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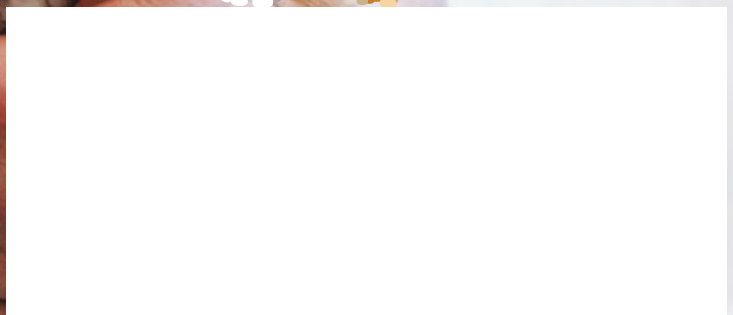
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Alicia Carr, CVT, VTS (Emergency
and Critical Care) at Hickory
Veterinary and Specialty Hospital
in Plymouth Meeting, Pennsylvania.
Photo by Jackie Pursell.



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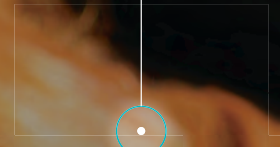
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Trends^{magazine}

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How techs can contribute—and the support they need to succeed
by Amanda Friedeck, LVT, VTS (Dermatology)



How can a Veterinarian Add \$36,000 Per Year in Profit?



Practices nationwide are using current regulations to their advantage by passing Credit Card Processing fees to the cardholder.

Brought to you by CashDiscountProgram.com

The first business day of the month has arrived once again, and with it, a steady stream of clients enters through the front door. You are, thankfully, busier than ever healing their beloved furry friends.

But then you notice that thousands of dollars have been deducted from your bank account...again. It's a familiar but bothersome line item: Credit Card Processing Fees.

"I didn't start my own business so I could feel trapped like this." You start wondering if you have any other options.

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These tools are legal programs called: Cash Discount, Surcharging, or Dual Pricing. At least one of these programs is available, compliant, and allowable in your location, which means that you could dramatically increase your bottom line, and eliminate your merchant service fees, simply by implementing the program that works best for you.

What are the differences between the programs?

1 Cash Discount Program: Your posted price for goods and services is the higher (card) price. A discount is provided if a client pays by cash or if you accept checks.

2 Dual Pricing: Similar to the above and much easier to implement, two prices are presented to the client: A Cash Price and a Card Price.

3 Surcharging: This program is restricted in some areas and is also what people who don't understand the regulations often refer to as "illegal." Surcharging is actually legal in most states and allows a business to communicate that there is simply an additional fee added when a credit card is used. Surcharging specifically caps the fee that can be charged and does not allow any debit cards to be charged a fee.

Each program will eliminate credit card processing fees. We have repeatedly saved happy and thriving practices over \$3,000 per month... that's more than \$36,000 per year.

It's a no-brainer, right? Of course, until you consider the looming question: "How will my clients respond to this?"

Our experience (explained to us by Veterinarians using our programs) is that clients almost always accept the fee and will simply pay in cash if they don't. Owners prioritize their pet's health and well-being and they understand that these fees routinely appear in other industries.

Gas stations (see below), hair salons, nail salons, restaurants, municipalities, and many other businesses have passed on a fee to cardholders in some way for years.

Credit Price DEBIT	Gasoline	Cash Price
399 ⁹ / ₁₀	Regular	389 ⁹ / ₁₀
413 ⁹ / ₁₀	Plus	403 ⁹ / ₁₀
429 ⁹ / ₁₀	Premium	419 ⁹ / ₁₀

Therefore your client is already paying a fee to use their card in a wide variety of places.

In addition, there is a deep trust built between you and your clients. You know the animal's history, built a relationship, and they are comfortable with you. Paying a small fee (especially one that allows your practice to thrive and offers stellar treatment) is a price they'll be more than willing to pay for using a credit card.

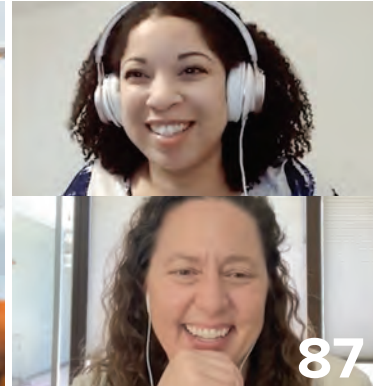
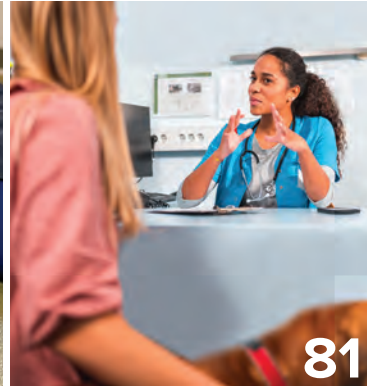
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"Each of the programs will eliminate all or at least most of the credit card processing fees. Our average practice saves over \$3,000 per month or more than \$36,000 per year."

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from the editor's desk



WELCOME TO THE TECHNICIAN ISSUE, where *Trends* is all about the techs. This issue is packed with an amazing amount of information by, starring, and about technicians, including the cover story on techs and TikTok, and the entire text of the brand-new *2023 AAHA Technician Utilization Guidelines*. As a side note, you may have noticed that we are starting to publish entire guidelines in the pages of *Trends*. That is a trend that will continue at least into next year. More clinical guidelines, such as the upcoming *2023 Guidelines for Management of Allergic Skin Diseases for Dogs and Cats*, will appear in *JAAHA*, our medical journal, but other nonclinical guidelines will be published right here in *Trends*. Of course, you can always go to the web version as well, at aaha.org/guidelines.

Speaking of tech utilization, our second feature is all about utilizing techs in a specific way—with dermatology cases. This article was written by one of the few dermatology VTSs, Amanda Friedeck, LVT. She explores some of the specific ways that practices can train technicians and use them to their fullest potential.

This month's *Central Line* podcast article is also tech-focused, with an interview by the inimitable Katie Berlin, DVM, with Natalie Boursiquot, BS, RVT, and Liz Hughston, MEd, RVT, CVT, VTS (SAIM, ECC), on technician retention, which as you know is of great concern these days.

Last but not least, we also have the winners and runners up of our annual Teams@Work photo contest, which highlights the awesome work that technicians—and their teams—do every day. And don't forget National Veterinary Technician Week, which this year is the week of October 15–21, 2023.

NEW! NOMINATE AN EMPLOYEE OF THE MONTH AND WIN \$\$\$!

Now, when you enter our monthly Employee of the Month drawing, the nominator will win a \$100 gift card, and the winner will receive a \$400 gift card from Amazon! This is your chance to shine the spotlight on one of your best employees, and win some loot for doing so. If you don't win, don't worry, you can enter again the next month! Enter today at aaha.org/EOTM.

COMING NEXT MONTH

In November's issue you will find an article on team-centered management of chronic diseases, which will include a handy handout on diabetes that you can clip, copy, or download. We'll also have an article by Stacey Santi, DVM, on how to improve clients' memories when it comes to compliance.

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

—Ben Williams, Editor

NexGard® PLUS

(afoxolaner, moxidectin, and pyrantel chewable tablets)

For oral use in dogs only

Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

Description:

NexGard® PLUS (afoxolaner, moxidectin, and pyrantel chewable tablets) is available in five sizes of beef-flavored, soft chewables for oral administration to dogs and puppies according to their weight. Each chewable is formulated to provide minimum doses of 1.14 mg/lb (2.5 mg/kg) afoxolaner, 5.45 mcg/lb (12 mcg/kg) moxidectin, and 2.27 mg/lb (5.0 mg/kg) pyrantel (as pamoate salt).

Afoxolaner is a member of the isoxazoline family of compounds. Its chemical name is 1-Naphthalene-carboxamide, 4-[5-[3-chloro-5-(trifluoromethyl)-phenyl]-4,5-dihydro-5-(trifluoromethyl)-3-isoxazolyl]-N-[2-oxo-2-[(2,2,2-trifluoroethyl)amino]ethyl].

Moxidectin is a semisynthetic macrocyclic lactone derived from the actinomycete *Streptomyces cyaneogriseus noncyanogenus*. The chemical name for moxidectin is [6R,23E,25S(E)]-5-O-Demethyl-28-deoxy-25-(1,3-dimethyl-1-butenyl)-6,28-epoxy-23-(methoxyimino) milbemycin B.

Pyrantel is a member of the tetrahydropyrimidine family of compounds. Its chemical name is (E)-1,4,5,6-Tetrahydro-1-methyl-2-[(2-thienyl)vinyl]pyrimidine 4, 4' methylenebis [3-hydroxy-2-naphthoate] (1,1).

Indications:

NexGard® PLUS is indicated for the prevention of heartworm disease caused by *Dirofilaria immitis*. NexGard® PLUS is indicated for the treatment and control of adult hookworm (*Ancylostoma caninum*, *Ancylostoma braziliense*, and *Uncinaria stenocephala*) and roundworm (*Toxocara canis* and *Toxascaris leonina*) infections. NexGard® PLUS kills adult fleas and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*) and the treatment and control of *Ixodes scapularis* (black-legged tick), *Rhipicephalus sanguineus* (brown dog tick), *Dermacentor variabilis* (American dog tick), and *Amblyomma americanum* (one star tick) infestations for one month in dogs and puppies eight weeks of age and older, weighing four pounds of body weight or greater.

Dosage and Administration:

NexGard® PLUS is given orally once a month at the minimum dosage of 1.14 mg/lb (2.5 mg/kg) afoxolaner, 5.45 mcg/lb (12 mcg/kg) moxidectin, and 2.27 mg/lb (5.0 mg/kg) pyrantel (as pamoate salt).

For heartworm disease prevention, give once monthly for at least six months after last exposure to mosquitoes (see **Effectiveness**).

Dosing Schedule:

Body Weight (lbs.)	Afoxolaner Per Chewable (mg)	Moxidectin Per Chewable (mcg)	Pyrantel* Per Chewable (mg)	Chewables Administered
4 to 8 lbs.	9.375	45	18.75	One
8.1 to 17 lbs.	18.75	90	37.5	One
17.1 to 33 lbs.	37.5	180	75	One
33.1 to 66 lbs.	75	360	150	One
66.1 to 132 lbs.	150	720	300	One
Over 132 lbs.	Administer the appropriate combination of chewables			

*As pamoate salt.

NexGard® PLUS can be administered with or without food. Care should be taken to ensure that the dog consumes the complete dose and that part of the dose is not lost or refused. If a dose is missed, administer NexGard® PLUS and resume the monthly dosing schedule.

Heartworm Prevention:

NexGard® PLUS should be administered at monthly intervals year-round or, at a minimum, administration should start within one month of the dog's first seasonal exposure to mosquitoes and should continue at monthly intervals until at least six months after the dog's last exposure (see **Effectiveness**). When replacing another monthly heartworm preventive product, the first dose of NexGard® PLUS should be given within a month of the last dose of the former medication.

Flea Treatment and Prevention:

NexGard® PLUS should be administered year-round at monthly intervals or started at least one month before fleas become active. To minimize the likelihood of flea reinfestation, it is important to treat all animals within a household with an approved flea control product.

Tick Treatment and Control:

NexGard® PLUS should be administered year-round at monthly intervals or started at least one month before ticks become active.

Intestinal Nematode Treatment and Control:

NexGard® PLUS treats and controls adult hookworms (*Ancylostoma caninum*, *Ancylostoma braziliense*, and *Uncinaria stenocephala*) and roundworms (*Toxocara canis* and *Toxascaris leonina*). For the treatment of adult hookworm and roundworm infections, NexGard® PLUS should be administered as a single dose. Monthly use of NexGard® PLUS will control any subsequent infections. Dogs may be exposed to and can become infected with hookworms and roundworms throughout the year, regardless of season or climate.

Contraindications:

There are no known contraindications for the use of NexGard® PLUS.

Warnings:

Not for use in humans. Keep this and all drugs out of the reach of children. In case of accidental ingestion, contact a physician for treatment advice.

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

Precautions:

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

Treatment with fewer than six monthly doses after the last exposure to mosquitoes has not been evaluated and may not provide complete heartworm prevention.

Prior to administration of NexGard® PLUS, dogs should be tested for existing heartworm infection. At the discretion of the veterinarian, infected dogs should be treated with an adulticide to remove adult heartworms. NexGard® PLUS is not effective against adult *D. immitis*.

The safe use of NexGard® PLUS in breeding, pregnant, or lactating dogs has not been evaluated.

Adverse Reactions:

In a field safety and effectiveness study, NexGard® PLUS was administered to dogs for the prevention of heartworm disease. The study included a total of 272 dogs (134 administered NexGard® PLUS and 138 administered active control) treated once monthly for 11 treatments. Over the 330-day study period, all observations of potential adverse reactions were recorded. The most frequent reactions reported in the NexGard® PLUS group are presented in the following table.

Table 1. Dogs With Adverse Reactions

Clinical Sign	NexGard® PLUS n = 134 Number (Percentage)	Active Control n = 138 Number (Percentage)
Diarrhea	9 (6.7%)	7 (5.1%)
Vomiting	6 (4.5%)	7 (5.1%)
Lethargy	3 (2.2%)	5 (3.6%)
Itching	3 (2.2%)	3 (2.2%)
Dermatitis	2 (1.5%)	1 (0.7%)
Anorexia	1 (0.7%)	4 (2.9%)
Muscle tremor	1 (0.7%)	1 (0.7%)

One dog in the NexGard® PLUS group was reported to exhibit muscle tremors along with nausea and depression for one day after the Day 0 treatment. The dog remained in the study and muscle tremors were not reported after any subsequent treatments.

Contact Information:

For a copy of the Safety Data Sheet (SDS) or to report suspected adverse drug events, contact Boehringer Ingelheim Animal Health USA Inc. at 1-888-637-4251 or www.nexgardforpets.com.

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

Clinical Pharmacology:

Mode of Action:

NexGard® PLUS (afoxolaner, moxidectin, and pyrantel chewable tablets) contains the three active pharmaceutical ingredients afoxolaner, moxidectin, and pyrantel (as pamoate salt).

Afoxolaner is a member of the isoxazoline family, shown to bind at a binding site to inhibit insect and acarine ligand-gated chloride channels, in particular those gated by the neurotransmitter gamma-aminobutyric acid (GABA), thereby blocking pre- and postsynaptic transfer of chloride ions across cell membranes. Prolonged afoxolaner-induced hyperexcitation results in uncontrolled activity of the central nervous system and death of insects and acarines. The selective toxicity of afoxolaner between insects and acarines and mammals may be inferred by the differential sensitivity of the insects and acarines' GABA receptors versus mammalian GABA receptors.

Moxidectin is an endectocide in the macrocyclic lactone class. Moxidectin acts by interfering with chloride channel-mediated neurotransmission in susceptible parasites, which results in paralysis and death of the parasite.

Pyrantel is a nematocide belonging to the tetrahydropyrimidine class. Pyrantel acts as a depolarizing, neuromuscular-blocking agent in susceptible parasites, causing paralysis and death or expulsion of the parasite.

Pharmacokinetics:

Following a single oral administration of a near-final formulation of NexGard® PLUS (at mean doses of 3.9 mg/kg afoxolaner, 18.8 mcg/kg moxidectin, and 7.8 mg/kg pyrantel pamoate) in fed and fasted Beagle dogs (10 to 21 months of age), afoxolaner and moxidectin were more rapidly absorbed in the fasted state with a time to maximum concentration (T_{max}) of 2 to 3 hours.

The afoxolaner mean maximum plasma concentrations (C_{max}) in the fed and fasted states were 1610 and 2200 ng/mL (CV=33 and 16%) and the moxidectin mean C_{max} values were 11.1 and 15.5 ng/mL (CV=39 and 24%), respectively. The area under the curve (AUC) for afoxolaner and moxidectin were similar between fed and fasted states. Post-dose pyrantel plasma concentrations were quantifiable out to 24 hours.

