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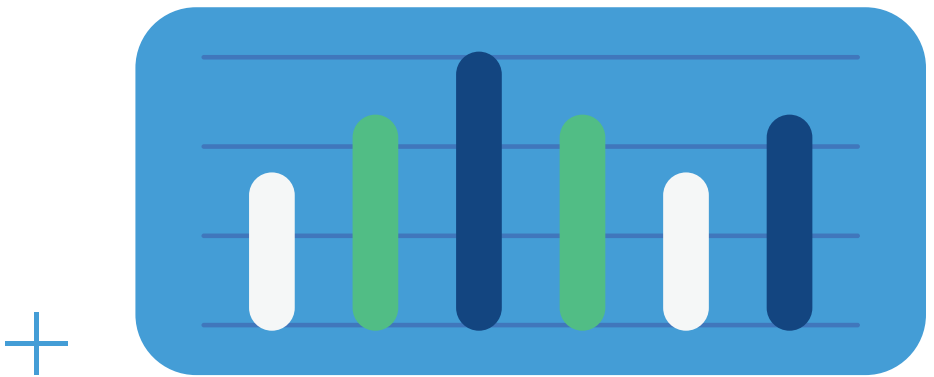
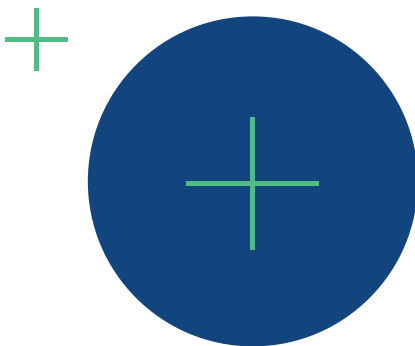
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CLARO® (florfenicol, terbinafine, mometasone furoate) Otic Solution for use in dogs only

Do Not Use in Cats.

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

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

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

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

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

DOSAGE AND ADMINISTRATION:

CLARO® should be administered by veterinary personnel.

Wear eye protection when administering CLARO®.

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

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

Shake before use.

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

Administer one dose (1 dropperful) per affected ear.

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

CONTRAINDICATIONS:

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

WARNINGS:

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

PRECAUTIONS:

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

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

Proper patient selection is important when considering the benefits and risks of using CLARO®. The integrity of the tympanic membrane should be confirmed before administering the product. CLARO® has been associated with rupture of the tympanic membrane. Reevaluate the dog if hearing loss or signs of vestibular dysfunction are observed during treatment. Signs of internal ear disease such as head tilt, vestibular signs, ataxia, nystagmus, facial paralysis, and keratoconjunctivitis sicca have been reported (see **POST APPROVAL EXPERIENCE**) with the use of CLARO®.

Do not administer orally.

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

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

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

ADVERSE REACTIONS:

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

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

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

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

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

Information for Dog Owners:

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

Manufactured for

Elanco US Inc

Shawnee, KS 66216

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

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

²Elanco Animal Health. Sales data on file.

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Better care, better minds, and better economics

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Ease doctor shortage woes by making full use of credentialed techs

by Maureen Blaney Flietner





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References: 1. LaFleur RL, Dant JC, Wasmoen TL. Prevention of disease and mortality in vaccinated dogs following experimental challenge with virulent leptospira. *J Vet Int Med.* 2011;25:747.

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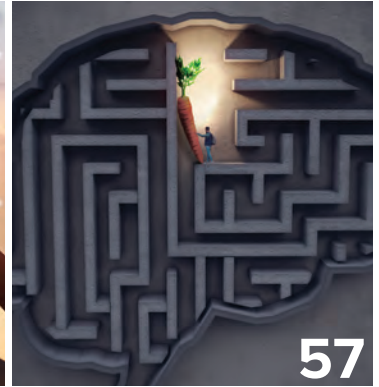
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from the editor's desk

GO TEAM! WELCOME TO THE TEAM ISSUE OF *TRENDS*. To kick off the new year, we decided to open up with an emphasis on one of the most important aspects of success in today's veterinary practice world: your team. We have a great lineup, appropriately starting with an article on practice culture by the power team of Stephen Niño Cital, RVT, SRA, RLAT, CVPP, VTS- LAM (Res. Anesthesia), and Tasha McNerney BS, CVT, CVPP, VTS (Anesthesia and Analgesia).

We also look at making full use of your credentialed technicians, which is a theme you might see a few times this year in *Trends*, because we think it is super important! We also have an article on One Health for the veterinary team, and some advice on how to hire and retain your best team in 2023.

And for the *Central Line: The AAHA Podcast* episode highlight this month, we have a transcript of an interview with Senani Ratnayake, BSc, RVT, who is a well-known speaker and consultant who focuses on team development and support.

WIN MONEY, GET RECOGNIZED!

Don't forget about our Employee of the Month contest! 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! Try it today at aaha.org/EOTM.

COMING NEXT MONTH

February is our Senior Issue, focusing on all things senior. From marketing to senior patients to senior dental tips, we've got something for all of those silver-muzzled patients. We will also have an executive summary of the new *2023 AAHA Senior Care Guidelines for Dogs and Cats*.

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

—Ben Williams, Editor

View from the Board

You're Not Off the Hook When It Comes to Creating Team Culture

We've all been there. We join a team, and everything is going great. The team members get along; we're using our skill sets; we're getting things done; we see a future here; life is pretty good. And then suddenly things start to go off the rails. Maybe someone says something that rubs us the wrong way. Maybe there's a conflict over how to do something. Whatever it is, we can't help but think "What is going on here? I thought we had a good thing going."

It's easy to blame the team when things go south, but the truth is that we all have a responsibility in creating and maintaining team culture. Just because we're not the team leader doesn't mean we can't have a positive impact on our team's culture. In fact, every one of us impacts the culture of our team, every single day. So, what can you do to create a positive team culture? Here are a few ideas:

Be proactive about conflict resolution. If you see something happening that has the potential to turn into a conflict, nip it in the bud before it has a chance to get out of hand. This doesn't mean being a tattletale; it just means being aware of what's going on and taking action to prevent problems before they start.

Communicate openly and honestly with your teammates. This one might be hard if you're naturally introverted, but it's important, nonetheless. Letting your teammates know what you're thinking and feeling will help create an open, honest environment where people feel comfortable sharing their thoughts and ideas. Additionally, it will help prevent misunderstandings and miscommunications down the road.

Be respectful of everyone's time and energy. We all have a limited amount of time and energy, so it's important that we use it wisely. That means not expecting people to work longer hours just because we might be available, not monopolizing conversations, and

generally being considerate of others' time and energy levels. We really do need to treat every one of our team mates the way we would like to be treated ourselves.

We all have a role to play in maintaining, protecting, and growing our team culture. By being proactive about conflict resolution, communicating openly and honestly with our teammates, and respecting everyone's time and energy, we are doing our part to support positive, productive teams that are enjoyable to work on. So next time you find yourself thinking "Why can't this team just get along?," remember that you play a part in making that happen—and take action accordingly. A great culture is worth fighting for.



Dermot Jevens, MVB, DACVS, is secretary/treasurer on the AAHA board. A 1987 graduate of University College Dublin in Ireland, Jevens practiced in Connecticut and Pennsylvania before moving to South Carolina in 1997 to found Upstate Veterinary Specialists. He is currently CEO of AcharaVet.

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:

Train Your Dog Month

Walk Your Dog Month

Happy New Year!

Answer Your Cat's Questions Day

January 22



HOT TOPIC TUESDAY: Vaccine Edition

In the 2022 AAHA Canine Vaccination Guidelines, the task force states that some traditionally “noncore” vaccines may be considered “core” (meaning recommended for all dogs) in certain areas. How many of you recommend a Lyme vaccine for ALL dogs? What about leptos? And what state or province do you live in if so?

Log in to the AAHA Community to see the what people are saying!



Start the conversation with other AAHA members when you log in at community.aaha.org.

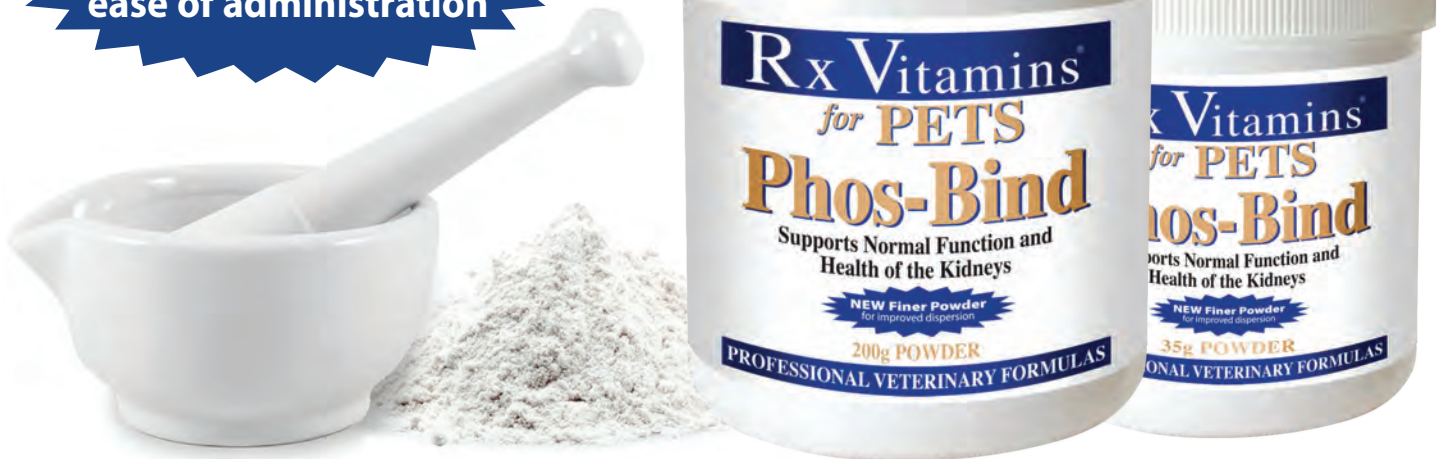
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notebook



Fifteen-week-old Hope, seen at Warrington, Ireland's Cats Protection's rescue center.

Canine Immunotherapy Data Center Receives Second NIH Grant

The School of Veterinary Medicine at the University of Pennsylvania reports that although cancer scientists frequently use cell lines and rodent models to study how diseases arise and respond to experimental therapies, dogs naturally develop many of the same cancer types as people do and receive some of the same drugs, including immunotherapies, which mobilize the patient's own immune system to fight tumors.

Funding to support clinical trials of immunotherapies in dogs was part of the Cancer Moonshot launched by then-Vice President Biden in 2016. The school was recently awarded a grant from the National Institutes of Health (NIH) to continue its work as the Data Coordinating Center for Pre-medical Cancer Immunotherapy Network for Canine Trials (PRECINCT). The grant will allow the center to continue that work for another five years, with a goal of furthering scientific research to identify new therapeutic approaches that may translate from dogs to humans. The center collects clinical trial data from 10 veterinary and medical academic sites—5 awarded in 2017 and an additional 5 awarded in 2022—across the country. The school reports that, in doing so, the coordinating center ensures each trial collects high-quality data from canine patients receiving cutting-edge combination immunotherapies in a standardized way.

"Ultimately, the goal is to propel the field of comparative oncology forward," says Qi Long, a professor of biostatistics in the Department of Biostatistics and Epidemiology.



Researchers have learned much from treating dogs like Fantine, a golden retriever owned by Penn Vet supporter Richard Lichter, with immunotherapies for cancer, in part because tumors in dogs can closely resemble those in humans. With new support from the NIH, a Penn-led team is ensuring such lessons can effectively translate into new therapeutic approaches.

Kitten Found to Be Neither Male Nor Female

Hope, a 15-week-old cat, was originally thought to be female when admitted to Ireland's Cats Protection Rescue Center in Warrington, but veterinarians found no external sex organs. Senior field veterinary officer Fiona Brockbank said it appeared to be a case of agenesis, which she and her colleagues had never seen before. The group reported they had seen hermaphrodite cats, though they were rare. After an investigation, they found Hope had no sex organs, externally or internally.

"There's an outside possibility of some ectopic ovarian tissue hiding away internally but we think this is extremely unlikely," says Brockbank. "This is so rare that there isn't really a commonly used term for this condition, but it is effectively sexual organ agenesis."

She reports that the group monitored the cat to ensure they can urinate and defecate appropriately before they were made available for adoption.

QUOTE OF THE MONTH

"Out of your vulnerabilities will come your strength."

—Sigmund Freud

Researchers Identify Nonvisual Itching Pathway

Researchers at Washington University School of Medicine in St. Louis have identified a pathway in the brains of mice that is activated when the animals see other mice scratching. The researchers previously reported that the urge to scratch an itch after seeing other mice scratching is hardwired in the brain. Now they have found that this so-called contagious itching is controlled through a visual pathway that they report operates independently of the visual cortex, the area of the brain that processes visual information.

The new findings advance understanding of the triggers that spur itching and eventually may point to solutions to quell itch-related conditions in people. The work also provides more evidence that some cells in the retina not previously linked to vision actually may assist us as we see. The new study is published in the journal *Cell Reports*.

“This contagious itch—which is a reflex response in mice, just as grooming is—must be somehow important for survival,” said principal investigator Zhou-Feng Chen, PhD, director of the Washington University Center for the Study of Itch & Sensory Disorders. “We humans also experience contagious itch, but we have found that in mice such itching is controlled through a pathway that was not known to be responsible for ‘seeing’ things. That could mean this sort of imitative scratching behavior is an ancient, protective behavior.”

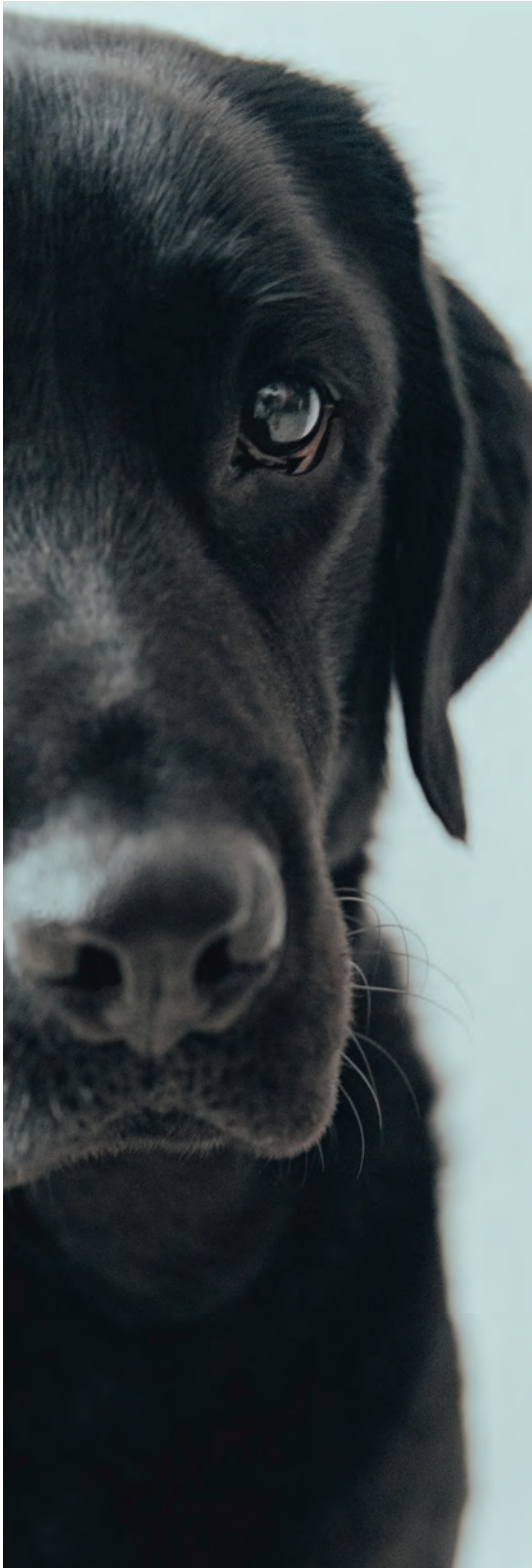
Perhaps, Chen said, since mice are nocturnal and often in dark places, it may be important for them to know whether the area they move around in could be full of insects, such as mosquitoes. Because of their poor eyesight, one way for mice know this is to see what other mice are doing. If nearby mice begin to scratch, that could be a warning signal that biting mosquitoes or other insects are swarming. “You had better scratch now before the mosquitoes bite you, too,” he said. “This kind of contagious behavior is widespread in the animal world.”



