively and skillfully for decades, especially

by hospice vets, large animal practitioners, specialists, and general practitioners. What has changed and perhaps garnered new attention (and for some, anxiety) are the technological modalities available.

Traditionally, virtual care has been done largely over the telephone and through email. It is well within the scope of general practice to manage patients over the phone, especially in cases of chronic disease where small treatment adjustments are constantly being made. Email has taken up the telephone’s mantle in many ways, but it can be just as slow, frustrating, and time consuming. Usually, these types of communications require even more time afterward to document conversations in the medical record. More modern modalities include video chat, texting, and instant messaging or online chat. These can be offered through online browsers and smartphone



“It’s time that we realize there are alternative options of care that we can utilize to help our patients, clients, and clinics. Telemedicine can be a wonderful adjunct service to a well-rounded patient care plan.”

Jessie O’Connell, CVT, full-time virtual care technician

apps and can be integrated into your practice management system to cut down on time spent updating medical records.

These modalities can include charge-based interactions to account for staff time and experience. Suddenly, hours spent at your desk after the office closes (or at home on your laptop finishing records on your day off) can be reduced and compensated for. If, as a veterinarian, you can confidently say that you have never provided care or treatment advice without the pet in the

room with you, it is likely that technicians and assistants are providing that care to your clients. It happens almost every time a client reaches out for assistance, and it happens a lot more when the schedule is full or the doctors are busy. Care is generally not outright refused when the office is already pushed to the limits; instead, it is adjusted and molded to fit the needs of the situation.

### What About the Physical Exam?

The elephant in the room when discussing virtual care is always the physical exam. It is easy to suggest that virtual care ignores, downplays, or even denies the need for the physical exam. However, this is an inaccurate simplification. The physical exam is a modality—one of our most valuable diagnostic tools. It can be thought of similarly to a radiograph, ultrasound, blood panel, or cytology. It is special in that it can provide a wealth of information in a short time with only the skill of a veterinarian, even without special equipment or costly supplies.

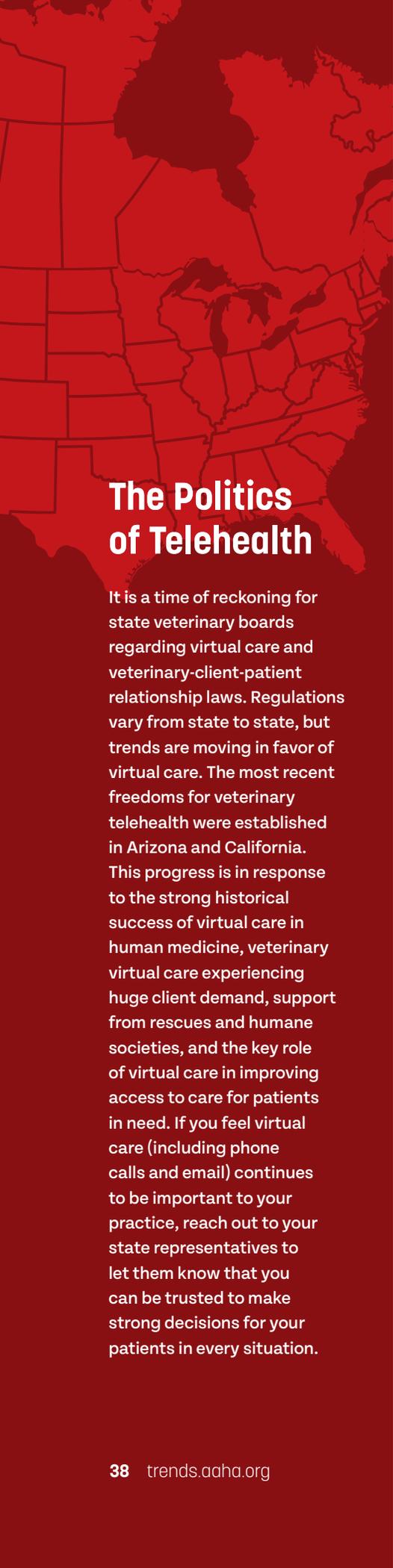
However, similar to any other diagnostic modality, it still has access barriers for clients and patients. These include

transportation, cost, availability of an onsite veterinarian, and usually a technician or assistant to help hold the pet. The physical exam also requires either a calm and cooperative or a premedicated or sedated patient. Denying all medical care without a physical exam can be compared to denying all medical care without diagnostic bloodwork.

Any practitioner would prefer to operate with as much data as possible, and we are free to recommend the diagnostics we wish, but the reality is less convenient. Not everyone is able to elect bloodwork for their pet for a myriad of reasons, and this is not a good reason to deny a consultation. Continuing with our bloodwork metaphor, there are some situations in which diagnostics are more indispensable than others. It may not be advisable to treat a sick diabetic patient empirically without bloodwork, but it may make more sense to treat a skin infection without bloodwork.

Of course, “medical care” does not have to mean prescriptions if the provider does not feel it is the correct course of action. It can mean education, husbandry adjustments, decision support,





## The Politics of Telehealth

It is a time of reckoning for state veterinary boards regarding virtual care and veterinary-client-patient relationship laws. Regulations vary from state to state, but trends are moving in favor of virtual care. The most recent freedoms for veterinary telehealth were established in Arizona and California. This progress is in response to the strong historical success of virtual care in human medicine, veterinary virtual care experiencing huge client demand, support from rescues and humane societies, and the key role of virtual care in improving access to care for patients in need. If you feel virtual care (including phone calls and email) continues to be important to your practice, reach out to your state representatives to let them know that you can be trusted to make strong decisions for your patients in every situation.

and more. At times, medications without diagnostics are justified with proper education, such as for pain management, quality of life improvement, or financial constraints. Ultimately, whether the situation has reasonable treatment options available with or without diagnostic data should be up to the determination of the veterinarian. Allowing for robust telemedicine options does not negate the importance of a physical exam, but it does allow the owner to receive appropriate medical care that meets them where they are.

As huge players in the workflow of virtual care, the perspectives of veterinary technicians and client coordinators are fundamentally important. I asked three veterinary professionals to weigh in with their thoughts on virtual care and its importance.

“Virtual care teams are essential to a high-volume clinic. With the number of pets far outweighing the amount of staff in clinic, a virtual team can provide relief to the in-clinic team to help with burnout and overall call volume so better patient/client care is provided face to face,” said Meagan Cross, virtual care coordinator at Bond Vet. “I came from an in-clinic ER

and specialty hospital with no virtual team. The amount of times the phones rang in the lobby was insane, and it definitely took away from the clients’ overall experience of waiting up front to be helped until I got off the phone.”

Jessie O’Connell, CVT, a full-time virtual care technician, said, “Barriers to accessing care have become increasingly more obvious in the past three years. It’s time that we realize there are alternative options of care that we can utilize to help our patients, clients, and clinics. Telemedicine can be a wonderful adjunct service to a well-rounded patient care plan.”

Kaye Lovatt, CVT, noted, “Veterinary telehealth is definitely advantageous to pet parents. At a time when in-clinic DVMs are stressed due to staff shortages, DVM shortages, and long hours, telehealth can ease the burden. After-hours/evening telehealth can also ease the high workload ER facilities are subjected to overnight. When a pet parent arrives home from work and finds their pet has an anal gland abscess, sore ear, or diarrhea, there ought to be options for medical care other than having to visit the ER. Veterinary telehealth can, and does, fill this void.”