Following six oral administrations of NexGard® PLUS at 1, 3, and 5X the maximum exposure dose of 5 mg/kg, 24 mcg/kg, and 10 mg/kg afoxolaner, moxidectin, and pyrantel pamoate, respectively, every 28 days in 8-week-old Beagle dogs, afoxolaner and moxidectin T_{max} ranged from 2 to 6 hours. The observed mean C_{max} and AUC at steady state in the 1X dose group were 2230 ng/mL and 19000 days*ng/mL for afoxolaner and 14.8 ng/mL and 55.2 days*ng/mL for moxidectin, respectively. Based on mean C_{min}, afoxolaner and moxidectin accumulated by less than 4-fold at steady state. Afoxolaner and moxidectin exposure increased in a dose proportional manner between the 1X and 3X dose groups but was less than dose proportional in the 5X dose group.

Pyrantel pamoate is poorly absorbed into systemic circulation. Pyrantel pamoate is intended to remain in the gastrointestinal tract to allow effective concentrations to be delivered to gastrointestinal nematodes.

Effectiveness:

Heartworm Prevention:

In two well-controlled laboratory studies, NexGard® PLUS was 100% effective against induced *D. immitis* infections when administered for six consecutive months.

In a well-controlled US field study consisting of 120 dogs administered NexGard® PLUS and 124 administered an active control, no dogs treated with NexGard® PLUS tested positive for heartworm disease. All dogs treated with NexGard® PLUS were negative for *D. immitis* antigen and blood microfilariae at study completion on Day 330.

Flea Treatment and Prevention:

In a well-controlled laboratory study, NexGard® PLUS demonstrated ≥99.8% effectiveness against adult fleas 24 hours after weekly infestations for one month.

In a separate well-controlled laboratory study, afoxolaner alone began to kill fleas four hours after initial administration and demonstrated ≥90% effectiveness at eight hours.

In an additional well-controlled laboratory study, afoxolaner alone demonstrated 100% effectiveness against adult fleas 24 hours post-infestation for 35 days and was ≥93% effective at 12 hours post-infestation through Day 21 and on Day 35. On Day 28, afoxolaner alone was 81.1% effective 12 hours post-infestation. Dogs in both the afoxolaner-treated and control groups that were infested with fleas on Day -1 generated flea eggs at 12 and 24 hours post-treatment (0-11 eggs and 1-17 eggs in the afoxolaner-treated dogs, and 4-90 eggs and 0-118 eggs in the control dogs, at 12 and 24 hours, respectively). At subsequent evaluations post-infestation, fleas from dogs in the afoxolaner-treated group were essentially unable to produce any eggs (0-1 eggs), while fleas from dogs in the control group continued to produce eggs (1-141 eggs).

In a 90-day US field study conducted in households with existing flea infestations of varying severity, the effectiveness of afoxolaner alone against fleas on the Day 30, 60, and 90 visits compared with baseline was 98.0%, 99.7%, and 99.9%, respectively.

Collectively, the data from the four studies (three laboratory and one field) demonstrate that NexGard® PLUS kills fleas before they can lay eggs, thus preventing subsequent flea infestations after the start of treatment of existing flea infestations.

Tick Treatment and Control:

In well-controlled laboratory studies, afoxolaner alone demonstrated >97% effectiveness against *Dermacentor variabilis*, >94% effectiveness against *Ixodes scapularis*, and >93% effectiveness against *Rhipicephalus sanguineus*, 48 hours post-infestation, for one month. At 72 hours post-infestation, NexGard® PLUS demonstrated ≥97% effectiveness against *Amblyomma americanum* for one month.

Intestinal Nematode Treatment and Control:

Elimination of adult roundworms (*Toxocara canis* and *Toxascaris leonina*) and hookworms (*Ancylostoma caninum*, *Ancylostoma braziliense*, and *Uncinaria stenocephala*) was demonstrated in well-controlled laboratory studies.

Target Animal Safety:

Margin of Safety:

NexGard® PLUS was administered orally at 1, 3, and 5X the maximum exposure doses at approximately 28-day intervals for six treatments to 8-week-old Beagle puppies. Dogs in the control group were sham-dosed. There were no clinically relevant, treatment-related effects on body weights, food consumption, clinical pathology (hematology, coagulation, serum chemistry, and urinalysis), gross pathology, histopathology, organ weights, or ophthalmic examinations. Mild, self-limiting diarrhea (with and without blood) was possibly related to treatment, as there were more incidences in the NexGard® PLUS groups than the control group throughout the study, including within 48 hours after treatment.

Avermectin-Sensitive Collie Safety:

NexGard® PLUS was administered orally at 1, 3, and 5X the maximum label dose to MDRI-deficient Collies once on Day 0, with a second administration to the 1X group on Day 28. Dogs in the control group were sham-dosed on Days 0 and 28. No clinical signs of avermectin toxicity were noted in any dog at any time during the study. Vomiting was observed in some dogs in the 3X and 5X groups and resolved without treatment. Diarrhea, with or without blood, was observed in some dogs in all of the NexGard® PLUS groups and resolved without treatment.

Heartworm-Positive Safety:

NexGard® PLUS was administered orally at 1X and 3X the maximum exposure doses at approximately 28-day intervals for three treatments to Beagle dogs with adult heartworm infections and circulating microfilariae. Dogs in the control group were sham-dosed. Diarrhea was observed in one dog in the 1X group and in three dogs in the 3X group, and vomiting was observed in two dogs in the 3X group. No signs of avermectin toxicity were observed at any time during the study. There were no clinical signs associated with death of the microfilariae observed in any of the dogs.

Field Safety:

In a well-controlled field study, NexGard® PLUS was used concurrently with other medications such as vaccines, antibiotics, non-steroidal anti-inflammatory drugs (NSAIDs), anesthetics, sedatives, analgesics, steroids, anthelmintics, antiemetics, and antipruritics. No adverse reactions were associated with the concurrent use of NexGard® PLUS and other medications.

How Supplied:

NexGard® PLUS is available in five strengths of beef-flavored soft chewables formulated according to the weight of the dog (see **Dosage and Administration**). Each chewable size is available in color-coded packages of 1, 3, or 6 chewables.

Storage Information:

Store in original package at or below 25°C (77°F) with excursions permitted up to 40°C (104°F).

Approved by FDA under NADA # 141-554

Marketed by: Boehringer Ingelheim Animal Health USA Inc., Duluth, GA 30096

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IMPORTANT SAFETY INFORMATION: NexGard® PLUS (afoxolaner, moxidectin, and pyrantel chewable tablets) is for use in dogs only. The most frequently reported adverse reactions reported in clinical trials were diarrhea, vomiting, lethargy, and itching. NexGard PLUS contains afoxolaner, a member of the isoxazoline class, which has been associated with neurologic adverse reactions including tremors, ataxia, and seizures in dogs with or without a history of seizures. Use with caution in dogs with a history of seizures or neurologic disorders. The safe use of NexGard PLUS has not been evaluated in breeding, pregnant, or lactating dogs. Dogs should be tested for existing heartworm infection prior to starting a heartworm disease preventive. For more information, see full prescribing information or visit NexGardPLUSClinic.com.



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View from the Board

The Staffing Question

One of the odd outcomes of the pandemic has been its effect on staffing. I struggle with a correlation, but if you are having a tough time hiring and keeping staff these days, you are not alone. It seems that everyone is looking for staff and that the staffing pool has shrunk dramatically. This includes all credentialed staff and those entering the field for the first time. It seems the world is understaffed.

The research being done suggests that the reasons for this shortage are multifactorial, but the common threads seem to be:

1. Compassion fatigue
2. Pay
3. Work-life balance
4. Credentialed staff not being utilized to their full extent
5. Limited career advancement opportunities

While some of these are easier to address than others, there is growing concern for the shrinking number of people in our field. For me, it boils down to this: “I have to do better.” This does not mean doubling everyone’s pay to get them to stay. Pay is only a part of the problem. I think focusing on developing a positive workplace culture goes a long way to help with work-life balance and compassion fatigue. We are all faced with stressful situations, but how we go about handling those situations and supporting each other through them helps us not carry these burdens long term.

I believe one of the bigger problems we need to address immediately is to begin utilizing our staff to the full extent of their credentials. We have plenty of credentialed veterinary technicians in the industry who aren’t being empowered to complete the tasks they are legally allowed to perform. This is not the fault of the veterinary technicians, it is ours as practicing veterinarians and practice owners.

I learned a long time ago to surround myself with smart people, and I have carried this into my practice. My smart, compassionate staff makes our whole hospital operate at a higher level, which makes me look better. I can guarantee you I am a better veterinarian, practice owner, husband, father, friend, and human because of it.

What else am I doing to help our hospital’s staffing situation? My one-word answer is “better.” This can be increasing fees a little bit to allow for raises and/or bonuses. It can be focusing on workplace culture and actively listening to the team. It’s me trying to be sure that they are taking care of themselves, so they can then help others. I have also spent the last few years trying to change how my practice flow works to allow credentialed technicians the ability to practice to the full extent of their credentials. This allows my practice to do a better job for our patients and clients and gives them better job satisfaction and alleviates some of the workload for myself and my associates.

We are losing amazing humans in this industry BECAUSE of the industry. We need to figure out how to course correct and create the industry that will keep these people in the field and attract more amazing humans. This may be pie in the sky ideology, but it doesn’t mean we shouldn’t try. It all starts with trying to do better.



Scott Driever, DVM, is a director on the AAHA board. Driever is a Houston native who received his DVM degree from Texas A&M University in 2000. Upon graduation, he moved back to Houston and began his veterinary career at Animal Hospital Highway 6 in Sugar Land, Texas, where he became a partner in 2005. In 2015, he purchased the rest of the practice and became the sole owner. His wife, Susan, is the office manager at the practice.

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:

National Black Dog Day

October 1

World Animal Day

October 4

National Pet Obesity Day

October 11

Veterinary Technician Week

October 15–21

Happy Halloween

October 31



Upcoming Bite Prevention and Safety Meeting Tips Wanted!

Hello there! I'm a Practice Manager who is hosting our quarterly department meetings for our nurses/technicians in the coming weeks and have several new team members so are focusing on bite prevention & proper handling. Looking for any tips or resources you've used that are helpful.

We do this as well. I've reached out to a trainer who . . . travels all over the state and is highly recommended by clients and other hospitals. Maybe there is someone in your area you can tap into. We've done lunch and learns on this topic as well. Hope this helps.

We use some of the ACT online training principles and have found them really helpful in understanding body language and how to utilize restraint techniques that specifically focus on injury prevention. Best of luck!



Community

AAHA members: Log in to see the full discussion at community.aaha.org. Questions about your membership? Email community@aaha.org.



On A “Mission”—Group Strives to Increase Representation Through High School Work-Study Program

by Kristen Green Seymour

AT MISSION ANIMAL HOSPITAL JUST OUTSIDE MINNEAPOLIS, a successful work-study partnership with Cristo Rey Jesuit High School–Twin Cities has proven to be enormously beneficial—not just for the practice itself but also for the students who participated in the work-study program and, some optimists might say, for the veterinary profession at large.

Across the country, there are 37 Cristo Rey Corporate Work Study programs—but this is the first one in a veterinary clinic. The Mission Animal Hospital program came to be through a proposal from the Minnesota Veterinary Medical Association’s (MVMA) Diversity, Equity & Inclusion (DEI) Action Team, which saw an opportunity to take steps toward increasing representation and a sense of belonging in veterinary medicine by connecting with youth in diverse communities.

The Cristo Rey–Twin Cities student population was a good fit for this goal, with 86% of students identifying as Hispanic, 10% as African or African American, and 4% as multiracial; additionally 86% of the students qualify for free or reduced lunch, and the average family income of Cristo Rey students is \$44,933.

Another reason this work-study program was an excellent fit for a veterinary clinic is the fact that Cristo Rey students are highly motivated; the class of 2023 had a 100% college acceptance rate.

And, when it comes to achieving the MVMA’s DEI goal, Mission Animal Hospital was just as well-suited as the school: The practice’s mission is to make veterinary care available to everyone, regardless of circumstances, because, they believe, everyone has the right to have a relationship with a pet.

“Financial resources are perhaps the largest and most obvious barrier to pet care, which we address by tiered pricing and flexible payment options,” said Kellie Lager, SHRM-CP, Mission’s human resources director.

“However, there are many other barriers that keep people from seeking and receiving quality pet care. The veterinary industry is, historically, predominantly white and homogenous. It’s hard for clients—and employees—to walk into a space where they feel ‘othered,’” she said.

“By introducing veterinary medicine as a viable career option to young students of all identities, we can address the lack of diversity at its roots.”

This is important for a variety of reasons, according to Lager. “A diverse veterinary workforce can better understand and cater to the unique needs of a diverse clientele and their pets, actively considering cultural differences, language barriers, and varied socioeconomic backgrounds in decision making,” she said.

“This should ultimately lead to more innovative and effective solutions in animal healthcare and enhance the industry’s capacity to provide compassionate and high-quality care to all pets and their owners.”

Part of the Team

Four high school students participated in the work-study program, sharing a 40-hour work week throughout the academic year. These students performed duties like taking patient histories, running SNAP tests, entering charges and vaccines into medical records, and discussing vaccines with clients.

“Most of the duties remained the same over the year, but student knowledge and ability to carry them out greatly improved and expanded!” said Lager.

“For example, our students regularly stepped in to help the team take full patient histories; by the end of the term, some of our students were also frequently helping our teams translate for our Spanish-speaking clients! It was great to see them grow in confidence and step up to complete tasks without being asked.”

The staff at Mission made a point to help these students feel like they were truly part of the team; Ashley Lambert, Mission’s veterinary assistants’ manager, said that was often her top priority.

“Ultimately, I wanted each of the students to look forward to coming to Mission each week. On a human level, we all

perform our best when we feel a sense of belonging and enjoy what we’re doing, which helps create that intrinsic motivation to succeed,” she said.

“Furthermore, it’s no secret that the veterinary field is struggling to meet demand. From a recruitment perspective, getting fresh minds in early and building a preliminary understanding of spectrum of care only benefits the field and the communities we serve.”

The training was designed to help that team spirit occur organically, too, Lambert said.

“In the beginning, each student was paired one-on-one with an assistant, and [then with] a different assistant each week. As the students gained confidence, they were then paired with teams, a team comprised of one assistant, one technician, and one veterinarian,” she said. “Having them work alongside a different group of people each week gave everyone the opportunity to get to know each other effortlessly.”

The Right Steps Toward a Warm Welcome

Mission has a large staff that really thrives on welcoming and supporting one another, said Ashley Tradewell, CVT, veterinary technicians’ manager.

“This includes any mentees, veterinary students, and veterinary technology students that are spending time with us whether for a short time or an extended time,” she said. “They become a part of our Mission family.”

Still, welcoming high school students with no previous training or experience was new, and Mission took steps to not only ensure the students felt welcome but to help staff feel prepared and supported as well.

“Our human resources director (Lager) sent emails to staff ahead of time to inform them about this program and expectations,” said Katherine Nielsen, DVM, veterinarians’ manager.

That step was key, said Tradewell, but it wasn’t the end of Lager’s efforts to prepare employees.

“This email was the first step. The second step was having an all-staff meeting to discuss this further. This included more in-depth information such as how long

they were with us and the skills that were permitted to complete plus answering any questions the staff had,” Tradewell said.

The last step, she said, was the reiteration of something Mission’s managers have worked with staff on doing with all new hires: making clear introductions and intentionally creating opportunities to engage with the new team members, whether it was through a simple conversation or by looping them in on a case or skill in which they’ve shown interest.

“Remember that you were once them. Make sure they have the great experience you had, or the experience you wished you had,” said Tradewell, who still remembers joining the Mission family over seven years ago as a new graduate.

“They sought out Mission for this opportunity; let’s show them every great thing about our establishment. Open and honest communication between all parties is essential for success.”

Lambert found that framing the students’ arrival in a way that was familiar to her team was helpful, instructing her staff to welcome and train the students as much as they would any new hire.

Once all the students elected to continue their learning with the medical team, she said, they developed a training plan.

“This training plan is a streamlined version of the typical assistant training plan, optimized for the student role,” she said. “It’s a physical document where the students achieve sign-offs from staff as they learn and demonstrate new skills, a clear and visual way of tracking progress.”

“Take the Leap”

This program was a clear success for Mission, for the students, and for the MVMA, which recently received its first “Best in Business” award from the Veterinary Medical Association Executives for their work on this partnership. However, there are a few things that interested practices should consider before embarking on this type of work study program.

“I think it is important for a practice to have the resources and staff to partner staff members with students,” Nielsen

said. “We are all busy, but if staff are unwilling to teach, this will not be successful. The practice must embrace a teaching mindset and staff must be welcoming to new people.”

