

Trends[®] magazine

De-Bug Your Communication

Boost Parasite Compliance with Better Relationships 20

Team Effort

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Trends magazine

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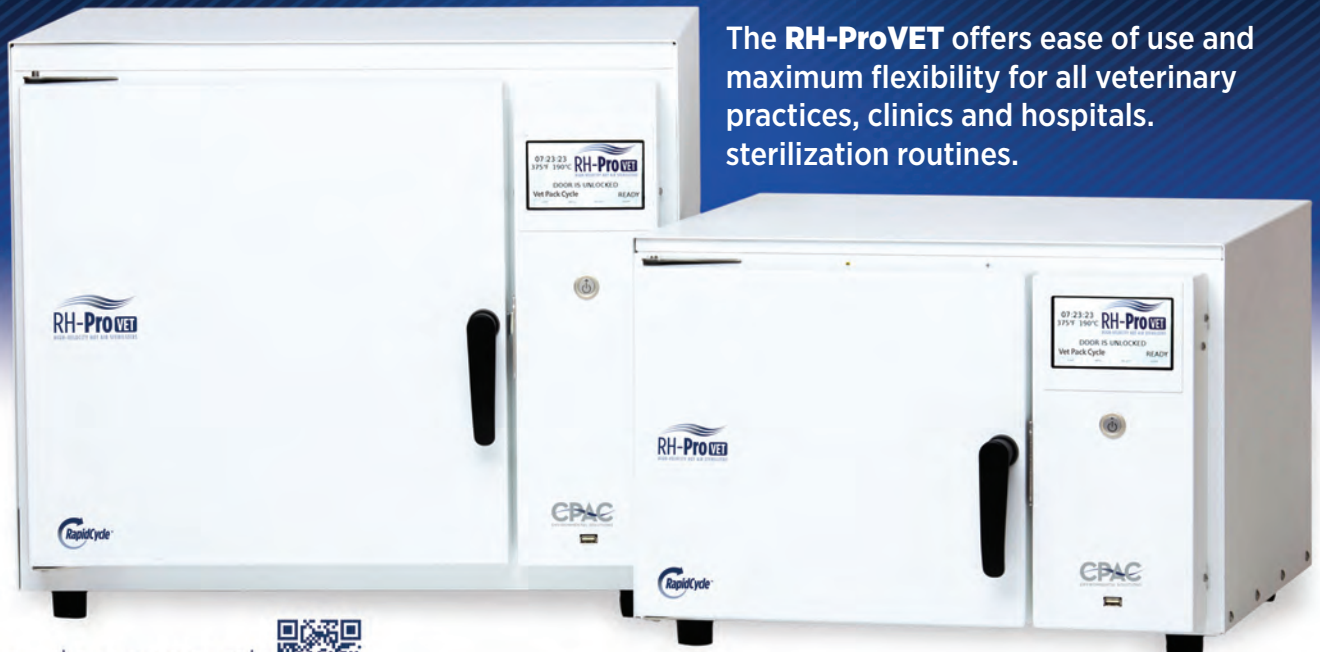
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features



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Is lack of compliance bugging you?

by Debbie Boone, CVPM

27 Caring Conversations

Successful preventive care requires a team effort

by Kate Boatright, VMD



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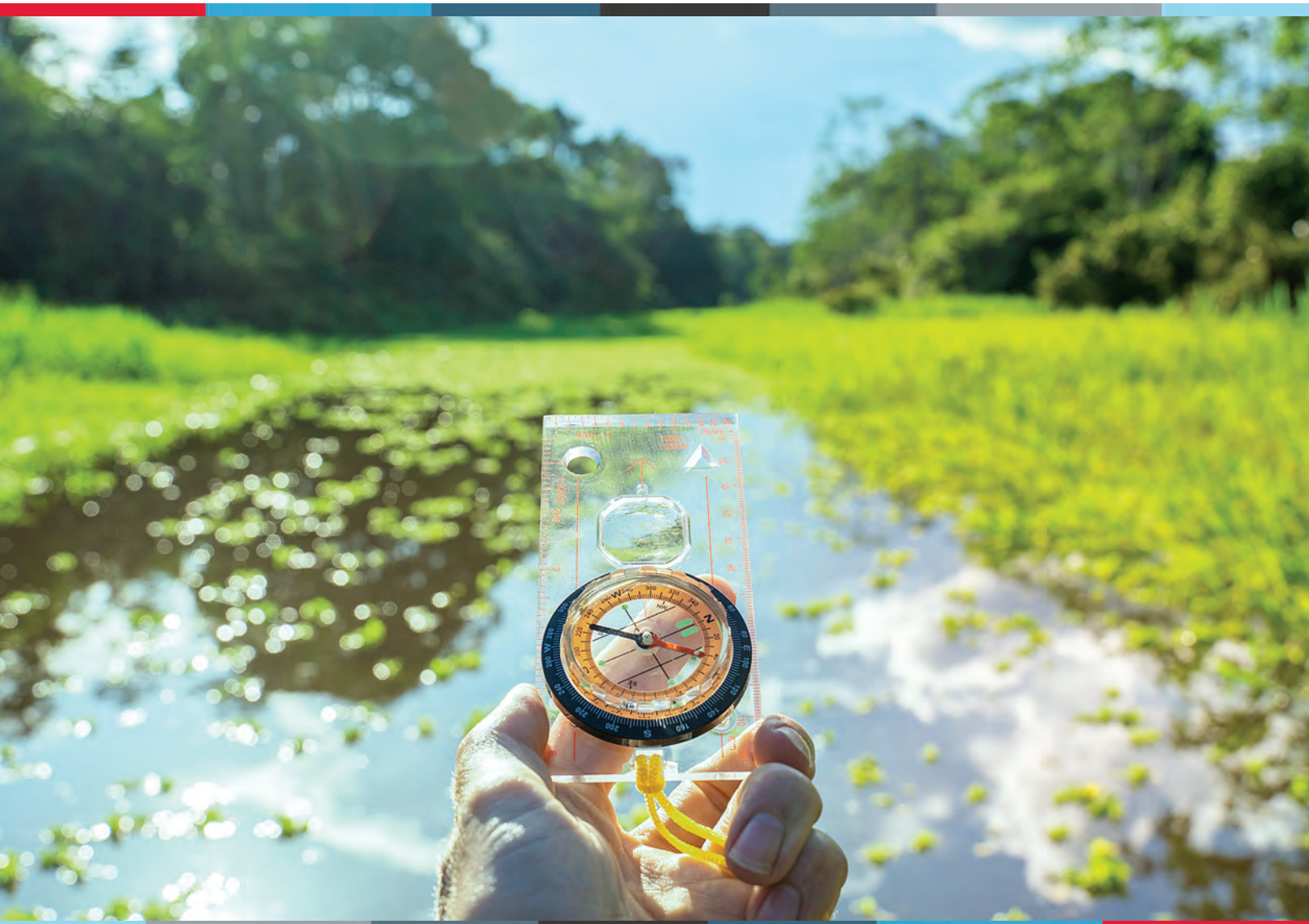
Strengthening Client Bonds Through Technology

A conversation with Stacey Santi, DVM, founder and CEO of Vet2Pet

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from the editor's desk

ARE YOU BUGGED BY LACK OF COMPLIANCE when it comes to parasite prevention? It's not always easy to get the message through to clients, which is why we recruited expert communicator Debbie Boone, CVPM, to offer some tips on getting your point across. Hint, it is all about relationships!

Speaking of communication, in this issue we also have an article on communicating the importance of preventive care in general. Like the parasite conversations, these communication methods revolve around building relationships with clients, as well as including your whole team in the effort. It takes a bit of work, but in the end it will pay off with better compliance and strong bonds.

This is not one of our themed issues, but it could be! That's because another one of our articles focuses on communication with your team. One of the coolest ways to get a team's attention is through using infographics. We use them in *Trends* sometimes, and they are always enlightening, and a fresh way to present data.

And, to round out our nonthemed issue on communication, we have a transcript from a great podcast interview with Stacey Santi, DVM, on strengthening bonds with clients by using technology.

TRENDS/CARECREDIT EMPLOYEE OF THE MONTH CONTEST

Have you entered our Employee of the Month contest yet? Eligible practices can enter the contest online by filling in a few details about why your employee is the best, and then we will randomly select one winner each month to win a \$500 Amazon gift card, courtesy of our friends at CareCredit. If you don't win, don't worry, you can enter again the next month! Enter today at aaha.org/EOTM.

COMING NEXT MONTH

In our May issue, you can look for articles on wound care, emergency preparation, and diversity in vet med. We will also have a great dental case study from Jan Bellows, DVM, as well as abstracts from the latest *JAAHA*.

As always, let me know what you think at trends@aaha.org.

—Ben Williams, Editor



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View from the Board

We Are People Helping People Helping Pets

In my career, there have been many moments that brought clarity to what being a veterinarian truly means. These moments helped change my vision and outlook of how to approach each day. One such moment happened early in my career where I realized that we don't just help pets, we help people help pets. This first such moment came in the form of a sweet little dog named Benji. Benji was having extreme abdominal pain that came on very suddenly. His owner, Bill, was a soft spoken, kind, elderly man that I had known for a few years.

My team and I quickly got to work and diagnosed poor little Benji with acute necrotizing pancreatitis. While these cases are difficult to treat and carry a poor prognosis, Bill was willing to do whatever he could for Benji.

We tried everything we could to treat Benji: IV fluids, pain meds, plasma therapy, laser therapy, and a lot of supportive care. After three days, Benji was only mildly improved. I spoke with Bill, and he knew Benji was suffering without an end in sight. Bill said to me "I think we will have to put him down, but not today. Let's give the little guy one more day." The next day came, and Bill said the same "I think we need to put him down, but let's give the little guy one more day." This continued for about a week with two steps forward and two steps backward in Benji's condition. I knew Bill was pretty attached and was trying to be strong. In addition, everyone on staff dreaded the day that would be tomorrow. Benji was so close to the end it was hard to watch.

Those days passed very slowly; however, just as suddenly as it started, one day Benji turned a corner. Throughout this long hospitalization, there were days when Benji would just lay on his side without having the strength to lift his head. However, that day it was as if a switch turned on and life was restored. Two days later we discharged Benji. Bill was delighted. It was a win that we all wanted and needed. Benji went on to a miraculous recovery. However, the story does not end there.

About a year later, Bill was not feeling well enough to travel so his daughter brought in Benji for his routine care. While going over Benji's physical with her, I mentioned what a miraculous dog Benji was and how he came back to life for us. Bill's daughter said to me that the kindness and willingness to help Bill and Benji meant the world to their entire family. What we did not know is that Bill's wife had passed away a few weeks before Benji got sick. Bill did not share this information with us, but a lot of things became clearer. Benji was more than just a dog.

The clarity that comes with this story is that life is complicated. I try not to lose hope when things get tough and treat every patient as if they are as important to their family as Benji was to Bill. In this profession, we really are people helping people helping pets.



Mark Thompson DVM, MBA, CCRP, is president-elect of AAHA. Thompson is owner and hospital director of Country Hills Pet Hospital, the 2018 AAHA-Accredited Practice of the Year winner.

This month in AAHA's Publicity Toolbox . . .

Here are the downloadable social media images available for AAHA-accredited members at aaha.org/publicity this month:

Pet First Aid Awareness Month

Heartworm Awareness Month

Prevention on Lyme Disease in Dogs Month

International Guide Dog Day

April 16

Earth Day

April 22



Charging for online prescription requests

How is everyone handling online prescription requests? No charge? Charge? Only write prescriptions? Other?

A: We currently use an online pharmacy. We refer clients to order on there if it's something we don't have in house...

A: We just switched over to only using our OLP, pick up at the clinic, or pick up written script...

A: We don't charge and never have...



AAHA members, see the full replies and add to the conversation at community.aaha.org. For help, email community@aaha.org.

Central LINE

THE AAHA PODCAST

AAHA is excited to bring you a brand-new series of conversations hosted by Dr. Katie Berlin to help veterinary teams simplify the journey towards excellence—which we know encompasses so much more than the medicine.

CENTRAL LINE, the official podcast of the American Animal Hospital Association, aims to help veterinary professionals in all roles, from client care to practice owner, provide exceptional care for animals and the people who love them.

You'll hear from thought leaders and experts in hospital management, workplace culture, mental health, communication, and patient care, and gain valuable insights on tackling the most persistent pain points in veterinary medicine today.

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Episodes








 Quick Hits from Connexity: "How Do You Define a Good Death?," with Kathleen Cooney, DVM, MS, CHPV, CCFP



 Always Learning, Always Growing: AAHA's 2022 Veterinary Technician of the Year, with Nicole Jameson Fritz, RVT, VTS (ECC)

Not a subscriber yet?

See what you missed—and what's coming up

-  Beating the Bad Review Blues
-  Talking to Clients about Science
-  Marketing when You Can't Take New Clients
-  Strengthening Bonds through Technology
-  A Team Approach to Pain Management



Transforming Lives

New Therapeutic Diet for Pets with Cancer from Hill's Pet Nutrition

In a press release, Hill's Pet Nutrition announced its Prescription Diet ONC Care, a new therapeutic diet for pet cancer patients, which is available in March 2023. The product is for use under veterinarian direction and supervision.

"Conversations with owners whose pets have cancer are complex and emotional. With Prescription Diet ONC Care, we provide veterinary professionals with a powerful new tool they can confidently recommend to pet parents to keep their pets eating and to help them maintain good quality of life for their pets," said Karen Shenoy, DVM, US chief veterinary officer of Hill's Pet Nutrition.

Prescription Diet ONC Care is described by Hill's Nutrition as "highly palatable, easy-to-chew food that includes highly digestible protein and Hill's proprietary blend of prebiotics."

According to Hill's Pet Nutrition, there is currently no veterinary standard for managing the nutritional needs of oncology patients, nor (until now) is there a therapeutic food designed specifically to meet their needs.

Five years of research and development with the goal of meeting the needs of pets with cancer went into Prescription Diet ONC Care.

notebook

UC Davis Veterinary ER Saves Puppy Abandoned in Storm

Michelle Bandur, KCRA [NBC] Sacramento, reported this story of five puppies found abandoned in a box outside the Black Bear Diner in Davis, California, during a severe winter storm. A rescuer brought the puppies to the Yolo County Animal Shelter.

Jordyn Purpura with the Yolo County Society for the Prevention of Cruelty to Animals told Bandur, "[It was] freezing, super windy outside, they [the puppies] were all really, really cold on intake. These little guys [4-weeks old] cannot regulate their body temperature."

One pup, later called Skipper or Skippy, the runt of the litter, was evaluated as probably anemic. Volunteer animal advocates took him to the University of California Davis Veterinary emergency room where Skipper received a blood transfusion.

Purpura told Bandur, "Skipper received 10 milliliters of blood from another animal, and it saved his life." She said that Skipper's red blood cell count—12% on intake—rose to more than 30%.

Skipper doubled his intake weight in a week, and Bandur concluded, "With more nourishing, Skippy will be ready for his forever home."



Saving the Lives of Dogs with NSAID Intoxication

Two researchers at the Cummings School of Veterinary Medicine at Tufts University, Mary Labato, DVM, DACVIM, and Emmanuelle Butty, med. vet. (Bern, Switzerland), led a collaborative effort with colleagues from five other veterinary universities and hospitals to publish two articles in the *Journal of Veterinary Internal Medicine (JVIM)*. The articles examine the effectiveness of treatments of dogs with non-steroidal anti-inflammatory drug (NSAID) intoxication.

Butty served as lead author of “Outcomes of nonsteroidal anti-inflammatory drug toxicosis treated with therapeutic plasma exchange in 62 dogs,” published by *JVIM* in September 2022. This study examined the treatment of 62 dogs with NSAID intoxication at five veterinary facilities from 2015 to 2020. The dogs were treated with therapeutic plasma exchange (TPE), which saved the lives of 98.4% of them. It concluded that “[W]hen TPE is available and [the] time frame is appropriate, this extracorporeal therapy should be considered for the management of NSAID overdose.”