US Pet Insurance Market Size Set To More Than Double By 2028

BlueWeave Consulting recently released a study that estimated the size of the 2021 US pet insurance market at \$1.94 billion. The company forecasts the market to expand and reach \$3.85 billion by 2028.

The company says that rising demand for pet insurance to reduce out-of-pocket costs for serious illnesses such as cancer and unintentional injuries has been positively expected in driving the growth of the US pet insurance market. They state that the insurance market’s development might be slowed by risks to pet insurance providers, entry obstacles, and fierce competition, but that advancements in technology and the untapped possibilities in new areas provide strong growth prospects. For more information, visit blueweaveconsulting.com/report/united-states-pet-insurance-market.



New Genetic Test Identifies Dogs' Risk of Common Ligament Rupture

Researchers in the Comparative Genetics and Orthopedic Research Laboratory at the University of Wisconsin–Madison School of Veterinary Medicine report that they have found a way to determine whether a dog is susceptible to cruciate ligament ruptures. Researchers report that although any dog can rupture the ligament, it is uncommon to happen through injury alone. Rather, genetics play an essential role in the degeneration of the cruciate ligament, increasing the risk of a rupture. The screening test, the first of its kind in companion animals, requires only a cheek swab that can be collected at home or a small blood sample.

The researchers made the screening test available for Labrador retrievers, the most popular dog breed in America, in late 2022. They report that the Labrador breed has a high risk of developing the disease; 5–10% of Labradors rupture a cruciate ligament within their lifetime. The research team is now working to extend the development of predictive genetic testing to other breeds with a high risk of cruciate rupture, like the rottweiler and Newfoundland.

“In dogs, ligament degeneration and progressive rupture of collagen fibers in the ligament tissue leads to the development of knee joint instability over time,” says Peter Muir, laboratory co-director and a professor in the Department of Surgical Sciences in the University of Wisconsin–Madison School of Veterinary Medicine.

Researchers used a method called array genotyping to determine genetic markers for each dog. By analyzing the DNA and gene variants in multiple samples, they could identify the small variants associated with cruciate ligament rupture.

These findings allowed scientists to determine the genetic risk of developing cruciate ligament rupture in Labrador retrievers. They found a heritability estimate of 0.62, meaning for each individual Labrador who develops cruciate ligament rupture, about 62% of the risk is genetic, and approximately 38% is environmental. From this research, the lab can now test individual Labrador retrievers for the genetic risk of a cruciate ligament rupture with 98% accuracy. These efforts not only benefit dogs, according to Muir, but further genetic testing research for animals and humans alike.

“Our initial interest in the disease is as a spontaneous animal model for human orthopedic disease,” he explains, to better understand human ACL tears and associated genetics.

Researchers made the screening test available for Labrador retrievers at high risk of developing cruciate ligament rupture. Next, the team is working to extend the development of predictive genetic testing to other breeds.

Veterinarians Save Kitten's Life with Rare Procedure

Texas A&M University reports that, like most stories in veterinary medicine, Pinky's starts with a trip to the veterinarian. The twist, however, is that the visit wasn't even for him—Pinky, a domestic longhair kitten, happened to tag along for his littermate's appointment when their veterinarian noticed he had a rare condition. Pinky came to the Texas A&M Small Animal Teaching Hospital (SATH) at three months old with what would be diagnosed as pectus excavatum, a congenital disorder in which the sternum doesn't form properly. With the condition, the sternum is pointed inward toward the chest cavity, affecting an animal's heart and their ability to expand their lungs.

After a social media conversation that discussed the rescue kitten's condition, second-year veterinary student Molly Guyette saw a post on the Texas A&M School of Veterinary Medicine and Biomedical Sciences Class of 2025 Facebook group. She volunteered to be a medical foster for Pinky, providing postsurgery weekly follow-ups.

To move the sternum into the correct position, Pinky's team placed an external splint on his chest that was connected to his sternum with a series of sutures. By tightening these sutures small amounts each week, they were able to gradually pull the sternum into place, similar to how braces straighten teeth.

"With young cats like Pinky, their bones are still made up of a lot of cartilage, especially in that area, so the sternum is a lot more pliable," said Chanel Berns, DVM, a first-year resident at the SATH. "Once cats get older, the cartilage in their sternum starts to get more mineralized, so the procedure doesn't work as well, and it's harder to get an immediate improvement."

That immediate improvement was especially evident in Pinky's case, according to Berns.

"In Pinky's first set of X-rays, before the splint was placed, he had a very small amount of his lungs functioning normally, and his heart was very deviated to the side," she said. "Then, in his immediate post-op images, you can see that the splint made a huge improvement right away. His lungs were able to expand, and his heart was in the correct position."

The splint was left in place and gradually tightened for four weeks, until the veterinarians felt that Pinky's bones had mineralized enough that it could be removed, and the sternum would stay in place. By the time Pinky finished his recovery, Guyette's family had decided to adopt him, along with his littermate Floyd.



Pinky the kitten with Chanel Berns, DVM, of the Texas A&M University School of Veterinary Medicine and Biomedical Sciences.



US Veterinarian Pay Ranks Highest

A survey conducted by The Vet Service, a recruitment agency, found that US veterinarians who graduated within the past two years earned from \$110,000 to \$140,000 annually on average, ranking first among practitioners in English-speaking countries. Canadian veterinarians with up to two years of experience were paid from \$100,000 to \$116,000. In addition, the top three highest-paying countries for relief veterinarians were the United States, at \$400 to \$1,000 a day; the United Kingdom (\$360 to \$600), and Canada (\$310 to \$618). "Overall, the outlook remains positive for salary growth in the veterinary sector, both for permanent and locum veterinary positions," according to the UK-based agency.



Zoetis Launches Project WAG to Support Veterinary Wellbeing

Global animal health company Zoetis recently announced the launch of Project WAG (Wellbeing and Growth), designed to help veterinary professionals build and maintain a better standard of wellbeing within their practices. In a release, the company reports that Project WAG provides all veterinary professionals, including veterinarians, veterinary technicians, and support and administrative staff, with easy access to resources and tools designed for self-care to help them set healthy boundaries at work, connect with the community, and create more joy in their day-to-day work.

“Burnout and wellbeing concerns within the veterinary field are fairly common but, unfortunately, overlooked problems. In fact, nearly one-third (31%) of veterinarians in the US

have reported experiencing depressive episodes,” said Tara Bidgood, DVM, PhD, executive director of US Petcare Veterinary Professional Services and Medical Affairs at Zoetis.

The project’s online hub, ProjectWAG.org, includes:

- Access to complimentary support facilitated by licensed healthcare professionals, as well as self-care resources.
- Tools to help veterinary health professionals foster team building and community among their peers—and within their own practices—to focus on a culture of wellbeing.
- Educational resources to help veterinary health professionals feel knowledgeable so they can take control of their own wellbeing, as well as become advocates for their colleagues, peers, and future veterinary professionals.



Colorado State University students working with an animal.

CSU Plans \$278 Million Veterinary Health Complex

Colorado State University’s (CSU) College of Veterinary Medicine and Biomedical Sciences has announced plans for a \$278 million upgrade and expansion of its current veterinary medicine and education facilities. In a release, the school says that the new facilities will allow the college to enlarge class sizes and to implement a progressive new curriculum that includes training in problem-solving, conflict resolution, decision-making, and mental, physical, and financial wellbeing. Livestock and tertiary care facilities will also be modernized, and clinical trials facilities will be expanded. The new 300,000-plus square-foot expansion is expected to be completed in phases through 2028.



Empower your **team** to be *champions* for **senior pets.**

Did you know senior dogs and cats represent 44% of the pet population? They've got so much love left to give—and they're entitled to the best care we can offer in their golden years.

The *2023 AAHA Senior Care Guidelines for Dogs and Cats* provide strategies to make your practice senior-friendly and teach your team to give senior pets—and their people—the personalized care they deserve.

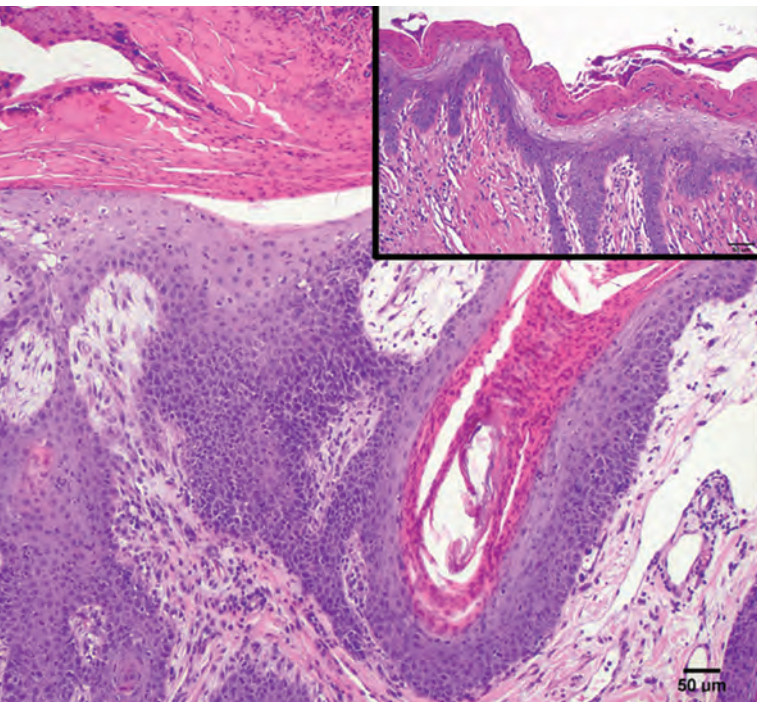
Learn how to become a senior pet champion at aaha.org/senior-care.

The *2023 AAHA Senior Care Guidelines* are generously supported by Boehringer Ingelheim Animal Health, CareCredit, IDEXX, and Zoetis.



Guidelines

ABSTRACTS



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VETERINARY PRACTICE GUIDELINES

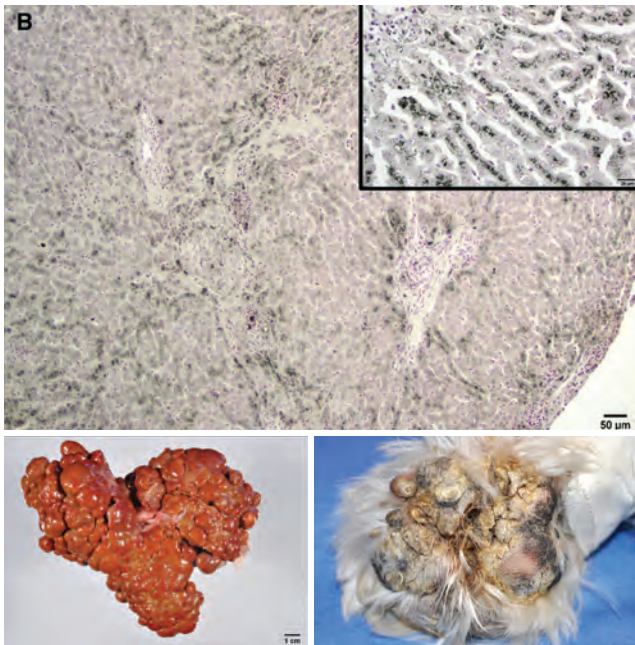
2023 AAHA Senior Care Guidelines for Dogs and Cats
Ravinder Dhaliwal, Elizabeth Boynton, Sheila Carrera-Justiz, Nicole Cruise, Mary Gardner, Janice Huntingford, Heidi Lobprise, Elizabeth Rozanski

Veterinary professionals are taught to recognize that “old age is not a disease.” However, clients may have the perception that older dogs and cats undergo an unavoidable physical, mental, and behavioral decline attributable simply to old age. The veterinary team’s role includes providing medical care and support to senior pets to maintain their quality of life, as well as supporting and educating clients on proper senior animal care and addressing any misconceptions about the aging process. These Guidelines describe a systematic approach to the healthcare of the senior pet that is based on an evidence-guided assessment of both healthy and unhealthy canine and feline patients. By using evidence-guided medicine, which may include conventional and integrative approaches as well as environmental management for the senior pet, the patient’s quality of life can be enhanced and potentially extended during this vulnerable life stage. Developing a senior program for the veterinary practice requires appropriate training of the entire healthcare team and includes a robust client education program that focuses on the wellbeing of the senior pet. Palliative and hospice care should be included in the education and information provided for both the veterinary team and the families of senior pets.

CASE REPORTS

Successful Use of Mycophenolate Mofetil as Adjunct to Prednisolone for Treatment of Acute Kidney Injury Secondary to Human Serum Albumin Administration in a Dog
Mariana Almeida, Adam Mugford, Pieter Defauw

The use of human serum albumin (HSA) is described in dogs receiving critical care. However, despite the high degree of homology, anaphylactic and delayed hypersensitivity reactions are reported. Delayed type III hypersensitivity reactions can lead to glomerulonephritis and acute kidney injury (AKI). Undiluted 20% HSA was administered to a 4.8 yr old intact male Labrador retriever with severe hypoalbuminemia, following surgical management of septic peritonitis of gastrointestinal origin. Nineteen days after HSA administration, the dog developed peracute high magnitude renal proteinuria and AKI. Rapid immunosuppression, using a combination of prednisolone and mycophenolate mofetil, resulted in full resolution of AKI, hypoalbuminemia, and proteinuria. Addition of mycophenolate mofetil may have resulted in the first documented case of full renal recovery from hypersensitivity-induced AKI caused by HSA administration.



CASE REPORTS

Treatment of Superficial Necrolytic Dermatitis with Copper Chelation in a Dog with Copper-Associated Hepatitis

Cindy Talbot, Shawn Kearns, Pamela J. Mouser

A 7 yr old castrated male Cavalier King Charles spaniel presented for evaluation of liver enzyme elevations. Abdominal ultrasound revealed a small liver with mixed echogenicity, small hypoechoic nodules, and an irregular surface. Histologic examination and copper quantification of the liver obtained by laparoscopy diagnosed copper-associated hepatitis. One month later, the dog developed hyperkeratosis of all four foot pads and ulcerations of feet, legs, and rectum. Punch biopsies confirmed superficial necrolytic dermatitis. After a total of 2 mo of chelation with no changes to medications, skin lesions began to improve, continuing over the following 6 wk to almost complete resolution. At this point, the skin lesions returned and had minimal response to four amino acids infusions. The dog was switched from penicillamine to trientine. Zinc acetate was initiated 6 wk after the switch to trientine, and skin improvement was noted soon thereafter. At the time of death, skin lesions were improving, and the dog was clinically comfortable. Copper-associated hepatitis should be considered as a possible etiology for superficial necrolytic dermatitis. Treatment of superficial necrolytic dermatitis is often unrewarding, and copper chelation, when copper-associated hepatitis has been confirmed, represents another therapeutic option.