And it’s important to remember that, as responsible and eager to assist as they may be, high school students are still high school students. “[T]hey are still minors, and there are additional safety considerations that may vary from hospital to hospital; and your staff may need reminding of this,” Lambert said.

“For example, students were not afforded the opportunity to participate in radiographic imaging due to the radiation exposure.”

Overall, though, Mission hopes more veterinary hospitals will open their doors to programs like this.

“Honestly, take the leap into this partnership and indulge in the experience, even if it is only once,” recommended Tradewell. She acknowledged that welcoming students can be a daunting task, but insists it’s worth any initial discomfort.

“They are incredibly eager and ready to help in any way they are permitted to do not only to help your team, but to further their growth and success within this program.”

And she added, if your practice tries it out and finds it’s not quite the right fit, of course that’s absolutely okay.

“However, you will not know if you do not take the initial leap,” she said. “Gosh, you may even find, [like we did at] Mission, that y’all adore the experience, and become delighted watching them grow and succeed in their experience with you, and want to continue participating.” ✨



Kristen Green Seymour is AAHA's copywriter.

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Cutting-Edge Technology for Companion Animal Patients at Cornell

A new technology—an extracorporeal blood purification (EBP) unit—opens the door to new treatment options at the Cornell University Hospital for Animals, including dialysis for animals with kidney failure.

The new technology came online in 2023 for cats and dogs, reports Melanie Greaver Cordova in a news article from Cornell University College of Veterinary Medicine.

“The ability to provide dialysis and other extracorporeal blood purification to the patients in the upstate New York region is a game changer for our veterinary hospital,” says Jethro Forbes, DVM, DACVECC, assistant clinical professor in the Section of Emergency and Critical Care.

While a standard treatment in people, kidney dialysis is less common in veterinary practices. Only about 35 other animal hospitals across the country have such capabilities.

“It’s a smaller community of high-level practitioners, but it’s growing rapidly with advanced training programs being more accessible. The veterinary extracorporeal blood purification community has made huge strides in recent years,” Forbes says.



A UC Davis clinical trial helped Grayson overcome feline infectious peritonitis (FIP), usually fatal in cats without treatment.

UC Davis Experimental Trial Saves Kitten with Deadly Disease

A kitten, found abandoned in a local park and later named Grayson, was brought to the Front Street Animal Shelter in Old Sacramento, California. He was diagnosed with feline infectious peritonitis (FIP), a disease that is usually fatal in untreated cats. From the shelter, Grayson was enrolled in a clinical trial, “Oral antiviral therapy for cats with dry form of feline infectious peritonitis (FIP)” at University of California Davis School of Veterinary Medicine.

“Antiviral drugs that decrease virus replication have been investigated in cats with FIP with promising results,” said investigator Krystle Reagan, PhD, DVM, assistant professor at UC Davis School of Veterinary Medicine.

After 16 weeks of treatment in the clinical trial, Grayson, now a year old, was declared medically free of FIP and is ready for adoption. He was recently featured in a news story by Sonora Slater in *The Sacramento Bee*.

QUOTE OF THE MONTH

“The greatest compliment that was ever paid me was when one asked me what I thought, and attended to my answer.”

—Henry David Thoreau, writer

VIN Foundation Announces New Veterinary Student Scholarship

A new scholarship will award two students entering veterinary school in the fall of 2024 up to \$140,000 each for tuition and fees, the nonprofit VIN Foundation announced recently.

The scholarship is known as the Mike Dunn, DVM Veterinary Student Scholarship created by Becky Godchaux. Two students who are accepted to the first year of veterinary school in 2024 will receive up to \$35,000 each per year for up to four years—a total of up to \$140,000 each.

According to the VIN Foundation, animal lover Becky Godchaux created this scholarship in recognition of her veterinarian Mike Dunn, DVM. Godchaux’s goal with the scholarship is to nurture the creation of more veterinarians like Dunn. As Becky says, “the happiness of my dogs is only as good as their health, and that is dependent on good veterinary care.”

The scholarship opens for submissions on August 15, 2023 at 9:00 am Pacific Time. The application process includes completing an application form along with a personal statement and letter of recommendation. Finalists will participate in a video interview and must show proof of accepting an offer of admittance for the Fall of 2024 to a qualifying veterinary school. This scholarship is restricted to veterinary students who are committed to practicing companion animal veterinary medicine. Awardees will also receive mentorship and support using the VIN Foundation programs through school and beyond, including mental wellness support, student debt support, and everything in between.

Learn more about the scholarship on the VIN Foundation website, vinfoundation.org.



New Vet Tech Training Program Offered by Animal Humane Society

Animal Humane Society (AHS) is one of the first animal welfare organizations in the country to create a full-time, formal training program for veterinary professionals where employees are paid while they train. AHS recently launched the Rachael Ray Foundation Career Program, dedicated to training anyone interested in pursuing a career in veterinary technologies in AHS shelters and clinics.

The program mixes classroom lessons with hands-on practice for eight months. Participants are paid an hourly salary and benefits while they complete the program and, upon graduation, are eligible for positions as full-time AHS veterinary technicians with the choice of working in shelters or veterinary centers.

FDA Approves BIAH Anti-Parasite Drug

The US Food and Drug Administration (FDA) has approved NexGard PLUS (afoxolaner, moxidectin, and pyrantel) chewable tablets that protect dogs from internal and external parasites—fleas, ticks, heartworm disease, roundworms, and hookworms.

“NexGard PLUS builds on our legacy in pet health to bring one-and-done monthly parasite protection to dogs,” said Daniel Watkins, vice president of US Pet at Boehringer Ingelheim Animal Health.

The most frequently reported adverse reactions reported in clinical trials were diarrhea, vomiting, lethargy, and itching. NexGard PLUS contains afoxolaner, a member of the isoxazoline class, which has been associated with neurologic adverse reactions including tremors, ataxia, and seizures in dogs with or without a history of seizures.

The safe use of NexGard PLUS has not been evaluated in breeding, pregnant, or lactating dogs. Dogs should be tested for existing heartworm infection prior to starting a heartworm disease preventive.

VHMA 2023 Practice Manager of the Year

A Florida practice manager who helped veterans gain internships in her practice has won the 2023 Veterinary Hospital Managers Association (VHMA) annual award for Practice Manager of the Year.

The VHMA award recognizes a practice manager who has transformed their practice for the better. Suzanna Berry, the 2023 winner, was nominated by the owner of Pets R Family, a family-owned veterinary practice in St. Johns, Florida. Berry became Pets R Family’s first practice manager just six months after being hired as a customer service manager in 2020.

Along with other accomplishments as practice manager, including initiatives which have fostered a positive workplace culture, Berry earned the award for her initiative and innovation in developing the SkillBridge Program at Pets R Family.

SkillBridge, a program of the US Department of Defense, connects active-duty service members with private and public sector internship opportunities to gain valuable civilian work experience during their last 180 days of service.

Thanks to Berry’s initiative and hard work on the application, Pets R Family became the first veterinary practice to join the SkillBridge program. Several interns, inspired by their internship experience with Pets R Family, have applied to veterinary school.



Hannah Pet Hospitals Offers Insurance Alternative

Hannah Pet Hospitals—founded by Scott Campbell, DVM, DABVP (Canine and Feline), creator of the Banfield Pet Hospital network—is trying out a new type of pet healthcare model as an alternative to pet insurance or wellness plans.

Hannah says their Total Lifetime Care plans provide a wide range of benefits, including unlimited veterinary visits, preventive care, vaccinations, diagnostic tests, dental care, and training. The plan is available to its members at a fixed monthly rate without deductibles, co-pays, or confusing claims processes, the organization says.

Jaime Pickett, DVM, CEO of Hannah Pet Hospitals says, “We recognized the limitations of traditional pet insurance and wanted to create a better solution, offering peace of mind to pet parents and empowering them to provide the best possible care for their beloved companions.”

The plans provide comprehensive care at a fixed monthly cost, allowing its members to budget for their pets’ healthcare needs without worrying about unexpected expenses.



Recognizing Compulsive Disorders in Dogs and Cats

Common compulsive behaviors in dogs can include tail chasing, licking, spinning, pacing, chewing, barking, and biting at invisible objects. For cats, compulsive behavior may appear as overgrooming, suckling, repetitive vocalizing, pacing, and chasing imaginary objects.

If a pet cannot be distracted from the behavior or returns to it within minutes of the distraction, the behavior is probably compulsive, and the pet owner should consult a veterinarian.

“Triggers [for compulsive behavior] can include someone new visiting the house, vacuuming, or the use of laser

pointers, but triggers can be anything since they are dependent on the individual dog or cat,” said Ashley Navarrette, DVM, a clinical veterinarian at the Texas A&M School of Veterinary Medicine and Biomedical Sciences. Triggers typically occur right before a pet displays compulsive behavior.

Navarrette’s remarks appear in a story published online in Pet Talk, a service of the School of Veterinary Medicine and Biomedical Sciences, Texas A&M University.

2023 AVMA Clinical Research Award Recognizes Nicholas Jeffery

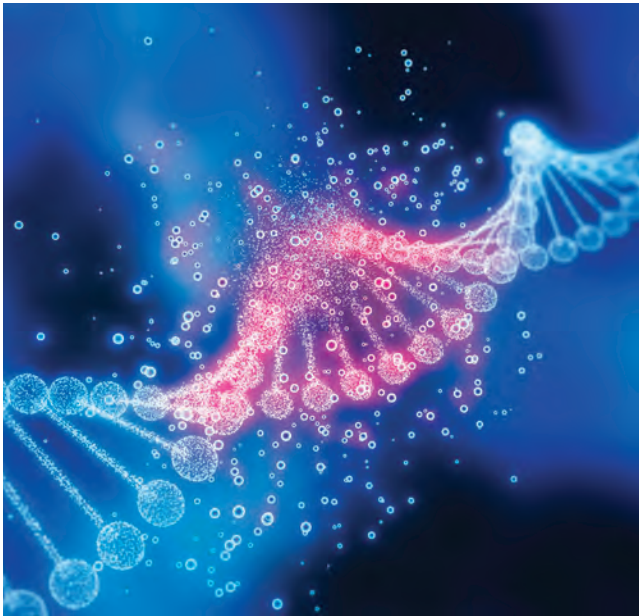
Nicholas Jeffery, PhD, a professor at the Texas A&M School of Veterinary Medicine and Biomedical Sciences is the winner of the 2023 AVMA Clinical Research Award for his work developing treatments for spinal cord injuries in dogs.

The Clinical Research Award is given annually to an AVMA member who has made significant contributions to the diagnosis, prevention, or treatment of diseases in animals.

Lori Teller, outgoing AVMA president, says “[Jeffery’s] innovative approach and rigorous scientific inquiry have

brought about game-changing developments in the treatment and understanding of spinal cord injuries and other neurological conditions.”

Jeffery’s key achievements include foundational research on spinal cord injury in dogs, the development of novel diagnostic tools and therapeutic strategies, and the direction of impactful clinical trials. He was instrumental in defining magnetic resonance imaging–based features of injury, which are still utilized to aid in diagnosis and delivery of local therapies.



Cincinnati Zoo Scientists Study Nonsurgical Contraceptive Alternative for Cats

Nature Communications recently published study findings that demonstrate the efficacy of a nonsurgical alternative to spaying domestic cats. Scientists at Cincinnati Zoo & Botanical Garden's Center for Conservation and Research of Endangered Wildlife (CREW) and their collaborators found that a single dose of anti-müllerian hormone (AMH) gene therapy can induce long-term contraception in female cats. This study represents a major milestone in finding a way to humanely reduce free-roaming cats. The study was funded by The Joanie Bernard Foundation and The Michelson Found Animals Foundation.

Six female cats at CREW were treated with AMH gene therapy, and three untreated females served as controls. A single injection of the treatment caused the cats' muscle cells to produce AMH (which is normally only produced in the ovaries) and raised the overall level of AMH about 100 times higher.

Two 4-month breeding trials were performed one- and two-years after treatment to test the efficacy of the AMH gene therapy. "None of the cats treated with the gene therapy became pregnant," said Lindsey Vansandt, DVM, PhD, lead author on the paper.

The treated cats have been monitored for more than three years. No adverse effects have been observed in any of the treated cats.

EPA Confirms Approval of Seresto Collar

The controversial Seresto flea and tick collar has been approved for sale for the next five years—with some conditions. After reviewing incident reports over the past two years, the US Environmental Protection Agency (EPA) announced that it, with support from the US Food and Drug Administration (FDA), confirmed continued approval (known officially as registration) of the Seresto flea and tick collar. While EPA ultimately approved the collar, the agency said its "scientific review of Seresto-related incident reports identified the need for more detailed incident reporting and public outreach."

Following the EPA's review, Elanco and EPA developed a stewardship program that Elanco agreed to implement. The program includes:

- Enhanced data collection for adverse event (AE) reports
 - Continued annual enhanced reporting of Seresto AE data, similar to what EPA requires for pet spot-on products
 - Outreach to the veterinary community
 - Review of the collar release mechanism
 - Separation of product registrations for dog and cat
 - Updates to package insert language
 - Five-year registration review to ensure stewardship program actions support the continued safe use of Seresto.
- Elanco will complete a renewal process near the end of this period.



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Guidelines

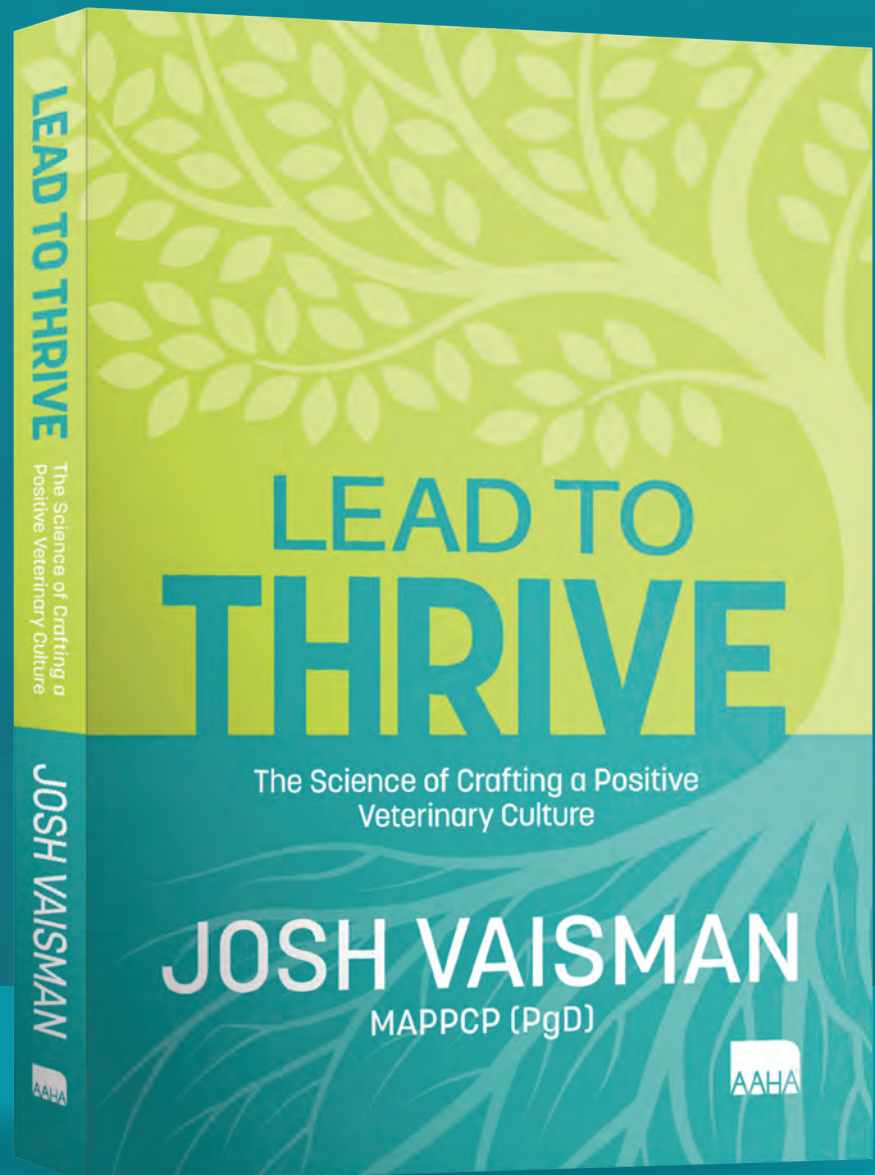
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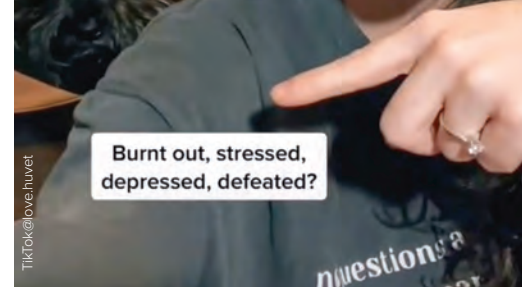
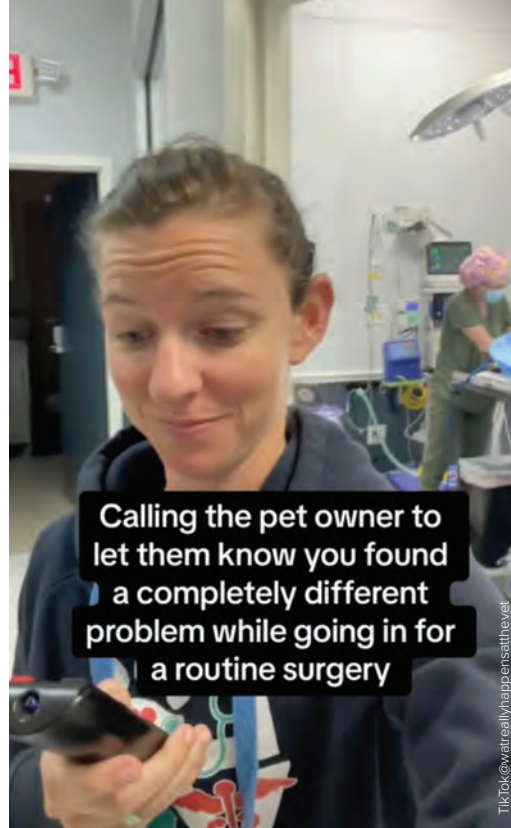
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Techs Take Wellness Online