It is never too late to start strengthening your virtual care offerings. This can be as simple as offering text messaging services to your clients with the help of your practice management software.

## Dial In Your Telehealth Game

When considering your own practice, it is never too late to start strengthening your virtual care offerings. This can be as simple as offering text messaging services to your clients with the help of your practice management software. It can be as complex as offering 20-minute video calls for cases that you feel are a good fit for virtual care, such as long-term cases, incision rechecks, or behavioral consults, and then scheduling in-clinic care as indicated.

Once this aspect of your practice gets off the ground, consider booking a half day from home to accomplish these tasks. Of course, no practitioner should do anything they're uncomfortable with. The expansion of virtual telemedicine guidelines per state is in the pursuit of practitioners having the freedom to practice medicine as they see fit. It is vital to be empowered to offer

virtual care when it is viable and to recommend in-person care when it is needed. As always, veterinary medicine remains a practice. Just as we adjust our treatment plans with progressing data, so must we adjust how providing care looks with progressing technology and client needs.

Ultimately, society and technology continuously change with each decade. It is up to us to adapt to new techniques and implement them in ways that

“At a time when in-clinic DVMs are stressed due to staff shortages, DVM shortages, and long hours, telehealth can ease the burden.”

Kaye Lovatt, CVT

benefit our patients. Providing a good spectrum of care requires we step out of the “gold standard or nothing” mentality and begin meeting clients where they are. Market demand will continue to influence the industry, and veterinarians have a unique opportunity now to lead the charge with high-quality care. ■





HOME TEAM / RETENTION SURVEY

# Stay, Please

How Do We Keep Good People in Clinical Practice?

BY KRISTEN GREEN SEYMOUR

“I knew I wanted to be a veterinarian at 10 years old and now, 50 years later, I still enjoy it and find it fulfilling.”

—DVM and practice owner responding to the 2023 AAHA Retention in Veterinary Medicine Survey

**T**hat’s the dream, right? Veterinary medicine is a career stemming from passion, and it’s one that requires hard work and dedication to make a reality. After all that, you’d hope the comment above would be the norm.

That makes it even more heartbreaking to learn that, according to the 2023 AAHA Path to Better Retention in Veterinary Medicine Survey (see sidebar: About Our Study), about 30% of veterinary professionals currently in clinical practice plan to leave their jobs. If you’re tuned in at all to the vet med community, this potential attrition rate probably doesn’t surprise you. Staffing shortages abound.

What might come as a surprise is the fact that, in 9 out of 10 cases, once someone has left their job in clinical practice, they say they’re never coming back. And,

sorry folks, but it gets worse: Out of that 30% planning to leave their jobs, half plan to leave practice altogether, either to go into another area of vet med or to pursue something else entirely.

In other words, once they’re gone, they’re gone, and frankly, we can’t graduate enough DVMs and credentialed techs to fill the gap they’re leaving behind as demand for veterinary services continues to grow.

### The Trouble with Turnover

The financial impact of turnover can’t be ignored; a Gallup study estimated that replacing a departing employee comes at a cost of around 1.5 to 2 times their salary—or even more.

But we all know the impact of high turnover is more than financial. The remaining team

members often feel a sense of loss or outright turmoil. The practice culture is affected, and, considering it takes an average of more than 15 months to fill a vacant associate DVM role and almost 13 months to fill a credentialed technician role according to a 2022 AAHA industry survey, understaffing is almost unavoidable. This leads to upset clients, a stressed-out team, and burnout . . . and that leads to increased attrition.

Yikes, right? That’s what we thought, too. And that’s exactly why AAHA conducted this survey.

We wanted to understand what factors lead to a veterinary professional’s decision to leave—and, perhaps even more importantly, we wanted to know what matters most to those who plan to remain where they are. What can practices avoid doing to stop driving good employees away? What should they implement if they want to increase their appeal? And how might that change depending on an individual’s role in the clinic?

This survey got a massive response. People had a lot to say—and they wanted to be heard. After months of sorting through the data, consulting with data analysts, and looking at these findings from various angles, we’ve landed on some illuminating findings.

“Attrition/loss and turnover of nonveterinary staff, particularly nurses, is by far the biggest detractor at my current job and seems somewhat universal to the industry. It negatively impacts all aspects of our work and accelerates the loss of other employees when we are short-staffed.”

—Hospital administrator responding to the 2023 AAHA Retention in Veterinary Medicine Survey

## Needs Versus Wants

We quickly realized that, among the 70% planning to stay where they are, six factors stood out from the rest. While the rank and strength of each factor varied from one role to another, overall, these six factors mattered most to those planning to remain—by quite a lot.

Staff working as a team, the ability to practice modern and/or sound medicine, doing meaningful work, fair compensation, flexibility in scheduling and/or duties, and feeling like one's work is appreciated were the top six factors motivating veterinary professionals to stay.

But out of these factors, which are most important? The answer depends on the state of the practice in question. And the state of the practice in question depends on how the employees in said practice feel about their current situation (and/or their employer).

“Compensation in this industry is a constant source of frustration, especially when the practice is thriving but we don't see it reflected in our wages. . . . The team and the meaningful work we do is what keeps me in the field, but it would be amazing if the salary was one of the reasons I stick around as well.”

—Practice manager responding to the 2023 AAHA Retention in Veterinary Medicine Survey

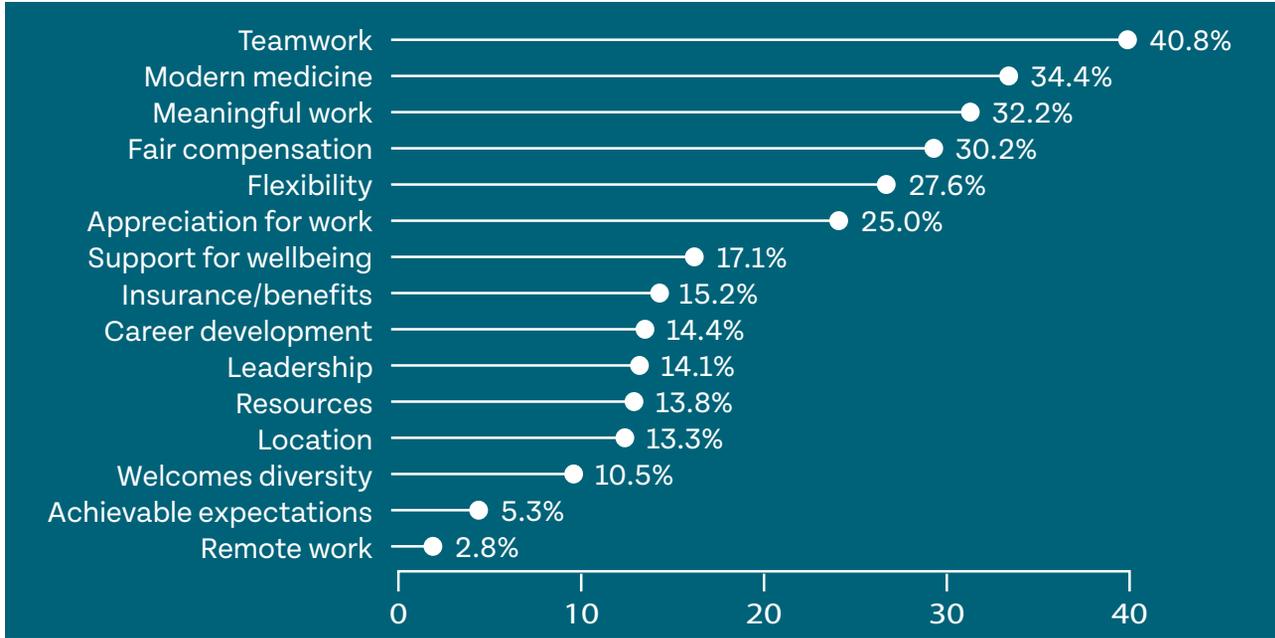
If your practice were a patient, would it be considered an emergency situation? Are employees leaving in droves, and do you need to stop the metaphorical bleeding fast before addressing any other problems? Would it fall into the ADR category? Or would you consider it a well pet check?