ORIGINAL STUDIES

Efficacy of a Silver-Based Shampoo for Treatment of Canine Malassezia: A Pilot Study

Selene Jones, Paul Bloom

Malassezia pachydermatis is a commensal of canines associated with Malassezia dermatitis. Consensus guidelines

recommend topical and/or systemic treatment, but resistance to antifungals has been reported. The objective of this pilot study was to determine the efficacy of a 0.003% colloidal silver nanoparticle-based shampoo in the treatment of canine Malassezia dermatitis. Dogs were included based on compatible history, presentation, and at least one positive cytology. Fourteen privately owned dogs were bathed every 48 hr for up to 28 days, allowing 5–10 min of contact time. The mean Malassezia organisms for 10 oil immersion fields at each Malassezia dermatitis-affected body area was recorded at days 0 and 14. Dogs positive on day 14 had cytologies performed on day 28. Eleven dogs (78.6%) were cytologically negative by day 28. Nine (81.8%) of these were negative by day 14. One dog (7.14%) had partial resolution (negative in 3/4 Malassezia dermatitis areas) by day 28. These results suggest that silver nanoparticle-based shampoo may be effective in the treatment of canine Malassezia dermatitis. Larger, controlled studies are needed to further investigate efficacy, optimal concentration, and ideal application frequency.



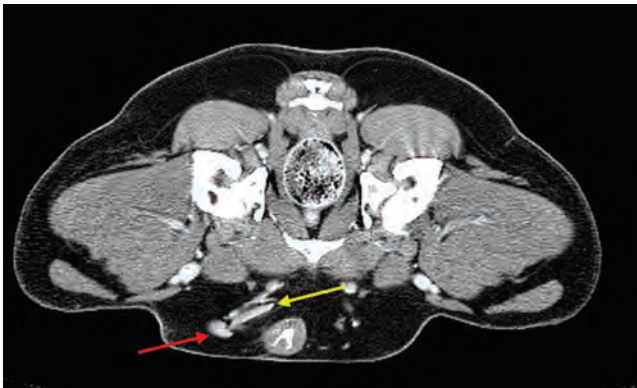
CASE REPORTS

Suspected Generalized Neonatal Tetanus in a Litter of Puppies

Vincent Mayousse, Caroline Soete, Aurélien Jeandel

Tetanus, caused by *Clostridium tetani* neurotoxin, is extensively described in adult dogs and is frequently associated with a recent history of wounds. Although this condition is reported in 2–3 mo old puppies, tetanus has not been described in neonates. Herein, we report the clinical signs of 3–5 day old American Bully puppies from the same litter, presenting with an acute onset of marked generalized stiffness of the extensor muscles, trismus, and an inability to suckle. Three puppies died because of tetanus: one died during consultation, one was euthanized owing to respiratory distress, and the third died 1 mo after initial presentation following deterioration. All three of these puppies were clinically affected by omphalitis. Complete blood work, toxicological screening (including strychnine assay), serology, and polymerase chain reaction tests for selected infectious diseases were unremarkable. Necropsy of the euthanized puppy confirmed suppurative omphalitis, which may have contributed to the *C. tetani* infection. These are the first

cases of suspected neonatal tetanus in puppies, which is a frequent condition in newborn humans and is associated with omphalitis as the route of infection.



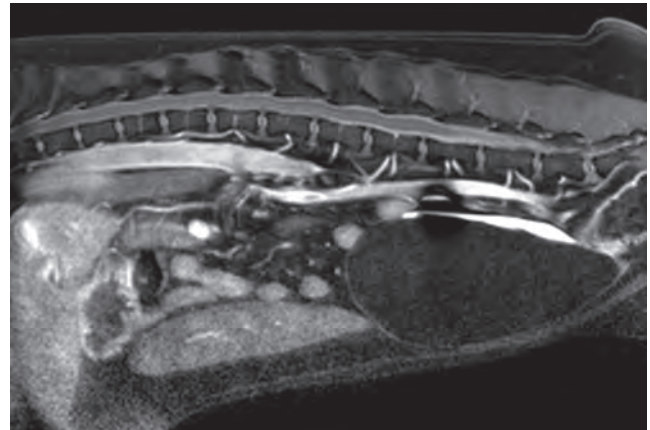
CASE REPORTS

In-Transit Metastasis in a Dog with High-Grade Soft-Tissue Sarcoma: A Case Report

Kelly Hicks, Tanya LeRoith, Brittanie Partridge, Nikolaos Dervisis

A 6 yr old male castrated American Staffordshire terrier was referred for a nonhealing wound at the site of a previously incompletely excised, high-grade soft-tissue sarcoma. Physical examination revealed right popliteal lymphadenopathy and a fungating mass of the right pelvic limb at the level of the hock. Thoracic and abdominal computed tomography revealed mild lymphadenopathy of multiple iliac and inguinal lymph nodes. Right pelvic limb amputation and inguinal lymphadenectomy were performed. Histopathology was consistent of a high-grade soft-tissue sarcoma with diffuse spread through the lymphatic vessels of the right pelvic limb up to the right inguinal lymph node but not affecting the lymph node itself. Doxorubicin chemotherapy was elected postoperatively as adjuvant therapy. Approximately 4 mo following initiation of chemotherapy, the patient developed

a firm, tubular subcutaneous mass starting near the previous amputation site with tracking toward the thorax. Fine-needle aspiration of the new mass was consistent with atypical spindle cell proliferation. Palliative care was elected, and the patient was euthanized 3 mo later because of progressive disease. In-transit metastasis is a rare behavior for soft-tissue sarcomas across all species, and this is the first report of such a presentation for canine soft-tissue sarcoma.

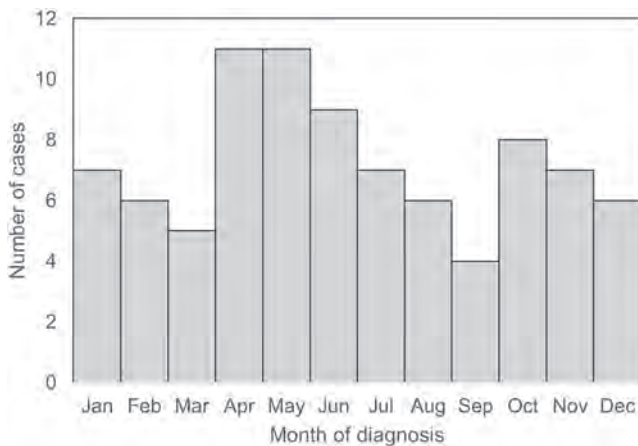


CASE REPORTS

Negative Antigenuria in a Dog with Suspected Central Nervous System Localized Blastomycosis

Harry Cridge, Emily Tryon, Erica Burkland, Adam Moeser

A 7 yr old spayed female mixed-breed dog was presented for a 1 wk history of neck pain and pelvic limb weakness. Examination revealed nonambulatory paraparesis and thoracolumbar hyperesthesia. Magnetic resonance imaging revealed extensive intramedullary T2-weighted/short tau inversion recovery hyperintensity and diffuse severe T1-postcontrast meningeal enhancement of the thoracolumbar spinal cord. An L5–L6 cerebrospinal fluid sample revealed a suppurative pleocytosis (81% neutrophils, total protein 4362.5 mg/dL, and nucleated cell count 352,000/ μ L). While awaiting the results of the infectious disease testing, the dog was treated for suspected meningoencephalitis of unknown etiology with corticosteroids, cyclosporine, and a cytarabine arabinoside infusion. The dog neurologically declined and was started on broad-spectrum antibiotics. The dog continued to decline despite antibiotics, and infectious disease titers subsequently revealed serum antibody positivity for blastomycosis. The dog was then referred to a multispecialty referral hospital and was treated with amphotericin B followed by fluconazole. Prednisone was continued at anti-inflammatory doses. Urine blastomycosis antigen testing was submitted for subsequent disease monitoring but was negative. Five months after presentation, the dog was clinically doing well with no identifiable neurologic deficits. This case demonstrates that neurologic blastomycosis may have negative urine antigen concentrations in some dogs and that other diagnostic modalities should be pursued when central nervous system fungal disease is suspected.



RETROSPECTIVE STUDIES

Precipitation as a Possible Risk Factor for Development of Lyme Nephritis in Dogs

Patrick C. Carney

To determine whether increased precipitation in the months before diagnosis is predictive of Lyme nephritis in dogs, a symmetrical bidirectional case-crossover study was performed on 87 dogs with presumptive Lyme nephritis. Cases were geographically linked to the nearest precipitation monitoring station, and monthly total precipitation for the 4 mo preceding diagnosis was compared to monthly total precipitation 1 yr before and 1 yr after. Breeds affected included Labrador retrievers ($n = 31$), mixed-breed dogs ($n = 19$), and golden retrievers ($n = 10$), with a possible seasonal bimodal peak in spring and fall. In age-adjusted analysis, each additional inch of precipitation 3 mo before diagnosis was associated with an increase in the odds of developing Lyme nephritis (odds ratio 1.13, 95% confidence interval 1.01–1.25). The results suggest that increased precipitation is a possible risk factor for Lyme nephritis in dogs. These findings may provide useful information for the accurate diagnosis of dogs with protein-losing nephropathy and may guide future studies of risk factors for Lyme nephritis. The methodology employed here reinforces the concept that case-crossover designs have utility beyond acute exposures and outcomes and offer an attractive alternative for studies in companion animals.

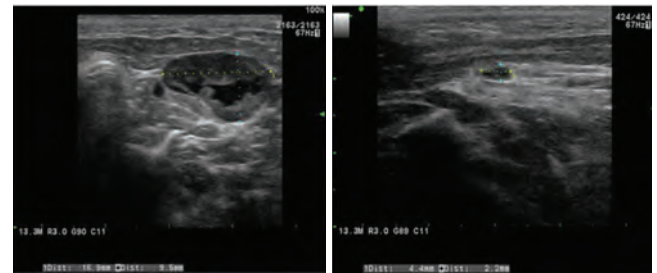
RETROSPECTIVE STUDIES

Clinical Utility of Cytology from Preoperative Percutaneous Fine-Needle Aspirates of Solitary Liver Masses in 220 Dogs: A Retrospective Study (2009–2019)

Megan Cray, Jessica Hokamp, Brittany Abrams, Brian D. Husbands, Janet A. Grimes, Hadley Gleason, David McChesney, Sue A. Casale, Laura Elizabeth Selmic

When a solitary liver mass is identified in a dog, a fine-needle aspirate (FNA) is commonly employed to attempt to obtain a diagnosis. Little information is provided in the literature evaluating the sensitivity/specificity of FNA cytology for solitary liver masses. We hypothesized that liver lesion size nor the presence of cavitation would impact the success of

cytological diagnosis. Medical records were obtained for 220 client-owned dogs. Inclusion criteria included preoperative abdominal imaging, percutaneous FNA of a solitary hepatic mass with cytologic interpretation by a board-certified pathologist, and a surgical biopsy or mass excision yielding a histopathological diagnosis. Six dogs (2.7%) experienced a complication after FNA, none considered severe. The agreement rate for correct cytologic diagnosis was 22.9% (49/220). Of the neoplastic masses, 18.9% (35/185) were correctly diagnosed via cytology. The overall sensitivity was 60%, and the specificity was 68.6%. Neither institution ($P = 0.16$), lesion size ($P = 0.88$), cavitation ($P = 0.34$), or needle gauge ($P = 0.20$) had an association with correct diagnosis. This study demonstrates that, although there is a low risk of complications following FNA of a hepatic mass, overall success rate for correct cytologic diagnosis based on FNA was low compared to histopathologic diagnosis.



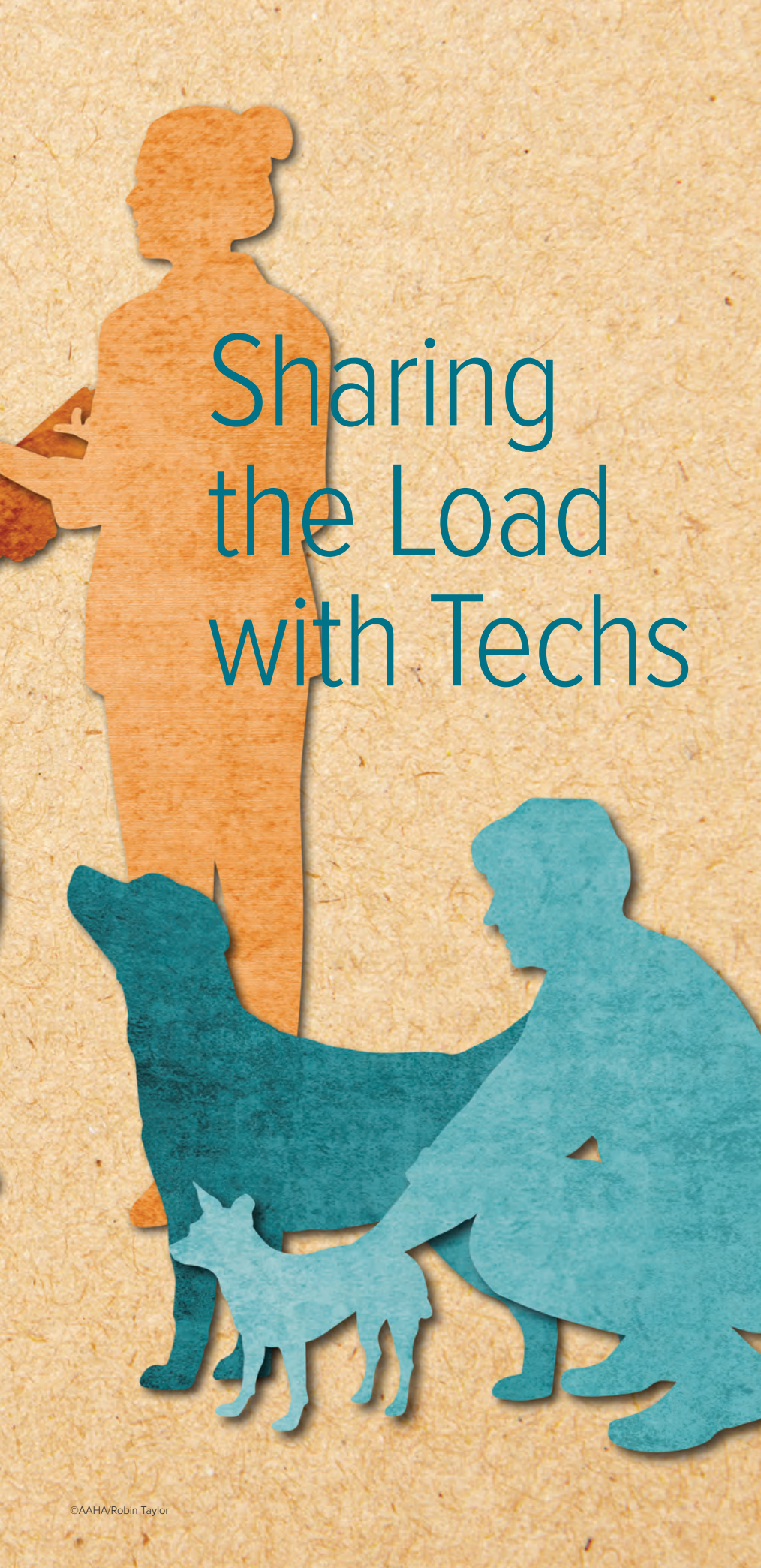
CASE REPORTS

Concurrent Parathyroid Adenoma and Thyroid Carcinoma in a Domestic Shorthaired Feline

Abigail Elizabeth DeRouen

A 10 yr old female spayed domestic shorthair was referred for an 11 mo history of persistent total hypercalcemia and elevated ionized calcium with intermittent episodes of lethargy, vomiting, and diarrhea with a history of recurrent urinary tract infections and intermittently elevated kidney values. An abdominal ultrasound, thoracic radiographs, cervical ultrasound, and ionized calcium level, parathyroid hormone (PTH), and PTH-related peptide (PTHrp) levels were assessed. Results were consistent with chronic kidney disease, splenomegaly, diffuse thickening of small intestines, nodular lesions noted in the left thyroid and right parathyroid, and elevated ionized calcium, PTH, and PTHrp levels. A left thyroidectomy and right cranial parathyroidectomy were performed. Hypocalcemia and anemia developed postoperatively, which were managed with calcium carbonate, calcitriol, and calcium gluconate and benign neglect of anemia. Histopathology was consistent with a left thyroid carcinoma and right cranial parathyroid adenoma. Thyroid carcinoma and parathyroid adenomas have not previously been reported to occur concurrently in domestic felines and should be considered when ionized calcium is elevated with both PTH and PTHrp levels increased in addition to ultrasonographic lesions.