Vet Techs Use Social Media to Promote Mental Health

by Linda Childers

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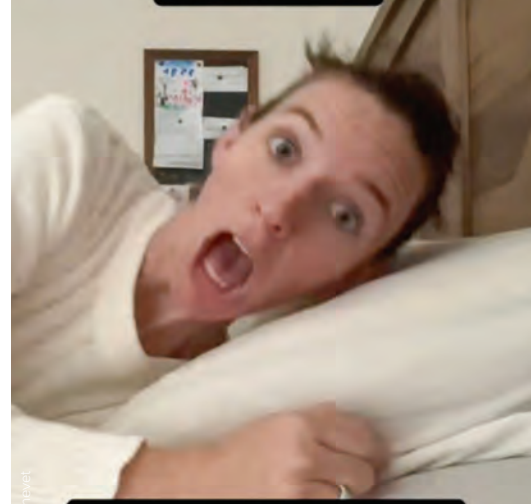


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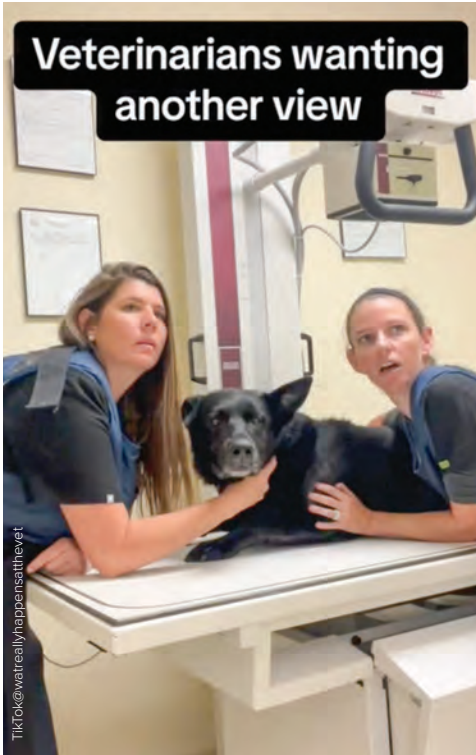
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TikTok@lovevetvet

Veterinarians wanting another view



TikTok@waitreallyhappensatthvet

Reply to Lori's comment
Vet Receptionist here. On 8/25/2022 I almost did it. You can only hear "if my pet dies, it's your fault" so many times.

TikTok@notanothervetnurse

And I'm like thanks, it's
🌟 Veterinary trauma 🌟



TikTok@notanothervetnurse

Why is mental health in vet med so important?

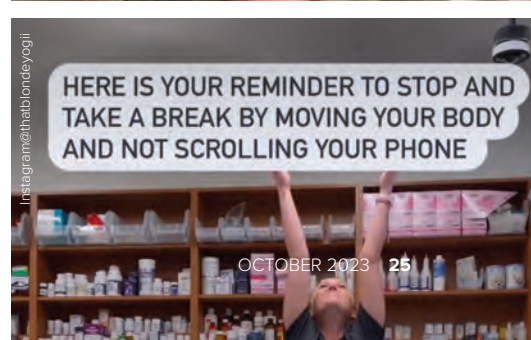


Instagram@thatblondyogi

HERE IS YOUR REMINDER TO STOP AND TAKE A BREAK BY MOVING YOUR BODY AND NOT SCROLLING YOUR PHONE



Instagram@thatblondyogi



SARAH PARSONS, LVT, STILL REMEMBERS THE DAY THREE YEARS AGO when a disgruntled veterinary client began yelling at her during a phone call. Despite Parsons' best efforts to calm the woman down, the client's screaming persisted, and Parsons ultimately ended the phone call in tears.

"That day was my breaking point," Parsons says. "I was burned out, depressed, and experiencing compassion fatigue."

Unfortunately, Parsons' experience is all too common. In a 2022 survey published by the National Association of Veterinary Technicians in America (NAVTA), 70% of vet techs reported experiencing burnout, while 65% cited compassion fatigue as the most frequent well-being issue they faced.



"I want others in the vet field to know there's help out there, no one should have to endure stress and burnout until they reach their breaking point."

SARAH PARSONS, LVT, @WATREALLYHAPPENSATTHEVET

After her own experience, Parsons wanted to do everything in her power to encourage other vet techs to practice self-care, reach out for support, and learn how to reduce stress. She launched @watreallyhappensatthevet, a TikTok account where she posts a mix of lighthearted and serious videos to her nearly 100,000 followers. She tries to post one or two videos each week on topics like encouraging vet techs to ask for help when they're going through a tough time.

"Work shouldn't be our only source of joy," says Parsons, who enjoys spending time with her two young sons, taking 30-minute walks to destress, and journaling.

"I experienced postpartum depression after my sons were born, and I began seeing a therapist and taking medication, which really helped," she says. "I want others in the vet field to know there's help out there; no one should have to endure stress and burnout until they reach their breaking point."

Offering Inspired Ideas for Self-Care

During the pandemic, Emily Ahsan, CVT, noticed her co-workers needed a morale boost, so she decided to create a fun sticker featuring a dog scooting across the floor, with the text, "Sorry, I'm Dragging Ass Today."

"After designing the sticker, I documented the process and made a TikTok video about it, and I woke up the next day to over 50,000 views and hundreds of comments from veterinary professionals asking where they could buy the sticker," Ahsan says. "The design really resonated with the vet community."

Ahsan initially named her business Vet Stickers, but after her inventory began to include more than just stickers, she wanted a name that was more fitting.

"Love Huvet stands for 'love for humans of vet med,' and that's exactly how we hope our customers feel after receiving our products or interacting with our brand: loved and appreciated," Ahsan says. "I know from my own experiences as a vet tech how excited and enthusiastic I felt in the beginning and how those feelings turned into stress and burnout."

In 2020, Ahsan turned to social platforms including TikTok and Instagram using the account name

@love.huvet to promote wellness and mental health for vet techs and veterinary professionals. Love Huvet also has a YouTube channel, a Facebook wellness community called Humans of Vet Med, and a blog at lovehuvet.com.

“I know my experiences as a vet tech aren’t unique,” Ahsan says. “Part of our mission at Love Huvet is to be the change we want to see in vet med, and to help veterinary professionals understand, advocate for, and take care of their mental health.”

In addition to stickers, one of Love Huvet’s most popular products is The Vet Med Wellness Journal, created by Ahsan.

“After a hard day at the clinic, it can be difficult to disconnect from worry, negative thoughts, and stress and to reflect on the positive things that happened during your day,” she says. “The Vet Med Wellness Journal is designed with these specific needs of veterinary professionals in mind and includes prompts to encourage reflection and growth, highlight achievements and memorable moments, and assess physical wellbeing.”

Although Ahsan enjoyed her work as a vet tech, she left her clinic job in 2021—in part due to the success of Love Huvet and added stresses caused by the pandemic.

“Although I don’t currently have any plans to return to full-time veterinary work (running a business and being a mom is my current more-than-a-full-time job), I am signed up with a relief veterinary service so I can work in the field on a flexible basis,” Ahsan says. “Although I’m not in the vet field on a daily basis, my commitment to inspiring change and improving the veterinary field is stronger than ever!”

Over the past year, Love Huvet has hosted free monthly workshops live on their Instagram and TikTok for veterinary professionals on the last Monday of each month at 8:00 p.m. ET.

“Each workshop features a different guest, topic, or activity and is intended to give veterinary professionals an opportunity to connect, grow, and de-stress,” Ahsan says. “Past workshops have included activities like a color + chill night, virtual yoga, and topics like negotiating in the workplace and addressing burnout.”

**When toxic vet clinics
complain they can’t
keep any staff**



“We believe in advocating for the importance of improved working conditions, better mental health support, and a sustainable work-life balance for vet techs.”

EMILY AHSAN, CVT, @LOVE.HUVET

Ahsan says Love Huvet has also recently started hosting workshops and other interactive events in their Facebook group “Humans of Vet Med” to give even more opportunities for connection and growth in areas like emotional wellness, financial wellness, physical wellness, and more.

“We believe in advocating for the importance of improved working conditions, better mental health support, and a sustainable work-life balance for vet techs,” Ahsan says. “Through Love Huvet, we aim to use our platform to inspire positive change in the field and uplift the remarkable individuals who dedicate their lives to animal care.”

Creating a Nonprofit to Support Vet Techs/Nurses

Shena Humbert, LVT, knows what it feels like to experience burnout, stress, and compassion fatigue. It's the main reason why she took a break from the veterinary field to create and launch Not Another Vet Nurse (NAVN; notanothervetnurse.com), a nonprofit and social media support group for the veterinary community.

"I started NAVN in 2019...as I was struggling to find my place professionally in veterinary medicine," she says. "It started on Instagram as a support group where those in the field could talk about their struggles."

Humbert quickly discovered a lot of veterinary professionals were looking for a safe space where they could seek support.

"NAVN focuses on supplying a free mental health resource within the profession," she says. "It allows

people to apply for a grant that covers three visits with a mental health provider."

The NAVN website also lists a blog with posts on how to respectfully confront your boss, how to know it's time to leave your job, and more.

Through her social platforms, including TikTok (@notanothervetnurse), Instagram (@not_another_vet_nurse), and the Not Another Vet Nurse Facebook group, Humbert promotes mental wellness and offers vet techs a forum where they can receive advice and support.

"I highly recommend our administrators on Instagram and Facebook who have also experienced stress and burnout," Humbert says. "For those who need a little more support, we have a mental health resources tab on our website. Sometimes what we're going through is beyond talking to someone through social media, and that's okay."

Shena Humbert, LVT, @notanothervetnurse



Helping Others in the Vet Community Achieve Wellness

Veterinary assistant Crystal Aichele describes herself as determined and resilient but admits there have been times when she's been gripped by burnout and depression.

"I was once a passionate and dedicated veterinary student, but I gradually found myself overwhelmed by the demands of my profession, including the long hours, emotional strain, and a lack of work-life balance," she says. "I experienced a deep sense of exhaustion, detachment, and a loss of purpose—all indicative of burnout."

Recognizing the need for an outlet to express her emotions, Aichele turned to making videos and journaling.

"The simple act of expressing myself through video and putting pen to paper became a cathartic release, allowing me to process my thoughts, fears, and frustrations," she says. "It provided a safe space where I could pour out my heart without judgment or restrictions."

In addition, Aichele gained a greater understanding of her emotions and began to identify patterns and triggers contributing to her burnout and mental health struggles. She has also become certified in Mental Health First Aid through the National Council for Mental Wellbeing and completed Crisis Intervention Training through Crisis Support Services of Nevada.

"Rather than concealing my challenges, I decided to embrace my struggles and share my journey with others," she says. "By openly discussing my burnout, stress, and suicidal thoughts, I sought to break the stigma surrounding mental health and inspire others to seek help."

Through social media platforms, including TikTok (@stahlygrace), Aichele found solace connecting with others who could relate to her experiences.

"This act of vulnerability is not only helping me heal but has also created a supportive network of individuals who uplift and encourage one another," she says.

Although Aichele began creating online content purely for enjoyment, she gradually felt a deep desire to inspire and uplift those who face the challenges of bullying and mental health issues.



"The simple act of expressing myself through video and putting pen to paper became a cathartic release, allowing me to process my thoughts, fears, and frustrations."

CRYSTAL AICHELE, @STAHLYGRACE

"Additionally, I wanted to provide support to my colleagues who were navigating the turbulent waters of the pandemic," she says. "Through my TikTok content, I hoped to foster laughter and serve as a source of decompression for everyone."

As someone who lost a loved one to suicide, Aichele has found solace in utilizing social media to promote candid discussions surrounding mental health struggles.

"By embracing authenticity, it brings a refreshing approach to addressing mental health challenges and fosters connection and understanding among my followers," she says. "On social media, I share funny anecdotes, relatable memes, and lighthearted content, giving others a place to momentarily escape their own struggles and find solace in shared experiences."

In addition to humor, Aichele is unafraid to tackle the raw and vulnerable aspects of mental health.

"By openly discussing these challenges, I think it breaks down barriers and encourages other vet techs to do the same," she says. "By openly discussing my struggles, I hope to normalize the conversation and encourage others to seek professional help if they're experiencing significant distress, without feeling shame or judgment."



Kimberlee Smith, LVT, Instagram @thatblondयोगii

Finding Solace Through Exercise

After Kimberlee Smith, LVT, transferred from her job in primary vet care to one in emergency care, she noticed her stress level also increased.

While she had long heard about the health benefits of yoga, she was surprised how much better she felt after just one class.

“I felt 10 times better and my attitude improved,” Smith says. “I started listening to my body and doing yoga on a regular basis.”

Smith knew many others in the vet field who were feeling burned out and she thought it would be great if she could offer a yoga and self-care workshop to the vet community.

During the COVID pandemic in 2020, Smith took virtual courses to become a yoga instructor and the following year, she started offering “Vet Tech Yoga” at several local animal hospitals.

“I not only teach beginning yoga, I also talk to the staff about ways to practice self-care, like a bath at the end of the workday or journaling,” Smith says. “We also talk about how we can support each other as a team and incorporate self-care into vet practices.”

On her Instagram account @thatblondयोगii, Smith demonstrates yoga poses and has also offered virtual beginning yoga sessions to those in vet med. In one post, she demonstrates how even busy vet professionals can take 30 seconds to pause and do seated twists that improve digestion and strengthen the spine, neck, and hips.

Smith has also teamed with Love Huvet to offer virtual yoga sessions and hopes to be able to travel and offer her workshops to other vet practices across the country. ✨



Linda Childers is a California-based freelance writer who regularly writes on a wide variety of health-related topics.

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Technician Utilization in Dermatology

How Techs Can Contribute—and the Support They Need to Succeed

by Amanda Friedeck, LVT, VTS (Dermatology)

THE USE OF TECHNICIANS IN VETERINARY MEDICINE VARIES GREATLY: Some practices utilize their technicians to the fullest—others do not. Using a credentialed technician in the role they were designed for increases the number of cases the team can see, and it can increase overall revenue. In this article, we will cover some of the many ways that trained technicians can contribute to dermatology appointments.

Collect Dermatology History

A well-trained, proficient technician can assist in many aspects of a dermatology appointment, as the technical staff are usually the first faces a client sees in the exam room. Among other things, they can collect a complete dermatology history, conduct a basic physical exam, and open the line of communication with clients. A simple history questionnaire with questions on food, past

health issues, and behavior can be used to help direct the technician on what questions to ask while in the exam room.