## Meeting the Basic Needs First

If your practice is an emergency case, then what we really need to look at are the top drivers of attrition. Why aren't people willing to stick around?

Far and away, the number one factor that respondents planning to leave their jobs named was fair

## Employment Status: Planning to Stay



Respondents could choose up to three factors; therefore, the total percentage here will not add up to 100%.

“As a practice manager, I know techs need to make a living wage. I don’t mean \$20 an hour, . . . I mean \$50k a year and up. Plus, they need benefits. If they wanted to make McDonald’s wages, they would work at McDonald’s.”

—Non-DVM owner responding to the 2023 AAHA Retention in Veterinary Medicine Survey

compensation. This was true across the board, but non-DVM roles were almost twice as likely (91%) to name fair compensation as a top factor than their DVM counterparts.

And look at the jump made by appreciation for work. It may not be leaps and bounds above the other factors, but for those planning to stay, it came in sixth place; once they’re planning to leave, it’s number two. When people don’t feel appreciated, it makes them want to leave.

Fair pay and appreciation for

work must be considered basic needs. At the very least, employees want to be paid competitively and be shown appreciation for their work. If those two needs aren’t met, any effort you make toward the other factors (team building, job flexibility, etc.) are unlikely to be enough.

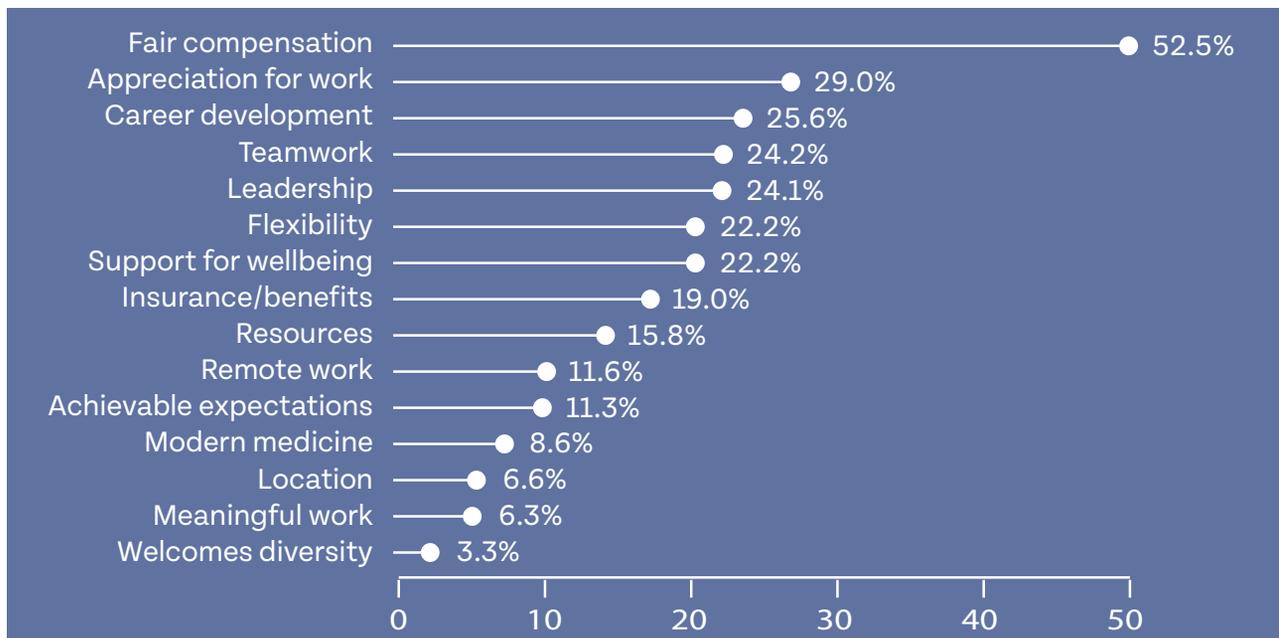
Now, we acknowledge that increasing wages can be a challenge, but remember how much Gallup estimates the replacement cost of an employee to be? Paying quality employees competitively will likely be easier

on the budget than replacing them. Plus, when it comes to technicians, what they want may not actually be that far off what you’re currently paying them (see sidebar: The True Value of Vet Techs).

### Giving the People What They Want

Now, meeting those basic needs should keep people from sprinting for the door. But that’s not the same thing as inspiring them to stay, right? That’s where our wants—or

## Employment Status: Planning to Leave



This chart clearly tells us the first step to take to stop the bleeding: money.

Salary/wages/low pay was named as the biggest challenge for veterinary technicians today.



## The True Value of Vet Techs

A 2022 AAHA survey of more than 2,000 veterinary professionals asked respondents—across all roles—what they believed technicians (credentialed and non) should be paid in order to match their responsibilities in practice.

The overall average response for credentialed techs was \$57,063. Credentialed techs and veterinary assistants said CrVTs should be paid \$61,711. Managers said \$54,631 and DVMs said \$55,335. These numbers really aren't too far off each other, right?

For veterinary assistants, the overall average was \$42,496, with techs and assistants naming a slightly higher salary (\$44,993). Managers and DVMs were just below the average at \$41,356 and \$41,399, respectively.

Even more notable, when you look at these numbers, is that “salary/wages/low pay” was named as the biggest challenge for veterinary technicians today by every role in this same survey—by a significant margin. So, compensation is a known issue when it comes to this role, and the

solution isn't to pay these individuals on par with DVMs—in general, they're looking for a living wage.

Balancing the budget to increase compensation can be difficult, but we'd encourage any practice struggling to find the resources to accomplish this with their CrVTs to refer to the *2023 AAHA Technician Utilization Guidelines* ([aaha.org/technician-utilization](http://aaha.org/technician-utilization)). Often, the skills, education, and experience of CrVTs are not fully appreciated or used by practices, and optimal utilization improves patient care, efficiency, and, ultimately, a practice's financial sustainability.

“We are a true team family. It’s a real pleasure to be a part of that.”