The background of the page is a textured, light brown paper. On the left side, there are three silhouettes: a woman in a light brown color, a dog in a teal color, and a person sitting in a teal color. The woman is standing and looking towards the right. The dog is standing and looking towards the right. The person is sitting and looking towards the left.

Sharing the Load with Techs

Better Care, Better Minds, and Better Economics

by Stephen Niño Cital, RVT, SRA, RLAT, CVPP, VTS- LAM (Res. Anesthesia), and Tasha McNerney, CVT, CVPP, VTS (Anesthesia and Analgesia)

CREDENTIALLED VETERINARY TECHNICIANS ARE UNDOUBTEDLY THE MOST VERSATILE AND VALUABLE INVESTMENTS for your practice. Unfortunately, poll after poll and a few studies demonstrate a lack of utilization of and interprofessional collaboration with these key team members and veterinarians. This has become such a problem that, in May of 2019, the American Veterinary Medical Association (AVMA) voted unanimously to create a Veterinary Technician Utilization Task Force to look into ways to use staff more efficiently, minimize turnover rates, and elevate patient and client care.

In January of 2022, the task force submitted its final report. Here we examine some of those findings and, more importantly, expand on the report with practical solutions every practice can adopt today.

The report highlighted six main areas of attention and future research for both the AVMA and the National Association of Veterinary Technicians in America (NAVTA) to address further. These areas include education, licensing and regulation, economics, availability and attrition, wellness, and community.

Unfortunately, the task force's report provided few action items

practices could institute right now. Although public-facing technician visibility was another key area of interest for the task force, the above-listed primary areas deserve attention immediately, particularly interprofessional collaboration, meaning a veterinarian working closely and collaboratively with a credentialed veterinary technician on their team.



Learning to work closely and collaboratively with every member of the team also improves interpersonal efficiency and communication.

In order for any practice to function at its highest level, the relationship between the credentialed veterinary technicians and veterinarians must be based in collaboration and trust. When researching for this article, the authors found six key areas that support collaboration and are easily implemented with dedication from management and decision makers in the practice.

Safety

Most would not argue that two sets of eyes, hands, ears, etc. are better than one when it comes to patient safety. That's not just an opinion, it's science! In human medicine, a 2015 study from the Joint Commission of Nurses found that both patient safety and the quality of care patients receive depends upon the quality of relationships in the healthcare practice environment where care is provided.

Creating an environment for team members where they can share their knowledge and expertise with mutual trust and respect is critical. Patient care suffers when credentialed veterinary technicians feel excluded from the conversation regarding patient care.

One way to address this issue is to institute standardized patient rounds or more informal huddles throughout the workday. These are valuable opportunities to allow the team to understand the concerns of each professional caring for the patient while ensuring that changes in patient status or treatment plan are communicated in a timely fashion.

In the surgery department, a “time out” before beginning any surgical procedure is key to ensuring patient safety. This brief team check-in enhances patient safety by making sure that every person participating in the surgical procedure knows the role of each team member, along with any patient-specific concerns and contingency plans for emergencies.

Fulfillment and Retention

A 2020 veterinary-specific study showed a direct correlation between poor technician utilization and suboptimal Maslach Burnout Inventory-General Survey and Stanford Professional Fulfillment Index scores. When credentialed veterinary technicians who have mastered advanced skills are not allowed to use those skills or demonstrate their advanced knowledge, researchers found decreased job satisfaction and professional disengagement, both of which lead to rapid burnout and increased turnover.

It would behoove all practice owners to review their state's Veterinary Practice Act and take note of the few things credentialed veterinary technicians are prohibited from doing, as well as job tasks that must be performed by either a credentialed veterinary technician or a DVM.

Identifying skill or knowledge gaps in the team can help practice owners support their team members through on-the-floor clinical training or third-party continuing education to fill in those gaps. This will also allow veterinarians to focus on their own professional development by learning advanced procedures or other skills because they should no longer be performing tasks more appropriately delegated to credentialed veterinary technicians such as anesthesia induction, IV catheter placement, treatment administration, etc.



In order for any practice to function at its highest level, the relationship between the credentialed veterinary technicians and veterinarians must be based in collaboration and trust.

Learning

Continuing education for anyone working in the medical arts is critical. Given the pace of science, we must constantly keep abreast of evolving thoughts and practices. This education is enhanced when the entire team is learning alongside or from each other. Both parties can then describe their perspectives on care for the patient, which will result in overall elevated care. Also, rounding patients together has been shown to increase team member satisfaction and overall patient care outcomes while improving patient safety as mentioned above.

Partnering with and engaging credentialed veterinary technicians in shared decision-making and care planning is a shift in culture and workflow within the veterinary team, given the traditional idea that only veterinarians are qualified to make care decisions. When a team-based approach was instituted in human medicine, improvements were seen in utilization, management, and appropriateness and timeliness of resource use because of better communication and understanding of care plans by both nurses and physicians.

Social Resilience

Compassion fatigue and burnout are very real threats to every member of the veterinary team; however, research suggests strong social resilience in the form of a close

colleague can mitigate these threats and offer mutual resilience through rough days or difficult cases. Learning to work closely and collaboratively with every member of the team also improves interpersonal efficiency and communication.

When creating this type of collaboration, it's important for both parties, particularly for those on the veterinarian side, to eliminate possessive pronouns when speaking about their colleagues. Although often not intentionally offensive, using possessive pronouns, like "I asked my technician to do XYZ" can be demoralizing and introduce a toxic imbalance of power. Instead, one can say, "I asked (insert name) to do XYZ" or "The veterinary technician was asked to XYZ."

Economics

If the overall wellness of your team isn't as concerning to you as it should be, its impact on your finances certainly should be of concern. Every day we are inundated with discussions about the shortage of veterinarians and credentialed veterinary technicians.

However, we do have mature data on the cost of veterinarian and credentialed veterinary technician replacement, and the financial benefits of appropriate use of credentialed veterinary technicians. For veterinarians, credentialed veterinary technicians, and experienced veterinary assistants, practices can expect



to lose about 66% of an employee's fair market annual salary in costs incurred to replace that individual.

The cost of staff turnover is estimated to be twice the loss from production with an average of 5.7 weeks to hire a new veterinarian as reported from a 2022 study. In addition, the absence of a credentialed veterinary technician will stack on an additional \$35,000 in losses. However, according to a different study, we have an estimated increase in a veterinarian's gross income by \$93,000 for each credentialed veterinary technician per veterinarian. That figure would be about \$127,000 in today's dollars.

Advanced Certifications

Advanced certifications to become a board-certified veterinarian specialist (Diplomate) or a certified veterinary technician specialist (VTS) can be seen as the culmination of the practices listed above. But, if a residency or a daunting application packet does not interest you, there are several other certifications both the veterinarian and credentialed veterinary technician can attain together, individually, or mutually with each other's support. Certifications like Fear Free or the Certified Veterinary Pain Practitioner (CVPP) are offered to both veterinarians and credentialed veterinary technicians alike and will inherently elevate your level of care while providing opportunities for mutual learning and marketable additions to the practice.

Action Steps

So, how can we start to foster this in our own veterinary practices?

First, ask yourself if your team is one that operates on psychological safety. In other words, does your team feel safe to speak up and share ideas without negative repercussions (such as bullying, belittling, or threat of job security). A team that has psychological safety often

encourages members to view failure as an opportunity to learn and underlines the importance of every team member's voice.

Anyone in a position of responsibility or authority should set an example for the rest of the hospital regarding psychological safety, and it should be emphasized throughout the practice: from practice managers, medical directors, associate veterinarians, supervisors/leads, credentialed veterinary technicians, veterinary assistants, and front desk team members. If done properly, the set of behaviors should become a norm across the practice.

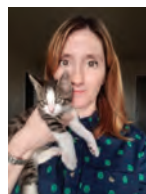
Second, put these principles into actions that your team sees everyday such as acknowledging your mistakes, being open to opinions that are different from your own, and encouraging people to ask questions. You can't expect team members to perform a certain way or feel safe if upper management doesn't lead by example.

Third, let credentialed veterinary technicians practice to the full extent of their license, their education, and their experience as co-equal members of the veterinary care team. Let credentialed veterinary technicians develop their skills to help improve practice efficiency and patient care. Sit down with each team member to review their skill set and inquire about their career goals.

Are there skills allowed by your state's Veterinary Practice Act that credentialed veterinary technicians in your practice want to learn? These might be things like ultrasound-guided cystocentesis, triple-lumen catheter placement, urinary catheter placement, dental prophylaxis, and so many others! ✨

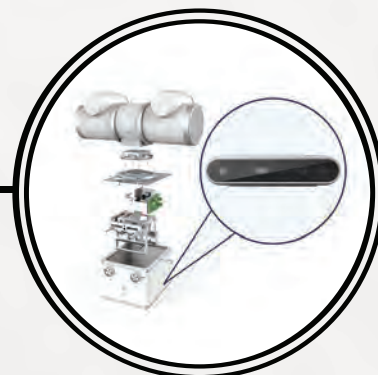


Stephen Cital RVT, SRA, RLAT, CVPP, VTS- LAM (Res. Anesthesia) is an educator, author, researcher, and veterinary anesthesia/analgesia and cannabis expert. Cital works at the Howard Hughes Medical Institute at Stanford University School of Medicine in the Department of Neurobiology. In addition to conducting research, Stephen is an award-winning international lecturer on anesthesia, pain management, cannabis, and best practices.



Tasha McNerney, CVT, CVPP, VTS (Anesthesia and Analgesia) is a certified veterinary technician from Glenside, Pennsylvania. She is also a certified veterinary pain practitioner and works closely with the IVAPM to educate the public about animal pain awareness. McNerney has authored numerous articles on anesthesia and analgesia topics for veterinary professionals and pet owners.

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Are Your Credentialed Technicians Allowed to Be All They Can Be?

Ease Doctor Shortage Woes by Making Full Use of Credentialed Techs

by Maureen Blaney Flietner

THE SHORTAGE OF VETERINARIANS AND TEAM MEMBERS and increased demand for patient care are unlikely to change for years. Could the stress be eased if veterinary hospitals fully utilized their credentialed technicians?

Several people we spoke with have discovered that it can.

Shlomo Freiman, DVM, CVO, co-founder of Petriage, a veterinary telehealth platform, and the former owner of Animal Hospital of Factoria, Bellevue, Washington, said he uses the analogy of a classical orchestra to explain the situation at some hospitals.

“Veterinarians think of themselves as being the first violinist instead of the conductor as they should. By always having to put the catheter in, draw the blood, interact with the client, the veterinarian becomes a bottleneck and burns out, too,” he explained.

“It comes down to veterinarians needing to ask themselves if they are being doctors—diagnosing and treating disease—or if they are performing tasks that trained professionals should be doing,” said Philip Richmond, DVM, CAPP, CPHSA, chief medical and wellbeing officer of Veterinary United, a practice consolidator headquartered in New Baltimore, Michigan.

“Efficient use of credentialed veterinary technicians can and will support the shortage of veterinarians,” said Shannon T. Thompson, RVT, former CEO/executive director, Registered Veterinary Technologists and Technicians of Canada. “Fully delegating tasks within your regulatory framework allows for DVMs to practice at the top of their license, allowing for credentialed vet techs to perform at theirs with the support of the entire veterinary team.”

How to Change the Situation

Proper team utilization is nothing new for Rebecca Rose, CVT, outreach specialist with Lap of Love Veterinary Hospice. She first spoke about it at a 2001 veterinary conference in Ohio.

Rose suggested that hospitals first get an education about nomenclature, title protection, and formally trained veterinary professionals. Next, review the practice acts and technician education manuals to determine the full scope of practice for technicians. Then, “turn ‘em loose,” she said.

However, as hospitals look to make changes, it’s important that they don’t confuse “busy” with “well-utilized,” emphasized Kenichiro Yagi, MS, RVT, VTS (ECC) (SAIM), chief veterinary nursing officer at Veterinary Emergency Group.

“Veterinary technicians can be running around frantically trying to get work done and being overworked because they are expected and tasked to do everything. Instead, develop a process in which the procedures and tasks are delegated to the appropriately skilled individual so that everyone can focus on the work that is best tailored to their level of expertise. This is a key to efficient workflow and team.”

Why Hospitals Should Make the Effort

Fully utilizing credentialed veterinary technicians is best “for patient care, client service, job satisfaction, technician retention, and hospital profitability,” said Rose. “It’s a wonderful cycle, and you keep credentialed team members on your team longer.”

That’s vital because credentialed veterinary technicians are leaving the profession at an alarming rate with one reason being the lack of proper utilization, according to the Veterinary Nurse Initiative website

(veterinarynurse.org). Hospitals that turn that situation around should also expect to see increased job satisfaction from veterinarians because they will only be doing the things for which a DVM is needed.

“Our emphasis on empowering our technicians provides our customers with technician appointments for vaccines and defined rechecks. Our virtual care teams heavily rely on technician-driven appointments to gather diagnostic information and work with our virtual doctors to manage cases,” explained Audrey Wystrach, DVM, founder/CEO of Petfolk, which offers pet care through a mobile app, telemedicine, and pet care centers.

“People feel more valued and appreciated” when skills are used to their full extent, said Freiman. “And you can pay them more, too, because you are opening that bottleneck in the clinic. It’s not that it is all about money, but we all want to get paid so we can buy more equipment, nice toys, and all that.”

What Results to Expect

Advice may be great, but the proof of the pudding is in the eating. Our experts revealed how fully utilizing credentialed technicians and other team members has made a difference for them.

Financial gain is one result that should not be a surprise. Back in 2008, the American Veterinary Medical Association Biennial Economic Survey revealed a positive relationship between the number of credentialed technicians employed and gross practice revenue. The reasons were and still are apparent: those with greater skillsets could perform those tasks that veterinarians often take on even though they do not require a DVM level of expertise, and veterinarians then are free to handle the work that requires their training.

A 2018 study by the Ontario Association of Veterinary Technicians backs that up. It determined that “there was a strong positive association between annual gross revenue per veterinarian and the number of registered veterinary technicians per veterinarian.”