The second study, “Outcomes of 434 dogs with non-steroidal anti-inflammatory drug toxicosis treated with fluid therapy, lipid emulsion, or therapeutic plasma exchange,” was published in December 2022. It analyzed the effectiveness of NSAID intoxication treatments administered to 434 dogs at five veterinary facilities from 2015 to 2020. The study concluded that intravenous administration of lipid emulsion and TPE should be considered in the management of severe NSAID toxicosis. The overall survival rate of the canines treated was 99%.

“There are now new modalities to treat intoxication, especially NSAID,” says Butty. “They started to be developed after the therapeutic plasma exchange, so that will probably be the next chapter here. Research is continuing as we try to improve what we can do for our patients.”

Of course, the best way to avoid a life-threatening situation for dogs is to properly store all medications.



New Research from the RVC London (UK) Identifies the Cause of a Feline Pancytopenia Outbreak

The Royal Veterinary College (RVC) Small Animal News reported recently on two new studies from the RVC that examine the 2021 outbreak of feline pancytopenia, a rare condition that causes serious illness, and in some cases fatalities, in cats. At the time, the rapid increase of cases led to significant media coverage and concern among cat owners.

The findings in the first study propose a link between the cats’ illness and high concentrations of trichothecene T-2/HT-2 mycotoxins (both poisonous substances, produced by fungi) in many of the tested food samples from recalled batches of cat food.

The first study, published in the *Journal of Veterinary Internal Medicine*, describes 580 cats recorded by the RVC’s database during the initial outbreak, the epidemiology of the cases, and the link with mycotoxin exposure, which can be severely damaging or even deadly to cats.

The cats presented with severe reductions in vital blood cells, including white blood cells responsible for fighting infection and platelets responsible for blood clotting. The research recounts how analysis of these cats’ data—provided both by pet owners and vets—revealed three diets that had been consumed by the majority of affected cats and how this subsequently led to a UK-wide recall in June 2021.

The study concludes that mycotoxin contamination should be considered as the cause of the outbreak.

The second study examines in depth 50 cats identified as having pancytopenia. Records and data of the 50 affected cats were assessed to identify additional clinical signs that indicated contact with mycotoxins. Following examination of the cats’ bone marrow, it was found that all cats suffered a marked toxic insult to their bone marrow. From this, the study concluded that a differential diagnosis of mycotoxin-induced pancytopenia should be considered in cats presenting with pancytopenia.

Five Veterinary Managers Receive VMG Scholarship to Earn the CVPM Certification

Through a collaboration of Veterinary Management Groups (VMG), Zoetis, and the Veterinary Hospital Managers Association (VHMA), five veterinary professionals have received a scholarship to help them attain the highest level of certification for veterinary managers—Certified Veterinary Practice Management (CVPM).

“Through this scholarship, they will earn a credential that recognizes their skills, ability, and experience and identifies them as leaders who will shape the future of veterinary practice management,” said Christine Shupe, CAE, executive director of the VHMA.

Meet the 2022 Scholarship Recipients

Crystal Hardison, practice manager, Winterville Animal Care Veterinary Hospital, Winterville, North Carolina.

Currently, Hardison manages two locations, Animal Care Veterinary Hospital and Winterville Animal Care. She will use the VMG Scholarship as a reimbursement for the test fee and prep classes that she has already completed in attaining her CVPM.

Audrey Laroche, vice president, BLVD Vet, LLC, Chicago, Illinois.

Audrey Laroche was recently promoted to Operations Director, and subsequently, Vice President at BLVD Vet, LLC.

Misha Hanewinckel, operations director, AmeriVet Partners Management, San Diego County, California.

Misha Hanewinckel serves as Operations Director for AmeriVet Partners Management in San Diego County, overseeing and supporting eight practice managers. Having earned her CVPM in 2022, Hanewinckel will use the scholarship to reimburse the costs associated with it.

Stacy Werner, practice manager, West Coast Animal Hospital, San Diego, California. In her role as Practice Manager, Werner developed a formal process for staff reviews and training designed to empower staff. The staff grew from 7 to 48 people.

Amanda Wilson, practice manager, Aspen Veterinary Clinic, Flagstaff, Arizona. Amanda Wilson was promoted to Practice Manager in 2020. The VMG Scholarship came at the perfect time; she had already decided to pursue CVPM certification.

New COVID Pet Test for Dogs and Cats

Clear Health Pass, a bioinformatics, biosurveillance, and health diagnostic platform for humans and pets, has developed the COVID Pet Test for dogs and cats.

“With 68% of US households having pets, the demand for this innovative test is clear,” says John-Michael Cataldi, CEO of Clear Health Pass. “We look forward to working with the veterinary community in our efforts further to develop our research on COVID-19 and our beloved pets,”

A veterinarian will provide the COVID Pet Test to the pet owner. The pet owner registers their collection kit via a QR code and collects a fecal sample using a collection device (provided). The sample is sent overnight to the lab via FedEx. The sample is tested via PCR (the gold standard of COVID-19 testing), and results are sent to the veterinarian and the pet owner within 48 hours. In the event of a positive test result, the veterinarian and pet owner will be provided with additional information based on FDA and CDC guidelines concerning infectious controls.

Clear Health Pass partnered with Premiere Medical Lab Network to develop the COVID Pet Test to target canine and feline infections via qualitative detection of nucleic acids from the SARS-CoV-2. The COVID Pet Test uses a proprietary Pet Fecal COVID-19 Assay that allows rapid and reliable isolation of high-quality total RNA from fresh pet stool samples. The COVID Pet Test is an FDA-registered medical device by Clear Health Pass.





Purdue Study Uses Brain Imaging to Measure Human–Dog Interaction

A Purdue University research project that will investigate the impact interacting with a dog has on human brain activity has been funded by a grant from the Human-Animal Bond Research Institute (HABRI) and Pet Partners, Purdue Veterinary Medicine News reports.

Researchers, led by Niwako Ogata, BVSc, PhD, DACVB, associate professor of animal behavior at the Purdue University College of Veterinary Medicine, will use functional near-infrared spectroscopy (fNIRS) to measure the neural responses correlating with human–dog interaction and potential factors that influence these responses.

“We’re proud to fund this research project, which will use imaging technology to gain a deeper understanding of what happens inside the brain when a dog brings comfort to someone in need,” said C. Annie Peters, president and CEO of Pet Partners.

“Despite analyzing interspecies interactions and dealing with social behaviors, human–animal interaction research from the neuroscience approach is scarce,” said Ogata, the

study’s lead investigator. “With the brain imaging expertise of Yunjie Tong [BA, BS, MA, MS, PhD], assistant professor in Purdue’s Weldon School of Biomedical Engineering, and our collaborators, we will produce methodologically rigorous evidence regarding the neural correlates of the human–animal bond, enhancing our understanding of [that] bond and serving as the basis of future research.”

This project will enroll healthy, dog-owning adult participants to undergo a psychosocial and physiological stress test in a controlled laboratory setting. Participants will interact with both a familiar and unfamiliar dog during the recovery period from the stress test as researchers evaluate the neural response using fNIRS, in addition to more standard saliva testing and self-reports, to verify the fNIRS findings. Researchers will also observe canine behavior and heart rate variability to analyze how the dog processes this interaction.

Steven Feldman, president of HABRI, said, “In supporting this project, HABRI and Pet Partners hope to not only advance the field of human–animal interaction but to also help support the proliferation of safe, effective animal-assisted interventions for people of all ages and health conditions.”

QUOTE OF THE MONTH

“Never, never be afraid to do what’s right, especially if the well-being of a person or animal is at stake.”

—Dr. Martin Luther King, Jr.

Schwarzman Animal Medical Center Reaches \$100 Million Fundraising Goal

The Stephen & Christine Schwarzman Animal Medical Center, the largest nonprofit animal hospital in the world, has successfully met its \$100 million Gift of Love Capital Campaign goal. The campaign was launched in 2019 to fund a transformational center-wide expansion and modernization project, with construction breaking ground in 2021 and scheduled for completion in 2024.

“Our deep appreciation and thanks go to our many generous benefactors, who understood the need to expand and modernize our facility and responded to the challenge,” said Robert Liberman, board chair, Schwarzman Animal Medical Center.

The Campaign goal was reached with a final \$5 million gift from Chris and Trustee Bruce Crawford, bringing

their total campaign contribution to \$10 million. “We have supported the Schwarzman Animal Medical Center for many years because of the unparalleled care provided to animals,” said Chris and Bruce Crawford. “We make this gift in honor of retiring President & CEO Kate Coyne, whose vision and leadership inspired this campaign, and made this dream a reality.”

At the Schwarzman Animal Medical Center (AMC), more than 130 veterinarians provide quality medical care across more than 20 specialties and services, 24 hours a day, 7 days a week.

The Associate Editor of *JAAHA*, Ann Hohenhaus, DVM, DACVIM (SAIM, Oncology), is a senior veterinarian and director of Pet Health Information at the AMC.

UF Shelter Medicine Program Receives \$510,000 Grant from National Nonprofit Petco Love

The Shelter Medicine Program at the University of Florida (UF) College of Veterinary Medicine will receive a \$510,000 grant from national nonprofit Petco Love. The grant addresses the increasing shortage of shelter medicine veterinarians to assure shelter pets have access to timely and essential veterinary care.

The grant will support an accelerated internship program for six veterinarians to become skilled in shelter animal care, surgery, disease outbreak intervention, forensics, disaster response, behavior, public health, and high-quality, high-volume spay-neuter—topics that are bundled into the field of shelter medicine. The program recruits top-performing senior veterinary students from across the country to join a one-year internship at the UF College of Veterinary Medicine upon graduation from veterinary school.

“This accelerated program empowers students with the necessary skills to provide quality care which shelter pets deserve,” said Susanne Kogut, president of Petco Love.

The growing shortage of shelter veterinarians nationwide has hit animal welfare organizations particularly hard. At



any one time, there are hundreds of unfilled vacancies for veterinarians in shelters and spay-neuter clinics. This gap delays veterinary care and spay-neuter surgeries, resulting in increased euthanasia of shelter pets.

“Tough times for both the veterinary profession and animal welfare organizations are colliding to roll back progress in animal welfare,” said Dr. Julie Levy, Fran Marino Endowed Distinguished Professor of Shelter Medicine Education at UF. “This fast-track immersive training will prepare highly skilled and resilient veterinarians who are equipped and motivated to step into high-impact careers in shelter medicine.”

BRAVECTO® (fluralaner) Chews

Flavored chews for dogs.

Caution:

Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

Description:

Each chew is formulated to provide a minimum dose of 11.4 mg/lb (25 mg/kg) body weight.

The chemical name of fluralaner is (±)-4-[(5-(3,5-dichlorophenyl)-5-(trifluoromethyl)-4,5-dihydroisoxazol-3-yl)-2-methyl-N-[2-(2,2,2-trifluoroethylamino)ethyl]benzamide.

Indications:

Bravecto kills adult fleas and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*), and the treatment and control of tick infestations (*Ixodes scapularis* (black-legged tick), *Dermacentor variabilis* (American dog tick), *Rhipicephalus sanguineus* (brown dog tick), and *Haemaphysalis longicornis* (Asian longhorned tick)) for 12 weeks in dogs and puppies 6 months of age and older, and weighing 4.4 pounds or greater. Bravecto is also indicated for the treatment and control of *Amblyomma americanum* (lone star tick) infestations for 8 weeks in dogs and puppies 6 months of age and older, and weighing 4.4 pounds or greater.

Dosage and Administration:

Bravecto should be administered orally as a single dose every 12 weeks according to the **Dosage Schedule** below to provide a minimum dose of 11.4 mg/lb (25 mg/kg) body weight.

Bravecto may be administered every 8 weeks in case of potential exposure to *Amblyomma americanum* ticks (see **Effectiveness**).

Bravecto should be administered with food.

Dosage Schedule

Body Weight Ranges (lb)	Fluralaner Content (mg)	Chews Administered
4.4 – 9.9	112.5	One
>9.9 – 22.0	250	One
>22.0 – 44.0	500	One
>44.0 – 88.0	1000	One
>88.0 – 123.0*	1400	One

*Dogs over 123.0 lb should be administered the appropriate combination of chews

Treatment with Bravecto may begin at any time of the year and can continue year round without interruption.

Contraindications:

There are no known contraindications for the use of the product.

Warnings:

Not for human use. Keep this and all drugs out of the reach of children. Keep the product in the original packaging until use, in order to prevent children from getting direct access to the product. Do not eat, drink or smoke while handling the product. Wash hands thoroughly with soap and water immediately after use of the product.

Keep Bravecto in a secure location out of reach of dogs, cats, and other animals to prevent accidental ingestion or overdose.

Precautions:

Fluralaner is a member of the isoxazoline class. This class has been associated with neurologic adverse reactions including tremors, ataxia, and seizures. Seizures have been reported in dogs receiving isoxazoline class drugs, even in dogs without a history of seizures. Use with caution in dogs with a history of seizures or neurologic disorders.

Adverse events have been reported following use in breeding females. Before use in breeding female dogs, refer to Post-Approval Experience and Animal Safety sections.

Bravecto has not been shown to be effective for 12-week duration in puppies less than 6 months of age. Bravecto is not effective against *Amblyomma americanum* ticks beyond 8 weeks after dosing (see **Effectiveness**).

Adverse Reactions: In a well-controlled U.S. field study, which included 294 dogs (224 dogs were administered Bravecto every 12 weeks and 70 dogs were administered an oral active control every 4 weeks and were provided with a tick collar); there were no serious adverse reactions. All potential adverse reactions were recorded in dogs treated with Bravecto over a 182-day period and in dogs treated with the active control over an 84-day period. The most frequently reported adverse reaction in dogs in the Bravecto and active control groups was vomiting.

Percentage of Dogs with Adverse Reactions in the Field Study

Adverse Reaction (AR)	Bravecto Group: Percentage of Dogs with the AR During the 182-Day Study (n=224 dogs)	Active Control Group: Percentage of Dogs with the AR During the 84-Day Study (n=70 dogs)
Vomiting	7.1	14.3
Decreased Appetite	6.7	0.0
Diarrhea	4.9	2.9
Lethargy	5.4	7.1
Polydipsia	1.8	4.3
Flatulence	1.3	0.0

In a well-controlled laboratory dose confirmation study, one dog developed edema and hyperemia of the upper lips within one hour of receiving Bravecto. The edema improved progressively through the day and had resolved without medical intervention by the next morning.

Post-Approval Experience (2022):

The following adverse events are based on post-approval adverse drug experience reporting for fluralaner. Not all adverse events are reported to FDA/CDM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data.

The following adverse events reported for dogs are listed in decreasing order of reporting frequency:

Vomiting, lethargy, diarrhea (with and without blood), anorexia, pruritis, polydipsia, seizure, allergic reactions (including hives, swelling, erythema), dermatitis (including crusts, pustules, rash), tremors and ataxia. In some cases, birth defects (including limb deformities and cleft palate), stillbirth, and abortion have been reported after treatment of breeding females.

Contact Information:

To report suspected adverse events, for technical assistance or to obtain a copy of the Safety Data Sheet (SDS), contact Merck Animal Health at 1-800-224-5318. Additional information can be found at www.bravecto.com.

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

Clinical Pharmacology:

Peak fluralaner concentrations are achieved between 2 hours and 3 days following oral administration, and the elimination half-life ranges between 9.3 to 16.2 days. Quantifiable drug concentrations can be measured (lower than necessary for effectiveness) through 112 days. Due to reduced drug bioavailability in the fasted state, fluralaner should be administered with food.

Mode of Action:

Fluralaner is for systemic use and belongs to the class of isoxazoline-substituted benzamide derivatives. Fluralaner is an inhibitor of the arthropod nervous system. The mode of action of fluralaner is the antagonism of the ligand-gated chloride channels (gamma-aminobutyric acid (GABA)-receptor and glutamate-receptor).