—Medical director responding to the 2023 AAHA Retention in Veterinary Medicine Survey

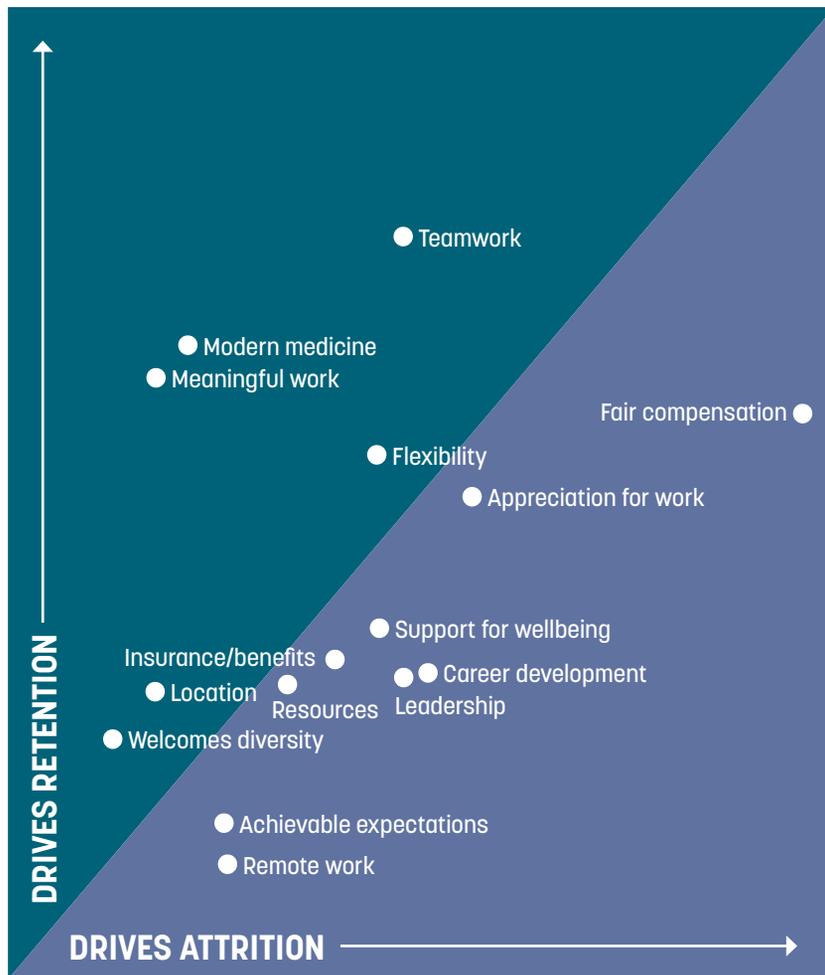
top drivers of retention—become more crucial.

The chart below takes into account each factor’s strength as a driver of retention and as a driver of attrition. The higher an item is toward the top, the stronger it is as a retention factor; the farther it lands to the right, the more it impacts attrition. So, what are the biggest factors causing people to leave their

jobs in practice? Their needs (fair pay and appreciation for work) aren’t being met. A lack of the other four factors—teamwork, modern medicine, meaningful work, and flexibility—is less likely to be the reason someone leaves, but when a practice gets this right, that’s when people stick around for the long haul.

That said, there’s a big difference between understanding what

inspires people to stay and actually making lasting change in a practice to prioritize these key factors. And, it’s important to remember that there’s no one-size-fits-all way to implement these retention drivers.



If your practice were a patient, would it be considered an emergency situation? Are employees leaving in droves, and do you need to stop the metaphorical bleeding fast before addressing any other problems?

“I finally work with a practice that doesn’t burn through their vets and staff. Each team member is respected and understands their job. . . . Compensation is more than I’ve ever had (first time with benefits!), and I am paid more for much less work. The last isn’t a reason I joined them but is a perk. Owner and management back vets up if there are client issues. I’ve been at my current job for three years (was at my previous for nine years) and have zero plans to leave unless family requires it.”

—Associate DVM at 24/7 mobile practice responding to the 2023 AAHA Retention in Veterinary Medicine Survey

We can provide all the data in the world, but it’s up to each individual practice to make the necessary changes.

### The Journey to 90%

Our hope is that, by sharing these findings (and many more, which you can find in our latest white paper at [aaha.org/research](https://aaha.org/research)), veterinary practices will easily be able to identify the areas where they have room to improve. In fact, our overarching goal is to help the veterinary medicine community as a whole reach 90% retention—but that journey begins with each practice taking its first step.

For many practices, that may be hiring a consultant to do a compensation audit in order to assess how their compensation package stacks up to the competition. For others who are confident they already offer fair pay, looking for ways to show employees appreciation for their work will take precedence—and a pizza party won’t cut it. Food is fine, of course, but true appreciation needs to be woven into the very fabric of a

practice’s culture, and everyone from management to colleagues to clients should be given the opportunity to express appreciation for any member of the team.

For those practices already meeting the basic needs, one of the keys to successfully implementing the remaining four factors is to take a critical look at your current team—collectively, as specific roles, and as individual people, too. Are there any roles with higher turnover than others, or roles from which you’re hearing the same complaint repeatedly? Remember that based on the survey, while these factors mattered to everyone, the strength of each factor differed by role.

Take, for example, the ability to practice modern and/or sound medicine. Unsurprisingly, this is of the utmost importance for our medical roles; in fact, it was at the very top of the list for associate DVMs and credentialed technicians staying in their jobs. If you’re having a hard time keeping people in those roles and you’ve gotten comments from employees about outdated equipment or

methods, this would be a wise place to invest.

If, on the other hand, your attrition challenge is with your CSRs or veterinary assistants, new lab equipment might not do much. Instead, helping them understand that their work is meaningful can go a long way. Do they see how their work contributes to the overall mission of your practice? Do they understand how their duties make a real difference in patient outcomes and client experience? Every phone call they make, every crate they clean, every client they spend time getting to know has real meaning.

In fact, the whole team should understand how each and every role contributes in a meaningful way to a larger goal, whether that’s providing exceptional patient care, increasing client compliance, or educating new pet parents about the value of regular veterinary care.

While there’s no magic pill to miraculously improve retention in a practice, understanding these six factors—and how they relate to your practice and team—is a solid place to begin your journey. ■

## About Our Study

In March 2023, inspired by the McKinsey report on the Great Attrition, we sent a survey to more than 110,000 people in the veterinary community with the goal of learning:

- how many people in clinical practice planned to leave,
- what's driving people away from clinical practice,
- and what those who plan to remain in clinical practice value most.

Staffing is a struggle for many practices out there, and we wanted to find out what they could do to improve retention of the teams they have—and what they could change in order to recruit and retain great talent in the future.

We received responses from 14,856 people, and they were split almost evenly between DVM and non-DVM roles. What this means is that we had a large enough sampling to

analyze the data in a wide variety of ways without losing statistical significance.

Among our respondents, 30% planned to leave their current role (either for another practice, for work in vet med outside of clinical practice, or for work outside of vet med entirely), and 70% planned to stay. Respondents had the opportunity to choose their top three factors from the list below; those staying indicated what they valued most in their practice, and those who were leaving or already gone named the top three things that would make them consider staying or coming back.

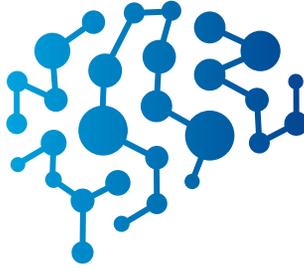
- Modern and/or sound medical practices
- Welcoming of diversity
- Having the resources needed to do the job
- Caring/inspiring leaders
- The staff functions as a real team
- Achievable performance expectations

- Good location
- Insurance/benefits
- Career development/ opportunities for advancement
- Support of health/wellbeing
- Flexibility in scheduling/ job duties
- My work feels meaningful
- My work is appreciated
- I have remote work options
- Compensation is fair
- (Those who were leaving or gone could also respond saying that nothing could get them to stay.)