Certain questions beyond the normal history should include: “What are your goals and expectations for the appointment today?” If the patient is in for a recheck appointment, the client should be asked: “If this is as good as your pet will ever look, will you be happy?”

The answers to these questions will guide the veterinarian toward the type of discussion to have with the owner—whether that includes future therapies or reasonable expectations of treatment for skin disease.

Obtain Cytology Samples

Once the patient’s history and physical exam are done, basic cytology samples can be collected, processed, and interpreted by a trained technician. It will take time to train a technician in cytology interpretation, but once the training is completed, there are great benefits to the practice. For example:

- The tech will be able to analyze the slides very quickly;
- A single technician who is proficient in cytology can train the rest of the staff;
- Other diagnostics can be collected and processed by the technical staff at the request of the veterinarian.

Set Up Before and Clean Up After Procedures

It’s usually the technician’s job to set up for procedures and clean up after them. Technicians can be trained in how to do many procedures depending on state regulations.

- Many procedures, such as skin testing and biopsies, can be prepped by the technician with the veterinarian only needing to read the skin test or perform the biopsy while the technician handles all other aspects of the procedure.
- A well-trained technician can make the procedures run smoothly and be as efficient as possible with minimal involvement of the veterinarian.

Discharge Patients

Discharging a patient can easily be done by technical staff. However, there will often be multiple types of therapy going home with the owner, so before they leave, it is vital to make sure they understand their role in their



A well-trained, proficient technician can assist in many aspects of a dermatology appointment.

pet’s health. If an owner doesn’t understand how to do a treatment, they usually won’t call the clinic to ask—they just won’t do it.

Spending a few extra minutes reviewing the pet’s meds increases client compliance and can save the owners and veterinary staff some frustration. A well-trained tech can perform this task and answer most of the questions an owner may have, which can free up the veterinarian to move on to the next client.

For example, a trained technician can

- Go over the treatment plan and give the clients relevant handouts to take home with them.
- Discuss realistic expectations, explaining that it’s expected that a well-managed allergic dog will flare at some point in time. This does not mean the treatments are not working, just that they are having a flare.
- Remind the owner that treatments for skin disease usually take weeks to show visible improvement.

Provide Hands-On Client Education

Client education is a huge area in which the technical staff play an important role.

The technician can:

- Make sure clear and concise directions are on the medications being sent home, including a written document with directions on intended therapies.
- Show owners how to administer treatments. Demonstrating how to do the treatments appropriately, whether it be ear cleaning or topical treatments, is a necessity in dermatology.
- Review proper cleaning techniques: Never assume the owner knows how to clean an ear or bathe their pet; it should be discussed every time.

Field Phone Calls and Emails

Many phone calls can be taken care of by technicians without unnecessarily involving the veterinarian. Technicians can be trained to make and recognize if and when a recheck appointment is necessary. Sometimes clients can be advised to try a topical therapy that they have at home or that can be dispensed without a prescription. Or, if necessary, they can schedule a recheck. Veterinarians can provide a list of emergent symptoms for techs to have readily available when speaking to owners on the phone so the technician knows when a patient should be seen immediately. Techs can also:

- Make day-after calls to check on the patient and ensure all treatments can be completed as directed.
- Document what was discussed with the owner in the medical record. Legally, notes need to be more descriptive than “spoke with owner,” to help protect the veterinary team in case questions arise.

Know State Regulations—Then Train and Delegate to Technicians

Technicians can be utilized in many areas of the clinic starting with the basic dermatologic history, physical exam, and establishing expectations of the visit. So why don't more technicians do these things? A technician's role within the clinic is only limited by two things: state regulations and the veterinarian's willingness to relinquish their job duties.

Regulations of what technicians can and can't do vary by state and it is ultimately the responsibility of the technician to know what their state regulations

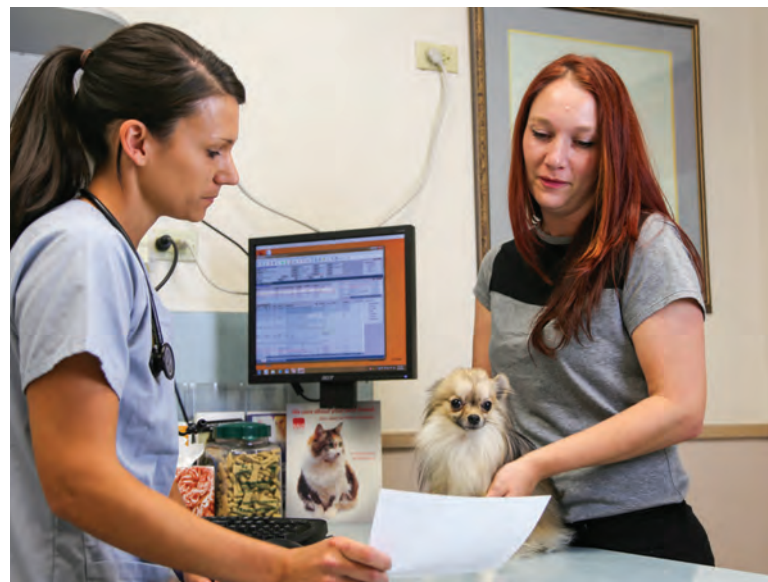
are. But the biggest restriction to technicians within the clinic is the willingness of the veterinarian to relinquish certain job duties and trusting technicians to complete them adequately.

To help build this trust and alleviate potential problems, veterinarians need to train technicians on how they want things completed.

Training Techs to Be All They Can Be in Dermatology Appointments

Here are some specific things that veterinarians can do to improve technician utilization.

- Spend the time to train your lead technician on diagnostic tests and procedures based on your state regulations. Once that training is complete, they will be able to train the rest of your staff.
- Provide a teaching set of cytologic samples for training purposes. Videos are helpful, as long as your technicians have access to the videos when they need them.
- Send your technicians to local continuing education (CE) events on topics that will benefit the clinic.



Workflow is more efficient overall when the technical staff are trained and allowed to do what they were trained to do.



A technician's role within the clinic is only limited by two things: state regulations and the veterinarian's willingness to relinquish their job duties.

Veterinarians or hospital managers can contact company reps about in-house CE or ask if they are sponsoring any local CE events.

- Encourage technicians to speak to their veterinarians about taking on more responsibility (as allowed by state regulations) within the clinic setting. Remember, it is the technician's responsibility to know their state regulations and restrictions.
- Encourage technicians to search for local CE opportunities that are of interest to them and would be beneficial to the clinic and present that to the veterinarian. There are many online CE events and portals that can be utilized.
- Practices can provide financial assistance for technician CE, knowing it will benefit the staff and increase the quality of patient care.

Example of a Workflow with Multiple Technicians per Doctor

Workflow is more efficient overall when the technical staff are trained and allowed to do what they were trained to do. In my opinion, a clinic with two or three techs per doctor can see many more patients than a clinic with a higher doctor-to-staff ratio. Here's an example of how this workflow can play out with properly trained technicians:

Technician 1 meets with **Client A**, collecting the basic and dermatologic history of the patient and doing a quick physical exam.

Technician 1 takes any cytologic samples or collects further diagnostics if the veterinarian has put a plan in place prior to the appointment. These diagnostics can be basic blood work or a scheduled urinalysis.

Once all this is completed, the **veterinarian** can do their exam, ask any follow-up questions, and start discussing further diagnostic tests if needed. During the veterinarian's exam, **Technician 1** processes the slides and documents their findings. (An additional technician or assistant may be needed to help the veterinarian in the exam room.)

Technician 1 takes the cytology findings to the **veterinarian** while they are still speaking to **Client A** to form a final plan.

Meanwhile, **Technician 2** meets with **Client B**, obtaining the basic dermatologic history and doing a physical exam on the next patient. The process begins again.

Once a plan has been finalized for **Client A**, the veterinarian can move on and **Technician 1** can:

- Gather up the prescribed treatment therapy or set up for the diagnostics.
- Show **Client A** how to do the therapy as instructed.
- Go over any side effects that may be possible with the prescribed therapy.
- Set expectations that therapy could take a week or two for the skin to start looking better.
- Discharge the patient.

Working this way, a diagnostic plan can be developed for multiple patients in the time it could have taken to see only one patient. ※

Amanda L. Friedeck, LVT, VTS (Dermatology), started working for Texas A&M University Small Animal Clinic in 1995, as a student worker. In 2007 she graduated with a bachelor's degree in animal science with a business minor. Amanda received her LVT credentials in the summer of 2014, and in 2018, she became one of the first technicians to pass the Dermatology specialty boards and obtained her VTS (Dermatology). She wrote a book chapter for a published veterinary technician dermatologic textbook and enjoys speaking to technicians on dermatologic conditions and sample collection.





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2023 AAHA Technician Utilization Guidelines

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CONFLICT OF INTEREST STATEMENT

The authors whose names are listed immediately below report the following details of affiliation or involvement in an organization or entity with a financial or nonfinancial interest in the subject matter or materials discussed in this manuscript.

Heather Prendergast is the CEO of Synergie Consulting.

Alyssa Mages is the cofounder and CVO of Empowering Veterinary Teams, LLC.

Mark Thompson is a member of the AAHA Board of Directors.

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[†]Natalie Boursiquot and Heather Prendergast are the coauthors of the *AAHA Technician Utilization Guidelines*.

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Introduction

AAHA recognizes that optimal utilization of trained and educated credentialed veterinary technicians brings myriad benefits to veterinary teams and to the veterinary industry as a whole. Empowering credentialed veterinary technicians to perform the wide range of veterinary medical tasks that fall under their scope of practice not only benefits practices financially but also encourages retention of individuals with valuable skill sets and experience within the profession. Optimal utilization increases job and career satisfaction and contributes to an environment of mutual trust and collaboration. Patients and clients benefit when credentialed veterinary technicians are able to take on more expansive roles equal to their education and training.

Although the need for optimal utilization of credentialed veterinary technicians has been discussed at length within the veterinary profession, little progress has been made in the form of tangible and enduring change. Veterinary medicine is currently facing a crisis of staff shortages, low attraction and retention of skilled professionals, professional burnout, mental health challenges, and lack of patient access to care. To address the significant challenges veterinary practices now

face, it is crucial that veterinary professionals, and in particular veterinarians, embrace the benefits of optimal veterinary technician utilization.

These guidelines provide actionable steps that veterinary practices can take right now to initiate positive change. The guidelines include practical tools to implement and evaluate credentialed technician utilization in individual practices such as:

- Goal worksheets
- Workflows by role for everyday clinical examples
- Veterinary team member utilization assessment tools
- Examples of veterinary technician levels and skills for professional growth and increased learning potential
- Case studies
- Lists of open-ended questions to structure conversations on the issues, feelings, and realities of improving utilization

Together, the action steps, tools, and resources in these guidelines provide veterinary practices with strategies for improving utilization, job satisfaction, and retention of these valuable and skilled veterinary professionals.

Abbreviations and Acronyms

AAVSB American Association of Veterinary State Boards
ADL Adult Learning Theory
AVMA American Veterinary Medical Association
CrVT credentialed veterinary technician (encompassing CVT, LVT, LVMT, RVTg, and RVT)
CSR customer service representative

ECG electrocardiogram
NAVTA National Association of Veterinary Technicians in America
SMART specific, measurable, achievable, relevant, and time-bound
SOC standard of care
SOP standard operating protocol
T&D training and development
TPR temperature, pulse, and respiration rate
VA veterinary assistant

These guidelines were prepared by a task force of experts convened by the American Animal Hospital Association. This document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. This resource is not a substitute for legal or other appropriate professional advice. AAHA is not responsible for any inaccuracies, omissions, or editorial errors, or for any consequence resulting therefrom, including any injury or damage to persons or property. Evidence-guided support for specific recommendations has been cited whenever possible and appropriate. Other recommendations are based on practical clinical experience and a consensus of expert opinion. Variations in practice may be warranted based on individual needs, resources, and limitations unique to each practice setting.

Section 1. Situation Overview

Why develop guidelines on veterinary technician utilization?

The veterinary technology profession is relatively new compared with its human nursing counterpart. Whereas organized human nursing traces its origins back to the late 1800s,¹ the first class of “animal technicians” in the United States officially trained at the State University of New York in Delhi and graduated in 1963.² As veterinary medicine evolved from agrarian to companion animal care, veterinarians began to rely more heavily on formally educated professionals to provide nursing care and to support advances in medicine, patient care, treatments, and diagnostics. Instead of the historical reliance on assistants trained on the job, veterinary medicine required highly skilled, college-educated, credentialed veterinary nursing professionals to meet the expectations of the pet-owning public and the increasing recognition of the human-animal bond.

Almost a decade later, the American Veterinary Medical Association (AVMA) accredited the first animal technician training programs in 1972. Then, in 1989, the AVMA changed the title of “animal technician” to “veterinary technician.” Now, 34 years since the birth of the credentialed veterinary technician (CrVT) title, the individuals dedicated to this young-but-vital profession face growing pains and ongoing struggles to be properly utilized in today’s demanding veterinary practice.

These AAHA guidelines provide a current situation overview and explore the benefits and advantages of full utilization of credentialed technicians in the profession. Past and current studies demonstrate that CrVTs cite lack of utilization as a top reason for leaving the profession, along with burnout and decreased job satisfaction.^{3,4,5}

Almost every jurisdiction trains and licenses veterinarians to diagnose, prescribe, prognose, and perform surgery. When veterinarians perform nursing tasks outside of these four core functions, it results in staff not being utilized completely and

causes practical and financial inefficiencies. Even incremental improvements in utilization improve outcomes,⁶ allowing veterinarians to perform more of the core medical services that only they can legally provide. Allowing college-educated, skilled CrVTs to provide the remaining delivery of care defines proper utilization and results in a highly leveraged medical team and optimal veterinary care.

Current economic trends and forecasts reveal serious challenges for the future if veterinary practices cannot attract, retain, and hire more professional staff.⁷ The sustainability of the public’s access to care—whether because of a lack of emergency care services, growth of underserved communities, or extended delays in receiving veterinary services—raises alarms.⁸ Based on the anticipated growth of the pet healthcare market, the Mars Veterinary Health studies estimate that by 2030, veterinary medicine will require 132,885 CrVTs to meet growing healthcare demands.⁹ The American Association of Veterinary Medical Colleges proposes a shortage of more than 50,000 CrVTs by that time at current graduation rates.¹⁰ In addition, estimates predict a shortage of veterinarians of up to 15,000 individuals by the year 2030.¹¹ Improved CrVT utilization is now and will remain a key strategy for counteracting these concerning shortfalls.

The efficient use of CrVTs starts with integrative training and mentorship, which also increases an individual’s career advancement opportunities and fulfillment. Identifying existing leaders within the veterinary care team improves patient care and staff retention rates. Considering the more conservative estimated need for ~50,000 more veterinary support team members to maximize productivity, every team member retained, especially CrVTs, plays a critical role in the success of individual practices and level of care provided to patients and clients across the profession.¹⁰

The actionable strategies contained within these guidelines provide a picture of what proper utilization looks like and what the benefits are to the individual credentialed technician, veterinary team, and the future of veterinary medical care. Removing or

decreasing barriers to best practice utilization can create positive ripple effects. Proper utilization sets the cornerstone for optimizing team efficiency, which in turn increases access to veterinary services, improves patient care, and addresses staffing and retention problems in the post pandemic veterinary workforce, with its concurrent rise in burnout and drop in professional satisfaction. Along with emulating case studies from within the veterinary profession, veterinary practices can improve the delivery of veterinary care by emulating best practices of utilization and leveraging from similar medical industries, including dentistry, ophthalmology, and human nursing, as examples.⁶

Section 2. Benefits of Optimal Veterinary Technician Utilization

Top 3 Takeaways:

1. Support professional longevity for CrVTs by utilizing them to the full extent of their abilities to decrease career dissatisfaction and abandonment.
2. Recognize the economic impacts of fully using CrVTs for their education, licensure, and training.
1. Empower CrVTs to provide all patient care tasks allowable in the respective state's veterinary practice act and improve veterinary teams' awareness of the scope of these allowed tasks.

The veterinary technician's role is vital to a veterinary practice's success and efficiency. However, optimization of veterinary technicians still eludes many practices, hobbling both parties' financial potential and professional advancement as well as impacting patient care. The benefits of optimal utilization, described in detail below, serve both the individual CrVT and the veterinary profession as a whole.