Effectiveness:

Bravecto began to kill fleas within two hours after administration in a well-controlled laboratory study. In a European laboratory study, Bravecto killed fleas and *Ixodes ricinus* ticks and reduced the numbers of live fleas and *Ixodes ricinus* ticks on dogs by > 98% within 12 hours for 12 weeks. In a well-controlled laboratory study, Bravecto demonstrated 100% effectiveness against adult fleas 48 hours post-infestation for 12 weeks. In well-controlled laboratory studies, Bravecto demonstrated ≥ 93% effectiveness against *Dermacentor variabilis*, *Ixodes scapularis*, *Rhipicephalus sanguineus*, and *Haemaphysalis longicornis* ticks 48 hours post-infestation for 12 weeks. Bravecto demonstrated ≥ 90% effectiveness against *Amblyomma americanum* 72 hours post-infestation for 8 weeks, but failed to demonstrate ≥ 90% effectiveness beyond 8 weeks.

In a well-controlled U.S. field study, a single dose of Bravecto reduced fleas by ≥ 98.7% for 12 weeks. Dogs with signs of flea allergy dermatitis showed improvement in erythema, alopecia, papules, scales, crusts, and excoriation as a direct result of eliminating flea infestations.

Palatability: In a well-controlled U.S. field study, which included 559 doses administered to 224 dogs, 80.7% of dogs voluntarily consumed Bravecto within 5 minutes, an additional 12.9% voluntarily consumed Bravecto within 5 minutes when offered with food, and 6.8% refused the dose or required forced administration.

Animal Safety:

Margin of Safety Study: In a margin of safety study, Bravecto was administered orally to 8- to 9-week-old puppies at 1, 3, and 5X the maximum label dose of 56 mg/kg at three, 8-week intervals. The dogs in the control group (0X) were untreated.

There were no clinically-relevant, treatment-related effects on physical examinations, body weights, food consumption, clinical pathology (hematology, clinical chemistries, coagulation tests, and urinalysis), gross pathology, histopathology, or organ weights. Diarrhea, mucoid and bloody feces were the most common observations in this study, occurring at a similar incidence in the treated and control groups. Five of the twelve treated dogs that experienced one or more of these signs did so within 6 hours of the first dosing. One dog in the 3X treatment group was observed to be dull, inappetent, with evidence of bloody diarrhea, vomiting, and weight loss beginning five days after the first treatment. One dog in the 1X treatment group vomited food 4 hours following the first treatment.

Reproductive Safety Study: Bravecto was administered orally to intact, reproductively-sound male and female Beagles at a dose of up to 168 mg/kg (equivalent to 3X the maximum label dose) on three to four occasions at 8-week intervals. The dogs in the control group (0X) were untreated.

There were no clinically-relevant, treatment-related effects on the body weights, food consumption, reproductive performance, semen analysis, litter data, gross necropsy (adult dogs) or histopathology findings (adult dogs and puppies). One adult 3X treated dog suffered a seizure during the course of the study (46 days after the third treatment). Abnormal salivation was observed on 17 occasions: in six treated dogs (11 occasions) after dosing and four control dogs (6 occasions).

The following abnormalities were noted in 7 pups from 2 of the 10 dams in only the treated group during gross necropsy examination: limb deformity (4 pups), enlarged heart (2 pups), enlarged spleen (3 pups), and cleft palate (2 pups). During veterinary examination at Week 7, two pups from the control group had inguinal testicles, and two and four pups from the treated group had inguinal and cryptorchid testicles, respectively. No undescended testicles were observed at the time of necropsy (days 50 to 71).

In a well-controlled field study Bravecto (fluralaner) was used concurrently with other medications, such as vaccines, anthelmintics, antibiotics, and steroids. No adverse reactions were observed from the concurrent use of Bravecto with other medications.

Storage Information:

Do not store above 86°F (30°C).

How Supplied:

Bravecto is available in five strengths (112.5, 250, 500, 1000, and 1400 mg fluralaner per chew). Each chew is packaged individually into aluminum foil blister packs sealed with a peelable paper backed foil lid stock. Product may be packaged in 1, 2, or 4 chews per package.

Approved by FDA under NADA # 141-426

Distributed by:

Intervet Inc (d/b/a Merck Animal Health)
Madison, NJ 07940

Fluralaner (active ingredient) Made in Japan.

Formulated in Austria

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375232 R4

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IMPORTANT SAFETY INFORMATION: BRAVECTO (fluralaner) Chews for Dogs: The most commonly reported adverse reactions include vomiting, decreased appetite, diarrhea, lethargy, polydipsia, and flatulence. **BRAVECTO Chews** has not been shown to be effective for 12-weeks' duration in puppies less than 6 months of age. **BRAVECTO Chews** is not effective against lone star ticks beyond 8 weeks of dosing. Fluralaner is a member of the isoxazoline class. This class has been associated with neurologic adverse reactions including tremors, ataxia, and seizures. Seizures have been reported in dogs receiving isoxazoline class drugs, even in dogs without a history of seizures. Use with caution in dogs with a history of seizures or neurologic disorders. Please see full product information on page 18.

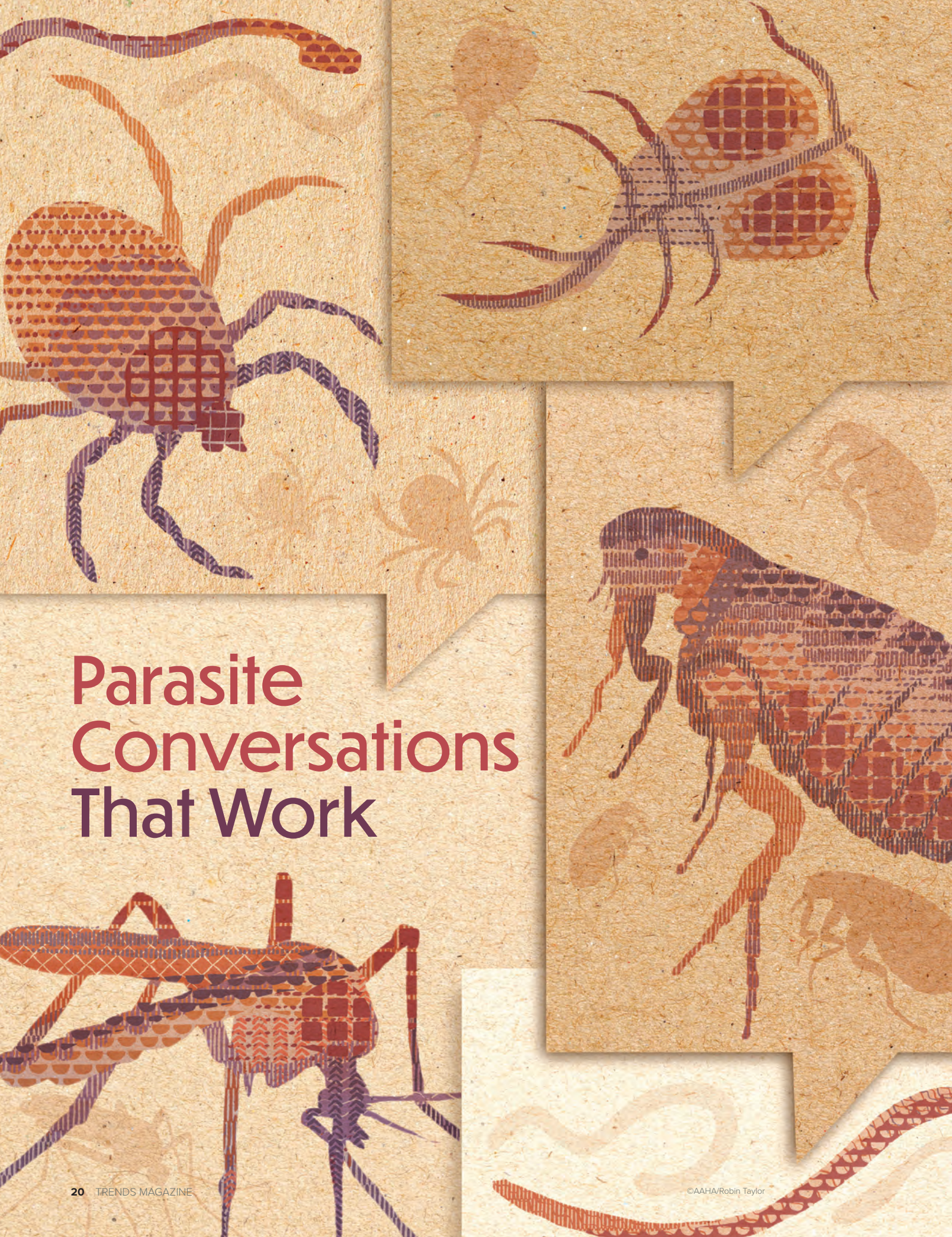
Reference: 1. BRAVECTO[®] Chews [product label]. Madison, NJ: Merck Animal Health; 2019.

*Compared to monthly products.

[†]**BRAVECTO (fluralaner) Chews for Dogs** kills fleas, prevents flea infestations, and kills ticks (black-legged tick, American dog tick, and brown dog tick) for 12 weeks. **BRAVECTO Chews** also kills lone star ticks for 8 weeks.

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Animal Health



Parasite Conversations That Work



Is Lack of Compliance Bugging You?

by Debbie Boone, CVPM

IN THE EARLY DAYS OF DATA MINING, my practice had someone dig into our charts to perform a compliance study. We knew we were good at getting clients to purchase products and we could see that we had patients coming in who were parasite-free. When the results showed 87% compliance on preventive care, the team was disappointed because our goal was 100%—but we discovered we were still above the norm by a high margin.

The question I am often asked is “How did you manage that?” The answer is simple. Train your team, and build great relationships with your clients. Both take consistent effort.

Building Connections

Everyone who has ever worked in a veterinary practice has had a client accuse them of only wanting to sell them products or services “for the money.” This usually means that we haven’t spent the time to make a good personal connection with the client. When clients know that we are concerned about their needs and the well-being of not just the pet, but them and their family, the odds of teaching them why parasite prevention matters improve.

But how do we make those connections?

The first step is to actively listen to the clients from the first encounter on the phone to the last goodbye as they check out. Often our teams are shorthanded and overwhelmed, especially at the front desk. Calls are pouring in, clients are lined up at the desk waiting to check

in or out, not to mention the random person who pops in for a medication refill or to pick up pet supplies. It is difficult to consider taking the time to “chitchat” with all that commotion. But connections can happen in a few seconds if we pay attention.

One of the most consistent errors I see in veterinary practices is the lack of sufficient staff on the front desk. These team members are your front line, and how they connect with the clients they serve sets the tone for the remainder of the visit.

Our customer service representatives (CSRs) should be trained to observe and actively listen to clients. Subtle cues in conversations can be picked up and expanded into teaching moments. For example, a client calls to make an appointment for routine vaccinations but casually mentions the dog is chewing and itching. The CSR should catch that comment and question the client for more details. Once they discover the pet is not taking a parasite preventive or they do a quick history lookup to see the client is behind on prevention purchases, they can lay the groundwork by suggesting to the client that the pet may



One of the most consistent errors I see in veterinary practices is the lack of sufficient staff on the front desk.

have fleas and a note will be made for the doctor to discuss the itching and chewing.

Now the client is mentally prepared for a discussion about the pet’s itching, and the medical team is given a leg up when they step up to the plate.

Great Compliance is a Team Sport

The second step is to have the entire team trained on a consistent message. Often practice owners will bemoan the fact that they are just too busy to take time to train. This is like saying you are too busy to clean or too busy to collect payment or perform surgery. Training is a part of good business. We make time for what we want to do and believe is important.

One reason often given by staff members for leaving their current employer is a lack of training and growth. People like to feel competent and knowledgeable, and if we don’t train them on our standards and protocols they will always feel as if the rug is going to be pulled from under their feet at any moment. Clients also pick up on this uncertainty and tend to not believe the team when they offer service and product education.

We must start with all the doctors on the team agreeing on which products, services, and protocols the practice follows. AAHA standards and guidelines are always a great base to build upon. If every doctor has their own protocol and product choice, then confusion reigns.

AAHA’s booklet *Implementing Preventive Care Protocols* states: “Getting staff buy-in is important for the success and ‘stickiness’ of the protocols within the practice. If your staff believe in the value of the protocols in place, they will consistently and organically engage in conversations about preventive care with clients and encourage participation.” (You can read the entire booklet here: aaha.org/globalassets/05-pet-health-resources/implementing-preventive-care-protocols.pdf)

Not only is it impossible to train a team to a standard you don’t have, but it is also incredibly unfair to expect top performance from people when there are multiple answers to a basic question like “What flea prevention do you recommend?” Keep your top two products in stock and, if needed, utilize your online pharmacy for the



Clients will question everyone in the practice about care for their pet. Therefore, it is imperative that the entire team be taught the same protocols.

variables. Your inventory manager will be happier and so will your bookkeeper.

Clients will question everyone in the practice about care for their pet. Therefore, it is imperative that the entire team be taught the same protocols. If Mrs. Jones asks Dr. A what preventive she should use and a recommendation is given, when she comes to the front desk and grumbles about the cost, the CSR should, with confidence, be able to reassure her that her money will be well spent because of how well it works.

However, without this training, it is possible that the CSR agrees that it is expensive and may suggest a less expensive product that can be purchased at the local feed store. The client then leaves unsure of her decision *even if she still purchased the product from the practice*. This uncertainty leads to lack of trust and loops us back to the “you are only in it for the money” accusation.

Building training materials can be a daunting task, but it doesn’t need to be for parasites. The Companion Animal Parasite Council (CAPC) has built guidelines and tools for hospitals to use (see the infographic on page 25). Manufacturers also provide practices with support materials, but it is best to have agnostic materials when you are using them for team educational purposes. With CAPC, you can search by parasite or by species, and also look at the region of the country in which you live to

discover the incidence of parasite-transmitted diseases. Each parasite has a synopsis, overview of the lifecycle, description of the disease, and prevalence, which can be utilized for team training. Because of the multitude of products on the market, another handy tool is the Quick Product Reference Guide on the CAPC site, capcvet.org.

Products are listed by which parasites they prevent, the route of administration, and FDA or EPA approval status. Since clients will find products in pet stores, feedstores, and online sites that are not typically sold in veterinary clinics, this chart is very helpful when comparing efficacy against specific parasites. You can even search products by dog or cat and by parasite. If you want to find a product for a cat with tapeworms, a quick search brings up four options.

All veterinary team members should be trained on parasites common to the location of the hospital. The CAPC website allows searches down to the county level. For example, a search for tick-borne disease in South Carolina’s Horry County where I live shows that in 2022, over 750 dogs tested positive for Lyme, over 500 for Ehrlichiosis, and over 400 for Anaplasmosis out of 39,000 tested pets. This is information that practices can easily use to support the importance of a tick preventive in the local area. Many people in South Carolina do not consider Lyme a risk since it was a “northern” disease when originally discovered. This data is great content for social media posts.



All veterinary team members should be trained on parasites common to the location of the hospital.

Practices should take advantage of the Flea Forecast. According to the CAPC website, “CAPC now offers a daily Flea Forecast at petdiseasealerts.org that displays flea activity across the United States, based on environmental conditions. The Flea Forecasts also offer a unique look at the historical movement of fleas through a video animation, showing changes in flea activity over the previous 12-month period.”

A general knowledge of parasites outside the norm is always a good idea. Our society is more mobile than ever, and as clients move in from outside our area, they bring pets with parasites along with their luggage. Perhaps we should add a question to our history about the location of the previous home, or recognizing that some clients are “snowbirds” with two homes in different areas, we should increase our awareness of diseases in both locations.

Free tools are always appreciated, and CAPC has one. You can download the CAPC Internal Parasite ID app from the Play or App Store and replace that big paper poster with the curled edges hanging in your lab. Use the app as part of your medical team training.

You could play a game on the app—ID THE OVA—and pull up the pictures on a tablet. The app pops up pictures of prepped slides like a flashcard; then you tap the photo to flip it and find the answer. I played and thought it was fun, even though I haven’t looked through a microscope in 20 years, I still identified *Giardia*. The slides are sorted by canine, feline, reptile, avian, and small mammal.

Often clients consider parasites a problem only their pets have. Using our observation skills, we can discover if they have children or grandchildren who live or visit their home or have immunocompromised friends or family. Sharing the risk to the human family can add to the value of the preventive products we prescribe. Although rare, humans do contract parasites, and a visit to the CDC website contains a good article about “Transmission of Parasitic Diseases” and a specific article about “Infections in Children.” The article “What Every Pet Owner Should Know About Roundworms & Hookworms” provides a good overview and is printable for sharing with clients.