What we've outlined in this article just scratches the surface of our findings. We've got plenty more insights to share, like the connection between roles, personas, and the tendency to stay or leave; the importance of value and belonging in retention; how to avoid top attrition drivers; and more. See what else we've published and sign up for updates at [aaha.org/research](https://aaha.org/research).

Staffing is a struggle for many practices out there, and we wanted to find out what they could do to improve retention of the teams they have.





**ARTIFICIAL INTELLIGENCE** / TECH SUPPORT

# Artificial Intelligence in Vet Med

What's on the Horizon?

BY LIZ BARTON, MA, VETMB, MRCVS, MCIPR, AND TIM DAVISON, B MATH, PHD

**A**rtificial intelligence (AI) is no longer science fiction—it's science fact. It's the realization of a concept that has captured human imagination since the ancient Greeks first proposed that reasoning was not limited to humankind. Since AI's humble roots in the 1950s, it has progressed to generate a vast array of valid and practical outputs by solving defined problems through data analysis.

More recently, rapid progression of AI has been facilitated by the enormous increase in data capture and availability, computer storage and processing capabilities, and neural network architectures. As governments, businesses, and organizations

are struggling to keep up with the pace of developments, it begs the questions: What is on the horizon for veterinary medicine, and what will be the impact of AI?

## **Broadening Narrow AI**

Current AI applications all fall within the realm of “narrow” or “weak” AI; that is, algorithms that take in data/inputs and produce a limited, specified output. While the nomenclature belies the complexity of some of these tools, they are far removed from the “general” or “strong” AI that would be more equivalent to broad human intelligence—where multimodal data feeds in to produce a variety

of unspecified outputs as the algorithm learns and adapts. The move from narrow to general AI represents a singularity point beyond which the capabilities of AI will be equivalent to, or greater than, human intelligence. Beyond that, the dawn of superintelligence would leave humans in its wake (at least in theory, we hope).

Narrow AI tools can be thought of as discrete islands of solutions in the ocean of problems, each answering a defined question within its given boundaries. As the number of islands increases, they fill more gaps in the ocean. This “island generation” is where the field of AI currently sits, as individual companies and



organizations work to develop individual tools to meet specific needs in the environment—like a computational microevolutionary process. This island-hopping potential already presents a paradigm shift in the way we practice veterinary medicine, using these tools across a broadening array of both clinical and nonclinical applications.

General AI—when it comes—presents more of a coalesced land mass, breaking down boundaries between individual AI tools and functioning intelligently across multiple areas in a similar way to human beings. Similar to macroevolution, what the outcomes of this will look like

and when it is likely to happen nobody really knows, but it's likely to be vastly different. Hence, there are some loud calls to delay its emergence and introduce regulations and controls across a number of key industries and applications. This article will therefore focus on the visible horizon of narrow AI.

### The AI Toolbox

**Machine Learning (ML):** Machine learning is a subset of AI that involves the development of models that enable computers to learn from, and make predictions or decisions based on data. Neural networks are an effective and frequently used ML

technology that mimic the plasticity of the human brain in creating dynamic neural connections, which are either reinforced or weakened dependent on feedback during the learning process.

The fundamental idea behind ML is to train algorithms to recognize patterns in data with known outcomes and use these patterns to make predictions or decisions without being explicitly programmed. Data used can include numerical data (such as clinical parameters), categories or labels (such as species and patterns), text and images. It can also process temporal data, where data is collected over a period of time, typically at regular intervals.

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Machine learning can be used for epidemiological modeling of disease patterns in populations and, at the individual level, the risk of developing disease.

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Most types of AI utilized in veterinary medicine involve ML due to the breadth of data types these algorithms can use. These tools will go through a number of iterations of improvement during development, upon which a model is selected and typically deployed as a static, unlearning model.

ML can be deployed to predict risk of acute occurrences, such as seizure activity or anaphylactic reactions through continuous remote monitoring devices. Longer term, it can be used for epidemiological modeling of disease patterns in populations and, at the individual level, the risk of developing disease. For example, a tool has been developed to predict likelihood of chronic renal insufficiency in cats up to two years in advance, taking into account multimodal data including age and blood and urine parameters. ML tools have also been developed to aid diagnosis of challenging conditions, including Addison's disease and leptospirosis in dogs.

**Deep Learning (DL):** Deep learning is a subset of ML that involves neural networks with many layers, also known as deep neural networks. These networks are capable of learning and representing patterns in data. Unlike traditional ML, DL algorithms can learn to extract features from raw data, eliminating the need for manual labeling.

DL tools excel at learning intricate patterns from large datasets—such as diagnostic images, histopathology, and photographs—making them invaluable in analyzing visual data. Outputs may include direct interpretation, such as fecal parasite detection, reticulocyte counts, and mitotic figure detection. They may also be used to segment, categorize, and label images, for example, highlighting areas of abnormality in radiology. Automated error detection and reorientation of images are also useful to improve human efficiency.

With the almost universal access to high-quality images and video through smartphones, there is a huge and growing data pool to inform the development of image-based AI tools. Photographic analysis is being used directly to assess skin and ocular lesions in dogs and horses, respectively, and video footage can be used to detect lameness in horses and livestock. Intra- and interspecies mapping of images has potential to improve animal welfare in many areas: facial pain recognition in prey species, comparative imaging, mapping skull anatomy from MRI to head photographs of dogs to aid the diagnosis of Chiari-like malformation.

The ability of computers to analyze images beyond the limitations of human vision



increases the potential capabilities. The field of radiomics converts medical images into mineable high-dimensional data, extracting huge amounts of quantitative features beyond human ability. This field is rapidly expanding in both human and veterinary medicine, helping with earlier diagnosis and greater predictive accuracy of the progression of diseases such as cancer.

Surgical robots equipped with AI can assist surgeons in performing intricate procedures with precision and minimal invasiveness, assisting the human with prediction and precision guidance. Applications in surgery are advancing rapidly, from teaching aids to autonomous robots able to perform end-to-end anastomosis on pig intestines in a research environment. With

this technology, there is potential for procedures to be more widely available beyond geographical and human resource constraints.

AI-powered robotic systems can also automate repetitive tasks in healthcare facilities, such as medication dispensing and sample analysis, enhancing efficiency, reducing human errors, and freeing up human resources to perform more interesting and skilled tasks.

**Reinforcement Learning (RL):**

These algorithms can learn how to make sequences of decisions by interacting with their environment and with positive and negative feedback simultaneously. Originally created for gaming, RL tools can analyze multiple input data and potential outcomes sequentially to determine optimum pathway; a classic example being the AlphaGo



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# Applications in surgery are advancing rapidly, from teaching aids to autonomous robots able to perform end-to-end anastomosis on pig intestines in a research environment.

system, which defeated the human Go world champion.

In healthcare research, RL is being explored for personalized and dynamic treatment regimens to optimize therapy and for resource scheduling and allocation, taking into account seasonal trends, staffing, and inpatient levels. Additional data points could also include clinician experience and preferences.

In the field of drug discovery and development, *in silico* trials are increasingly used as a precursor to *in vitro* trials, providing a much more cost-effective and rapid method to narrow down potential drug targets and therapeutic molecules. These trials may also reduce the need for *in vivo* testing on animals.