Professional Longevity

When individuals consider their professional career paths, many assume they will remain in their chosen profession for decades. However, studies have found that attrition rates increase exponentially for CrVTs between the 5- and 10-year career mark. Without

definitive longevity studies, current data suggest that anyone spending more than a decade in the veterinary technology profession exceeds the average length of a veterinary technician's career lifespan.^{12,13,14,15}

Promising preliminary data published by the National Association of Veterinary Technicians in America (NAVTA) suggest improvements in career longevity since their last demographic survey in 2016. The data collected from early 2022 showed an average of 14.4 years in the profession, although higher-quality data are needed to assert improvement fully.¹²

A 2022 literature review published by the *Journal of the American Veterinary Medical Association* indicated that CrVTs measure their intrinsic and extrinsic rewards by both their pay and the value and meaning of the specific tasks they perform. Optimal utilization correlates with higher job satisfaction and self-identity.¹⁶

Despite fewer career lifespan studies of CrVTs than of veterinarians, multiple studies define common themes for career dissatisfaction and attrition. Low pay, lack of recognition, underutilization, toxic work environments, burnout/compassion fatigue, lack of title protection, and unclear professional development opportunities repeatedly make the list.⁵

Using CrVTs to the full extent of their abilities and education in a collaborative and supportive environment diminishes many of the common reasons for career dissatisfaction. To get to this point of optimization, though, it is essential for veterinary practices to create a well-defined training strategy or program. Study after study demonstrates that investments in team training boost job satisfaction and lead to significant increases in profits.¹⁷ However, it is also essential to create an equitable distribution of delegation that considers multiple factors, known as the five rights of delegation.¹⁸ These include:

1. The right person
2. The right circumstance
3. The right task
4. The right supervision
5. The right direction and communication¹⁸

Optimal utilization, coupled with good training programs and mentorship for CrVTs, leads to less burnout, higher job satisfaction, and a path to career advancement. Ideally, this frees practice managers and owners to focus on team and client retention, improving patient care, and investing in advancing the knowledge and skills of the healthcare team rather than nonstop recruitment.

When individuals consider their professional career paths, many assume they will remain in their chosen profession for decades. However, studies have found that attrition rates increase exponentially for CrVTs between the 5- and 10-year career mark.

Economic Impact

For most businesses, including veterinary practices, client retention supports financial sustainability and establishes a foundation for achieving other goals. In the clinic setting, involving a CrVT in decision-making discussions with clients significantly and positively impacts the client's engagement and capacity for making decisions. Including both CrVTs and veterinarians in client communication increases client education and incorporates client preferences, leading to better case outcomes, better resource management, more satisfied clients, and increased profitability.¹⁹

Because satisfaction and retention of clients and of veterinary team members correlate, veterinary leaders and managers must focus on both. Practices repeatedly state that they want to hire more CrVTs but struggle to find them owing to scarcity and an increasingly competitive hiring environment. These challenges can be minimized by focusing on retention and enjoying the rewards of a well-trained and engaged team over

time, leading to higher profitability associated with lower turnover costs. In studies from 2020 and 2022, the authors describe the economic impact of turnover from career burnout and vacancies. They estimate the veterinary industry's CrVT turnover cost associated with burnout to be ~\$933 million annually. Individual turnover cost for a CrVT is ~\$24,000, in addition to another ~\$35,000 lost from potential income during a 40-day vacancy. Note that the study authors considered both figures undervalued.^{6,20}

When looking at the revenue generated from two different studies in North America, one with data from 2007²¹ and the other with data from 2020,⁶ fully using a CrVT for their education, licensure, and training accrues a revenue benefit of ~\$104,976–\$137,240 per CrVT, per veterinarian.^a

In addition, the 2020 study showed a median increase in revenue of approximately 36% per veterinarian for those veterinarians who rarely or never perform tasks that a CrVT can perform legally. Both the 2007 and 2020 studies also found a marked increase in revenue per veterinarian for CrVTs who earned more compensation.^{6,21}

Other investments in individual employee development also correlate with significant increases in profits. One survey study found that companies that invest as little as \$1,500 per employee each year can see a 24% increase in profits.¹⁷

Patient Care

The quality of patient and client care that CrVTs provide is of utmost importance to veterinary professionals, clients, and their pets. As noted in the earlier longevity section, CrVTs find value and meaning in their tasks, and that value and meaning tie directly to overall job satisfaction and self-identity.

a Original currency (CAD) and figures from both studies were converted to US dollars using the Google currency calculator and adjusted for inflation using the US Bureau of Labor Statistics CPI calculator in January 2023.

Considering the five rights of delegation, CrVTs, when used efficiently, not only enhance patient care but increase access to animal health services by enabling veterinarians to see more patients. This requires CrVTs to perform all the tasks allowable in the respective state's veterinary practice act. For example, some states put suturing minor wounds or surgical sites, simple dental extractions, endotracheal intubation, and anesthesia induction within the purview of CrVTs. Remember, practice acts typically limit veterinarians to four tasks: surgery, prescribing, diagnosing, and prognosing. All other tasks—including some that veterinarians often mistakenly believe are illegal for CrVTs to perform (e.g., central line placement, unblocking male cats, capturing diagnostic images via ultrasound, bandaging, and locoregional anesthesia)—fall legally and effectively within a CrVTs scope of practice, depending on the state.

Section 3. Why So Little Progress?

Top 3 Takeaways:

1. Many veterinary teams remain unaware of their own issues with utilization, mostly due to being unfamiliar with licensure and the scope of practice of veterinary technicians.
2. Barriers to trust drive many behaviors that prevent optimal CrVT utilization and must be approached with empathy and understanding.
3. Adequate resources are needed to improve CrVT utilization through training plans.

For decades, the veterinary profession has wrestled with and debated how the CrVT role can be optimized within the profession. Yet, little progress has been made. The reasons for the lack of meaningful progress break down into three major categories. First, many veterinary professionals remain unaware of the root causes and subsequent effects that the failure to optimize CrVT utilization has on the profession, with many veterinary teams not realizing the extent to which CrVTs can be utilized legally. Second, the veterinary profession faces barriers to trust between members of the veterinary team, slowing progress toward sustainable change. Third, those

who recognize and understand the issues preventing CrVT optimization lack the resources to address it meaningfully.

Awareness of the Problem

The profession, first, must recognize CrVT utilization issues and their causes before effecting change. Many veterinary teams remain unaware of their own issues with utilization, mostly due to being unfamiliar with licensure and the scope of practice of veterinary technicians.

Inconsistencies from state to state in the legal scope of practice for CrVTs compound the issues. Although some states list the tasks that CrVTs can perform, they may not actually limit those tasks only to CrVTs. Some states do not define the scope of practice beyond restricting the act of surgery, diagnosis, prescription, and prognosis to licensed veterinarians. In many cases, state regulations specify no difference in scope of practice between a CrVT and a veterinary assistant. This leads to a situation in which veterinary teams, unless they study their state's regulations closely, find themselves exposed to inconsistent advice and opinions on what CrVTs can and cannot do. Amid this confusion, many veterinary teams err on the side of extreme caution.

Many veterinary teams remain unaware of their own issues with utilization, mostly due to being unfamiliar with licensure and the scope of practice of veterinary technicians.

Without the scope of practice restriction to CrVTs that clearly defines roles and task boundaries, veterinary teams often take an all-hands-on-deck survival stance, in which every non veterinarian works on everything and anything instead of efficiently managing workflow by directing the right level of

expertise to each task. Unfortunately, when team members are often forced to work overtime to handle the workload, this creates an illusion that all team members are overutilized.

Even when veterinary teams recognize their shortfalls in actively managing workflow and maximizing utilization based on individuals' skill sets, they may not know how to implement change, or they may find the time and commitment required to overturn the status quo too daunting, which also impedes progress.

Barriers to Trust

Barriers to trust in veterinary medicine stand at the core of poor utilization; fear also may drive many behaviors that ultimately prevent good utilization. While CrVTs carry liability for their actions and can lose their licenses in malpractice cases, veterinarians face legal liabilities not shared by other members of the veterinary team. Veterinarians carry additional legal liability for the entire veterinary team, and their medical practice licenses could be negatively impacted or even taken away based on the actions of other team members. This may be a common reason for not delegating tasks to CrVTs. Because it is not only the CrVT's license but also the veterinarian's license that is on the line, veterinarians may be reluctant to allow someone else to perform a procedure or task that could lead to a negative outcome.

Some veterinarians come from an educational background and professional culture that emphasized they should be able to perform all tasks at all times. In addition, in some cases, veterinarians may hesitate to delegate tasks they find fulfilling to perform themselves. After all, everyone gains satisfaction from doing a job well, completing a challenging task, and, perhaps most importantly, providing one-on-one care to patients. By committing to utilizing CrVTs to their maximum potential, veterinarians may feel limited by only doing surgery, diagnosis, prescription, and prognosis or worry about a decline in some of their other hands-on skills. However, CrVTs who are not permitted to use and/or develop skills commensurate with their education and training may also experience

a decline in their hands-on skills and confidence, which can potentially perpetuate this cycle of fear and mistrust. Instead, veterinarians should embrace the opportunity to participate in training and mentoring CrVTs (keeping in mind that mentoring can go both ways) to increase the confidence and trust of both the veterinarian and CrVT.

Making the large shift to optimal utilization of CrVTs leads to a loss of immediate, hands-on control of patient care and means changing the status quo—which can trigger fear, discomfort, and resistance.

Disrupting these barriers to trust requires that veterinary team members acknowledge the very real risks of liability and understand that veterinarians and practice owners hold greater legal liability. This issue cannot be solved simply by changing practice culture and mindset because the laws governing licensing remain. However, certain strategies can build trust and ease fears. It is crucial that veterinarians actively participate in the training and professional development of CrVTs to create a solid foundation of trust and collaboration between veterinary team members. It is important to define and recognize the roles of each team member and create a psychologically safe environment with no negative connotations or judgments about learning from peers in all roles. Acknowledging these fears and fostering a practice culture in which team members approach one another with empathy helps promote teamwork based on collaboration and trust.

Resources and Training

Even when veterinary teams commit to addressing the utilization issue, a lack of resources poses a significant challenge. Sources of practical information on state practice acts presented in a digestible manner, models of CrVT treatment planning and efficient handoff between veterinarians and CrVTs, and tools to assess CrVT utilization within practice remain elusive or nonexistent in the veterinary field. Collaborative efforts between national veterinary organizations to create readily accessible resources for veterinary teams have not yet caught up to the needs.

A lack of trust in the skills of CrVTs is sometimes cited as a reason for poor utilization.^{4,22} Although effective training offers a potential solution, several real-world challenges make implementation difficult. Organized training sessions mean setting aside the time to conduct them, which exacerbates the existing pressures of packed schedules and daily demands of clinical practice. It also takes financial resources to hire a dedicated trainer. Successful training and professional development systems typically require dedicated personnel who manage the training process and actively work as trainers on the floor. External learning management systems or continuing education offer another option. Hospital leadership, however, often may find that giving team members time off for external learning increases the burdens on the rest of the team and therefore may not prioritize the importance of these educational opportunities.

An overall shortage and high turnover of CrVTs in the field compounds these issues.⁹ Many practices, especially since the COVID-19 pandemic, face serious difficulties in staffing appropriately for demand. Staffing shortages can lead to situations in which team members perform tasks outside of their most effective area of expertise—CrVTs doing janitorial work, for example. Additionally, the perpetual pattern of tending to daily client and patient needs affects the ability to improve utilization proactively through professional education and training. Veterinary teams need to break this pattern for them to remain healthy; poor utilization reduces professional fulfillment and leads to more burnout and turnover, which makes the situation worse and continues the destructive pattern.

Proper training, mentorship, and guidance of less seasoned team members rely on experienced individuals staying on the team. High turnover slows progression toward team maturity because practices keep losing individuals as they start to gain experience. On a macro scale, this profession-wide issue worsens as more people exit veterinary practices for different careers. Over time, high attrition of veterinary professionals in all roles lowers the average skill set retained, slowing maturity in the profession as a whole.

Section 4: Overcoming Barriers

Top 3 Takeaways:

1. Intentionally create a practice culture that includes acting upon a well-defined mission and values and building trust.
2. Provide team training and development and reassess regularly to ensure no one gets left behind.
3. To achieve full CrVT utilization, it is essential to bring veterinarians, practice owners, and managers fully on board.

Although the veterinary medical profession has debated optimal CrVT utilization for decades, the COVID-19 pandemic propelled the costs and consequences of veterinary team inefficiencies into the spotlight, highlighting the need for urgent action. These guidelines have already described several barriers that veterinary practices must overcome to implement optimal utilization—the most obvious being that through state licensure, the veterinarian remains responsible for all activities that occur while delivering patient care. Simply put, veterinarian buy-in is essential, and building a skilled and trusted team is key to achieving this. Veterinary practices must establish a workplace culture that supports collaboration and psychological safety. Without it, full CrVT utilization falls apart.

Culture

Workplace culture shapes the attitudes and behaviors (values) that achieve the shared purpose (mission) of the practice.²³ Although all team members demonstrate and carry out culture, leadership holds responsibility for setting the tone of the culture and continuously cultivating that culture. This work by the leadership team never stops. It is like a garden that needs to be seeded, watered, weeded, and fertilized throughout all seasons every year.

Leadership means influencing, motivating, and inspiring others continuously to be the best they can be. Those in the roles of the practice owner, medical director, practice manager, and any other

lead or senior positions in the practice provide leadership. People often see associate veterinarians as leaders as well, and they should be considered as such because of the impact their actions can have on other team members. However, it is crucial that a practice provides leadership training and support to distinguish between a boss and a leader. A boss tells someone what to do and how to do it. A leader demonstrates the behaviors that result in the expected achievement of goals. But for a leader to demonstrate the expected behaviors, they must know (and believe in) the practice goals (vision, mission, and core values) and overall strategic plan.

Psychological safety, trust, and respect are key values for CrVT utilization. This requires veterinarians to trust the skills of each team member for optimal utilization.

The leadership team also holds responsibility for creating an environment of psychological safety; this means a workplace environment that allows and encourages collaboration without fear of retribution and supports a culture that promotes excellence, where team members thrive, not merely survive.

Psychological safety, trust, and respect are key values for CrVT utilization. This requires veterinarians to trust the skills of each team member for optimal utilization. Lack of trust looks like a veterinarian insisting on placing all IV catheters in their patients or standing over a CrVT during a bandage application. It may also look like running behind on appointments because the CrVT is not permitted to discuss a diet trial with an allergic patient's caregiver or vaccines/deworming with a new kitten client. As previously mentioned, it is predominantly the veterinarian's license and livelihood on the line; therefore, they

must feel comfortable with the scope of skills, treatments, and client education delivered. This can only occur when the professional relationship between a CrVT and a veterinarian is based on trust and mutual respect, and it requires work from both team members.

Veterinarians must create a psychologically safe environment that promotes trust and respect. At the same time, the CrVT must be willing to be open to listening, learning, growing, and communicating with the veterinary team to anticipate needs and deliver superior care for every patient. In safe environments, the CrVT feels more willing and comfortable to ask questions, think critically, and problem-solve, thus allowing the veterinarians to feel comfortable and confident in delegating and empowering CrVT utilization.

Maintaining trust and respect between team members requires alignment with practice goals, role clarity, standard operating protocols (SOPs), and standards of care (SOCs). This alignment starts with leadership implementing team meetings to discuss and collaborate on goal achievement (stating the goals and allowing the team to determine how to best achieve those goals); having daily shift huddles to discuss the plan for the day and communicate essential details; developing (and utilizing) SOPs and SOCs collaboratively; and developing a strong training and development program for all team members. These critical efforts create a team-centered veterinary practice that results in a higher level of CrVT retention and attraction.

Team Training and Development

A strong team training and development (T&D) program starts with role clarity; every role in the veterinary practice needs a job description that lists both hard (hands-on, tactile tasks) and soft (emotional intelligence, critical thinking, forward-thinking, conflict resolution, and communication) skills for individuals to demonstrate and carry out every day to meet and exceed practice goals. Develop every job description and training program with the end goal in mind. This ensures every expectation

described contributes to the overall goals and success of the practice. Once expectations are set, the T&D program must be built to support each expectation. Onboard every team member through a standard training program, regardless of the experience they bring with them. This allows all team members, including veterinarians, to be trained in the culture and philosophies of the practice and to understand the expectations for their daily work.