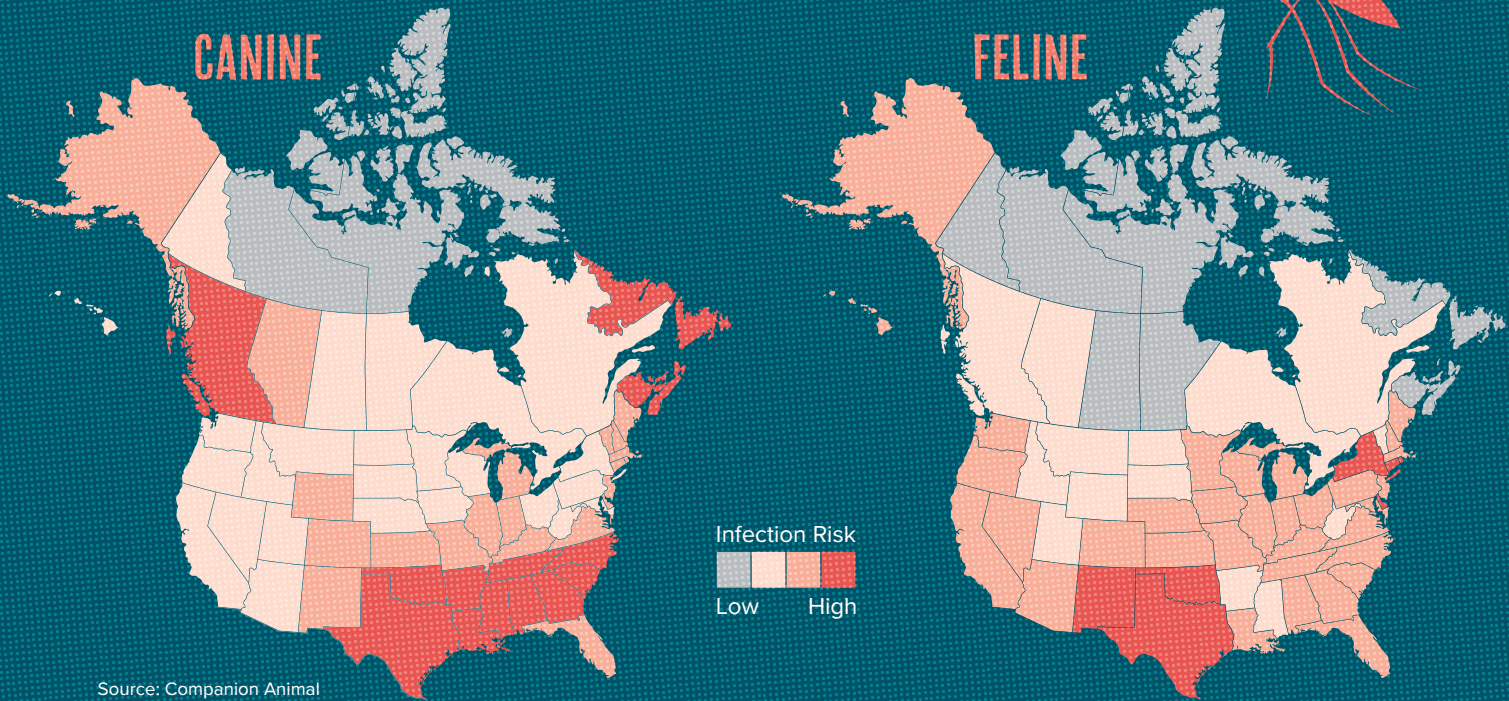
Knowledge is power, and with the tools available to practices, we can educate our team so they can in turn educate our clients. Trust is created when our clients know we care about them and their pets. Among other things, our profession swears an oath to provide the best care to our patients and to promote public health.

To that end, it is our duty to train our teams not to just know about medical care but to be able to communicate the importance and value of that care to our clients in a way they understand, embrace and follow through. Our goal—100% compliance. ✖



Debbie Boone, CVPM, Fear FreeSM Certified, has worked for the veterinary profession for more than 30 years. After earning her bachelor’s degree in animal science from North Carolina State University, she began as a client care representative and quickly moved into hospital administration. Debbie has experience in the management of small animal, mixed animal, specialty, and emergency practices.

ARE YOU IN A HEARTWORM HOT SPOT?



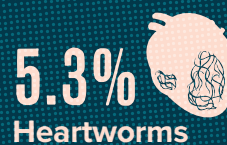
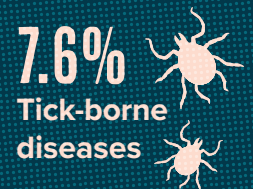
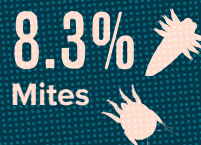
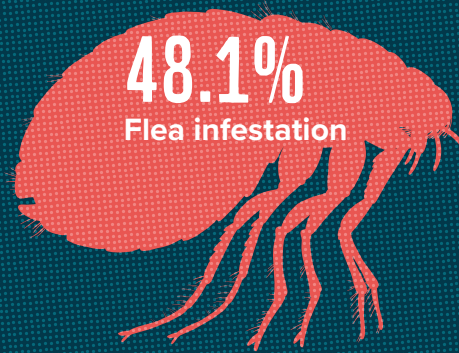
Source: Companion Animal Parasite Council, capcvet.org

WHAT ARE YOUR PEERS TREATING?

AAHA partners with Petabyte Technologies to provide benchmarking data on relevant metrics from practices across the country.

Petabyte utilizes the AAHA Problem and Diagnosis Terms to standardize users' recorded entries across different practice management software platforms. A study of all 2022 Petabyte data was conducted to determine the frequency distribution of the various types of parasitic disorders.

Most Frequent Parasite Problems





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Caring Conversations

Successful Preventive Care Requires a Team Effort

by Kate Boatright, VMD

DOES YOUR VETERINARY PRACTICE HAVE STANDARD PROTOCOLS for preventive care recommendations? If not, this is the first step you should embrace to promote preventive care in your practice. These protocols ensure that all clients are receiving consistent recommendations no matter which veterinarian or team member they see during their appointment. Having different recommendations for frequency of examinations, laboratory testing, vaccinations, and parasite prevention can lead to client confusion and decrease compliance.

Preventive care protocols can be developed in several ways and can vary in their level of detail. At a minimum, they should include recommendations for examination frequency, vaccinations, parasite prevention, and

diagnostic testing. Additional preventive care protocols may include many additional items, such as standard spay/neuter and nutritional, behavioral, and oral health recommendations.

The *2011 AAHA Preventive Healthcare Guidelines* provide an overview of what might be included in a clinic's protocols. Specific components, such as vaccination and diagnostic testing recommendations are supported by additional AAHA guidelines. (See aaha.org/guidelines for the entire list.)

Once preventive care protocols have been developed, all team members should receive education on the new guidelines. It is essential that team members not only



Once the protocols are introduced, it is helpful to provide written copies of the protocols to team members and have them easily accessible around the clinic for reference.

understand what the recommendations are but the reason behind each recommendation and how best to communicate it to pet owners.

Implementing Preventive Care Protocols

When first implementing a preventive care protocol or adding a new recommendation to existing protocols, hold a team meeting to review and discuss. Create opportunities for team members to actively engage with the ideas during the meeting, such as:

- Have a veterinarian or veterinary technician give a short presentation with an overview on the medical topic and the new recommendation, such as parvovirus vaccination, feline leukemia testing, or heartworm disease prevention. These presentations could be collected and put into a booklet that can be reviewed as needed by team members.
- Allow team members to ask questions to clarify why certain recommendations are being made or discuss what they see as potential barriers to client compliance. They may bring up items that will be common client concerns, allowing your whole team to prepare a response together.

- Consider opportunities for role playing to allow for communication practice about specific recommendations. This could be combined with general communication skills training for employees.
- Ask team members to break into small groups to create client education materials like a bulletin board display or social media post, to highlight specific recommendations.

Once the protocols are introduced, it is helpful to provide written copies of the protocols to team members and have them easily accessible around the clinic for reference. It can take time for new recommendations to become routine. Providing written scripts that individuals can utilize when first introducing the recommendation can help to increase their comfort levels. The amount of detail an individual team member will communicate to clients will vary by their level of training and position in the clinic. Over time, they can adapt the script to fit their own style and experiences, personalizing the recommendations for individual clients.

Another powerful tool to improve client compliance is to encourage team members to follow the same preventive care recommendations for their pets so they can share first-hand experience. When every team member can explain why the recommendations are in place, the perceived value of the exam, vaccination, test, or preventive product will increase.

Communicating Preventive Care Recommendations to Clients

Clients are more likely to follow recommendations that are made consistently by all team members, and most clients will need to hear recommendations multiple times before agreeing, especially if it is something new for their pet. Having different team members explain the recommendation before and throughout the visit can help to improve compliance.

Preventive care recommendations can start before the client ever arrives for their appointment. For example, when the client schedules their examination, the client service representative (CSR) can say, "I'll be happy to schedule Fluffy's appointment. She is due for her annual preventive care examination, the following vaccinations, and parasite screening, which includes a stool sample and blood test. Based on Fluffy's age, her healthcare

team will discuss additional recommendations for blood testing that will help to ensure she isn't hiding any signs of disease. Do you have any questions about this?"

At check in, the recommendations can be reiterated by the CSR. The veterinary assistant or technician who takes the patient history can review in more detail the reasoning for specific recommendations, especially if the client is unsure about certain vaccinations or testing recommendations. This means that before the veterinarian even enters the examination room, the client has heard the recommendations at least three times.

The Essential Role of the Veterinary Technician

Veterinary technicians should be entrusted to use their knowledge and training to provide detailed client education. According to the 2018 AAHA/AVMA white paper, "The Opportunity," clients often do not fully understand what happens during a preventive care visit. One way to overcome this gap is to spend time building a relationship with the client and communicating the value of the physical examination and any testing performed. Veterinary technicians are valuable assets when it comes to building relationships with

clients. (You can view the white paper here; aaha.org/globalassets/04-practice-resources/The-Opportunity)

When taking a history, technicians can ask specific questions to evaluate for lifestyle risk factors that may affect recommendations for the specific patient. They can have an initial discussion about patient nutrition, behavior, mobility, and ask questions that might elicit subtle signs of pain, such as "What is your cat's favorite place to spend time and has that changed?" These professionals can answer many client questions and start to elicit the client's concerns, goals, and limitations that can help guide the veterinarian in developing patient-specific recommendations.

A thorough history and introductory conversation with a veterinary technician will allow the veterinarian to focus their attention on the items of highest concern to the client, which can improve the perceived value of the appointment. They can answer additional questions and reiterate recommendations the technician made based on the standard clinic protocols as well as any patient-specific concerns that have arisen during the client communication or physical examination.



Veterinary team members should be equipped to answer common questions from pet owners about preventive care recommendations.

Allowing veterinary technicians to use their full knowledge base to engage in client education is one part of improving technician utilization and job satisfaction. Additionally, clients are more likely to be engaged in the decision-making process for their pets when both a veterinary technician and veterinarian are involved, according to a 2022 *JAVMA* study of shared decision making in veterinary medicine. Creating a patient care team that includes the client, veterinarian, veterinary technicians, and other team members will ultimately improve compliance with recommendations and outcomes for patients.

Barriers to Preventive Care Compliance

Two common barriers that may be faced in achieving high compliance with recommendations include financial concerns and not understanding the value and benefit to the pet. Most pet owners consider their pets to be a family member. They want to maximize their pet's quality of life for as long as possible, and many are eager to pursue medical care that will help to achieve this.

Client education is essential to overcoming many barriers to preventive care compliance. I have often had clients accept a recommendation and then tell me that no one ever told them the reason behind year-round heartworm prevention or screening blood work before. Spending an extra minute or two in the examination room engaging in client education can maximize outcomes for patient health and the veterinary business.



When it comes to financial barriers, determining the client's budget is an important first step. Consider spreading vaccinations over multiple visits, selling smaller quantities of preventative products, or scheduling a follow-up visit with a veterinary technician to perform recommended diagnostic testing. Another key component of client education is that an investment in preventive care can save money long term. For example, when discussing recommendations for spay, informing owners of the risk of pyometra in intact females and the cost of emergency treatment compared to a routine spay can help to strengthen the recommendation.

Talking Points for Veterinary Team Members

Veterinary team members should be equipped to answer common questions from pet owners about preventive care recommendations. Here are some common questions you may hear from clients about preventive care recommendations and considerations for how to respond.

Does my pet really need a yearly (or twice yearly) examination?

A key part of preventive care involves getting the patient, client, and veterinary care team together, whether that is in a traditional clinic or a home visit with a mobile veterinarian. These visits should happen at least annually but may be needed more frequently depending on patient life stage.

Some clients are reluctant to come to the veterinary office regularly for examinations, especially if vaccinations or other diagnostic tests are not currently due. One strategy to overcome this is to use the well-known comparison of a single year in a pet's life being equivalent to several years of human life: "We know that our pets age faster than we do as humans. We need to see Fluffy once a year to track her weight, mobility, dental health, heart function, and more. Seeing her only once a year is like you going to your own doctor only every few years."

Owners of pets who are highly stressed by veterinary clinic visits may be even more resistant to regular examinations. Discussing ways to prepare their pet for the visit to reduce stress and use of previsit pharmaceuticals can help to minimize stress and ensure the pet receives appropriate care with lower stress for all involved.



A key part of preventive care involves getting the patient, client, and veterinary care team together, whether that is in a traditional clinic or a home visit with a mobile veterinarian.

Why are we giving so many vaccinations?

Vaccinations are divided into core vaccinations and lifestyle-based vaccinations in the AAHA vaccination guidelines. Veterinary technicians should be familiar with the vaccinations carried in the clinic and trained to evaluate risk factors to help determine the appropriate vaccinations for individual patients. The entire team should also be familiar with the frequency of vaccinations, especially booster schedules and how to approach pets who are overdue for vaccination.

Some pet owners may express vaccine hesitancy for all vaccines or concern for the number of vaccines their pet is receiving. This can be especially true for pet owners who have experienced a vaccine reaction in the past. Creating an individualized vaccination schedule that spreads out vaccines can be one approach to address this concern.

My pet seems fine, so why should we do lab work?

Routine screening blood work is recommended for pets of all ages, though the specific tests and frequency vary by life stage. Data from IDEXX shows the value of screening lab work in detecting subclinical disease, allowing veterinary teams to intervene earlier and lengthen quality and quantity of life for patients.

Remind pet owners that pets are masters of hiding illness, and catching early disease will benefit their pet's health in the long term. As a veterinarian, I will often tell pet owners, "While everything feels normal on examination,

my hands can't tell me how Fluffy's organs are functioning. Blood work will allow me to evaluate this and check for early signs of disease." For young pets, lab work helps to determine individual normal values and track trends over time, which can be a valuable asset as pets age.

Education Beyond the Exam Room

Veterinary teams should also take advantage of opportunities to educate clients on preventive care recommendations outside of their visit to the clinic. Technicians or other team members who enjoy social media could be given extra responsibilities to promote preventive care through this avenue. Consider sharing not only recommendations but stories of patients who have benefitted from following preventive care recommendations.

Veterinary professionals know the benefit of preventive care to improving patient health and maximizing both quantity and quality of life. Providing education in and out of the exam room will help clients develop the same appreciation for the importance of preventive care in helping their pet to live their best life. ✨



Kate Boatright, VMD, is a small animal veterinarian, speaker, and author in western Pennsylvania. She graduated from the University of Pennsylvania in 2013 and has worked in rural small animal general practice and emergency clinics ever since. She is passionate about inciting positive change in the profession through mentorship and servant leadership in organized veterinary medicine.