**Natural Language Processing (NLP):** This refers to the branch of DL concerned with the ability to contextualize text and spoken words in much the same way human beings can. NLP can automate transcription of clinical notes and provide additional context and references, automatically inserting them into the text to enhance the clinical history and inform ongoing case management. Automated

translation also opens the door to increasing accessibility of veterinary care beyond language barriers, helping to democratize access to care.

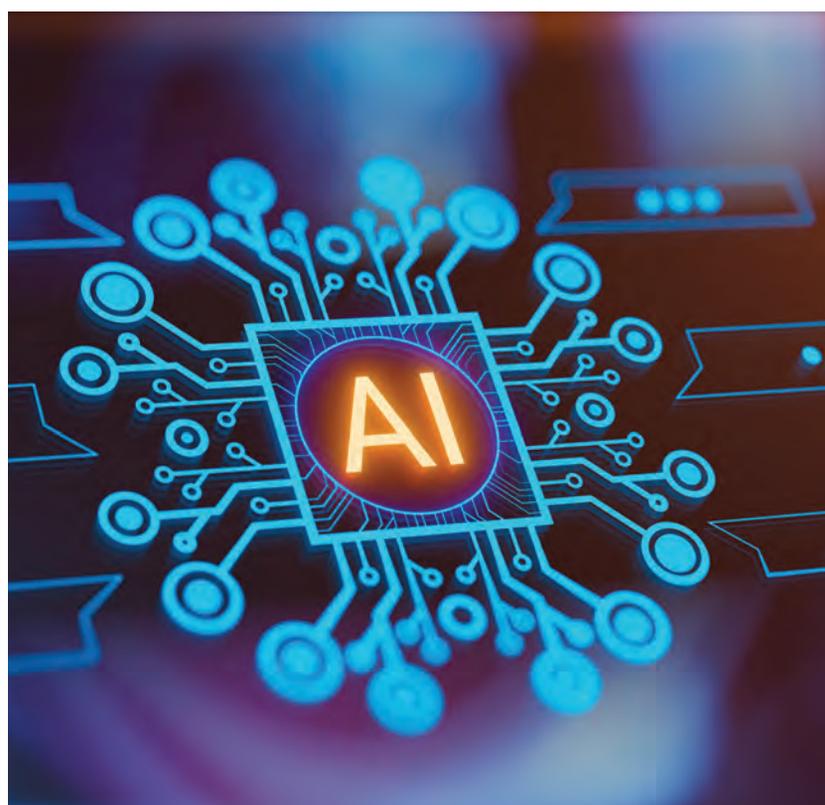
In the field of education, NLP can help to optimize learning experience for the individual, whether that be learning styles, communication preferences, or adaptations to support neurodiverse individuals.

**Large Language Models (LLMs):** These neural networks are specific models that excel in the field of NLP as they can be trained with large amounts of data to contextualize,

summarize, generate, and predict new content. We're increasingly familiar with open access LLMs, such as ChatGPT and Google Bard. These tools can help to write practice blogs, formulate social media content, and even craft challenging emails to owners or communications to staff. Interestingly, the learning process is two-way, with the human learning how to optimize the prompts provided to the LLM in order to optimize the outputs generated.

In education, LLMs are already being used by students to generate assignments. Rather than penalizing use of technology, it may be wiser to learn to integrate its use into education systems as it integrates more in the real world.

**Generative Adversarial Networks (GANs):** These algorithms consist of two neural networks, a generator and a discriminator, which work together to produce realistic data. In medicine, GANs are employed for generating synthetic medical images, which can augment scarce datasets. In veterinary medicine, where progress has





often been hampered by paucity of standardized data sets, GANs could help to fill data gaps.

By generating diverse and realistic data, GANs aid in training AI models effectively, leading to improved diagnostic accuracy and possibly a revolution in the field of evidence-based veterinary medicine.

**Explainable AI (XAI):** Key to adoption and deployment of AI is trust and understanding of the technology. XAI focuses on making AI models more interpretable and transparent. Decloaking the black box and understanding the decisions made by AI systems is crucial, especially in critical areas like diagnosis and treatment and where the ultimate outcome could be euthanasia of a patient. XAI techniques foster trust and acceptance of AI technologies in medical practice.

### Looking Ahead

A horizon is a fitting concept for a technology that is apparently broad, limitless, and at a distance we can't define. While we can scan the horizon of what lies ahead,

we cannot know how fast it is approaching or the full extent of how it will impact animal health and our working lives. We also miss some of the dips and bumps in the road on the journey to get there, and with AI, there are many unknown and unpredictable outputs that necessitate ongoing quality assessment and improvement.

By looking at current technology and the vehicles delivering AI tools though, we can make predictions about what the near future will hold and consequently, how we need to adapt to the change.

Understandably, there may be some hesitation around how AI will impact working life in veterinary practice, but early indicators show immense promise to improve diagnostics, treatments, and outcomes for patients, while also improving communications, assisting workflow efficiency, and optimizing the scarce human resources across the veterinary workforce. ■

In the field of drug discovery and development, *in silico* trials are increasingly used as a precursor to *in vitro* trials, providing a much more cost-effective and rapid method to narrow down potential drug targets and therapeutic molecules.



PODCAST / LEVELING UP

# Elevating Veterinary Excellence: A Path to "Leveling Up"

A Conversation with Amanda Shelby,  
RVT, VTS (Anesthesia & Analgesia)

INTERVIEW BY KATIE BERLIN, DVM

**A**manda Shelby, RVT, VTS (Anesthesia & Analgesia), joined *Central Line: The AAHA Podcast* at AAHA Con 2023 in San Diego to share her insights and passion for the veterinary field, discussing her unique journey as a veterinary technician specialist

(VTS) and the importance of pushing the boundaries of knowledge and expertise.

She also delves into the concept of "leveling up" in veterinary medicine and the need for collaboration and tolerance among all stakeholders

to advance the profession. If you're a veterinary professional looking to make a difference and bring positive change to the field, this episode provides valuable inspiration and guidance on how to get started. Join us for an engaging conversation



VTs are emerging. I think it's the direction that veterinary medicine is going, modeling itself after human medicine, where people become more specialized and more in their niche, which I think will help alleviate what our profession is really seeing a lot of: burnout, poor work-life balances, poor wellbeing of our peers.

Amanda Shelby, RVT, VTS (Anesthesia & Analgesia)

with one of the leading voices in veterinary medicine.

**Katie Berlin:** Amanda, VTs to me are like the unicorns of the veterinary world because there are not all that many of you, but when you're around, magical things happen. Would you mind giving people a little introduction to who you are, like why you're so passionate about what you're passionate about?

**Amanda Shelby:** VTs are emerging. I think it's the direction that veterinary medicine is going, modeling itself after human medicine, where people become more specialized and more in their niche, which I think will help alleviate what our profession is

really seeing a lot of: burnout, poor work-life balances, poor wellbeing of our peers.

I really think that allowing people an avenue for growth in their professional career, whether that's through becoming a VTS if you're a credentialed veterinary technician and you'd like to pursue a specialized field, or even the practice management end of things; having those certifications and allowing people to really excel in areas that they're passionate about is going to help our profession.

I knew I was either going to do clinical pathology, which is

completely on the other spectrum, or anesthesia. I am really fascinated by the interactions between anesthesia, pharmacology, and the body, so physiology and pharmacology. And to me, it's like a petri dish of excitement and experiments.