Incorporate the Adult Learning Theory (ADL) into the T&D program for the best success. Typically, this means the learner sees the task, hears it explained, and then completes the task. Most adults need to demonstrate a task several times under the guidance of a trusted trainer/mentor to build confidence and promote a psychologically safe environment.²⁴

Consider the addition of a mentorship program with collaborative learning for both new graduate veterinarians and CrVTs—either resourced externally or built within the practice.

Consider the addition of a mentorship program with collaborative learning for both new graduate veterinarians and CrVTs—either resourced externally or built within the practice. New graduates come with different learning experiences, and not all graduates arrive with the same skills. Different programs use different teaching styles, and the hands-on experience received while in school varies. Practices must be willing to accept this and put T&D into place to help each graduate succeed in the practice. Strong T&D programs also enhance employee retention and practice loyalty. New team members establish bonds to a practice and a job within the first 60 days of employment.²⁵ Use that initial time together wisely.

In addition to including ADL in training programs, deliver T&D programs in phases to avoid overwhelming new employees. Expect those with more experience to go through the program at a quicker pace than new graduates; that is fine and normal. Set up individuals to succeed from day one, increasing the likelihood of gaining a long-term team member. Also consider implementing a leveling system, with three levels of skills each. Upon demonstrated competency for each level, implement appropriate pay increases in recognition of professional development and advancement (see Table 6.1).

In combination with collaborative culture, clear leadership, and psychological safety, a strong T&D program supports successful and full utilization of CrVTs (and the entire team). However, a T&D program should not stop there. Provide every team member with the continuing education needed to fuel their passion and growth. When veterinarians and CrVTs learn and implement new skills and excel with passion while meeting practice goals, the practice moves from CrVT utilization to CrVT optimization (passion + pride in their work). And advanced training in specialty fields allows CrVTs to pursue a Veterinary Technician Specialist (VTS) certification,²⁶ enabling full optimization, while potentially adding additional revenue streams for the practice.

Regularly Assess Utilization

In addition to implementing the strategies outlined in these guidelines to reach optimal utilization, it is also important to create a plan to reassess utilization regularly and ensure no team member gets left behind. Monitor for signs that trust or communication are eroding (team conflict, lack of communication among team members, or decreased utilization), and look for warning signs of a toxic culture brewing (gossip, formation of cliques, separation from others, or not being willing to step in and help others). In the absence of trust and good communication throughout the entire team (and driven by leadership), team members begin to form an “I” mentality vs a “team” mentality, resulting in a lack of investment in the

team and negatively impacting the goal of optimal utilization.

If at any time the leadership finds a decrease in optimal utilization, it is time to return to the basics and evaluate from the ground up. Is it a training, communication, or leadership issue? Put SMART goals—Specific, Measurable, Achievable, Relevant, and Time-Bound²⁷—in place that allow the leadership team to adapt as needed, supporting greater goal achievement. To ensure utilization is fully incorporated, modify the original SMART framework to achieve better results—replace achievable with accountability and relevant with resources. Therefore, specific goals identify exactly what needs to be accomplished; measurable metrics are put into place to track goal progression; action items define what objectives (that are achievable) will be carried out and by whom (accountability); resources identify resources that will be needed to achieve the goal; and a timeline identifies when the goal will be achieved and establishes checkpoints along the way. When practices write out goals, teams more easily execute and achieve them. See Table 5.1 for an example of SMART goals in action.

Section 5. What Optimal Utilization Looks Like

Top 3 Takeaways:

1. To begin integrating greater utilization into the workflow, prioritize appointments/initial assessment utilization, surgical utilization, and telehealth/teletriage.
2. Establish a precise framework of care, including systematic communication and proper handoff between veterinarians and CrVTs in each step of patient care.
3. Each practice will look slightly different depending on team members' skills, but regardless of hospital structure, implement empowerment, SOPs, workflow optimization, and patient assessment for the optimal utilization of CrVTs.

A highly functional and coordinated veterinary healthcare team provides the formula for achieving team satisfaction, quality patient care, and profitability.²⁸ Fully utilizing highly trained CrVTs in veterinary practice allows the veterinarian to concentrate on delivering advanced services to clients, thereby increasing practice revenue and the quality of patient care.^{29,30}

“Not finance. Not strategy. Not technology. It is teamwork that remains the ultimate competitive advantage, both because it is so powerful and so rare.”—Patrick Lencioni³¹

Optimization of the CrVT role expands and elevates the entire veterinary team, empowering each person to reach the pinnacle of their licensing, education, and/or expected capacity within the hospital setting. By changing assigned responsibilities and shifting the team's direction from a veterinarian-centric model to a team-centric model, veterinarians can focus on diagnosing, prognosing, prescribing, and performing surgery. This model will look slightly different in each practice based on team members' skills, but the goal remains the same: elevate every team member to their maximal capacity as defined by state regulation. To maintain the integrity of medical authority, develop and use detailed protocols and algorithms to be followed by all team members.

Pathway for Optimal CrVT and Team Utilization

Table 5.1 utilizes the SMART goals system as reviewed in Section 4 to establish action plans for success. First, identify the issue needing a solution and define the needed steps to achieve that goal. The action items provide a step-by-step plan to achieve optimal CrVT and team utilization. To begin integrating greater utilization into the workflow, prioritize appointments/initial assessment utilization, surgical utilization, and telehealth/teletriage. Also, develop detailed plans based on agreed-upon protocols (use algorithms as defined by SOPs, including if/then matrix) and train everyone on implementation.

TABLE 5.1: SMART Goals to Implement CrVT Utilization and Team Optimization

Issue Identified	Our practice has determined that we do not utilize our team to maximal efficiency, resulting in the loss of team members, decreased revenue, and burnout.	
Goal	Improve revenue, reward the team, decrease turnover, and improve client retention and satisfaction	
Objective	OBJECTIVE 1	OBJECTIVE 2
SPECIFIC	Implement CrVT utilization to the maximal capacity allowed by state regulation through team development, a gap analysis, and an understanding of maximal capacity as defined by state regulation.	Develop and implement protocols and team training.
MEASURABLE	<ul style="list-style-type: none"> • Less than 10% team member turnover year over year • Increase revenue by 10% through organic growth (not just price increases) • Increase wage ranges based on the scope of duties • Increase client satisfaction (as measured through surveys) from an average of 3/5 to 4.8/5 	<ul style="list-style-type: none"> • 50% of VAs are at level 2 within 6 months of hire • 75% of current VAs are at level 3 within 3 months of training and SOP rollout • 50% of CrVTs are at level 3 within 6 months of hire • 75% of current CrVTs are at level 3 within 3 months of training and SOP rollout • Increase the number of CrVT appointments by 10% month over month until maximal efficiency has been achieved
ACCOUNTABILITY (in place of Achievable)	ACTION ITEMS/ACCOUNTABILITY	
	<ol style="list-style-type: none"> 1. Create a Utilization Team with representation from all practice roles (veterinarian, CrVT, VA, CSR, and kennel team) to contribute to and participate in all decisions and activities of the team utilization plan. ASSIGNED TO _____. 2. Complete a gap analysis to assess the current situation by evaluating the team’s daily duties and tasks. Identify which tasks are routinely performed by veterinarians that could be performed by CrVTs, as well as future growth opportunities if tasks are not a current duty (Table 5.3). ASSIGNED TO _____. 3. Review the state practice act, rules, and regulations for a scope of duties that can be delegated to CrVTs and other team members with Immediate Supervision, Direct Supervision, and Indirect Supervision. ASSIGNED TO _____. 	<ol style="list-style-type: none"> 1. From the completed gap analysis, identify training gaps for current protocols and what training needs to be developed to ensure successful implementation. ASSIGNED TO _____. 2. From the completed gap analysis, identify opportunities for utilization that need to be implemented, what protocol(s) need to be developed, and what training needs to happen to ensure successful implementation. ASSIGNED TO _____. 3. Develop a standardized workflow for optimal utilization that maintains team alignment. ASSIGNED TO _____. 4. Develop standardized hospital processes and procedures to maintain team alignment and improve efficiency. ASSIGNED TO _____.

(Continued on next page)

TABLE 5.1: SMART Goals to Implement CrVT Utilization and Team Optimization, Continued

Objective	OBJECTIVE 1			OBJECTIVE 2		
ACCOUNTABILITY (continued)	4. Review the scope of practice as outlined by the AAVSB. ASSIGNED TO _____. 5. Create a foundation of transparency with the team; present the findings of the gap analysis and seek input for successful goal implementation. ASSIGNED TO _____.			5. Equitably assign tasks using the five rights model of delegation described in Section 2. ASSIGNED TO _____. 6. Deliver team training that keeps the team aligned on workflow and provides tools for all team members to perform optimally at their level. ASSIGNED TO _____. 7. Assess progress and provide feedback, both to individuals and as the whole team. Define where the practice was, where it is now, and the remaining goals to achieve. ASSIGNED TO _____.		
RESOURCES (in place of Relevant)	Resources <ul style="list-style-type: none"> State Veterinary Practice Act/Rules and Regulations found on the state board of veterinary medicine website AAVSB Model Regulations—Scope of Practice for Veterinary Technicians and Veterinary Technologists 			Resources <ul style="list-style-type: none"> AAHA Implementing Preventive Care Protocols: www.aaha.org/globalassets/05-pet-health-resources/implementing-preventive-care-protocols.pdf Partners for Healthy Pets: www.partnersforhealthypets.org/resources-toolbox/communications/ AAHA Mentoring Guidelines: aaha.org/mentoring 		
TIMEBOUND	TIMELINE					
	Action item #1 due: _____	Checkpoint date #1: _____	Checkpoint date #2: _____	Action item #1 due: _____	Checkpoint date #1: _____	Checkpoint date #2: _____
	Action item #2 due: _____	Checkpoint date #1: _____	Checkpoint date #2: _____	Action item #2 due: _____	Checkpoint date #1: _____	Checkpoint date #2: _____
	Action item #3 due: _____	Checkpoint date #1: _____	Checkpoint date #2: _____	Action item #3 due: _____	Checkpoint date #1: _____	Checkpoint date #2: _____
	Action item #4 due: _____	Checkpoint date #1: _____	Checkpoint date #2: _____	Action item #4 due: _____	Checkpoint date #1: _____	Checkpoint date #2: _____
	Action item #5 due: _____	Checkpoint date #1: _____	Checkpoint date #2: _____	Action item #5 due: _____	Checkpoint date #1: _____	Checkpoint date #2: _____
	Action item #6 due: _____	Checkpoint date #1: _____	Checkpoint date #2: _____	Action item #6 due: _____	Checkpoint date #1: _____	Checkpoint date #2: _____
	Action item #7 due: _____	Checkpoint date #1: _____	Checkpoint date #2: _____	Action item #7 due: _____	Checkpoint date #1: _____	Checkpoint date #2: _____
Add additional action items as needed						

CrVT, credentialed veterinary technician; CSR, customer service representative; VA, veterinary assistant

Optimization of the CrVT role expands and elevates the entire veterinary team, empowering each person to reach the pinnacle of their licensing, education, and/or expected capacity within the hospital setting.

Table 5.2 is an example of a standardized workflow for optimal utilization that improves practice efficiency and maintains team alignment. Areas where protocols can be created to enhance workflow include:

- Triage calls (first aid, primary response) and direction to available care
- Follow-up calls for surgical cases and recent hospitalizations, or returning client calls
- Nutritional/behavioral/hospice/chronic pain management consults with clients
- Preapproved/identified diagnostic tests (sample collection, in-house tests)
- Recheck diagnostics
- Care of in-house patients with routine updates to attending veterinarian
- Auxiliary care appointments such as glucose curve tests and bandage changes or suture removal
- Preplanning of next-day appointments

Include clear and defined steps for the veterinarian, CrVT, and all team members in protocol development, including direct communication pathways for both information and operational support. The British Small Animal Veterinary Association developed a sample triage tool (www.bsava.com/wp-content/uploads/2022/02/15257-COVID-19-Advice-Sheets-Triage-tool-following-lockdown.pdf) that can be used as a starting point for discussion with CrVTs and the rest of the veterinary team to identify areas where greater utilization can occur and incorporate them into SOPs.

Establish a safe environment (see Section 4) so that all team members feel comfortable with asking








questions about tasks, requesting additional training without fear of retribution, and receiving feedback on a frequent basis. Table 5.3 provides a non-inclusive list of tasks and procedures a CrVT could perform. Using this tool, the team can evaluate their current level of utilization and identify and discuss training opportunities.

Likely the most intense and time-consuming effort, training program development is required for successful implementation of utilization improvement plans. Every team member must be on the same page and understand what the other roles contribute and how these roles will benefit each team member. Be sure to develop clear expectations, integrate Adult Learning Theory (Section 4), and include an implementation plan in every training event. The Utilization Team (see objective #1, Table 5.1) must demonstrate the expected behaviors, SOPs, and new workflow pattern. The team should then role-play (without clients) to become comfortable with the changes.

Successful implementation builds opportunities for clear and constructive feedback, review and assessment, and adaptations as necessary. Prescheduled meetings for accolades and constructive feedback builds confidence and encourages engagement from team members. Individual meetings also allow leaders to identify growth opportunities and focus on helping each team member achieve their professional goals. When every member of the team “emotionally owns” the practice, they become accountable, problem-solving participants in achieving practice goals.









Every team member must be on the same page and understand what the other roles contribute and how they will benefit each team member.

TABLE 5.2: Standardized Workflow for Optimal Utilization

Category	Roles ▼
Appointments/Initial Assessments	 <p>CSR:</p> <ul style="list-style-type: none"> Obtains initial information, reason for visit, previous medical records
	 <p>CrVT (with VA):</p> <ul style="list-style-type: none"> Collect data Obtain the relevant history Perform initial triage Note problems found Create preliminary diagnostic plan (i.e., if patient is pale, order CBC) Start basic level of care or initial diagnostics (i.e., collect ear swab samples for cytology) Present case to veterinarian
	 <p>Veterinarian & CrVT:</p> <ul style="list-style-type: none"> Patient assessment and agreement/prioritization of problem list
	 <p>Veterinarian</p> <ul style="list-style-type: none"> Gives presumptive or working diagnosis Creates therapeutic plan and recommendations Predetermines case management check-ins with CrVT Writes prescriptions and/or performs surgery
	 <p>CrVT & Team:</p> <ul style="list-style-type: none"> CrVT creates and facilitates nursing plan CrVT develops and facilitates/delegates patient discharge information and keys to clinical outcome success CrVT sets and performs follow up & recheck appts
	Initial Assessments/ Emergency Situations
 <p>CrVT (with VA):</p> <ul style="list-style-type: none"> Collect data Obtain the relevant history Initial triage and patient assessment Note problems found Create therapy plan based on agreed protocolized medicine (algorithm) (SOPs, i.e., if/then steps) Order diagnostics (i.e., if patient is pale, order CBC) Initiate basic level of care (i.e., if patient is blue, start oxygen) Present case to veterinarian 	
 <p>Veterinarian & CrVT:</p> <ul style="list-style-type: none"> Patient assessment and agreement/prioritization of problem list 	







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TABLE 5.2: Standardized Workflow for Optimal Utilization, Continued

Category	Roles 
Initial Assessments/ Emergency Situations, Continued	 <p>Veterinarian:</p> <ul style="list-style-type: none"> • Gives presumptive or working diagnosis • Creates therapeutic plan and recommendations • Predetermines case management check-ins with CrVT • Writes prescriptions and/or performs surgery
	 <p>CrVT (with VA):</p> <ul style="list-style-type: none"> • Carries out diagnostics and therapeutic plan
	 <p>CrVT & Team:</p> <ul style="list-style-type: none"> • CrVT creates and facilitates nursing plan • CrVT develops and facilitates/delegates patient discharge information and keys to clinical outcome success • CrVT sets and performs follow up & recheck appts
Anesthesia and Surgery	 <p>CrVT:</p> <ul style="list-style-type: none"> • Conducts patient assessment • Initial pain score • Prepares anesthesia/analgesia protocol (as per protocol(algorithm)/veterinarian direction) • Creates surgical plan <ul style="list-style-type: none"> • Equipment • Preoperative preparation • Monitoring • Incision documentation • Postoperative pain score
	 <p>Veterinarian:</p> <ul style="list-style-type: none"> • Performs surgery
	 <p>CrVT:</p> <ul style="list-style-type: none"> • Monitors anesthesia and pain • Incision documentation and surgical record keeping • Postoperative pain score • Facilitates nursing care with team • Communicates patient updates to clients • Prepares and gives discharge instructions • Creates a follow up and recheck appointment plan
Triage & Triage* (with established VCPR)	 <p>All Team Members:</p> <ul style="list-style-type: none"> • Demonstrate a clear understanding of definitions for Telehealth/Triage/VCPR • See the AAHA/AVMA Telehealth Guidelines at aaha.org/telehealth for definitions and more information.