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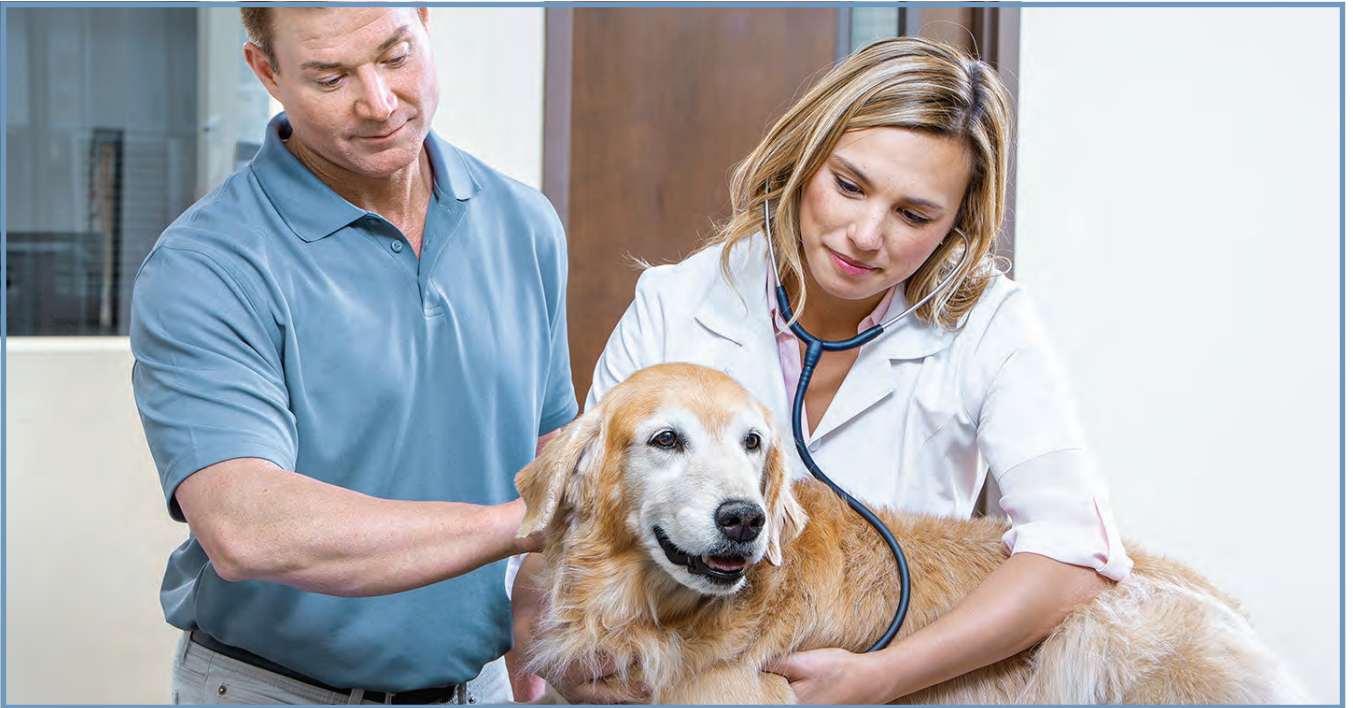


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Pet Owners Look to Their Veterinarian for Guidance Regarding Their Pet's Healthcare

The following is sponsored content from MWI Animal Health

Long-term profitability is highly dependent on strong loyalty and revenue from Millennials and Gen Z as they overtake Baby Boomers in the general population and among pet owners. With the future of veterinarians' success tied to the rise of the next generation of consumers—Millennials and Gen Z, we frequently find ourselves with one foot in the medical field and the other in the consumer market.

The good news is that veterinarians hold tremendous clout among this new generational cohort of US pet owners. According to Packaged Facts January 2022 survey of pet owners, veterinarians are the most important

source of pet care information for 58% of Millennials and Gen Z.¹

These consumers are also driving many of the veterinary industry's most significant and even transformational trends. A 2021 survey by Packaged Facts asked pet owners what they'd like their veterinarians to prioritize in 2022.² The top response from both dog and cat owners was focusing on preventive care. Among their other top 11 priorities were lower cost of services, payment options, care plans to help manage costs, online options for purchasing medicine, and more.

"The preventive care plan approach answers 6 of the 11 pet owner

priorities in 2022," shared Zachary Melton, technology and solution strategist for MWI Animal Health. "We have some really good guidance here on behalf of the pet owner that tells us this is what they want."

Improve Compliance, Loyalty, and Pet Health Outcomes

1. Attract clients

Client acquisition can be a challenge. One way to get newcomers into your practice is giving the people what they want—and they want preventive care plans. According to a Packaged Facts survey of pet owners, 26% of Millennial and Gen Z pet owners said it's "very important" their veterinarian

**Most Important Sources of Pet Care Information:
By Generational Cohort, 2022 (percent)¹**

	Overall	Mil'ls/Gen Z	Gen X	Boomers	Older Seniors
Veterinarian	66%	58%	62%	75%	82%

offers this option². Could this be the factor that helps your practice stand out from the competition?

If a new client of the veterinary practice signs up for a wellness plan, you will see them more often. More frequent interactions lead to stronger relationships with pet parents, and of course, you get to know their pets better and can make more informed recommendations.

Clients on a preventive care plan are less likely to shop around for products and services. They value the convenience of the plan and might not feel the need to check elsewhere for a better deal. A wellness plan lets them get necessary treatment from the veterinary practice who knows and understands their animal.

2. Drive client spend

Preventive care plans bring revenue into your veterinary practice. In practice, many clients choose to pay for their full year's membership at the time of enrollment. This income at the start of the plan year can be a boon during otherwise lean times. If clients pay in monthly installments, that's still a plus in the ledger.

Wellness plans improve client spending for both large conglomerates and neighborhood shops. One consolidator group saw its revenue from medical services grow 57% after it offered a plan. A small animal hospital's average client spend per year increased 53%³.

In addition, 25% of Millennial/Gen Z pet owners told Packaged Facts they prefer the straight-forward pricing such plans offer². Knowing up front how much various types of care will cost can encourage owners to budget for these expenses.

3. Improve compliance

As MWI Animal Health entered the pet care plan market, their access to data shows that, on average, pet owners not enrolled in a preventive care plan only purchase one-third of the recommended dosage of flea, tick, and heartworm medications³. To achieve maximum protection, the full cycle is needed, meaning that this noncompliance can put pets at risk.

Enrollment in preventive care plans led to a three time growth in flea, tick, and heartworm doses administered³. Practices that add dental to their wellness plans will improve compliance for this

critical, yet often overlooked, pet health concern.

What Should Your Practice Look for When Searching for a Preventive Care Plan?

A good preventive care plan has your clients' needs in mind, first and foremost. If clients are uneasy or overwhelmed, they might not return to your practice, and they might stop following your recommendations for their pets. With this in mind, seek a robust plan that offers customizations that ease your clients' concerns without adding the burden of plan administration and marketing to your employees.

Preventive Care Makes Clients' Lives Easier

1. Helping your clients budget for pet care

One of the biggest client concerns is the cost of care. Sometimes you can implement loyalty programs that provide discounts to clients or suggest pet insurance programs. But other times, you need different options.

"If we can't necessarily change what we need to charge, we can change how we ask them to pay for it," Melton explained. "Preventive care plans address our clients' need to spread

that cost of care out versus having to do it all at once.”

The cost of pet care is sometimes unexpected, causing great hardship for your clients’ budgets.

As Melton explained: “We ran some data. In 2021, \$984 was the median weekly income in the United States. The average wellness visit cost throughout the US was \$415. So, if you’re making, on average, \$984 a week, and your veterinarian asks you for \$415, that’s a really hard conversation for that DVM or technician to have. And it’s a really hard decision for the pet owner to say yes to because that might mean they’re sacrificing something at home.”

A more practical approach is to budget for this by spreading out the cost over 12 months with a preventive care plan. So instead of paying \$415 all at once, your clients can pay \$35 per month, which is a much smaller hit on their budget.

By lessening the financial hit, you’re making it easier for your clients to say yes to their pets’ health.

2. Enhancing engagement and compliance

Not only do preventive care plans provide financial benefits to clients but they also enhance engagement. Pet owners are more likely to visit your practice, more likely to keep up on parasiticides, and more likely to spend money with your practice in other ways.

“A preventive care program is about strengthening the bond you have with your current clients, making it easier for them to say yes to the preventive care that you’re recommending,” Melton explained.

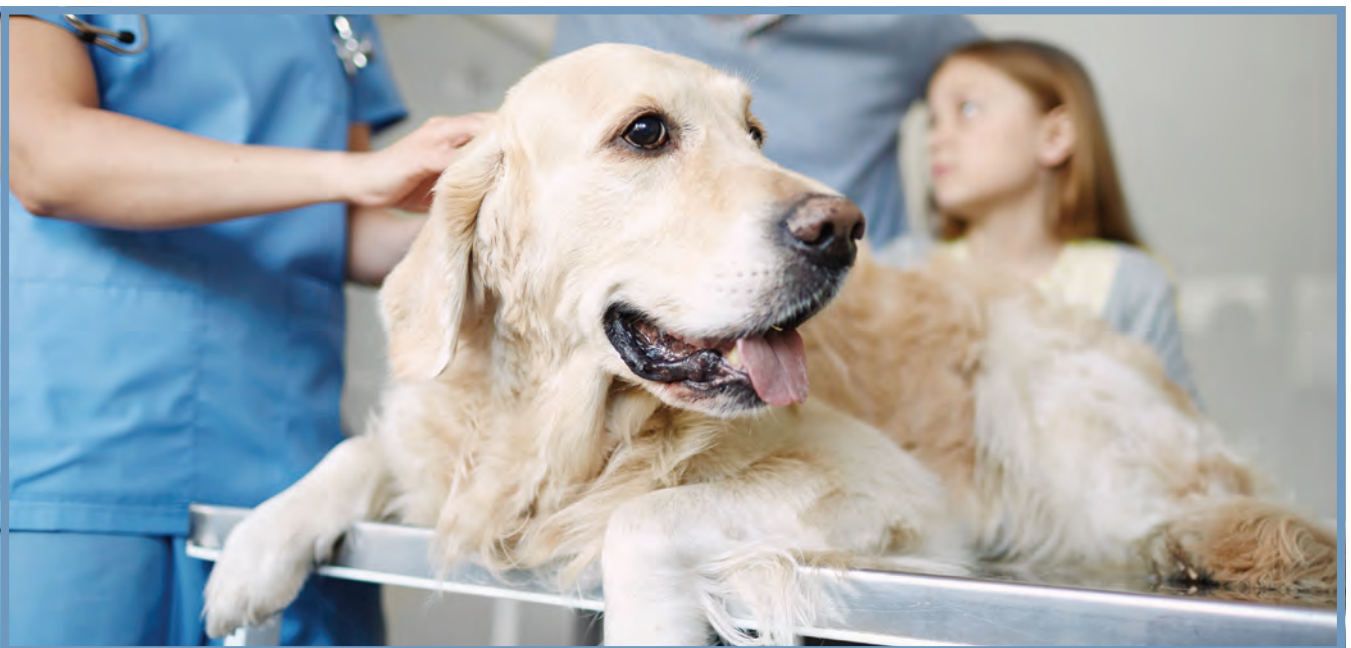
If you have parasiticides built into your preventive care plan, which allows clients pay to for this medication throughout the year, they won’t go to your competition or online providers for their parasiticides. Instead, they’ll go

where it’s most convenient, getting parasiticides from a source they trust—your practice.

Melton shared statistics for a group of 100 clinics that signed onto a preventive care plan. These clinics sold just below 12,000 doses of heartworm medication before signing up. After launching the plan, they dispensed nearly 125,000 doses. That’s more than 934% growth. The same group saw similar results with flea and tick medication. Clients purchased just above 8,000 doses before a preventive care plan, with that number increasing to more than 100,000 doses afterward.

3. Providing the customizations your clients want

Look for plans that are customizable to your specifications without vendor lock-in or prepicked favored manufacturers. You know what’s best for your clients and what your clients want, so seek out a preventive care plan that recognizes this.



Preventive Care Programs Help your Practice

Preventive care programs help your business and your employees too, freeing up more time and paving the way for increased growth.

“A preventive care program represents a beneficial solution to veterinarians because of the administrating and marketing lift—burden wise—from your shoulders,” Melton said.

Look for a program that provides full support pre- and post-implementation, as well as full cost transparency before launch. At launch, the ideal program will send a trainer on-site to help with enrollment and portal training.

1. Providing extensive billing support

Veterinary preventive care plans that provide tracking and support can save your staff valuable time. Look for a plan that allows for more than one form of payment on file to mitigate the issue of missed payments. The plan should also proactively reach out to clients if they miss payments. Some will even reach out to clients up to 10 times a month.

A good preventive care program has a team that contacts clients in different ways, including email, text, and phone.

“We often find that people like to hide behind their mobile devices,” Melton said. “So, they typically respond to text pretty quickly. But a good preventive care plan has all those different channels that they’ll reach out through. You cannot put a value on that level of support.”

“I understand how busy we are, especially with the last couple years

that we’ve had,” he added. “So being able to trust that someone else has your back and that you don’t have to ask your staff to go away from client service and patient care to invest their precious time trying to collect money—I’m telling you, it’s a differentiator.”

2. Providing commission tracking software

On top of all of this, some preventive care programs even offer DVM commission tracking within the portal. They’re set up to list associates by their name and compensation structure and tag relevant metrics with their invoices.

“Anytime a plan is sold, or a preventive service is delivered, regardless of the DVM, it tracks that through the portal and goes directly to that doctor,” Melton explained.

This can truly simplify things for practice managers or other employees in charge of payroll, as they can simply log into the portal and see the total they need to pay without taking time to track the DVM and do calculations individually.

3. Freeing up time with robust marketing

Ideally, you’ll want a preventive care program that partners with a marketing program to save your practice even more time. Look for a program that sends out an introductory email when you first launch the veterinary preventive care plan, making it easy for clients to enroll through the email itself.

The software should follow that initial email with a drip marketing campaign based on your clients’ demographics. For example, a robust marketing program will remind clients about

the preventive care plan when it also sends them a reminder about their upcoming wellness appointment. If a client misses the wellness appointment, they’ll get an email that includes details about the preventive care program to help them save money and get that appointment scheduled. These types of features help your practice stay in touch with a variety of clients without needing your staff’s personal involvement.

A robust preventive care program empowers both your clients and your staff to say yes more frequently. Your clients can more easily say yes to improving their pets’ health. And your staff, now spending less time on administrative tasks and more time with clients, will give a resounding yes to offering preventive care programs.



MWI Animal Health offers customized preventive care plans that give peace of mind to pet owners and bring more revenue into your practice, without increasing stress on your staff. Want to learn more about how to create an Easy Care program for your practice? Contact your MWI sales representative or visit: www.mwiah.com/easyaspie

Sources:

- ¹ Packaged Facts: February 2021 Survey of Pet Owners
- ² Packaged Facts: August-September 2021 Survey of Pet Owners
- ³ Based on analysis of 16,143 pet on plans. Data on file with MWI Animal Health

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800%

Heartworm dose dispensing increased by over 800%

- 77.2% of clients purchased their first heartworm dose
- Only 13.1% of clients had purchased heartworm through the clinic previously

Based on analysis of 16,143 pets on plans. Data on file with MWI Animal Health.

**Source: Brakke Consulting Survey, December 2022. Brakke Consulting Home Delivery Report 2022.*

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Noninvasive Cancer Detection: Does It Work?

A New Tool Could Provide Easier Diagnoses

by Michael C. Petty, DVM, CCRT, CVPP, DAAPM

In the US, there is an estimated 14.5 million skin growths on dogs detected and brought to the veterinarian's attention every year. Yet only 40% of these undergo any kind of diagnosis. We can only venture a guess as to why, but I think there are several reasons we need to consider.

- Cost is a driving factor for many owners, and let's admit it, many veterinarians are reluctant to recommend a costly procedure for an unknown issue.
- Invasiveness of the procedure is another issue. It is going to require a needle, a punch biopsy, or a scalpel to know what that lump is.
- Time has become a huge factor for the past several years. Most of us are busy beyond description, and the temptation to take a "wait-and-see" approach is appealing, at least to our schedule.
- Reluctance on the owner's part is common as well. Whether or not the owner brought the lump to your attention or you were the one that found it, many people have told me, "I would rather not know" either in those words or their reluctance to move forward with a diagnostic procedure, especially one that will cause pain in their pet and no small amount of money to pay for it.