**KB:** The theme of this year's AAHA Con is Level Up. And it can mean so many different things to so many people on a personal and

professional level, but I'm curious to know what leveling up looks like to Amanda Shelby.

**AS:** I think it's really important that we challenge ourselves to try to work outside our comfort zone. One area that I have found myself professionally gravitating toward is building educational modules for

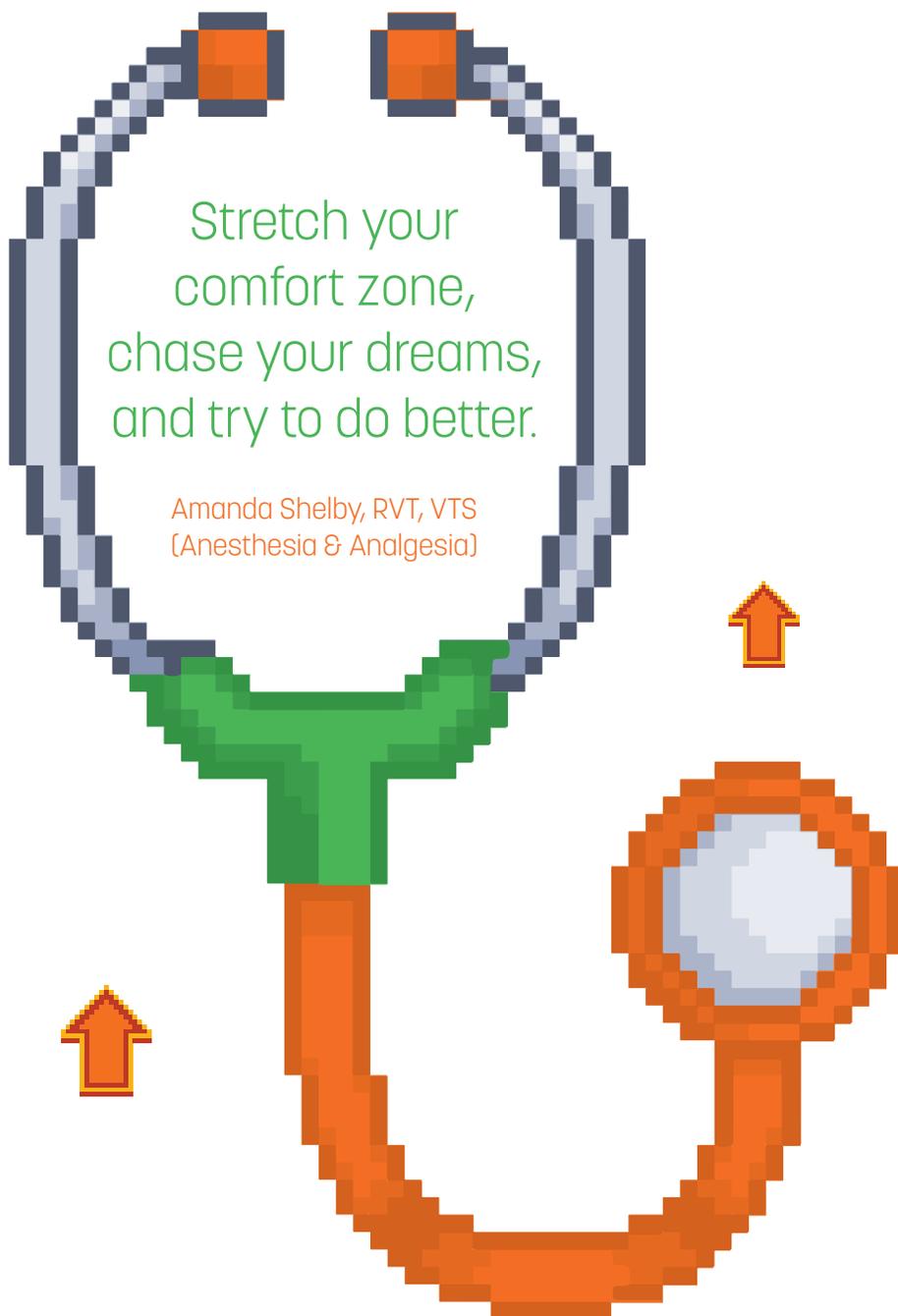
a global audience. So I applied to grad school in a completely different field . . . a Master of Education in instructional systems technology. My hope is that it makes me level up, that it allows me to build a skillset, and to improve what I have been fortunate enough to stumble into.

The same thing with anesthesia. In a simple context, if you don't

understand pharmacology, that is absolutely okay. It doesn't mean you're incapable of performing anesthesia. But, I would challenge you to try to level that up so that you can recognize side effects of medications, or unexpected side effects or a patient not responding the way you would hope it would respond so that you can do that patient more justice in providing optimal care.

So leveling up to me is just really biting off more than you chew. It's been more than 20 years since undergrad, and here I am in a graduate level course, completely in a different field. It is intimidating. There's terminology that we're expected to know in these graduate-level courses that is not terminology that you know unless you have an undergraduate degree in that field. So just whatever it is, stretch your comfort zone, chase your dreams, and try to do better. And that doesn't have to be a huge jump into a subsequent degree; it could be just as simple as making sure you take care of yourself after you go home. It can be whatever you need, but I think, on a personal level, that's what we all should be achieving.

I would love to see our profession model itself maybe a little bit after human medicine. Coast-to-coast credentialing, standardization, support of all members of the veterinary care team, receptionists front door to back door. Give receptionists medical-based training so that they can explain bills to clients, so that they understand the difference between a radiograph and a CAT scan and why those bills might be different, why there were three views for that chest versus one right lateral radiograph for an abdomen and why you're searching for that. Empower every member of the



veterinary care team to do the best they can, including the pet parent.

**KB:** That's an area I'm super passionate about too: Setting people and pets up for success. And that's something that I think a lot of veterinarians feel intimidated by because it takes time. But in the long run, it saves time. And this is where the veterinary team can really come in handy because, man, the veterinary teams that I've worked with, they understand animals and their body language. And that's an area that I feel like a lot of veterinary team members are willing to try to level up in if it's brought to their attention that it's something they can do. And learning how to read patients and how to communicate that to their people is as essential a skill as knowing how to safely anesthetize them or treat their diabetes or what vaccines they need. We're learning that now, and I just think that's fantastic, to me, that's leveling up.

You had talked about coast-to-coast credentialing. If you could make one wish and have it come true, what would it be?

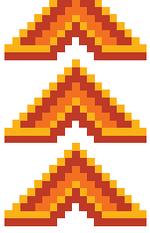
**AS:** Okay. It's really hard. In an ideal world, we all are striving to provide the best care to pets regardless of what side of any argument we're, and there's not just two sides, right? I wish the people involved in all aspects of the organizations that could make this happen could sit down collectively and work towards a common goal. The common goal is already established: that's to optimize care to pets and people. Whether it be food production, the human animal bond, animal welfare, the goal is the same. We just need to be a little tolerant of everyone's different opinions and



find the common denominators that move us towards the goal.