Each extra RVT per veterinarian increased gross revenues per veterinarian by more than \$78,000, an economic effect seen only for RVTs and not their noncredentialed counterparts, the study found. In addition, the more



RVTs are paid per hour, the higher the clinic gross annual revenue per veterinarian.

Pam Nichols, DVM, a past president of AAHA, reported that her “doctors each produce a million or a bit more in gross annual production working three to four days a week, getting out by 5:30 pm and taking a lunch. The only way that happens is by the doctors maximizing their whole team and especially the technicians. When we ensure that everyone is working at their highest and best use, production reflects it, but most importantly, morale and job satisfaction are high.”

Better efficiencies are another result. By fully utilizing credentialed staff and other team members, Petfolk has optimized appointments, improved the education of pet parents, enhanced customer experiences with a Net Promoter Score (NPS) above 90, maximized utilization of skills and knowledge, and enhanced job satisfaction, according to Wystrach.

Yet another benefit is wellbeing and all that entails, such as a sense of purpose and a feeling of pride of accomplishment. Richmond noted that a hospital wellness check in January 2022 found his entire medical staff scoring high in wellbeing and low in burnout. Those are scores he is more likely to find in practices he consults for that have a similar three-to-one or higher technician-to-doctor ratio.

Rose offered two examples for veterinary technicians:

“One technician working in a mixed animal practice enjoyed laboratory duties, was terrific with maintenance of the machines, excelled at follow-through, and communicated well with client education and relaying treatment plans. Together we designed her job

description to be the ‘lab technician,’ tracking patient lab results, client follow-up, prescriptions related to treatment plan, and proper charges (missed charges!). She was given a plan for success, evaluation/review, and raise because of her increased responsibilities.

“The other credentialed veterinary technician worked within a mobile practice supporting veterinarians delivering pet hospice care. In a similar fashion, a job description was created to fully outline the duties and tasks. She worked directly with her manager and veterinarian to create standard operating procedures for the new role and has been supported in the transition. Her team is reaping the benefits of improved client communications, patient care, and veterinary efficiency because of her rise in becoming a hospice care technician.”

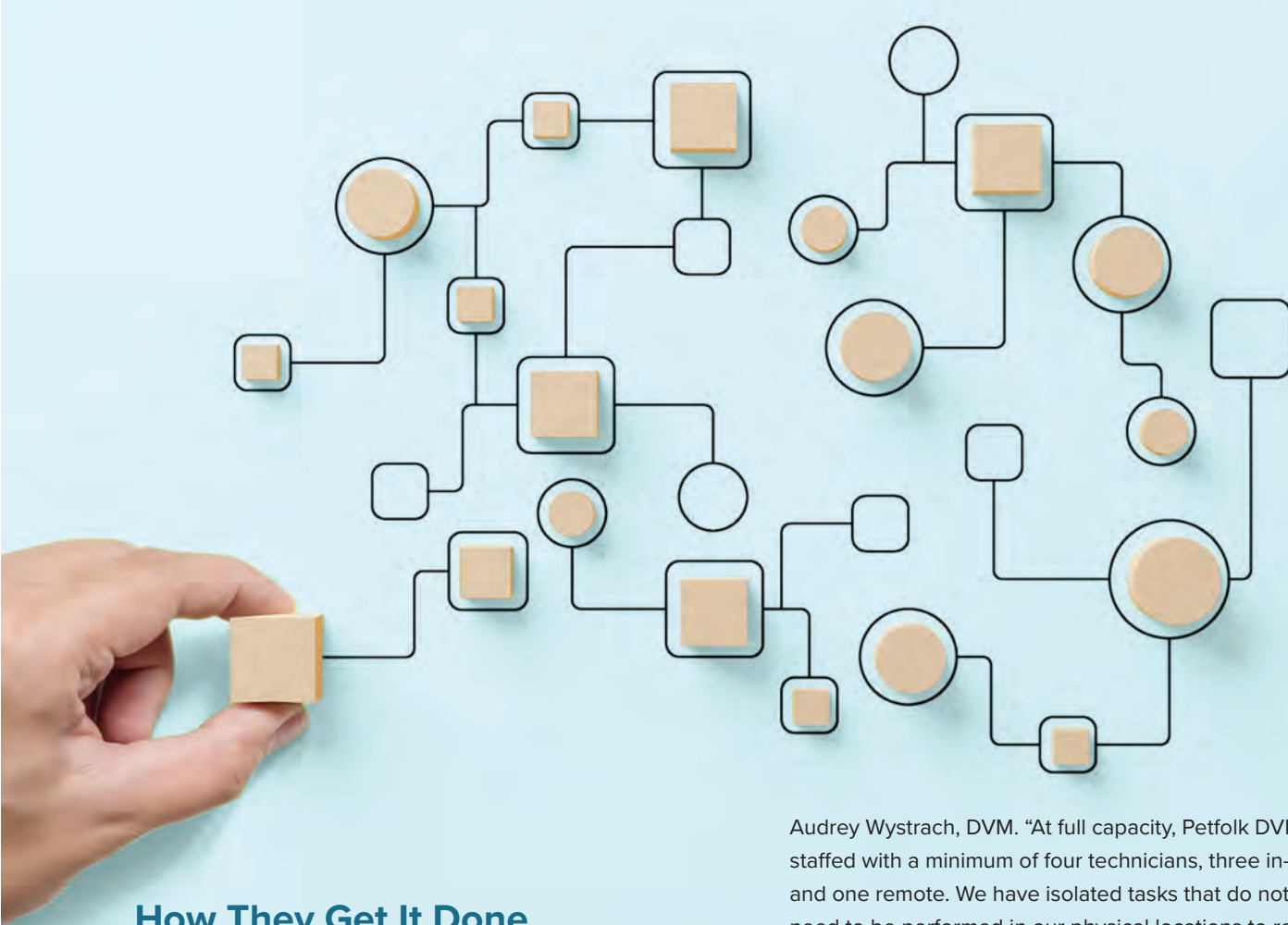
How to Avoid Pitfalls

Both veterinarians and credentialed veterinary technicians need to become educated about the skills, knowledge, and professional liability for the specific tasks that regulations delegate to them so that each can work to the top of their license, explained Thompson.

Unfortunately, being unaware of that information can lead some veterinarians to fear losing or possible litigation of their license. A lack of understanding also means tasks may be inefficiently delegated, which can create inefficiencies and underutilization of team members, she said.

Although credentialed veterinary technicians have the foundational knowledge of the science, physiology, and nursing concepts through their education so they can become proficient faster and at more advanced levels, noted Yagi, there also are many noncredentialed individuals who are motivated and learned to be proficient.

Yagi suggested that hospitals “celebrate both types of team members for who they are. Credentialed veterinary technicians have dedicated time, effort, and finances to educating themselves to prepare for their careers. They know the ‘why’ behind the ‘how’ and deserve the recognition. There are also noncredentialed individuals with varied levels of experience. Some of these people will eventually become credentialed. Some of these individuals have been in the field for decades and have helped build



How They Get It Done

“In my world, technicians complete all the diagnostic testing, all the treatments, and almost all the medical records,” said Pam Nichols, DVM. “The doctor completes the exam, the diagnostic and treatment plans, they communicate with owners, and they do surgery. Everything else belongs to the nursing or technician team.”

“We try to have our technicians anticipate the needs of patients,” explained Philip Richmond, DVM, CAPP, CPHSA. “Oftentimes they will get the history and then, not diagnosing but knowing when the doctor will want to run blood work or skin cytology, they have those ready to go. These proactive steps can take five to ten minutes out of that visit. We use technicians at the levels at which they are comfortable. Blood smears, talking with clients about how things are done in the practice, reviewing treatment plans with and answering questions from clients, reporting blood work and histopath results—these would be things they are absolutely able to do. That’s besides doing all the treatments and monitoring associated with patient care that is important for veterinary medicine but also for the financial health of the practice.”

“Innovative staffing arrangements maximize the contributions of our technicians and other staff,” noted

Audrey Wystrach, DVM. “At full capacity, Petfolk DVMs are staffed with a minimum of four technicians, three in-person and one remote. We have isolated tasks that do not need to be performed in our physical locations to remote technicians. This allows for flexibility of work, streamlined processes, and additional support for our veterinarians. In addition, all parasite screening results are managed by technicians with clearly defined protocols and specific treatment regimens.”

“Look for the bottleneck,” suggested Shlomo Freiman, DVM, “and then, within the legal envelope, look to what team members can do. Get staff members thinking two steps ahead. It makes it so much more efficient. One big bottleneck is writing records and SOAPs (subjective objective assessment plans). With technology, you can leverage staff to write big chunks of these or the whole records. A lot of it is routine. Create the right template, the right culture. You don’t have to write a little novel for a dog with an ear infection because it is pretty standard.”

“Review common tasks and services with your team,” advised Shannon T. Thompson, RVT. “Together, identify areas where delegation from DVM to credentialed veterinary technicians can improve. Have vaccine booster appointments and recheck visits performed by credentialed vet technicians with nursing support initiated for triage emergency services. Determine who can make client phone calls for follow-up, recheck, nursing updates, nutrition, and weight loss consults.”

the profession. The veterinary team is made up of people of different backgrounds, and we should celebrate them all.”

What About the Future?

Wystrach said technicians have the opportunity to play a central role in transforming the veterinary care system. “If our industry is to capitalize on this opportunity,” she cautioned, “the constraints of outdated policies, regulations, and legacy barriers, including those related to the scope of practice, will have to be lifted.”

Richmond noted that it was only through talking to a friend who is a certified veterinary technician specialist in anesthesia that he became aware of all of the advanced care those specialists could handle.



“The veterinary team is made up of people of different backgrounds, and we should celebrate them all.”

— KENICHIRO YAGI, MS, RVT, VTS (ECC) (SAIM), CHIEF VETERINARY NURSING OFFICER AT VETERINARY EMERGENCY GROUP.

“When she told me the tasks she was able to do, it brought up a discussion about whether technical specialists might be able to fill a potential role in veterinary medicine in a task-oriented way. They could do many of the things that veterinarians in general practice settings could do.”

For Freiman, it’s not just a workflow change but a cultural change that is needed. “Doctors and leadership have to buy in, have to let go. That’s the hardest part. They have to supervise, to be the conductor. You can’t let everyone play their instrument every which way they want. Support staff also needs to buy into the idea. We need to make decisions together, to train them, and be there for them.”

With all of the good that might come, what might be behind any reluctance in hiring and fully using credentialed veterinary technicians?

Yagi said that, from his experience, reluctance to recognize, appreciate, and fully use accredited professionals largely comes from most states that do not distinguish the difference in the scope of practice or the tasks legally allowed to be performed.

“If there is no difference in how they can be utilized, it may be easier to find and hire noncredentialed individuals. Many times, practices can justify paying less for those who are not credentialed. Additionally, with the shortage of veterinary professionals—credentialed veterinary technicians included—hiring noncredentialed individuals is a necessity for most veterinary practices.

“I often hear noncredentialed individuals say they aren’t interested in becoming credentialed because ‘it makes no difference.’ Credentialed individuals also often say that ‘it made no difference.’ This is a dialogue that needs to change,” he said. “Credentialing does matter, and standardizing credentialing requirements and scope of practice across the nation will help make it a norm.” ※



Maureen Blaney Flietner is an award-winning freelance writer and illustrator living in Wisconsin.

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Respiratory Distress in Pets

Helping Clients Understand the Dangers and Signs

by Roxanne Hawn

In September 2022, my foster puppy died unexpectedly. This happened, in part, because I failed to recognize fully what her breathing issues meant. I knew she needed veterinary care. I didn't immediately think emergency. I called it "labored breathing" and got her an appointment with the shelter's veterinary team for the next day.

It turned out she suffered respiratory distress due to a diaphragmatic hernia that allowed intestines into her chest. The same unknown trauma that fractured one of her legs caused the internal injury that went undetected, until it didn't. The shelter's veterinarian removed 800ml of fluid from her pleural cavity and transferred her to an emergency/referral hospital for emergency surgery. She survived the surgery itself, but her heart stopped during anesthesia reversal. They called it after 20 minutes of CPR.

Such a perfect, three-month-old puppy, we named her Dream. The shelter allowed us to adopt her posthumously. Her ashes sit on the fireplace mantel. I console myself with the 19 days of love and fun she experienced with my family, but I still struggle with the outcome.

Now, I hope to help others understand:

- How pets experiencing respiratory distress act
- Which possible causes or



"I would stress to owners that if they are ever concerned about their pet's breathing, they should not bother calling a hospital, but they should immediately find the closest emergency clinic and take their pet to be seen."

—STACY D. MEOLA, DVM, MS, DACVECC

situations require families to increase breathing awareness

- What language allows the best possible communication and actions between clients and veterinary teams

What It Looks Like

As with so many conditions in pets, what respiratory distress looks like depends on several factors.

“Respiratory distress can look a little different depending on if it is disease in the lungs, or around the lungs (pleural space disease), or is a problem with the upper airway (from nose to lungs),” says Stacy D. Meola, DVM, MS, DACVECC, associate medical director at Wheat Ridge Animal Hospital in Colorado. “It can also look a little different if it has come on acutely or is a process that has come on slowly with some amount of compensation by the pet.”

Elizabeth A. Rozanski, DVM, DACVIM, DACVECC, associate professor, Department of Clinical Sciences, at the Cummings School of Veterinary Medicine and Foster Hospital for Small Animals at Tufts University in Massachusetts, explains these scenarios:

- Trouble getting air in, common in brachycephalic breeds or senior/geriatric dogs with laryngeal paralysis and can lead to heat stroke
- Trouble getting the air out, typically seen in cats with asthma

Intake issues often sound loud and raspy, what Meola calls a “stridor/stertor sound.” Rozanski explains that exhaling issues can include “a wheeze and cough.”

In cases with fluid in the lungs, Rozanski says, to look for characteristics such as coughing or

“rapid breathing and sitting sternal or standing with front legs slightly spread out.” In cases with fluid or free air in the chest cavity, she says, “you can see shallow breathing with an extra abdominal effort.”

Even though it’s often difficult for clients to determine a pet’s respiratory rate until they’re resting, Meola points to pets “breathing faster than normal (usually over 40 breaths/minute) at rest or sleeping” or pets “unwilling to lay down or can’t put their heads down to sleep” as likely in respiratory distress.

Rozanski agrees and adds, “The big key is they are not comfortable. They can’t settle, or if they try to lay down, they immediately get back up again.”

Clients more accustomed to how dogs pant for all kinds of reasons may not realize that cats don’t. “A cat should never pant/open-mouth breathe,” Meola says. “If you ever see a cat ‘panting,’ that’s a medical emergency.”

Lynelle Johnson, DVM, MS, PhD, DACVIM, professor of medicine and epidemiology at the University of California-Davis School of Veterinary Medicine, also lists the following reasons for clients to contact the nearest veterinary ER and seek immediate veterinary care:

- Markedly exaggerated chest motions
- Respiratory rate exceeding 60 breaths per minute
- Blue/purple tongue or gums
- Collapse
- Body temperature over 103° Fahrenheit in dogs since respiratory distress can cause heat stroke



Common Causes

Most common causes of respiratory distress share similarities and some differences in canine and feline patients.

Asthma. “The most common cause of respiratory distress in the cat is probably asthma,” Johnson says. “Cats usually have a history of cough, reduced play activity, and they can develop an ‘asthma attack’ where the airways constrict in response to dust, smoke, perfumes, sprays, etc.”

Pneumonia and aspiration

pneumonia. In dogs, Johnson says both pneumonia and aspiration pneumonia are “quite common,” with dogs often presenting with “vomiting or a seizure and then develop a rapid respiratory rate that can progress to a life-threatening disease.” She adds that “cats can develop aspiration pneumonia, but it is less common.”