Photo 1 (Top): The blue light comes on during the heating phase, which only lasts a few moments
Photo 2 (Bottom): A white light comes on during the scanning phase of the procedure

I have encountered so many surprises when seemingly innocent looking lumps have gotten a low score and then turned out to be sarcomas, mast cell tumors, etc., that the number of surgeries I have performed has almost doubled. And these are the growths about which we may have said, "Let's wait and see."

—MICHAEL C. PETTY, DVM, CCRT, CVPP, DAAPM

Classic Means of Lump Diagnosis

In the office of most practices, we only have the fine-needle biopsy

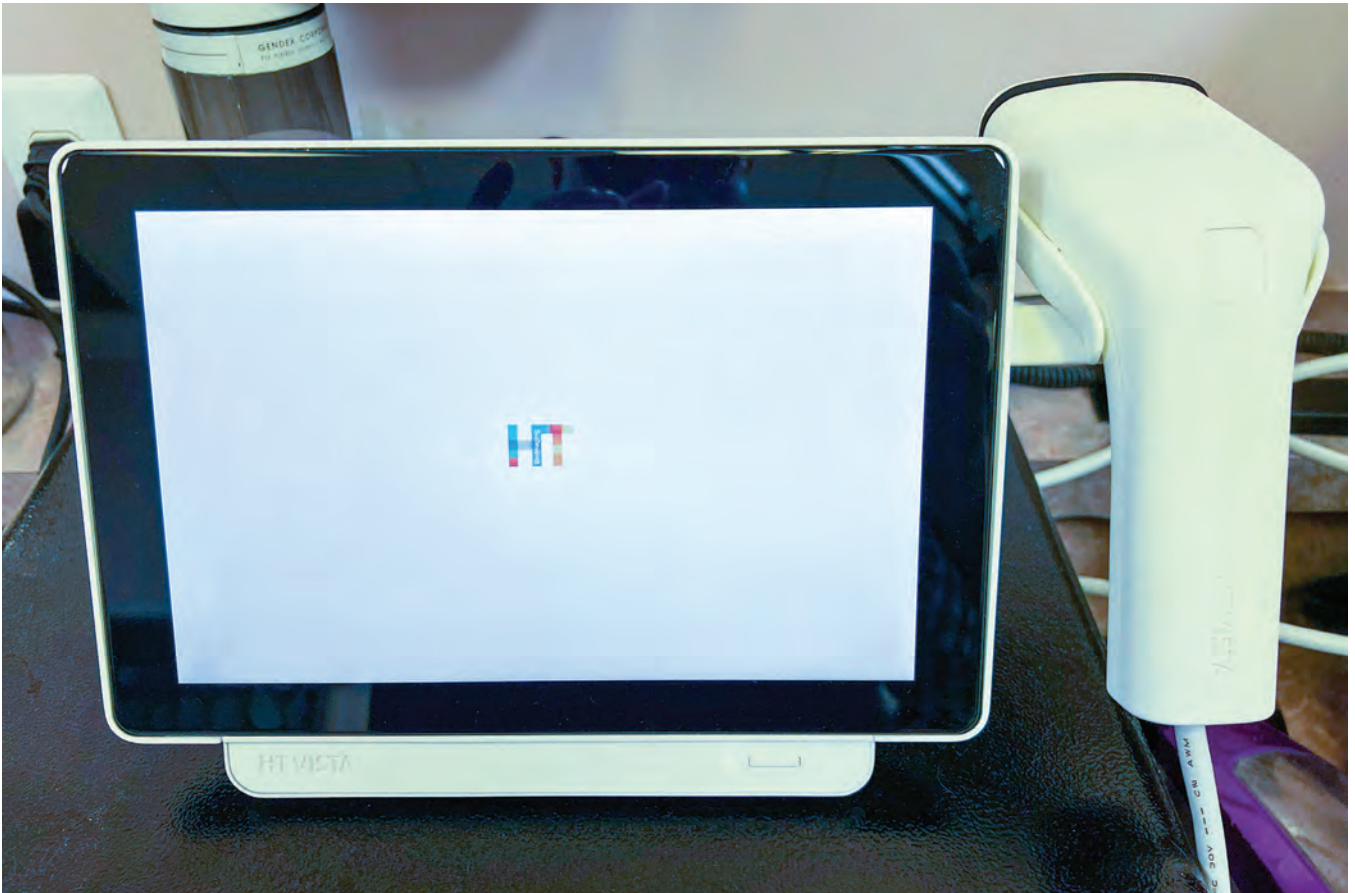


Photo 3: The HT Vista Device, screen on the left, scanning wand on the right

(FNB) and our microscope to start the diagnostic process. This method has limitations in the type of diagnostic information we can get.

First, we are only getting a 1 mm wide sample out. Do we know if those cells are representative of the entire lump? Second, what is your confidence level of reading that slide? For me, anything beyond adipose tissue and the basophilic stippling that usually accompanies mast cell tumors falls outside my comfort zone. And lastly, if you find that you have just done a FNB on a cyst, you could be sending home an animal that is now leaking cystic material, or even worse, you have introduced bacteria into the cyst from the now open hole and you will see the

dog back in a week with an infection you now have to explain and treat.

The next level of diagnosis is a biopsy punch. With this method, we are more likely to get a diagnosis because we are taking a several millimeter-wide swathe of the lump. We still face the issue of putting a hole in a cyst. And, a new issue arises: Biopsy punches can only go so far into tissue, so in the case of growths in obese dogs, growths that are surrounded by necrotic tissue, or that are just located deeper into the tissue, we may not get a sample that is representative of the lump. And of course, we need to—at the very least—sedate and provide a local anesthetic for pain management.

The most diagnostic procedure we have is to take the lump out and send it to a pathologist for histopathology. But then the question of margins arises before taking that lump out; how big should the margins be? If it is a malignancy and we don't take both wide and deep margins, we will most likely be performing a follow-up surgery to get clean margins. A follow-up surgery is going to be an added expense and stress for the owner and more pain, fear, anxiety, and stress for the patient.

And if we decide to just do wide margins and it is a benign growth, we have created a longer, deeper and more painful incision that will also create an additional expense for



Photo 4: Carefully shaved area prior to scanning

the owner. And with this method of diagnosis, we now need to consider both the risk and adverse events depending on the location; those lumps that are on the face could result in disfigurement if a large enough area is removed, and those lumps on extremities may not have enough tissue to close the wound, even with advanced plastic surgery techniques like a z-plasty. And finally, there may be underlying structures such as major arteries and veins, or structures like salivary glands that you want to avoid.

An Alternative Decision Support Tool

The HT Vista is a noninvasive diagnostic device for dogs and cats that can screen a skin growth and make a determination if it is malignant or benign. It can look at growths that are on the surface of the skin, within the dermis, or that are subcutaneous. It cannot look at deeper growths: it can't scan growths on internal organs, etc. It also cannot look at growths that are necrotic or have raw surfaces. But it can look at everything else.

The science behind this device is based on how different tissues react to mild heating. The unique heat flow property is different in malignant growths than it is in either benign growths or normal skin tissue. Best of all, it has a 98% negative predictive value: this means that it was designed to always predict the malignancies *and* if it is not certain, it errs on the side of caution, asking the user to investigate further. This gives you complete confidence when it calls a growth benign.

The HT Vista must have an internet connection to connect with the algorithm and AI in order to make a diagnosis. The animal's skin is prepped by clipping with a #40 blade: hair can interfere with heat absorption and dispersion giving a positive result when it is not. The handle (see photo 3) is then placed over all or a portion of the lump but including some normal skin for comparison purposes. A button is pressed, it gently heats the tissue for a few seconds, and then it scans the resulting diffusion

and sends the findings off. This part takes about one minutes in addition to prepping the area for scanning. Within minutes you will get a result on a scale of 1–10, with 1–4 requiring further investigation and 5–10 benign.

Mutzarella

Mutzarella is a 12-year-old spayed female Border Collie mix who presented with a growth on her thorax near the axilla. The owner said the growth had been there for some time, but it had changed recently, becoming firmer and larger in size. The owner wanted it off, and we discussed using the HT Vista as a decision support tool for margin width and depth for surgical removal.

Step one was to shave as close as possible over the lump and some adjoining tissue (photo 4). Next, the scanner was placed over the lump and some adjacent normal tissue, the button was pushed, and a blue light came on for a few moments, showing that the tissue was being heated (photo 1). This was followed shortly after by a

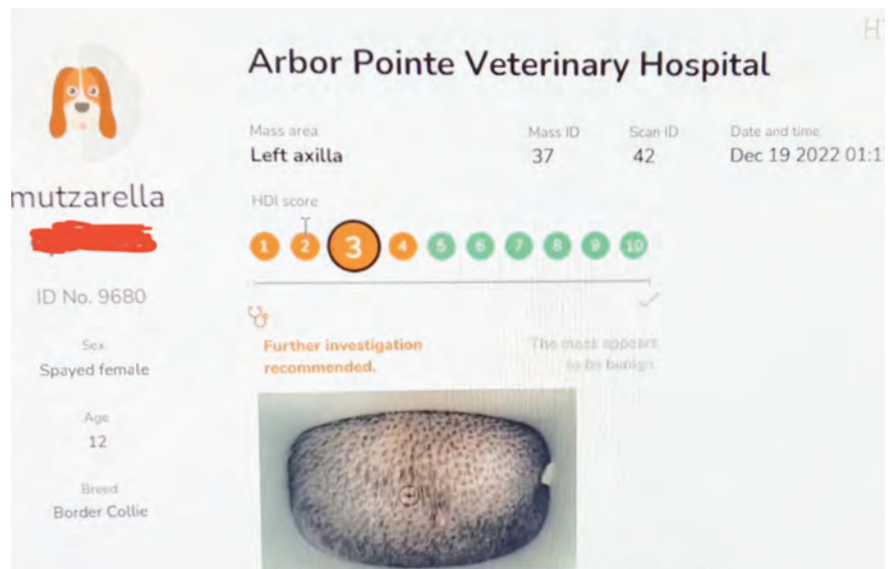


Photo 5: The results are displayed on the screen of the device within minutes of finishing the scan



Photo 6: The HT Vista, as accurate as it is, should not be a reason for taking short-cuts in monitoring suspect growths

white light during the scanning phase (photo 2). Next, the machine asked us to highlight an area representing both the lump and normal tissue, and then we sent it off for analysis.

The answer came back with a score of 3, indicating probable malignancy (photo 5). Mutzarella was appropriately prepped and given a local block for a wide margin surgery.

Benign Results

There is nothing in this world that is perfect. I always warn the owners that a malignant result could turn up benign once the histopathology report comes in. I have never had an owner be disappointed that the HT Vista erred on the side of caution; they only express relief. At the same time, even though the machine has an over 98% negative predictive value, it still could be wrong. For that reason, I always measure the lump and record location and character in case the owner feels that it is changing; in other words, the HT Vista is not a reason not to practice accepted clinical guidelines when looking at an unknown growth (photo 6).

Limitations of the HT Vista

- **Cats.** The 98% predictive value only applies to dogs. The cat readings are still being validated. Having said that, I use it on cats, and the readings have always been right.
- **Dark skin and dark fur.** I have had issues with getting false positive results on dogs with dark skin and dark fur. This can be mitigated somewhat by making sure you shave every bit of fur off before scanning. But I always warn the owner that the result may not be as reliable as it is in dogs without dark skin and fur. Having said that, you can believe a benign result in these dark-skinned and dark-furred dogs.
- **Wiggly animals.** Alas, the animal needs to be reasonably still for the minute or so that you are scanning. There is nothing uncomfortable about the heating process, but of course, some animals just can't sit still. Rarely, I use mild sedation on these animals. And if they are going into surgery no matter if the results are benign or malignant, like Mutzarella whose owner wanted it off no matter the result, I do the scan once they have been given their preanesthetic medications.
- **You don't believe it is malignant.** Maybe it really feels like a lipoma, and you get a "malignant" score. Sometimes the scan is wrong, or you get a score of 4; close to being benign. Is it a lipoma? Or maybe it is a mast cell tumor, which we all know can look and feel like lipomas? Go ahead and rescan the same area, making sure the animal is still, the fur

is well shaved and maybe try positioning the handle slightly differently. If you get a benign reading the second time around you can believe the benign reading. Remember, the HT Vista errs on the side of caution, and if some factor that caused a score of 4 or less is gone, then you will get a better reading.

Conclusion

The more that the HT Vista is used, and the more histopathology feedback we give as users of the device, the better the AI will become at interpretation and accuracy. When I started using the device one year ago, I thought it would cut down on the number of "lumpectomies" that I perform, and it has cut down on removing benign growths.

But I have encountered so many surprises when seemingly innocent-looking lumps have gotten a low score and then turned out to be sarcomas, mast cell tumors, etc., that the number of surgeries I have performed has almost doubled. And these are the growths about which we may have said, "Let's wait and see." With this new tool, we can easily increase our standard of care, prevent unnecessary surgeries, and catch cancerous growths early on. ✖

Michael C. Petty, DVM, CCRT, CVPP, DAAPM, is in private practice in Canton, Michigan. He is a frequent national and international lecturer on topics related to pain management. Petty offers commentary on each Pain Case of the Month (and occasionally writes one himself). He was also a member of the task force for the 2015 AAHA/AAFP Pain Management Guidelines for Dogs and Cats.



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Virtual Learning In Person

New Virtual Lab at Tufts University Simulates Full Clinic Experience

by Kerri Fivecoat-Campbell

Imagine a veterinary school experience in which students can practice their skills on high-fidelity simulators that look, feel, breathe, and react like live animals. Instructors can also set up crisis scenarios, allowing students to react, and if they make a mistake, they can redo life-saving techniques without causing harm to a live animal.

The Joseph Kelley, DVM, Simulation Laboratory at Cummings School of Veterinary Medicine, which opened last spring, allows students to do that and much more. “We wanted a simulation lab that would support our curriculum and something that would also support extracurricular learning,” says Nicholas Frank, DVM, PhD, DACVIM, associate dean of academic affairs for Cummings School of Veterinary Medicine at Tufts University in North Grafton, Massachusetts.

“Many schools have state-of-the-art simulation labs, but for many, it’s a spare space somewhere in the school that many students don’t take advantage of,” says Emily McCobb, DVM, MS, DACVAA, clinical associate professor and director of the Luke and Lily Lerner Spay/Neuter Clinic at the veterinary school. “In many schools, teachers and assistants are trying to balance the learning needs of their students within confined space limitations.”



“The students who have been using the simulation lab are performing at a very high level compared to previous years. They are more proficient. It’s improving the experience for the students and it’s more ethical for the patients.”

— EMILY MCCOBB, DVM, MS, DACVAA



A view inside the newly renovated 3,000-square-foot Joseph Kelley, DVM, Simulation Laboratory at Tufts University Cummings School of Veterinary Medicine.

“Many schools have state of the art simulation labs, but for many, it’s a spare space somewhere in the school that many students don’t take advantage of. In many schools, teachers and assistants are trying to balance the learning needs of their students within confined space limitations.”

—EMILY MCCOBB, DVM, MS, DACVAA

The simulation lab at Cummings isn’t limited on space, which allows for extended hours. It is in a 3,000-square-foot area and is open 24/7 for students to practice on simulators with teachers, assistants, and peers as well as on their own.

School Needed to Bring Its Simulators into the Light

Leaders and faculty at the school several years ago recognized the need to modernize its simulators program. Frank says low-fidelity simulations are perfect for students just beginning, but he says technology in high-fidelity simulators started advancing rapidly about five years ago. While the school had some high-fidelity simulators, they felt they needed to upgrade the space and the program.

The school had also been successfully moving from practicing medicine on live animals to simulators. In the past few years, many organizations and veterinary schools have advocated to do more simulator surgeries, rather than using shelter animals, which are then either returned to the shelters or euthanized. “Using high-fidelity simulators is how we’ve evolved to now, only doing live animal surgeries after students have learned on simulators,” says Frank.

The former simulation lab was in a dimly lit space in the basement.

“It just wasn’t the best space,” says Bethany Karpowitz, a third-year student at Cummings.