My wish is that that could happen respectfully, to everyone, and we can agree to disagree, absolutely. Through those disagreements, we can learn where our common grounds are. That's my wish, and right now I think

there's a lot of loud voices. I have a personal opinion, but I don't feel, when I represent an organization and I serve on a variety of boards, that I'm there to express my personal opinion. I'm there as an expression of the community that I'm representing, and I really want people to focus on the end goal



and represent all the constituents that have put them in the role of leadership that they're in, get buy-in and work towards a tangible goal. We're going to spend so much time squabbling over definitions that it prevents us from

accomplishing the goal.

We're capable of accomplishing the goal. We need to work together, we can do it from a different viewpoints, we just need to be tolerant of our differences and try to get to that goal, and it's

optimizing patient care, the lives of pets, safe food production, and building that human animal bond and improving people's lives, so let's focus on the end goal.

**KB:** Well, that sounds easy.

**AS:** Yeah.

**KB:** It's a great wish, and I totally agree with you. Did you see the Barbie movie?

**AS:** I did.

**KB:** And you know the scene where all the Kens are fighting on the beach, the Nerf swords and stuff, suction cup arrows? I think if we can stop like hitting each other over the head with the Nerf swords, then we could actually start coming together and facing what we actually want to accomplish, yes, and coming up with solutions, and there are, that's happening piecemeal and pooling resources, pooling brain power, pulling support.

**AS:** Representation from every aspect.

**KB:** Exactly. Like co-professionals working together rather than one person, person meaning organization or body deciding for everyone, I think that would be so wonderful, and I like to dream big, so I'm there with you, I like that wish, yeah.

**AS:** And it starts small. Get involved whatever level you're at. Be part of the body and help the movement. I am a fighter, but as I get older, I've learned it's easier to work from within than it is to fight from outside.

I really think that allowing people an avenue for growth in their professional career, whether that's through becoming a VTS if you're a credentialed veterinary technician and you'd like to pursue a specialized field, or even the practice management end of things; having those certifications and allowing people to really excel in areas that they're passionate about is going to help our profession.

Amanda Shelby, RVT, VTS (Anesthesia & Analgesia)

**KB:** But because of that, if there's a technician or team member listening who wants to work towards that dream, that big goal and they're not currently involved, they're on the sidelines, but they're feeling that itch to get involved and do something, what is a good first step?

**AS:** Yeah, your local VMA [veterinary medical association] is your first step. Get involved locally. Usually there's opportunities as a technician to be involved; there's liaison opportunities, or any professional credentialing body. AVMA has opportunities for involvement; AAHA has opportunities for involvement. You guys just filled a technician director role.

**KB:** That's right.

**AS:** So there's opportunities everywhere and you don't have to go all the way to the top at that level, but there are opportunities to serve on committees, get exposure. Learn about organizations, what their goals are, where you align first. Make sure you have time, reflect on what time and energy

you have to dedicate, 'cause a lot of times these things can become quite encompassing from a time standpoint. But sometimes the smallest involvement allows you to find an area where you can be most impactful. That's where I would start: be involved; sometimes it's just being on forums and in Facebook groups.

Getting involved in those organizations, sometimes just as a member, observing the conversations, listening, recognizing names and voices in those areas, asking questions—it can be as simple as that level of involvement to actual service. I would encourage you to serve, but sometimes it's just heightening your awareness as initial involvement.

**KB:** I love that, and once you're involved, you can sort of shout out to other people who might want to get involved and help open the door for them too.

**AS:** I think that's really important. When you join those groups, you start to recognize who is really there serving your common goal, and if your goal is to empower others you'll find others that are showing you ways to do that. ■

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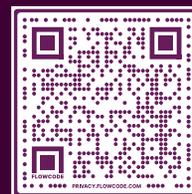
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# In Practice

The pandemic is officially over, but telehealth is still very relevant for veterinary practices. Take a moment to review what telehealth is—and isn't—with this handy reference sheet.



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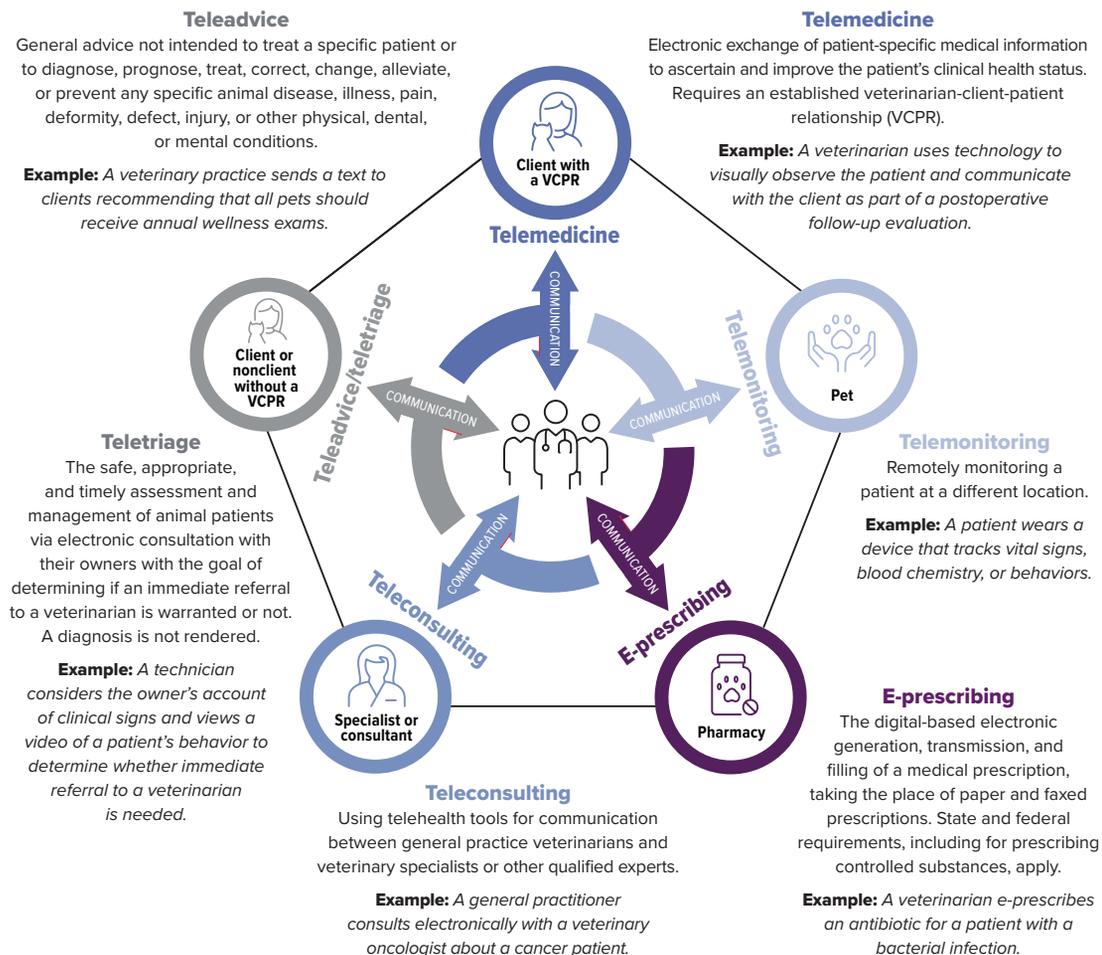
2021 AAHA/AVMA Telehealth Guidelines for Small-Animal Practice

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## What is telehealth?

Any use of technology to remotely gather and deliver health information, education, advice, and care.



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