Pleural disease. Johnson explains, “Pleural fluid can occur due to infection, cancer, or a foreign body. Pleural air can result from trauma or a foreign body in a dog and asthma in a cat.”

Laryngeal disease. “Both species can have respiratory distress from laryngeal disease, and this typically leads to inspiratory respiratory difficulty,” Johnson says, adding in dogs it’s commonly caused by laryngeal paralysis, especially in older, larger dogs. In cats, though, laryngeal tumors are more common.

Trauma. Trauma is a common cause of respiratory distress. My own primary care veterinarian called me after hearing about Dream’s death. She talked me through trauma cases, where the diaphragm looked normal on initial radiographs but showed herniation in later ones.

Other processes and pain. Meola explains that “many disease processes manifest as respiratory distress,” including pain that’s “completely unrelated to the airway or cardiac system.”

Other acute scenarios. In dogs, Meola mentions that acute respiratory distress situations where nothing “out of the ordinary” happened also show up in emergency hospitals, where families receive diagnoses like these:

- Congestive heart failure in dogs and cats
- Cancer in dogs and cats
- Pulmonary hypertension in dogs
- Bronchitis/asthma in cats

Vocabulary and Effective Communication

Feel free to blame my vocabulary focus on being a lifelong writer. I continue to wonder if saying “labored breathing” accidentally downplayed Dream’s reality. I approached research for this section with the goal of matching words clients use to their clinical or causation counterparts, believing it could bridge a communications gap. Both Meola and Rozanski corrected my thinking.

Meola tells me, “I think as medical professionals, we are very accustomed to varied descriptors of how pets are breathing. I don’t think there is really a terminology gap. I would stress to owners that if they are ever concerned about their pet’s breathing, they should not bother calling a hospital, but they should immediately find the closest emergency clinic and take their pet to be seen. I think it’s also important for them to stress to the staff that they are concerned about



“The most common cause of respiratory distress in the cat is probably asthma.”

—LYNELLE JOHNSON, DVM, MS, PHD, DACVIM

Recognizing Respiratory Distress in Pets

Emergency

Consider sustained breathing trouble in pets an emergency. Don't call. Take your pet straight to the nearest ER. Respiratory issues receive priority evaluation in the triage system used in most veterinary emergency hospitals. Because pets typically compensate for or hide their struggles, veterinarians often see bigger breathing issues much later than would ever happen with people.

Panting

While dogs pant or breathe with their mouths open for many reasons, that's not normal for cats. A panting cat is struggling to breathe and should be considered a medical emergency.

Heat Stroke

Dogs also can get heat stroke due to respiratory distress, so watch for a high temperature too (103° or higher). A normal temperature for dogs is 101.0 to 102.5° Fahrenheit or 38.3

to 39.2° Celsius. Be extra cautious about overheating in breeds with smooshed faces.

Rapid Breathing

Both dogs and cats can develop rapid breathing during respiratory distress. The normal number of breaths at rest is 15-30 per minute. Anything continuously over 40-60 breaths per minute is concerning.

Restlessness

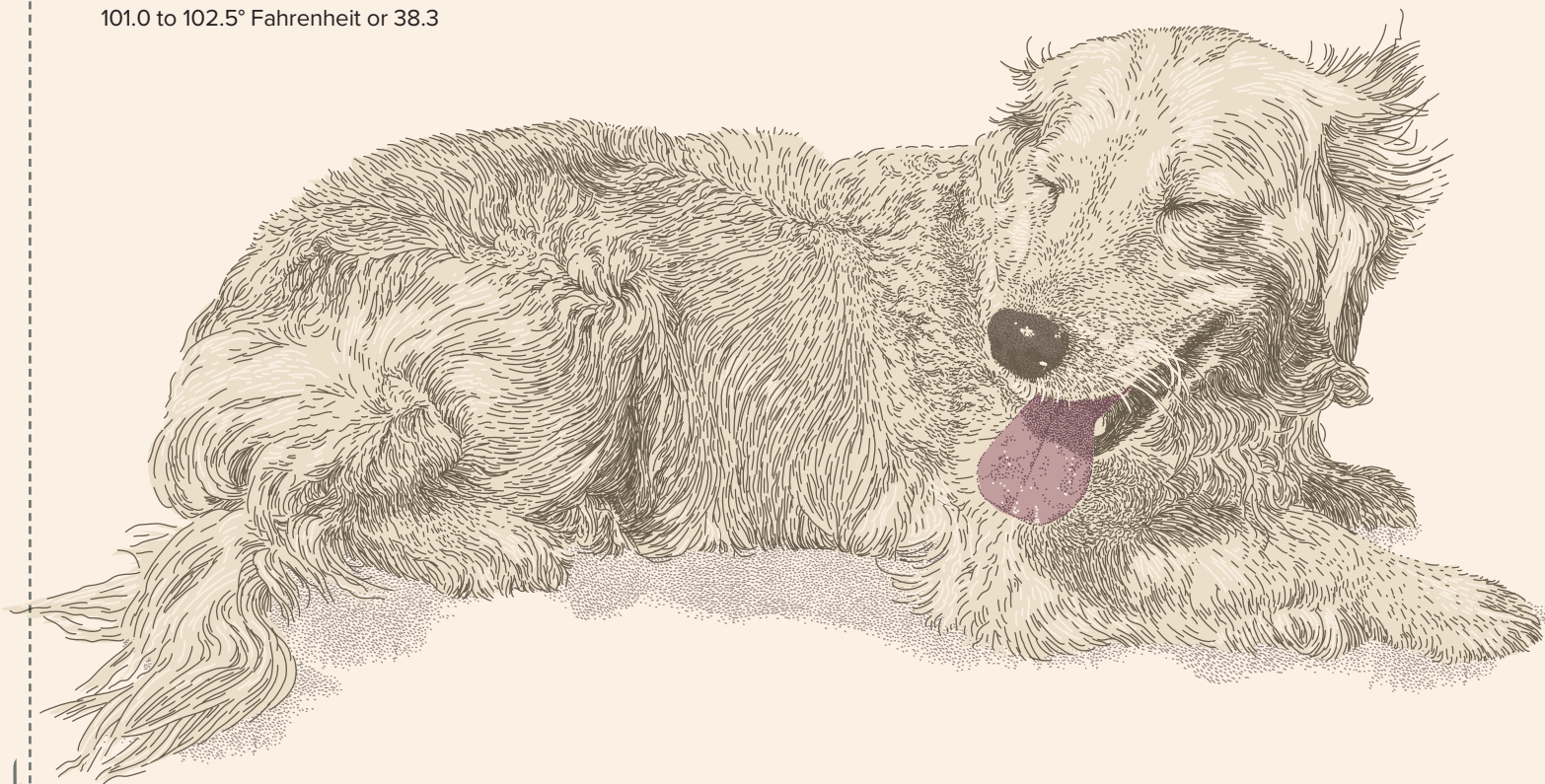
Pets in respiratory distress feel uncomfortable. They develop restless behaviors such as:

- Not settling into a comfortable position
- Lying down and getting right back up over and over
- Unwilling to lie flat
- Unable to put their heads down
- Needing to sit up or have their heads elevated

What to Say

Rather than stretching your vocabulary in efforts to describe pets' trouble breathing, simply say something like: "I'm worried about the way they are breathing." Make clear that your pet started panting and breathing faster/harder *at home*. That's important because veterinary teams often see faster breathing in the veterinary setting.

In dire situations, pets' tongue or gums turn purple, or they collapse. Mention that too, if it applies.



Respiratory Distress in Pets

Common Causes	Dogs	Cats	What to Watch For
Asthma		✓	<ul style="list-style-type: none"> • Coughing • Wheezing • Open-mouthed breathing
Pneumonia	✓	✓ (but less common to develop aspiration pneumonia)	<ul style="list-style-type: none"> • Rapid breathing • Coughing • Unable to lie flat, instead choosing a more upright position • Standing with front legs slightly apart • Extra abdominal effort in breathing • Vomiting or seizure (in dogs)
Pleural Disease (fluid or air between the lungs and chest) — due to trauma, infection, cancer, or foreign body	✓	✓	<ul style="list-style-type: none"> • Rapid and shallow breathing • Unable to lie flat, instead choosing a more upright position or with head elevated • Extra abdominal effort in breathing
Laryngeal Disease	✓ (laryngeal paralysis, especially in older, larger dogs)	✓ (possible tumor)	<ul style="list-style-type: none"> • Noisy, raspy breathing • Change in voice sounds
Trauma	✓	✓	<ul style="list-style-type: none"> • Unsettled behavior, including not feeling comfortable enough to rest or changing position often • Rapid and/or shallow breathing • Unable to lie flat, instead choosing a more upright position or with head more elevated • Extra abdominal effort in breathing
Pain	✓	✓	<ul style="list-style-type: none"> • Rapid breathing • Unsettled behavior
Congestive Heart Failure	✓	✓	<ul style="list-style-type: none"> • Rapid breathing • Unsettled behavior • Pale or blue gums, cough, and collapse
Cancer	✓	✓	<ul style="list-style-type: none"> • Rapid breathing • Unsettled behavior
Pulmonary Hypertension (high blood pressure that affects the arteries in the lungs and the right side of the heart)	✓		<ul style="list-style-type: none"> • Rapid breathing • Unsettled behavior • Cough, blue gums, collapse
Bronchitis		✓	<ul style="list-style-type: none"> • Rapid breathing • Coughing • Unsettled behavior





“Dogs and cats are very good at compensating and hiding problems until they can’t anymore.”

—STACY D. MEOLA, DVM, MS, DACVECC

their pet’s breathing at home. It’s very common for dogs to be panting and breathing faster/harder from the excitement of the car ride, when we first evaluate them, so that is ‘normal’ in a vet hospital.”

In addition, Rozanski explains that “there really is not a difference between labored and distressed. It’s more of a spectrum.” In her experience, if clients simply say, “I am worried about the way they are breathing,” then that’s enough.

Clients learned a lot about how triage works for veterinary emergencies as the pandemic made staffing and other challenges more obvious. Some still worry that a sprint to the ER could result in a long wait or even being turned away if the hospital closes intake temporarily. To acknowledge and address triage and other concerns, Meola says, “Respiratory issues are always a top priority in any triage system, and so a pet with breathing issues will always be evaluated quickly. It’s important for owners to make it clear when they arrive that they are concerned about their pet’s breathing.”

Blindsided by Decompensation

When veterinary teams run into cases like Dream’s where clients regret not recognizing the danger, not getting veterinary care sooner, or not being able to save their pet, it potentially helps for them to understand how quickly respiratory distress can go from “Huh?! That’s weird.” to “OMG! I need help now!”

Meola says, “Dogs and cats are very good at compensating and hiding problems until they can’t anymore. Most of the time, the process has been going on for a little while, but they will acutely go from fine to not fine in a very short time (often a few hours). Unfortunately, there is no good way to avoid this even for the most astute of pet owners.”

The process of compensating or “not complaining,” as Meola describes it, often means that pets arrive with a “much bigger problem and much later” than you’d ever see in people.

Sometimes, veterinary patients decompensate quickly — leading families to panic at what looks like

sudden onset of respiratory distress or to feel completely blindsided.

When I handed Dream off to the shelter’s veterinary team, I honestly thought she had developed pneumonia. When they told me they planned to keep her, I assumed she would come back in a day or two even after I watched several veterinary team members run with her to radiology, hollering “getting X-rays” on their way by me. Had I suspected Dream could die, I would have said a better goodbye. I held hope even after learning about all the fluid in her chest. I held hope for the emergency surgery. I scream-sobbed when the call came about Dream’s death.

I’ve lost many dogs in my lifetime, but never so suddenly. The shock remains tough, despite my experience with unusual medical scenarios with my dogs and more than 25 years writing about veterinary and pet topics. Trust me, if I didn’t recognize respiratory distress before Dream, neither do a large swath of your clients, even the experienced ones.

If you have a client with a pet at high risk for respiratory problems, or they are interested in learning about respiratory distress, the handout on the preceding pages can be used to educate clients on some of the common signs and causes. Hopefully it can help even one pet owner avoid a situation like I had to experience. ✨



Roxanne Hawn is a freelance writer and author living in Golden, Colorado.

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Find and Keep Your Best Employees

Steps for Hiring the Best Candidates and Retaining Them in 2023

by Stacy Pursell, CPC, CERS

For any organization, the only thing more important than hiring the best employees is retaining them. Unfortunately, many employers place more emphasis on recruiting and hiring and are laxer on retention. That misplaced emphasis is one of the factors that has contributed to the ongoing phenomenon known as the Great Resignation, in which large numbers of employees have left their jobs beginning in early 2021.

When viewed holistically, the hiring process presents a bit of a challenge. You don't want to focus too much on recruiting and hiring that you neglect retention, but on the other hand, you don't want to focus too much on retention that you neglect recruiting and hiring.

The good news is that you don't have to sacrifice one to have the other. Instead, you can have both when you approach the entire process in an organized way. It is important to understand that what you do during the recruiting and hiring process at the beginning can help you with retention in the end. In other words, the same things you do to engage and recruit top candidates before you hire them can also help you to retain them after you hire them.

Essential Components of Recruiting and Hiring

The first step in this process is identifying the specific components of

Today's candidates want more than just a job, and they even want more than just a great job. They want to work for a great employer that holds the same values that they do.

a solid recruiting and hiring process. That's because it doesn't matter how hard you work if you're not working on the correct things. Consider the "80/20 Rule," also known as the Pareto Principle, which states that 80% of outcomes (or outputs) result from 20% of all causes (or inputs) for any given event.

In other words, 80% of your results come from just 20% of your actions, so it makes sense to identify and focus on the most relevant actions. With this in mind, there are five main components involved in any good recruiting and hiring plan:

#1—Identification of Talent

This is the logical starting point, because you can't hire the best candidates in the job market unless you know who those candidates are. And the best candidates are not just the ones who are applying for your

online job advertisements. Those are the active job seekers, not the passive candidates, who typically make up the top 5–10% of candidates in the marketplace.

These candidates are not actively looking for a new opportunity because they are being treated at least reasonably well by their employer, which values them and wants to retain them.

#2—Engagement of Talent

Knowing who the top candidates are is just the first step. Because they're not actively looking for a new opportunity, their brain is not in "job-search mode." That means when you contact them, they're not going to be automatically inclined to listen to what you have to say. You must engage them in a manner that will cause them to be open to hearing about your opportunity and

your organization and not tell you that they're not looking at the present time and then hang up the phone.

#3—Recruiting of Talent

Once you engage the talent, keep in mind that they're not going to be automatically interested in your opportunity just because you have one. This is where the "recruiting" part of the recruiting and hiring process takes place. You must "sell" both the opportunity and the organization to the candidate, and while doing that, you must also emphasize what's in it for them.

#4—Hiring of Talent

Closing candidates in this market is not easy. In fact, it might be more difficult than any of the other components on this list. That's because since it's a candidates' market, candidates have lots of leverage and plenty of options, not



It is important to understand that what you do during the recruiting and hiring process at the beginning can help you with retention in the end.



Below are five steps for helping to bridge the gap between hiring and retention:

#1—Make Your Talent Pool Deeper and Wider

There's a fishing analogy that applies here. When you cast your net in a deeper and wider body of water, you're more likely to catch more fish. It's the same with candidates. And this is especially applicable in a candidates' market. When qualified candidates are scarce, it often requires "casting your net" in a deeper and wider candidate pool not only to find qualified candidates but also to find more A-level candidates. These are the top 5–10% of the candidates in the job market.