Joseph Kelley, DVM, was a mentor to Cummings School alumni and gave a \$5 million gift in his own memory. That, combined with other donations, allowed the construction of the simulation lab. The gifts also allowed the school to purchase \$750,000 in simulators and create a \$2 million endowment for the lab’s ongoing operation.

When Karpowitz returned to school for the Spring 2022 semester and saw the new simulation lab, she says she was surprised and excited to expand her studies there. “It is so brightly lit, and everything is fresh and new,” says Karpowitz. Parts of the lab are built to stay in place, but much of the lab’s tables and equipment roll and can be moved so instructors can configure the space in the best way for the lab that is scheduled.

The lab includes space for students to practice on the simulators, as well as space for producing some of the simulators in-house. Joe Popowski, a longtime teaching technician, creates low-fidelity models for students. Michael Karlin, DVM, DACVS, assistant professor of small animal surgery, designs high-fidelity 3D-printed simulators.

“The low-fidelity models basically look like a cylinder with various layers of coverings on it that simulate the skin and tissues,” says Frank. “It’s not important for the low-fidelity model to look like a cat or dog because during the simulation, most of it will be covered in draping, and students will only see the undraped section where they make the incision.”

The 3D models can be printed to simulate clinical problems

such as limb deformities and abnormal vasculature.

A life-like simulator, named Robo Jerry, is connected to a computer and can simulate a crisis. Instructors can program the crisis and the program will report on the dog's condition. Students learn how to diagnose arrest rhythms on the electrocardiogram, administer certain drugs, and consider the details of a clinical situation and how that might change the actions required to save that life.

How the Simulation Lab Benefits Students by Year

The idea behind the simulation lab was to create a clinical space that would be beneficial for all students. Ariana Hinckley-Boltax, DVM, is assistant professor of clinical skills. She says first- and second-year students learn “anything a veterinarian does with their hands,” which includes how to dress in a gown and gloves in a sterile environment, hold instruments, draw

blood, place IV catheters, stitch using a variety of sutures, give a general examination, perform CPR, and conduct an ultrasound.

“The new simulation lab creates the experience most see in the clinical space,” says Hinckley-Boltax. “The tables, lighting, and everything mimics a fully functioning clinic.”

McCobb notes some of the experiences first-year students have in the simulation lab are not unlike what some have seen if they have worked in a veterinary office. “While some veterinary students come to Cummings School with prior experience as a veterinary technician or nurse, the simulation lab can be particularly beneficial for students who do not have such experience,” says McCobb.

One of the dedicated areas of the lab is for learning CPR skills. First-year students use low-fidelity models to learn basic life support skills such as

establishing an airway and starting chest compressions.

Once students advance to the second year, they can practice on high-fidelity simulators such as Robo Jerry. Robo Jerry can be put through many crises and still come out OK, since he isn't a real dog. Instructors set up the model and computer program and have the students respond as they would in a clinical setting to a real emergency. “When they get out into the clinics, they have to make real decisions,” says Mike Santasieri, CVT, LVT, the new simulation lab manager. “Robo Jerry gives them the freedom to practice making clinical decisions and makes the process less stressful when it is real.”

Another simulator, K9 Diesel, allows students to place IVs and catheters. “Students can monitor all vitals with changes in response to what they do,” says Santasieri. “We can put limbs on it with wounds and can simulate tracking and stopping bleeding.” Santasieri says K9 Diesel looks and weighs the same as a real dog.

The most advanced model is a canine SynDaver, which is a dog that simulates real surgery. SynDaver simulates things that happen in real surgeries, including blood and hemorrhaging. Frank says this model is for advanced students to use to practice surgery skills. However, they must go through all the steps from low- to high-fidelity models and complete those steps satisfactorily. Also, they must also agree to teach first-year students on suture lines and other basic skills.

Santasieri says students may also learn through observing students



3D-printed models can be used to simulate real-world clinical cases that students can learn from.



The simulation lab is designed to mimic a real clinical setting.

“The new simulation lab creates the experience most see in the clinical space. The tables, lighting and everything mimics a full functioning clinic.”

— ARIANA HINCKLEY-BOLTAX, DVM

performing procedures as there are attached rooms with windows that allow for observation. Also, there are cameras and monitors placed in the simulation lab so students may go back and review their procedures.

All second-year students are required to perform a spay/neuter on a high-fidelity simulator before ending the year. One thing McCobb says she has seen is the lab simulates the clinical setting so well that students are able to use the verbiage used in the clinical setting. “By the time they get to the clinic they can understand some of the language we use there as it is not common and they may not remember it just from their studies,” McCobb says.

In the third year, students work in the spay/neuter clinic. McCobb says in addition to the high-tech simulators and clinical feel of the lab, the additional beauty is that the sim lab

is right next door to the spay/neuter clinic. By the fall of their third year, students are working in the clinic and must complete a live animal spay. “Students are encouraged as much as they need to go back into the simulation lab and practice,” says McCobb. “They are right next door, so it is very convenient and creates a seamless process to go from simulation to a live animal clinic.”

Karpowitz helped form an extracurricular peer group that practiced in the simulation lab last year. Key cards allow students to access the simulation lab and the attached learning library, which has a wealth of materials students can use for research. “It’s really nice to have access anytime,” says Karpowitz. “This year, I had to place a catheter in a live dog, and I did it successfully because I was able to go to the sim lab and practice on my own time. It was something I hadn’t

learned since the first year, so it was good to go back and review. It made me feel much more prepared and comfortable.”

Hinckley-Boltax says the suturing models are usually the most popular among students to practice on, followed by the catheter model, which allows students to practice placing and taping the catheter in place.

There are also many other learning models in the lab such as cardiology and anesthesia.

McCobb says she feels the simulation clinic is already helping advance students in their learning. “The students who have been using the simulation lab are performing at a very high level compared to previous years,” says McCobb. “They are more proficient. It’s improving the experience for the students and it’s more ethical for the patients.”

The teaching staff has many ideas on how to expand on what the simulation lab is doing including expanding the learning library and creating continuing education for both professionals within the university and veterinarians in the community. “There are many ways that this lab can be used,” says McCobb. “From our students on their first day to continuing education for the veterinary community, it’s pretty much limitless.” ✧



Kerri Fivecoat-Campbell is a freelance writer living in Arkansas.



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Boost Your Training Game with Simulations

Simulations Engage Employees and Teach Valuable Soft Skills

by M. Carolyn Miller, MA

Training your staff is not just about teaching new skills or behaviors. It is also an employee engagement and onboarding tool. In fact, 48% of employees say training opportunities are one of the reasons they are attracted to an employer, according to the Society for Human Resource Management (SHRM). And when it comes to how they like to learn, nearly two in three employees, or 64%, prefer simulation learning today, according to SHRM.

While simulations are often used to teach technical skills in veterinary medicine, they are also valuable with soft skills such as customer service, leadership, and conflict resolution.

What Exactly Is a Simulation?

Despite the buzz around simulations (sims) today, there is often confusion about what is and isn't a sim. A role play is not a sim, nor is putting the training experience online and adding some digital bells and whistles. A sim is larger and more inclusive than that.

A sim is a story, rolled out across time. That story mimics a "day in the life" of the employee audience, complete with plots, subplots, characters, and challenges. There is also a protagonist, the sim participant, who faces challenges he/she/they must overcome.

A simple example of a sim is a fire drill. There is a lead character (the person who knows the process), a



A simulation (sim) is a story, rolled out across time. It mimics a "day in the life" of the employee audience.

process, and “characters” in the story who follow the leader’s direction. A training sim operates much the same way, albeit more complex. It is also strategically designed and multilayered.

One of the values of the sim experience is its real-life feel. Unlike traditional training, employees get to step into the story and don roles. They face challenges and can impact the story’s outcome, be it saving a client or saving the clinic from financial disaster. How heroic is that?

The Heart of the Sim: Strategic Storytelling

The story the sim tells is not merely for entertainment. It has been strategically designed to achieve very specific learning outcomes. And all the parts of the story, from the

plots and subplots to the characters and their quirks, are in service to the sim’s objectives.

For instance, if you want your sim to teach a specific customer service process, the storyline might be about a new customer coming into the clinic (the plot), complicated by a coworker’s absence (a subplot). The sim participant must not only use a customer service process to satisfy the new customer (a challenge). He/she/they must also manage the stress of extra work due to a coworker’s absence (another challenge).

Assessments of how well the sim participant is doing are also built into the sim. These are disguised as rewards and penalties within the context of the sim story. Most sims have three rounds so that the sim

participant can practice and improve as he/she/they moves through the sim.

In the old days of training, sims were rolled out in big conference rooms with lots of paper and activity. Increasingly, sims are moving online. They are also, often, a mix of online and in-person, or hybrid, rollouts. Regardless, the process used to build a sim is the same.

How to Design a Sim

Creating an effective sim involves four phases. Those phases include planning, such as identifying the sim team and the sim’s objectives. The second phase is the actual design of the story that will play out in the sim.

The third phase involves developing the supporting materials that will bring the story to life, such as a business case that sets up the premise of the story and provides background information.

The last phase involves conducting a pilot to tighten up the story and identify additional needs. This phase also includes rolling out the sim and then debriefing it with the sim participants.

Phase 1: Sim Planning

Sim planning has four components. The first component is identifying the sim’s objective. This includes identifying the behaviors to teach that will accomplish the sim’s objectives.

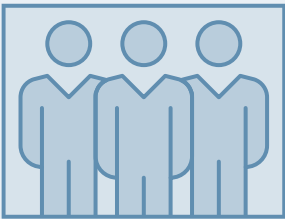
For instance, with a customer service process, the objective may be to bring more clients into the practice. A behavior that would support that might be active listening. This behavior would be disguised in the sim via a customer interaction where the sim participant can practice doing just that.



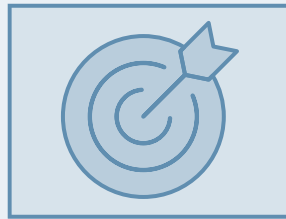
The story the sim tells has been strategically designed to achieve very specific learning outcomes.

How to Build a Simulation

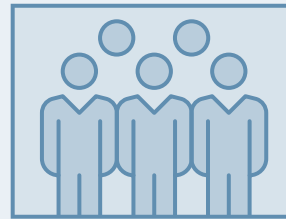
PHASE 1 PLAN



Team



Objectives

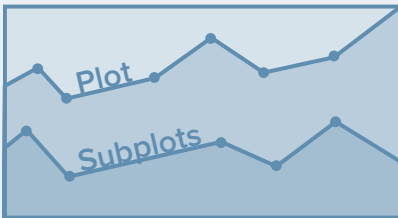


Audience

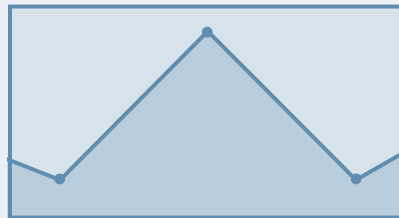


Admin Plan

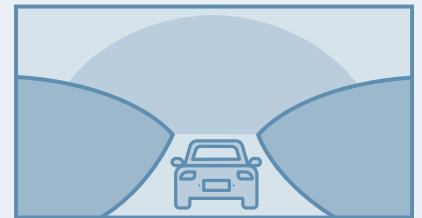
PHASE 2 DESIGN



Story



Challenge
(Objective)

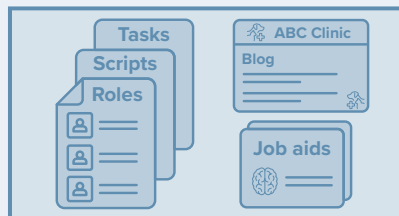


Happily Ever After

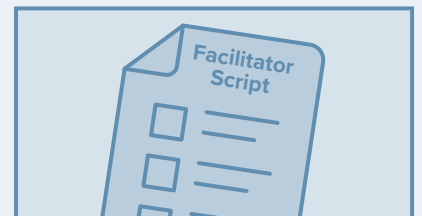
PHASE 3 DEVELOPMENT



The Business Case

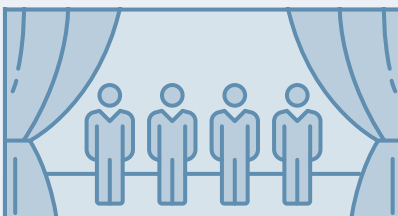


Supporting Sim
Documents

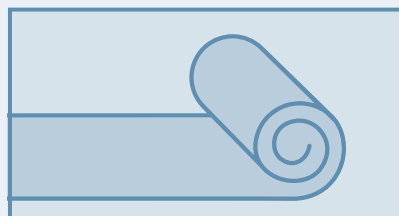


Supporting
Facilitator Doc

PHASE 4 PILOT AND ROLL-OUT



Rehearsal



Rollout



Debrief

The next planning component is to identify the team members who will be involved in creating the sim. Ideally, you want staff that have expertise in the area you're teaching. You also want a creative team member who can take the lead on the story's development and writing materials.

Because the sim will mimic a "day in the life" of the sim participant, it is critical to know what kind of day your employee audience experiences that is mimicked in the sim. This can include frustrations and challenges. It's also helpful to have a sense of what excites sim participants about their jobs so you can weave those internal rewards into the sim.

Finally, administrative issues must be outlined. These include identifying the resources, in time, people, and budget. It also includes identifying how to overcome any system constraints such as sim participants who work different schedules. The

sim's timeline and the larger practice timeline must also be factored in.

Phase 2: Sim Design

This phase of sim design involves concepting out the story, including the major plot and subplots. This is similar to how a writer outlines a novel. The difference is that the sim story uses a fictitious version of a workday, including its characters and challenges.

Every story has a moral, and a sim story is no different. Here, those "morals" are the designer's learning objectives, embedded in every part and person in the story. This includes characters and challenges the sim participant must navigate successfully to reach "happily ever after," that is, meet the sim's learning objective. (This often takes the form of a presentation or celebration.)

A sim story is usually drafted on a storyboard, that is, a spreadsheet that maps the story across time. Character and plot development

move through the storyboard, with multiple "scenes" or rounds that progress the storyline.

That story also brings to life the behaviors being learned and the end goal of behavior change. Distractions and interruptions are also often introduced into the sim at critical times to emotionally charge the sim story, not unlike a typical workday.

Phase 3: Sim Development

This phase of sim development is the most detailed. It involves creating and formalizing all the parts and pieces outlined in the storyboard, but at a micro level. Together, these documents bring the story to life.

The Business Case

Prior to the sim, the sim story, in the form of a business case, is distributed to sim participants. Its purpose is to define what a sim is and how it works. It also communicates logistical information and sets the stage for the sim story. It introduces characters. It





And all the parts of the story, from the plots and subplots to the characters, are in service to the sim's objectives.

describes the larger context of the story such as the market climate triggering the sim challenges. It also outlines the sim participant's role and challenges to overcome in the upcoming sim.

Supporting Sim Documents

Supporting documents bring the story to life. They also embed information the sim participant needs to move through the sim. These can include paper and digital materials such as emails and texts. They can also include sim distractions and interruptions. Job aids may be created to outline the new behaviors you're teaching. Drafting scripts and enrolling talent to record those scripts may also be part of this phase.

Hybrid and online sims may also have a website and blog to further bring the

fictitious clinic to life, and communicate information. Examples include market information or the buzz on the street via comments on a blog post.

Finally, to assess whether the sim participant is learning what the sim is teaching, sim designers mask "tests" using story elements. For instance, if the goal is to save a client from leaving the practice and the participant omits critical steps, the actor playing the client can choose to walk out the clinic door. The participant "fails" the test. In the next round, he/she/they have a chance to try again with another client. This is why a sim occurs over time.

Because you are creating a believable "alternate reality" via the sim story, it's critical to brand

all materials, digital and paper, with the fictitious clinic's look and feel, in graphic elements, the name of the clinic, and more.

Supporting Facilitator Documents

A sim facilitator is like a play's director. He/she/they guides the characters and the action. That's why a facilitator script or guide with talking points is critical.

Facilitator talking points outline where characters make their entrances and exits. It also enables the facilitator to guide the sim participants and inform them where they are in the story. Additionally, it identifies any materials or actions interjected in the sim.