#2—Attach Plenty of "Sizzle" to Your Job Opening

Once again, passive candidates are not going to be drawn to your job opening just because it exists. They will only be drawn to it if they believe that the opportunity is clearly better than the job they currently have. That's because they're not going to make a move unless they believe that it is.

In light of this, make sure that your job description doesn't read like a grocery list. It should not simply be a list of duties and responsibilities. Instead, "sell" the job, the company culture, and the opportunity overall. Also keep in mind that this is one of your organization's first chances to brand itself, and you want to brand yourself as exciting to candidates. (And you want to keep branding yourself that way after you hire them.)

#3—Emphasize Recruiting at the Beginning of the Hiring Process

As referenced in the five components

the least of which is to remain at their current employer. The key is to make a compelling offer of employment that includes everything for which the candidate is looking. Aim to truly make an offer that they can't resist.

#5—Onboarding of Talent

This component involves the first point at which hiring and retention overlap. However, first recognize that just because they accepted your offer, it does not mean they'll show up for their first day of work. Remember, there is a good chance they will receive a counteroffer from their current employer. This means that the onboarding process starts as soon as the candidate accepts the offer, and you and other members of the organization should start making them feel wanted immediately.

How you onboard your new employees has an impact on how likely you are to retain them for the long haul. You must provide an excellent experience that both reassures them that they've made the correct decision and also convinces

them that what they were promised before accepting the offer will be what they experience after joining the team.

A Bridge Between Hiring and Retention

As important as the five components we've just covered are, they still represent a starting point for an organization looking to improve its recruiting and hiring efforts in 2023. One of the obstacles that exists for employers is the limitation of time, energy, and resources that they face in their pursuit of these goals. As the old saying goes, "There are only so many hours in a day." As true as that may be, there is still plenty that organizations can do to enhance their hiring and increase their rates of retention.

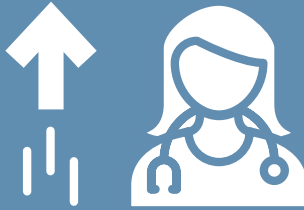
One of the primary things they can do is hire with an eye toward retention. By thinking about long-term considerations during the hiring process, you're better able to position yourself to accomplish both goals and achieve success.



0.2%

2022 unemployment rate in veterinary medicine

Source: Zippia.com



17%

Projected job growth for veterinarians between 2020 and 2030

Source: US Bureau of Labor Statistics (BLS)



14,000–15,000

Projected number of open veterinarian positions by 2030

Source: Mars Animal Health and BLS

Veterinary Job Market Numbers and Statistics

The unemployment rate in the veterinary profession is at a historically low level. It's nearly nonexistent. Here are some numbers and statistics to put this information into context.

According to the job search site Zippia, since 2013, the unemployment rate in the veterinary profession has decreased from 1.0% to 0.2%.

The job market for hiring in the profession might not get any easier in the future, either.

According to the US Bureau of Labor Statistics (BLS), veterinarian jobs are projected to grow by 17% between 2020 and 2030. Keep in mind that these are strictly veterinarian jobs. Technician and assistant jobs aren't included.

In terms of raw numbers, that equates to 14,500 more new jobs by the end of 2030 as there were at the beginning of 2020, and we're already two years into the decade.

According to the same BLS data, there will be 4,400 job openings for veterinarians each year, on average, during the decade.

Of these 44,000 job openings projected for the decade, approximately 14,500 of them will be newly created positions (based on the BLS projections).

We would need 44,000 more candidates in the job market by the end of 2030 than there are right now in order to fill that many positions.

With a near-zero unemployment rate, there are projected to be 30,000 veterinary graduates between 2020 and 2030. That leaves 14,000 open

positions with no one to fill them by the end of the decade.

Mars Veterinary Health agrees with this. According to a report it released earlier this year, they predict a shortage of 15,000 veterinarians by 2030.

This has made hiring difficult in this current job market. It has made it difficult to recruit, engage, and hire veterinarians.

Because even if you can find them, you still have to convince them to consider your opportunity. That's because they're employed and their current employer is keeping them relatively happy and satisfied because the employer does not want to lose them.

As a result, the price for veterinarians has increased during the past few years. Higher wages and bigger bonuses are inevitable in this market.



\$100,000

Minimum annual salary offering for veterinarians

Source: VET Recruiter



\$10,000– \$20,000+

Price range of sign-on bonus

Source: VET Recruiter



\$200,000

Minimum starting salary for emergency veterinarians

Source: VET Recruiter

In terms of what our firm is seeing, employers are not making offers to veterinarian candidates below \$100,000 per year.

In addition, almost every offer includes a sign-on bonus of some kind. These bonuses are typically in the range of \$10,000–\$20,000, but they can exceed that amount if the candidate agrees to a multiyear commitment with the practice.

That illustrates the state of the current job market. In the past, it was expected that a new employee would stay with an organization for a certain number of years. If they didn't, then they were considered a "job hopper."

Now, veterinary employers know that the market has changed and people switch jobs much more frequently. That's why they're willing to pay their new employees to commit to a certain amount of time with the organization.

This dynamic also applies to new graduates, who are asking for and receiving starting salaries in the range of \$100,000–\$130,000 right out of school.

Doctors with three or more years of experience are asking for and receiving salaries of \$140,000 plus production. And emergency veterinarians are asking for starting salaries of at least \$200,000 before they will even consider making a move.

More Than Money

It's not all about the money, though. There are other things that are important to today's candidates, too, and one of those things is a flexible work schedule and a corresponding healthy work-life balance.

In fact, the work schedule is very important to candidates when assessing an offer package from an

employer. If they don't believe the offer includes enough flexibility, then they will reject the offer, regardless of the money involved. In this market, employers must accommodate the schedule demands of candidates if they hope to hire those candidates.

Something else that today's candidates want is a safe and pleasant work environment. One of the main reasons for this is the fact that clients have become increasingly rude over the past several years, to the point where this has become a real problem for clinics.

Veterinarians and veterinary staff want to know that their employer is going to "have their back" and protect them from rude clients and pet owners.



When an organization stops delivering on the promises it made, employees make the decision to pursue other opportunities.

outlined above, active recruiting is a critical part of the process. Once you identify and engage candidates, then you must proactively recruit the candidates. This is part of making the candidate feel wanted. This is another factor involved in convincing a candidate to make a move to your organization. First, they must believe the opportunity is better than their current job. Second, they must feel wanted by your organization.

And in much the same fashion, current employees want to feel wanted by the organization, as well, and that's a major reason why they stay as an employee...or leave.

#4—Recognize the Importance of Branding

One of the first ways that you brand your organization is with the job description, but branding should be a priority all the way through the hiring process. Right now, branding is more important than it has ever been. Today's candidates want more than just a job, and they even want more than just a great job. They want to work for a great employer who holds the same values that they do.

And if working for a dynamic, forward-thinking organization is enough to convince a person to change jobs, then working for the same kind of organization is enough to convince them to stay.

#5—Deliver to the Candidate What You Promise

This is the step that ultimately serves as the “bridge” between hiring and retention. The premise is simple: make sure that what you promise to candidates—including the job, the company culture, the opportunity, etc.—is what the candidates experience after they've been hired. This is called the “validation of experience.”

This is important because if candidates do not experience what they were promised, then they will automatically become disenchanted. Just like that, they've transformed from being a new hire to being an employee who is at risk of leaving.

And when you think about it, this is why many people leave their employer: The reasons why they decided to join the organization in

the first place no longer exist. When an organization stops delivering on the promises it made, employees make the decision to pursue other opportunities.

Focusing on the Basics and Fundamentals

Hiring and retention are perhaps more difficult right now than they've ever been. There are multiple reasons for this, including the current state of the job market and the challenges associated with engaging the members of the younger generations. However, the basics of recruiting, hiring, and retention—the fundamentals associated with enjoying success—have remained the same down through the years.

The only difference is that, now, these basics and fundamentals have become more important. You can't ignore them. You can't “get by without them.” However, that does not mean that you have to allow them to overwhelm you.

Instead, the blueprint for hiring the best candidates and retaining them in 2023 involves a focused effort on creating a system that addresses the needs and requirements of both priorities, thus saving time and energy in the process while also increasing the odds for overall success. ✨

Stacy Pursell, CPC, CERS, is founder and CEO of the VET Recruiter, an executive search and recruitment firm, based in the United States and ranked in the



top 1% of search consultants worldwide. Pursell is a workplace/workforce expert and Certified Employee Retention Specialist (CERS). She has been quoted by CNN, Money Magazine, Today's Veterinary Business, NAVC, AVMA, DVM 360, and Veterinary Practice News.



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One Health for the Veterinary Team

Stay Involved to Help Find Solutions

by Emily Singler, VMD

In an age where multiple infectious diseases such as COVID-19 and monkeypox affect both humans and animals, and where significant environmental changes are linked more and more often to human activity, the concept of One Health has become increasingly more important. According to the American Veterinary Medical Association (AVMA), One Health indicates that “humans, animals, and the world we live in are inextricably linked.”

As such, there must be a “collaborative effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the environment.” To some, this may seem like common sense that humans would work to improve animal and environmental health for our own benefit, and indeed it is. Some of the ways in which this can be done, however, may not be so intuitive. And the central role of all members of the veterinary team in the success of One Health initiatives cannot be overstated.

The veterinary industry has been integral in advancing the visibility of One Health programs worldwide. In 2007, AVMA President Roger Mahr, DVM, established the One Health Initiative Task Force (OHITF). Ron Davis, MD, then president of the American Medical Association (AMA), oversaw approval of a resolution to “engage in a dialogue with the American Veterinary Medical Association to discuss strategies for



Examples abound of how human, animal, and environmental health affect each other.

enhancing collaboration between human and veterinary medical professions in medical education, clinical care, public health, and biomedical research.”

The American Public Health Association (APHA) then sent a liaison to join with those from the other two associations in the OHITF. The AVMA and multiple individual veterinarians continued to have an active role in the One Health Commission as it grew.

One Health Stories

Examples abound of how human, animal, and environmental health affect each other. Here are a few examples of particular interest to the veterinary community.

Sometimes, decisions made to treat animals can have significant implications for human health. In the 1990s, there was a public health crisis in India surrounding cattle, vultures, dogs, and humans. Cattle are raised in India for milk, for pulling carts and farm equipment, and for producing fertilizer. For the most part they are not slaughtered for any reason, because cultural and religious beliefs preclude most Indians from consuming beef.

Thus, cattle are allowed to die naturally and then left for vultures to scavenge after they die. In the late 1990s, there was a significant die-off in the number of vultures, which left many cow carcasses rotting in fields. Feral dogs seized the opportunity to scavenge this food source, and their populations ballooned.

The problem with this change was that these dogs were by and large not vaccinated for rabies. The



subsequent rise in feral dogs was associated with over 39 million dog bites to humans and an estimated 48,000 rabies deaths in humans in the region. After an exhaustive investigation, the cause of the vulture die-off was determined to be diclofenac poisoning from consuming carcasses of cattle that had been treated with this anti-inflammatory drug.

Human disease and needs can also affect animal health and treatment. One such example is the current treatment climate for cats suffering from feline infectious peritonitis (FIP). Once considered a uniformly fatal disease of often very young cats, a new treatment option started gaining traction between 2016 and 2019. Named after its manufacturer Gilead Sciences, GS-441524 is an antiviral drug that works by preventing the formation of viral proteins. In experiments, this drug was found to be incredibly successful in curing cats diagnosed with FIP who would have otherwise died. Just when it seemed like the path might have been paved for approval of GS-441524 for treatment of FIP in cats, the COVID-19 pandemic hit. Because FIP and COVID-19 were both caused by (different) coronaviruses, it was found that both could be treated with similar drugs.

In fact, one of the drugs found to be most successful in treating COVID-19 in humans, remdesivir, is rapidly converted to GS-441524 in the body. Because of fears that production of GS-441524 for cats would hinder the production of remdesivir for critically ill humans, Gilead Sciences chose not to pursue approval of their drug for use in animals. Given the large need for the drug in cats, a new source of GS-441524, not approved for treatment of cats in the United States and many other countries, began to circulate from China.

Because veterinarians have been concerned about the legal implications of administering an unapproved drug, they have largely refrained from offering or even recommending it. As a result, desperate cat owners, breeders, rescuers, and others have developed their own network of distribution involving a Facebook page, unmarked vials, secret parking lot exchanges, and cat owners learning to give daily subcutaneous injections at home.

Animal and human health also contribute to and are affected by environmental changes around the world. The raising of food animals for meat for both humans and animals contributes to deforestation and

increased production of carbon dioxide and methane, both of which contribute to global warming. It is estimated that meat production just to produce pet food creates about 64 million tons of carbon dioxide per year. Although eliminating meat in cat and dog diets is not likely to be a feasible solution, there are studies looking at the use of lab-grown meat and insects as more environmentally friendly options for protein sources in pet food in the future.

A recent JAVMA article identified factors that increase the risk of spread of leptospirosis among humans and animals. These factors include increased flooding due to more frequent and severe weather events, increased human travel and human encroachment on animal environments, and underrecognition of leptospirosis as a concern because of its nonspecific clinical signs and a presumption that it is limited to tropical climates.

Human medical practitioners, for example, may mistake leptospirosis signs as evidence of COVID-19. Veterinarians in certain parts of the country (and world) may also assume that the risk of leptospirosis is too low for their patients to recommend vaccination. However, leptospirosis cases have recently been identified in both humans and animals in areas of the southwestern United States where the climate is semiarid as opposed to tropical. This highlights the need for human and veterinary health professionals to share information on disease trends and to continue to learn how environmental changes can affect the health of their respective patients.

One Health in Veterinary Practice

Maria N. Donnelly, DVM, MSPH, has worked in both private practice and with the Florida Epidemic Intelligence Service Program (FL-EIS).

She was drawn to a career in public health after growing up overseas in developing countries, and as she puts it, she “saw firsthand the impact of clean drinking water and a safe food supply make to people’s lives.”

Her master’s thesis project looked for changes in rates of posttraumatic stress disorder (PTSD) hospital visits (for humans) associated with increased wartime news coverage. She has also participated in emergency preparedness and response efforts and investigations of outbreaks (such as *Clostridium botulinum*, *cryptosporidium*, *giardia*, and others) at the county, state, and national levels.

Donnelly encourages all veterinary professionals to “become a part of organized veterinary medicine to stay informed with policy changes affecting One Health.” Apart from organized veterinary medicine, there are many ways that all members of the veterinary team can help improve and protect the health of animals, humans, and the environment.

Veterinary Support Professionals (VSPs)

Client service representatives, veterinary technicians, and veterinary assistants often have the first contact with an animal owner, whether over the phone, in person, or through a text or email. They are often the ones who experience the greatest emotions from a client: their fear or anxiety, their excitement and gratitude, or their anger. While clients wait to be called into an exam room or explain over the phone why they must change their appointment, VSPs may learn details of a client’s life, health, and challenges they are



Animal and human health also contribute to and are affected by environmental changes around the world.



facing. They may be able to share some of this information with the rest of the team, when appropriate, to help personalize the care given to their animal.

Types of relevant information include their pet's role as an assistance dog (service, therapy, or emotional support animal) and physical challenges of the owner that might interfere with their ability to follow through on treatment and lifestyle recommendations for their pets.

Physical challenges might include mobility concerns, trouble lifting, handling, or medicating their pet, or even trouble reading a medication label or opening a child-proof lid. If

the owner volunteers that they or someone in their home are pregnant, immunosuppressed, or managing any number of different health conditions, this information may affect the types of recommendations, cautions, and even referrals for outside assistance that the team makes for this client.