The facilitator guide also includes debrief questions once the sim is done, to help sim participants review what they've learned. (The greatest learning is always in the debrief.)

Phase 4: Pilot and Roll-Out

Every theater production has a dress rehearsal, and so should every sim. A sim pilot shows you how to streamline the sim. It enables you to delete redundancies and surface any missing materials to create. It can also test any technology or timing glitches.

Once the pilot is done, you're ready to roll out the sim. And once the sim has been conducted, the final step is to do a debrief so sim participants can assess and celebrate all they've learned. ✨



M. Carolyn Miller, MA, is a narrative instructional designer and award-winning writer who has been designing and developing sims for 30 years. www.cultureshape.com



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Strengthening Client Bonds Through Technology

A Conversation with Stacey Santi, DVM

Interview by Katie Berlin, DVM

For most of us in primary care practice, preventive care is our bread and butter. We know spending face time with clients to build trust will often pay off in better compliance, healthier pets, and a more successful business. But... schedules are also packed, we are working short-staffed, and sometimes the last thing we feel like we have time to do is spend an extra 10 minutes trying to impress the importance of heartworm prevention on our 18th client of the day.

Could technology strengthen the connection between your clients and your practice? Stacey Santi, DVM, founder and CEO of Vet2Pet, says it might actually be the key to keeping your ideal clients happy and coming back again and again. Read on to find out what the data says about how bonded our clients actually are to our practices, and why a schedule full of “first dates” might be a big reason we’re burned out.

Stacey Santi: I’m a stickler for an excellent client experience. I find

the dynamics of having a great relationship with your client extremely rewarding, and...[around 2010] I ended up being very frustrated with what I would consider the very lame tools that veterinarians had to communicate with their clients in practice.

I was really striving to help people give their monthly heartworm prevention, and all I had were these stickers in a box to give to people to put on their calendar. And I really wanted to be able to send a



“The first thing that we have been blinded by as a profession is the actual bonding rate that we have with our clients.”

—STACEE SANTI, DVM

push notification to people on their phone, because I noticed that when my phone would be sitting there, I would suddenly be craving a double pepperoni pizza from Domino’s because I got a push notification. And I thought, “I want to be able to do that for my clients with their heartworm medicine. How cool would that be?”

That isn’t even a huge dream, but at that moment it was impossible for veterinarians to send a message every month to their clients reminding them to give their medicine to their pet. I figured somebody was building apps for vets, but turns out there wasn’t anybody, so I ended up finding an engineer in California and built this really basic little app for my practice in Colorado.

And my clients could only do a couple of things—they could request an appointment, they could request a refill, and I could send them a push notification every month. But it just gave me a place to do these sorts of things...Pet food recalls, anything I would want to tell my mom about her pet, I could tell all of my clients by having my own little communication platform. I just started adding things to it, and I have a lot of friends in vet med, and they’d say, “Can you build that for me?” and I’d be like, “I guess so.” So on nights and weekends, I’d build about one app a month for a friend, and that turned into two a month, and then five a month, and then I ended up quitting my job in 2016 and officially going all in with my little idea, Vet2Pet.

Katie Berlin: The subject of today’s conversation [on technology] is actually your idea. You said, “Why don’t we talk about our bond with our clients?” and I thought that was really interesting, because I think a lot of people—at least I know I have thought this way in the past—kind of feel like technology sometimes means having less direct contact with the client. Do you think that the rise of technology means less connection?

SS: Actually, I think it’s the opposite. Well, it’s a little bit of a classic “it depends.” The first thing that we have been blinded by as a profession is the actual bonding rate that we have with our clients. We’re operating really off a gut feeling in this department where we think we know which clients are the best ones, and we think we know who would never leave us and who’s loyal, and who the top 20% is, and chances are you have a pretty good pulse on who it is, but what we haven’t been able to really home in on until recently is actually looking at the data to see how bonded our clients are.

And would it surprise you if I told you that about 37% of clients that you see today will not come back and see you and spend even \$1 at your practice in the next two years?

KB: Wow, that seems like a lot. That is surprising.

SS: Yeah, a lot. I nearly died when I saw this metric because...We were actually evaluating how the bonding was going in our loyalty program, and we said, “Well, we need to know how the bonding is *before* we start a loyalty program,” and it turns out it’s quite terrible. I think we just don’t

have a good grasp on how bonded or unbonded our clients are. We're very busy, but part of the problem of being exhausted is having to go on a bunch of first dates all the time.

KB: Yeah, that's true. I think about being in the exam room and seeing, say, 12 clients, and now knowing that over a third of them are not going to come back, you think of all the energy you pour into those appointments and you're like, "Wait, where are they going? What did I do?"

SS: Yeah, you keep working because you're a machine, and they keep coming in and you keep trying to do your best and you're always tired. I mean...part of being a happy, fulfilled, successful veterinarian is having a clientele that you've got trust with, and they know you, you know them, you're on the same page. You're a good match, like peas and carrots. They're a delight to work with because they aren't going to question you, they aren't going to try to have you do weird things. It's a magical place to be a veterinarian when that happens, but if you're constantly just going on first dates, it's really hard to get to that level. It's more exhausting.

So how come that's happened? I think a couple of reasons is we are heavily dependent on that once-a-year or twice-a-year visit being so powerful and so strong that it holds you over till the next time we see you, and you don't stray away or go somewhere else—but where technology fills the gap is in the middle. I'm not suggesting that technology and bots should check you in at your wellness exam and give you your print-out, your rule outs...No, I think that's the time to shine with your in-person

relationship skills. It's the in-between where you can still have a relationship with your client, a communication engagement strategy in technology that kind of tides you over until the next time they come in.

KB: Do you feel like vets and vet professionals in general seem to be a little bit resistant to the idea of introducing technology, or is that a thing of the past?

SS: Well, that has always bothered me, when I hear [people] say vets are resistant to technology. Let's be honest, vets are resistant, like everyone else, to *bad* technology.

And the truth is we haven't had great tools available to us. Even the practice management software scene is a nightmare. A lot of this

stuff's really old, a lot of stuff doesn't talk to other stuff. It used to take acts of magical wonders to get your practice software to talk to your X-ray machine, to talk to your laboratory services—it's just hard. So I think when we say vets are resistant to technology, it's a cop-out for people building bad technology.

Because we aren't resistant to change. I know as a veterinarian, my life changed every five minutes at the practice. I'd be doing a dog spay, and suddenly I'm repairing an artery. Or suddenly an emergency comes in, I have to think about something else... I've got to pivot constantly. I might be coming into the exam room to talk to you about your wellness exam on your golden retriever. And I've got the vaccines ready and the heartworm spiel loaded, and I realize you have



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—STACEE SANTI, DVM



“We aren’t resistant to change. I know as a veterinarian, my life changed every five minutes at the practice.”

—STACEE SANTI, DVM

an abdominal tumor, and I've got to have the talk of life with you now.

So yeah, we change. I always find that comment...I don't know, it rubs me the wrong way. Because I think if veterinarians have tools that work for them, that aren't dumb, of course we're going to use them. If they solve problems, if they're a pain killer to a pain we have, absolutely veterinarians will use them.

KB: I like that a lot, because I don't like being grouped into a whole generalization like that either. And I think change is hard for everybody. So if you feel like the activation energy to adopting something new

is really high, and it's going to be really hard to make that change, then of course it's going to be hard for everyone, because vets and vet teams are really busy. But so many of these solutions can make that better and make life easier, right?

SS: Well, that's part of the problem too, if you think about it...finding the time to get your head up above the forest so you can see if there are other choices for you out here...You're so busy, you think to yourself, "I just have to see all these cases, I just have to keep doing what I do every single day," instead of saying, "Well, I have to carve some space for myself so I can evaluate my operational systems, I can evaluate

my processes, I can evaluate what technology I'm using and try to get better equipped for the next decade." You're going to have to stop at some point and take inventory and do a little work *on* the business instead of constantly being *in* the business.

KB: If you're thinking about trying something new, it really helps, I think, to have the team involved in thinking of solutions and in adopting new things...It helps to feel like you have a personal investment in the change too.

SS: For sure...I think where leaders get mixed up is not having those conversations with their team and exploring why. Why do we want to do this? It's not, "Oh look, I bought you this new texting thing and now we're going to start texting with clients." And everyone's like, "Oh my god, I can't." We need to not do it that way. We need to say, "Listen, I've done the math, and if we can cut down one-third of our phone calls and go over here and even have a remote employee help us, this is going to make our life better." And I think if everyone can see the why, they're more inclined to accept the change.

KB: Yeah, and in a way, having more ways for them to be in contact with you, like two-way texting, so they don't have to sit on hold forever or leave a message, actually feels more personal, because it's more like, "Oh I have a direct line to them."

SS: I think we need to train on some basic people skills, and that not doing these things means people will probably blame technology: "This place has changed, this place is not the way it used to be. You're too

big for your britches now. I've paid for the wing of this practice," all of that. I've been there, because I grew my practice from small to big, but it's all about getting the people on the front lines to do some of these relationship building things that make people feel good.

KB: Why do you think it is that we have trouble keeping clients bonded to us? Even if an appointment goes well, why do you think clients don't come back?

SS: Well, I think if you look at what primarily drives loyalty from a pet owner to a veterinary practice, it's going to be some basic things like location, we can't really change that. Accessibility: "I can't get in, I've been your client for 10 years and I can't get in for three weeks," that starts to affect the feeling. "I have a question, I want to talk to you in between the visits," that's another one. Personalized care, knowing that you matter, that's another one. The

way that the doctor talks to the client so that we're not over-talking to them or under-talking to them, so making sure that what we're saying is landing. That's another one.

Recognizing when you're not resonating with a client—it might be good to just own that. I remember one guy came into my exam room one time, and his dog had grade 22 dental disease. And he was there just for the rabies shot every three years, and I'm like, "Well, your dog needs a dental so bad. It's so horrible." And he's like, "No, I only want the rabies shot." And I just told him, "I'm not your girl. I respect your viewpoints, but we aren't a match. I'll give you the rabies shot, but let me give you some references to some other practices." And that might sound like, "Oh, I can't believe you did that." But it's only going to frustrate him if I keep recommending a dental every time and making him feel bad and he has zero intention of ever doing it.

And the opposite is true as well. I don't know if you recall, but years ago, the Humane Society started offering spay/neuter and full-service dentals to the general public, and there was a huge panic that, "Oh my god, we're going to lose all of our clients, they're going to go over and get the [cheap] dog spay. And they're not going to come to Riverview and get the [more expensive] dog spay."

Well, that actually didn't happen, because the people that want the [more expensive] dog spay with all the bells and whistles aren't comfortable getting the cheaper version. So if a client that wants that ends up at the shelter, they might also be a mismatch.

Think about when you travel, what kind of hotel you're going to stay at—sometimes this one's better, sometimes that one's better. It's a personal decision, and I think veterinarians have this mentality that you have to be everything to everybody all the time, and it's



exhausting, and it actually doesn't even make sense when you say it out loud.

KB: That hotel analogy is really good—I can't afford the Ritz Carlton, but I don't expect the Red Roof Inn to be like that.

SS: I'm a fan of forward booking the top clients that I enjoy working with, because if you fast forward six months or a year and you come in to work and your day is stacked with your top clients, that's a beautiful thing. So trying to stack your day in the future and build the experience you want, it may not happen today, but if you do the work today, it will happen tomorrow. What I consider the best time in my life in practice is working with those clients that are my people. And each person,

each vet has their own definition of who they gel with. And so [it's about] identifying who you like and taking really great care of them.

KB: I have a little framed picture above my desk that one of my favorite clients gave me, and it just reminds me of how good that felt when I knew they were on the schedule—and to have five or six of them in a row in one afternoon was just nirvana. So creating that for yourself and not just having it happen by accident? That's really, really smart.

SS: And then you say something like, "Man, May 5th, 2023, is going to be amazing." ✨

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all major podcast platforms, YouTube, and aaha.org/podcast. Send us feedback or questions anytime at podcast@aaha.org.

Stacey Santi, DVM, is a 1996 DVM graduate from Colorado State University and the founder of Vet2Pet, a technology client engagement platform for veterinary practices. With over 20 years of clinical experience in small animal and emergency practice, Stacey brings an "in the trenches"



approach to innovation and solutions for veterinary teams. She has served on various industry advisory boards, served as past-president of the Colorado Veterinary Medical Association, and was recently voted 2021 Educator of the Year for Western Veterinary Conference.



Katie Berlin, DVM, CVA, is AAHA's Director of Content Strategy.

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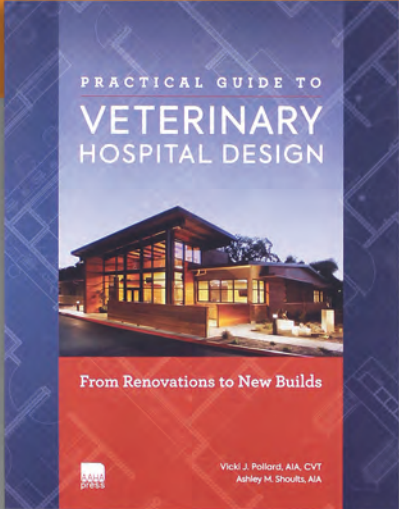
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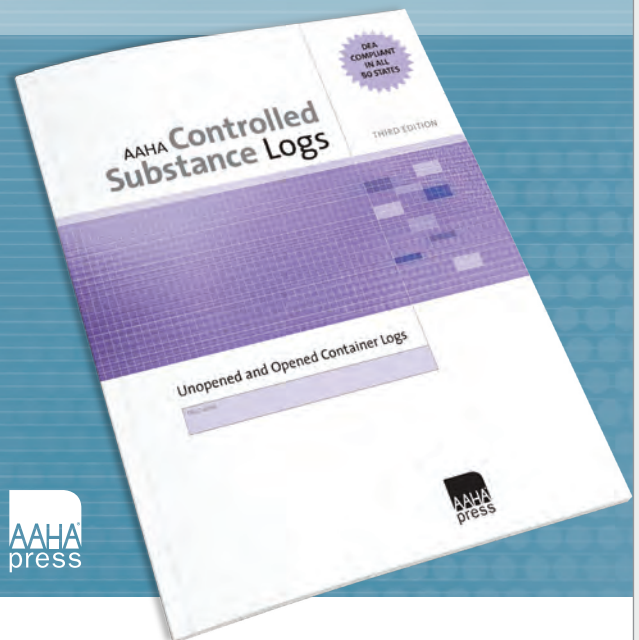
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Courtney Einecker, CVT

Certified Veterinary Technician

43rd Avenue Animal Hospital

Glendale, Arizona

Year started in vet medicine: **2018**

Years with practice: **1**

Nominated by: **Stephanie Longbrake**

AAHA MEMBER

Employee of the Month



Why Is Courtney So Awesome?

She's very charismatic, kind, and always willing to help. She is a natural leader, even helping to educate clients so that they can be the best advocate for their pets. Courtney also always has a positive outlook on any situation.

How Does She Go Above and Beyond?

Anytime any of her coworkers need assistance, she jumps right in to help. She is considerate in little ways as well—like helping hold a patient while the parent weighs the sibling or helping a client to their car. She also always has something encouraging to say, not only when times are difficult but when she sees something awesome in those around her.

In Her Own Words

Why do you love your job: As a CVT I get to wear many hats, and one of my favorite of those hats is being an investigator. It's my job to ask the client probing questions in order to get a better view of my patient's home life and any recent changes. That way I can work with the veterinarian to get to the bottom of the true cause of their symptoms. Our patients can't speak for themselves, so it starts with me asking the right questions in order to give them a voice.

Pets at home: I have an orange tabby cat named Alfie, named after Tom Hardy's character on the Netflix show *Peaky Blinders*.

What brought you to the profession: Ever since I could remember I have always loved animals! As a kid I used to watch Steve Irwin and Jeff Corwin on TV wanting to be just like them.

Hobbies outside of work: I'm in a bowling league, and I love to travel and hike.

Each month *Trends* spotlights an AAHA member, with generous support from CareCredit.* If you want to nominate someone, visit aaha.org/eotm and enter them for a chance to win \$500!

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