Other helpful information can include financial constraints that can affect their ability to consent to recommended treatment, and even preconceived notions or misconceptions about their animal's health and care. The veterinary team may be able to help resolve some of these obstacles if they know about them.

Apart from picking up on and relaying important information at the beginning of the appointment, VSPs will often be the last ones to see the client when they leave. They can help to repeat and reinforce recommendations made by the veterinarian, ensure that the client feels comfortable carrying out the treatment at home, and receive any feedback or last-minute questions from the owner. In some cases, the client will feel comfortable expressing thoughts and emotions to the VSP that they did not feel comfortable sharing with the veterinarian.

Veterinarians

As a veterinarian currently working in small animal private practice, Donnelly points out how she and her colleagues use their public health knowledge every day, and that it is "one of the most important aspects of our job." This is evident in discussions of zoonotic transmission of intestinal parasites and prevention of dog bites in children.

Indeed, veterinarians recommend and prescribe treatment to protect human and environmental health in addition to improving the health of their patients. This can include vaccination for important zoonotic diseases, educating cat owners on the environmental effects of outdoor cats, and being responsible stewards of antibiotics to prevent resistance. Veterinarians can also highlight the power of the human-animal bond, for the benefit of both humans and animals.

Donnelly points to the US Centers for Disease Control and Prevention (CDC) slogan, "Healthy Pets, Healthy People," as a great reminder of the connectedness between human and animal health. Veterinarians are uniquely qualified to understand the health risks of zoonotic diseases for both animals and humans. Although they cannot provide medical advice to their human clients, veterinarians can convince their clients of the importance of preventing zoonotic transmission and advise them when to seek appropriate medical treatment for themselves.

Apart from private practice, veterinarians work as pathologists, epidemiologists, researchers, and in a variety of government roles. In these capacities, they study trends in infectious diseases, protect our food supply, pioneer new treatments that can benefit both human and animal health, and ensure the safe transport of animals while reducing the risk of infectious disease transfer.

Veterinary Social Workers

Veterinary Social Workers support the physical and mental health of veterinary team members and animal



The central role of all members of the veterinary team in the success of One Health initiatives cannot be overstated.

Further Reading:

One Health

avma.org/resources-tools/one-health

A global one health perspective on leptospirosis in humans and animals

avmajournals.avma.org/view/journals/javma/260/13/javma.22.06.0258.xml

Our pets are part of the climate problem

cnn.com/2022/09/15/us/pets-climate-impact-lbg-wellness

One Health Commission

onehealthcommission.org

Diclofenac poisoning in vultures

besjournals.onlinelibrary.wiley.com/doi/full/10.1111/j.0021-8901.2004.00954.x

owners, which can give animals a better quality of life as well. They can work in veterinary hospitals, veterinary schools, animal shelters, programs for service and assistance animals, and anywhere that humans and animals interact. They can also help educate human healthcare professionals to properly assess their patients for eligibility for an emotional support animal, which can help support both physical and mental health in humans.

When asked about the most exciting advances in One Health recently, Donnelly pointed to the “increase in awareness of One Health as evidenced by more academic institutions with public health programs, increased education through the AVMA, and US and international government programs and policies focused on One Health.”

This increased awareness shines a light on veterinary medicine and the important work that we do.

As we continue to work together with our fellow professionals, we can make a big difference in the lives of animals and humans, and in the health of the planet we call home. Perhaps more than anything else, this is a reason to keep learning, sharing, and innovating despite all the challenges we face in our profession. ✨

Emily Singler, VMD, is a 2001 graduate of Penn State University and a 2005 graduate of University of Pennsylvania School of Veterinary Medicine. She has worked in shelter medicine, private practice, and as a relief veterinarian. She currently works as a veterinary writer and consultant and enjoys writing for both pet owners and veterinary professionals.



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 Smoothing Out the Referral Experience, with Patty Lathan, VMD, MS, DACVIM, and Renee Rucinsky, DVM, DABVP (Feline)



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Senani Ratnayake,
BSc, RVT

Finding Your Carrot with Senani Ratnayake

Building Teams Through Personal Stories

Interview by Katie Berlin, DVM, for *Central Line: The AAHA Podcast*

Like most of us in veterinary medicine, Senani Ratnayake, BSc, RVT, wanted a dog when she was little. She wore her parents down in the end, but instead of a dog, she got a bunny called Nibbles who would end up changing the shape of Senani's dreams.

Nibbles was euthanized one sad Christmas by a veterinarian they didn't know, under circumstances that were less than ideal. Senani turned toward a career in veterinary medicine because she knew she

could make a difference for people who would one day say goodbye to their own best friends—and thanks to meeting just the right role model while Nibbles was sick, she chose to become a technician.

Senani quickly realized that she was surrounded by extraordinary people doing difficult work—and that the most efficient and productive teams are the ones who take time to understand and listen to one another. In our conversation for *Central Line*, Senani discusses how she's seen

walls get broken down, teams start talking, and connections begin to build, all through intentionally sitting down to ask each other, "What brought you here?"

Katie Berlin: You've done some work with vet teams, helping them "find their why." I was wondering if you could share a little bit about how that came about.

Senani Ratnayake: For sure . . . So the logo of [my business] Motivatum Consulting is a bunny chasing a

carrot. I love bunnies in case you don't know. Bunnies are my jam. I always pictured people [as having] a "carrot," and I have to figure out what that carrot is and dangle it in front of them to get them to do what I want. And so in my mind, everyone was just bunnies running around chasing their carrots.

It allowed me to see people differently and frame my questions differently...so when I started getting into team workshops and doing more private consulting, I would always find it fascinating, [when] I'd sit down with someone that was identified as a toxic team member, as someone that wasn't good in some way, not following the rules or getting along well with other people, whatever it was. And as we get talking, we inevitably would get into some kind of a personal story, something that was happening or that had happened that triggered how they felt about the situation, even right down to

"they don't do well with large dogs because..." And I would think, if you could just tell your team this, then everyone would have more empathy for you—they'd be able to cut you some slack.

And so when I first started doing this work with the teams it was about [finding out] "What is your carrot?" I would send everyone a letter, and we'd go through this process, and it was so cool because you would see people start to actually relate to each other.

KB: I feel like a lot of vet techs choose [the technician] route rather than the veterinarian route because you get so much patient contact, so it's really interesting to hear about somebody who was premed and then chose to go to vet tech school in order to impact the client experience.

SR: I was just lucky in that I ended up volunteering in the practice where

we took [our bunny] Nibbles... [One of the technicians there, Tammy] was an incredible RVT and made a really big impression on me and did all the things, literally all the things, and was a fully utilized technician. Had I volunteered in another hospital where the technicians weren't allowed to do certain things, maybe I would not have appreciated the scope of that role. Maybe I would have thought, "Well, you have to be a doctor to make a difference, you have to." But it was Tammy who we always talked to, it was Tammy who we always saw, she's the one that was always explaining stuff to us, she was nice to us all the time, and it was just like she had this cool job.

So I think that's part of it too, depending on where someone who's excited about medicine has that first experience—we forget how we influence people's decisions later on. We were all the high school student once, and...you may never know, but they may have that in the back of their head where they're thinking, "I want to be like that person when I grow up."

KB: Absolutely, and I feel like that's a common denominator with all the technicians that I've talked to for this podcast—they've stretched that role to so much more than you would see on paper and had a technician that they learned from or who mentored them or who they saw as an example.

I'm trying to picture a lot of the vet teams that I've known, sitting in a room and all talking about their whys. It's powerful and a little scary. It's hard to picture, if that hasn't been something that your team has worked on.



Some people are really willing to talk about it. Sometimes you have to push them a little. They'll tell a story and you're like, "That's not your real story."

—SENANI RATNAYAKE, BSC, RVT

SR: It gives me goosebumps—I'm smiling, and I'm also tearing up a bit. I can literally put myself into several different treatment areas and rooms and reception areas where I've sat in a circle and then just watched magic happen. But it's not easy, it doesn't come naturally to everybody. Normally what I do is I send a letter out to everyone in advance [and] tell everyone, "Go and find an object or a photo that reminds you of why you first wanted to work with animals, what inspired you to first want to work with animals, but don't tell anyone what it is and bring it." And then we just go around the circle, and everyone tells their story.

Some people are really willing to talk about it. Sometimes you have to push them a little. They'll tell a story and you're like, "That's not your real story." And they'll say, "No, that's the story I got." And it's like, "That's the story you've got. But I think you're avoiding telling us the real story," and then they'll go quiet and then usually something comes out. There's always going to be someone that's shy, there's always going to be someone that finds it uncomfortable, but we'll joke about it.

Sometimes someone will start crying before it's even been their turn, because they're thinking about what they're going to say. And I'll say, "Okay, Katie is going to go and we're all going to face the other way and no one's going to make eye contact with Katie," and everyone looks at the floor, the ceiling. And then Katie goes and is like, "I'm not looking at anyone, I'm just telling my story."

People tell incredible stories. Sometimes they show you photos of

when they were little, a family pet, a grandparent's farm. They have stories of large animal vets who would come out to the farm, and there was this relationship. "My granddad would chat with the vet. My grandma would make tea, we'd all hang out...and it looked like such a cool job."

I've also heard such sad and powerful [stories], ones of parents who did or didn't want them to get into this profession, parents who passed away before they saw them get into the profession. And it's a privilege to be able to hear people's stories like that and have them really dig deep. People have brought stuffed toys, paw prints of pets that have passed away.

And, as people are telling their stories, you start to see walls break down a little bit. People start to see [teammates] they weren't as connected to slightly differently, with a different lens. It humanizes people.

[As Simon Sinek says], "People don't care what you do. They care why you do it." Why does each person on the team do what they do? Because frankly, some people show up and they're so passionate about what they do and they care so deeply, and we see that that impacts every behavior, every action, every word... And then there are other people who genuinely love animals, but they have other priorities, and so their "why" is different and impacts how they choose to do certain things. It's good for us to be able to understand that of each other, right?

KB: As you're talking, I'm picturing people I've worked with that I wish I had asked, not only why they're in vet med and why they chose the role

they're in, but why they do things a certain way that I might have seen as strange or a little bit difficult. There's always a reason. And it just never occurred to me to dig.

SR: And sometimes it's because you're not seeing something they see [or] because they don't have as much information as you. So then you can say, "Oh, well, have you ever thought about [doing it like] this?" And maybe you both decide to continue doing it your way, but now have better understanding, or we find some kind of middle ground or at least a better appreciation for the other person.

I think we can be reactive and, especially right now, we're not making time for things that matter. [Thinking] "Oh, we don't have a moment to spare" is ruining how the rest of the day plays out...because we're not stopping to prioritize our relationships with people we spend more time with than the people at home.

KB: Have you ever met anybody who did not have a why?

SR: I've met people who think they don't have a why. Because they think their why is supposed to be an animal answer, and they get nervous even as they hear other people [talk about] a childhood pet, a misdiagnosed pet, a cat who drowns in a pool, and now I know better. They don't think they have a why because they don't have a story like that. "Well, I never had pets growing up."

Okay, somehow along the way, you still chose this, right? But your why doesn't have to be animal related. Your why might be your family at home now, and it's okay to this job

so that you can make money to do things for the people around you, to take care of yourself. To get things for yourself, to pay your own bills. That is totally an acceptable thing.

KB: Okay, one more time for the people in the back. It's okay to want to make money in veterinary medicine.

SR: It is okay to want to make money. It is also really important that you show up knowing what your value is. Right now, I see people asking for more and more, and it's not that you're not worth it...but it's also that this is a give and take. You're asking someone to invest in you; why? Are you showing up as your best self now? Are you doing the CE? Are you treating the people around you well? Are you looking for opportunities to mentor the people around you? Make sure you've checked those boxes, because if you can help the business, the hospital, to be successful, that's where the money comes from for us to all get paid more.

We have to work collaboratively together, understand each other's whys, and then elevate the whole thing so that that money is there so that we can re-invest in our people and take care of each other in that way.

KB: Do you think there are teams that are not prepared to do this work?

SR: I think that it's a challenging question to answer, because I want to say every team should be able to do this, but I know realistically not all practice owners and team leads have that leadership style or skill set yet that lends itself well to facilitating conversation. I would love to see

everyone try a version of this, but I think some tips would be to make sure that no one talks over top of each other, that there are some ground rules for the meeting. When one person is talking, they have the floor, and if they say, "Don't look at me," that's fine, but they still have the floor.

And you have to listen to understand. Not listen to reply. Really hear them, and try to really connect with their story, not be giggling. We've actually had situations where I said, "Hey, we need to not pass around the photos yet, we'll do that at the end." Because respect is everything in this exercise.

KB: Even just perceived disrespect could be a problem.

SR: Exactly. And we're asking people to share a part of themselves. We have to create safety for that, and I would say there are teams where maybe it's not quite safe enough. So yes, maybe there are some hospitals that aren't quite ready for this. But the flip side is, this might be one of the things that allows us to break down some barriers. So it needs to be something that we understand the value of, and we take it really seriously. This isn't something you cram into a half an hour, that ends up being 20 minutes, and we go answer the door and sell a bag of food. This is not that kind of exercise. This is phones off, no one's at the door, everyone is here, we do not exclude anybody. The Saturday evening kennel person does this too.

Leaders have to show that this is something that they are committed to and believe is important; if they don't start with that and lead by example,

then no one else will be bought in. "Oh great, now you're making us do this thing" is not good.

[But this] isn't something you push on the team. Even with this, you start with why... They need to want it also, and we need to make sure we're explaining why we think this is so important. I can 100% make a case for how this will improve revenue, this will improve profitability. The stronger the team, the better the business. We have a strong team that works well together, that is all rowing in the same direction—all with different whys, all with different hows, but we're focused on those goals... That's how the money comes. It's the people. Without the people, we have nothing. ❌

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Johan Buckner

Technician

**Broad River Animal Hospital,
Norwalk, Connecticut**

Year started in vet medicine: **2010**

Years with practice: **9**

Nominated by: **Michelle Margarita,
Inventory Manager**

AAHA MEMBER

Employee of the Month



Why Is Johan So Awesome?

Johan is one of the hardest working people I know. He has several responsibilities (more than anyone else), and he gets them all done while remaining in a great mood. He is one of the best animal handlers I've ever worked with, and I've been doing this for 25 years. You never have to worry about an aggressive animal biting you if he is holding it, and he does all this while still practicing Fear Free techniques. He has almost never called out; he's never late. He is truly one of the most respectful, hard-working, fun-to-be-around techs there is!

How Does Johan Go Above and Beyond?

He wears many hats and does it all with a smile while trying to make everyone else smile as well. From when Johan first started, he really has proven to be one of the best techs out there!

In His Own Words

Why do you love your job: I love my job because 1) I am helping take care of animals but 2) I love that I can be counted on. It can be difficult to find hard-working, experienced people, and to know that I am one of them makes me quite proud.

Pets at home: A rescue hippo/pit bull-type thing whose name is Snooks; an epileptic rescue Boston terrier; and I am currently fostering a Chihuahua named Avery.

What brought you to the profession: To be 100% honest, when I was younger, I didn't make the best decisions and landed myself in jail for a short time. When I got out, it was not easy for me to find work. However, an amazing hospital owner (who is no longer with us) gave me a chance, and here I am 10+ years later. I've learned so much and have come such a long way.

Hobbies outside of work: Spending time with my kids and family, working on cars; I also tend to do a lot of pet sitting, and these days, with what COVID did to vet offices, just relaxing.

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