(Continued on next page)

TABLE 5.2: Standardized Workflow for Optimal Utilization, Continued

Category	Roles ▼
Triage & Triage, Continued* (with established VCPR)	 <p>CSR:</p> <ul style="list-style-type: none"> • Initial response (collects signalment and historical information); or • Automated information collection for what can be collected
	 <p>CrVT:</p> <ul style="list-style-type: none"> • Performs triage: <ul style="list-style-type: none"> • Asks questions to collect more clinical information, photos, and video • Uses critical thinking skills to ask differentiating questions • Synthesizes generalized problem list • Makes recommendation on action: ER, schedule in-person appointment with veterinarian, home care/education, and/or builds plans from SOPs previously approved by a veterinarian
	 <p>Veterinarian:</p> <ul style="list-style-type: none"> • Diagnoses problem and reviews tests • Prescribes treatment
	 <p>CrVT:</p> <ul style="list-style-type: none"> • Schedules necessary tests, communicates with client, performs treatments, prepares discharge & educational information for client • Prepares follow up plan
Telehealth* (follow up appointments and check ins, rechecks)	 <p>CSR:</p> <ul style="list-style-type: none"> • Schedules telehealth appointment with CrVT based on treatment or discharge plans
	 <p>CrVT:</p> <ul style="list-style-type: none"> • Performs telehealth appointments remotely—can include: <ul style="list-style-type: none"> • Post-operative rechecks (such as incision checks) • Post diagnosis <ul style="list-style-type: none"> ▸ Check in visits for chronic diseases/senior pet care <ul style="list-style-type: none"> ▪ Restates disease pathophysiology ▪ Restates outcome/prognosis discussions ▪ Reinforces the timing of repeat labs & reasoning for continued monitoring ▪ Schedules appointments for sample collection when deemed necessary ▸ Reinforces medication expectations/compliance and discusses: <ul style="list-style-type: none"> ▪ Challenges to compliance ▪ Lifestyle changes ▪ Exercise routines ▪ Nutrition

*See also Resources at aaha.org/technician-utilization

CBC, complete blood count, CSR, client service representative; CrVT, credentialed veterinary technician; VA, veterinary assistant; VCPR, veterinarian-client-patient relationship

TABLE 5.3: Veterinary Team Member Utilization Assessment Tool

This tool is not meant to depict a comprehensive list of tasks CrVTs can perform. In addition, the list of tasks is intended to be agnostic about the differences in state practice acts. It is instead meant to give a view of what is and what is not possible based on the current state of the practice.

For each skill/task, place a 1 in the column if that role regularly performs the task and place a 0 in the column if they do not. Total all points for each column. If the Veterinarian column has more than 5 points, consider moving those tasks to CrVTs. While this list is not inclusive of all skills a CrVT could perform, it gives the team a chance to self-evaluate and identify training opportunities. Overall, the list has

4 required tasks for a veterinarian; depending on state veterinary practice acts (or rules and regulations), all other tasks could be delegated to a CrVT or VA (either under direct or indirect supervision), depending on the skill level of the team.

Use this guide to determine the role of each team member within the practice, then seek (or develop) training to elevate the team to an optimal utilization state. Where overlap exists between the roles of the veterinarian and CrVT (for example, client communication, patient care, and team wellbeing), the veterinarian and CrVT should consider creating a document that defines how they will collaborate and support each other in practice.

Skills/Tasks	Veterinarian Performs	CrVT Performs	Other Veterinary Team Member Performs (VA, CSR)	Not Performed/ Referred Out
Administer subcutaneous fluids				
Administer vaccines				
Anesthesia induction				
Arterial blood pressure monitoring				
Arterial catheter placement				
Bandaging (basic)				
Blood transfusion and crossmatching				
Catheter care (urinary, intravenous, arterial)				
Central line catheter placement				
Chest tube care				
Chest tube placement				
Chest/tracheal tube management				
Client communications (prescription and appointment requests)				
Client education (basic topics—pain assessment, husbandry)				

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TABLE 5.3: Veterinary Team Member Utilization Assessment Tool, Continued

Skills/Tasks	Veterinarian Performs	CrVT Performs	Other Veterinary Team Member Performs (VA, CSR)	Not Performed/ Referred Out
Collect urine/fecal samples				
Communicate a patient’s prognosis to a client**				
Cystocentesis				
Cytology sample collection				
Dental charting*				
Dental extractions*				
Dental local blocks*				
Dental prophylaxis*				
Dental radiographs				
Dermatological testing				
Diagnose a patient’s condition**				
Epidural block*				
Esophagostomy tube maintenance				
Establish an airway during cardiopulmonary arrest				
Feeding tube care				
Fill prescriptions				
Gastric intubation				
Husbandry				
Intraosseous catheter placement				
IV catheter placement*				
IV fluid calculation—maintenance				
Manage team roles during cardiopulmonary resuscitation				
Medication administration, oral				
Medication administration, injectable				

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TABLE 5.3: Veterinary Team Member Utilization Assessment Tool, Continued

Skills/Tasks	Veterinarian Performs	CrVT Performs	Other Veterinary Team Member Performs (VA, CSR)	Not Performed/ Referred Out
Microchip insertion*				
Monitor anesthesia parameters and maintain stable anesthetic plane				
Monitor emergent/critically ill patient				
Nail trims, anal gland expression, ear cleanings				
Nasogastric tube placement				
Neonatal care/resuscitation				
Obtain arterial blood gas sample				
Obtain diagnostic electrocardiogram				
On-site triage				
Ophthalmological testing (Schirmer tear test, fluorescein staining, tonometry)				
Orthopedic radiographs (ventrodorsal shoulder, OFA pelvis, spinal series)				
Pain assessment				
Patient restraint				
Perform chest compressions				
Perform euthanasia				
Perform initial teletriage				
Perform intake physical examination (routine surgery patients, etc.)				
Perform point-of-care ultrasounds				
Perform surgery**				
Peripheral catheter placement				
Phlebotomy*				
Physical rehabilitation assessments				
Place intravenous catheter and administer resuscitative drugs during cardiopulmonary resuscitation				

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TABLE 5.3: Veterinary Team Member Utilization Assessment Tool, Continued

Skills/Tasks	Veterinarian Performs	CrVT Performs	Other Veterinary Team Member Performs (VA, CSR)	Not Performed/ Referred Out
Radiographs (basic)				
Recheck appointments				
Recover postoperative/sedated patients				
Routine hospital/clinic cleaning: kennels, laundry, floorcare, etc.				
Run and read in-house laboratory tests (urinalysis, complete blood count, chemistry panel, packed cell volume, SNAP tests)				
Surgical assisting				
Suture/staple removal				
Suture existing skin incisions*				
Telehealth/follow-up				
Tracheal intubation*				
Ultrasound-guided nerve blocks*				
Urinary catheter placement (dogs, cats)				
Urinary catheter placement/unblock a male cat				
Vitals (obtained, monitored) on a nonanesthetized patient				
Walk post–orthopedic surgery/neurologic patients				
Walk stable canine patients				
Write prescriptions**				
Totals:				

***State dependent; some practice acts allow VAs or CrVTs to perform tasks as long as a veterinarian is present (on premises or in room).**

****These skills/tasks are only performed by a licensed veterinarian.**

CrVT, credentialed veterinary technician; CSR, customer service representative; OFA, Orthopedic Foundation for Animals; VA, veterinary assistant.

By implementing these strategies for optimal utilization, veterinary practices can combat burnout and fully commit to team retention. Teams practicing at the peak of everyone's full potential and utilization create greater efficiency, quality of care, and positive patient outcomes.³² Such efforts also decrease overwhelming workloads to levels that protect the veterinary medical team from burnout. Rather than expend effort on showy rewards now and then, focus instead on a true team-based approach to daily practice. By revisioning every element of workflow, veterinary practices can support every team member, whatever the role, to function at the highest level and pursue meaningful professional development. Full and engaged team-wide utilization leads both individuals and practices into a better future—where together they can achieve team satisfaction, quality patient care, and profitability.

Get Involved

Don't like current regulations and/or practice acts? Get involved with your state veterinary medical association or veterinary technician association to participate in developing, reviewing, or updating scope of practice or restricted task lists.

Section 6. Examples of High-Impact Utilization

Top 3 Takeaways:

1. The impact of high utilization of CrVTs goes far beyond profitability.
2. Variation in veterinary practices and skill sets of CrVTs requires defining utilization in levels rather than as one single definition.
3. Practice leadership is responsible for fostering veterinarian and veterinary technician partnerships

that ensure adherence to their state practice acts while still achieving high-impact utilization.

All businesses need a fine grasp on employee utilization within their organization to improve their profitability. However, the impact of high utilization of CrVTs goes far beyond profitability. When utilizing CrVTs to their full potential, practices experience multiple benefits, including:

- Reduced CrVT turnover
- Stronger ability to attract skilled professionals
- A collaborative environment that benefits the entire staff
- Burnout prevention
- Improvement in the overall health of the practice and practice team
- Increased efficiency and quality of patient care

The act of empowering employees encourages them to share ideas and knowledge to increase the quality of patient care. In addition, when employees feel happier and thrive, the workplace culture reflects this positive and growth-minded energy.

Because of the great variation in veterinary practices as well as in the skill sets of credentialed veterinary technicians, no single definition of high-impact utilization exists. With that in mind, Table 6.1 provides a list of some skill-set examples that fall into three categories (or levels) of veterinary technician utilization. Although not inclusive of all skill sets and experience levels, it provides at least a foundation for assessing the CrVTs within each practice and determining how well their skill sets are utilized.

Recognizing that state practice acts vary in direct versus indirect supervision requirements of CrVTs, high-impact utilization looks different in different practices based on what is (and is not) allowed by that state's practice acts. This list provides a framework to guide behaviors in practice. Ultimately, however, it is up to the veterinarian and veterinary technician, with the support of strong practice leadership, to partner together and ensure adherence to their state practice acts while still achieving high-impact utilization.

TABLE 6.1: Levels of Veterinary Technician Utilization and Examples of Specific Skill Sets

LEVEL 1	LEVEL 2	LEVEL 3
<ul style="list-style-type: none"> • Obtain/monitor vitals on nonanesthetized patient • Cytology • Bandaging (basic) • Dental prophylaxis • Dental radiographs • Radiographs (basic) • Administer vaccines • Anal gland expression • Nail trims • Client education (basic topics— pain assessment, husbandry) • Phlebotomy • Urinary catheter care • Intravenous catheter care • Medication administration • Husbandry • Anesthesia monitoring (ASA I–II) • Fill prescriptions • Collect urine/fecal samples • Cystocentesis • Gastric intubation • Tracheal intubation • Blood typing • Monitoring blood product transfusion • Medication/fluid therapy calculations (basic drug calculation, constant rate infusions, percent calculations, mEq) • Aseptic technique • Basic suturing skills • Perform Basic Life Support in CPR • Controlled substance handling and monitoring • Set up for surgery/procedures • Low-stress handling/restraint • Perform ophthalmological testing (Schirmer tear test, fluorescein, tonometry) • Suture/staple removal • Microchip insertion 	<ul style="list-style-type: none"> • Apply splints or casts • Anesthesia monitoring (ASA III–IV) • Advanced imaging anesthesia support (CT, MRI, PET) • Client education (nutrition, diabetes, rehabilitation skills, palliative care) • Esophagostomy tube maintenance • Blood transfusion and crossmatching • Dental local blocks • Surgical assisting • Perform Advanced Life Support in CPR • Critical care assessments • Urinary catheter placement • Physical rehabilitation treatments (laser, shockwave, ultrasound, TENS, etc.) • Regenerative medicine preparations (PRP, stem cell processing, hyaluronic acid injections) • Emergency triage • Surgical discharge • Multimodal analgesia and interventional prescriptions (vasopressors, gastrointestinal, etc.) • Intraosseous catheter placement • Perform/position for orthopedic radiographs (VD shoulder, OFA pelvis, spinal series) • Perform fine needle aspirates 	<ul style="list-style-type: none"> • Advanced imaging (CT, MRI, PET) • Central line placement • Arterial blood pressure monitoring • Chest/tracheal tube management • Physical rehabilitation assessments • Epidural injections • Ultrasound-guided nerve blocks • Chest tube placement • Blocked cat urinary catheter placement • Tracheostomy tube care • Difficult intubation • Epidural catheter care • Lead CPR code (RECOVER) • Neonatal care • Administration of total intravenous anesthesia • Nasogastric tube placement

ASA, American Society of Anesthesiologists; CPR, cardiopulmonary resuscitation; CT, computed tomography; OFA, Orthopedic Foundation for Animals; PET, positron emission tomography; PRP, platelet-rich plasma; TENS, transcutaneous electrical nerve stimulation; VD, ventrodorsal

Case Studies

CASE STUDY 1

The following case study demonstrates Level 1 utilization.

Routine preventive healthcare appointment

History

A four-year-old male neutered Labrador retriever presented for a routine leptospirosis vaccine booster. The dog is a regular patient and had been seen for an annual physical examination in the past 6 months. A CSR obtained the patient's weight in the waiting room and escorted the client and patient to the examination room, telling the client that "the technician will be right in."

Veterinary Technician Consultation and Preventive Healthcare

After reviewing the patient's chart, the CrVT entered the room and confirmed the need for the appointment (routine vaccine booster). The CrVT then obtained a history, including whether the dog had been eating and drinking normally or experiencing any vomiting or diarrhea. The CrVT asked if there were any concerns the client would like to discuss. The client responded that there were none.

The CrVT completed a brief physical exam with vitals and, based on the medical record, determined that the dog was also due for a heartworm test. The client asked several questions about heartworm preventives, which the CrVT answered, before he agreed to the heartworm test and the vaccine. The CrVT escorted the pet to the treatment area, drew up the vaccine and asked a VA to restrain the pet while she drew blood for the heartworm test and administered the vaccine. The CrVT then took the pet back to the client while the VA started the heartworm test. The CrVT explained the signs of a vaccine reaction and when to seek medical care, and let the

client know that the heartworm test would be ready in a few minutes. The client elected to be called later with the results.

Summary and Discussion

This case study illustrates Level 1 utilization and provides an example of low-level utilization but high collaboration between the CrVT, CSR, and VA to accomplish a routine vaccine appointment. When the CrVT takes on routine vaccine booster appointments, this allows the veterinarian to continue seeing medical appointments, while remaining available to the CrVT if questions or issues arise during the vaccine visits. Collaboration between the CrVT, CSR, and VA frees up time for the CrVT to administer the vaccine and educate the client about preventive healthcare for his dog.

CASE STUDY 2^b

The following case study demonstrates Level 2 utilization.

Newly diagnosed diabetic patient needs client education and treatment monitoring

History and Presenting Complaint

A strictly indoor, domestic shorthair with a history of low exercise and excess weight presented. Family members recently noticed changes in his routine—significantly increased thirst, erratic appetite, lethargy, and changes in mood. They brought the cat to their veterinarian, who performed a physical examination, ordered laboratory work, and diagnosed the cat as diabetic.

Veterinary Technician Consultation

Following the diagnosis of diabetes, the clients scheduled a consultation with the head credentialed veterinary technician at the clinic. During this

^b Case study adapted with permission from Estelle Jenner, RVN, Wangford Veterinary Clinic. In Jenner, E. Diabetic pets can continue to lead healthy lives. Wangford Veterinary Clinic. February 26, 2021. Accessed March 20, 2023. <https://www.wangfordvetclinic.com/blog/63787/Diabetic-Pets-Can-Continue-to-Lead-Healthy-Lives>

Case Studies

consultation, the CrVT discussed what to expect with the treatment plan prescribed by the veterinarian and trained the pet owners on how to administer insulin injections subcutaneously. The CrVT also made recommendations for nutrition and exercise changes to the cat's routine during this consultation.

Treatment and Follow-up

The cat's owners initially struggled with giving insulin injections at home because of the cat's temperament. Additionally, upon return for follow-up glucose curves, the cat's diabetes appeared unmanaged, although the cat's stress levels in the clinic made it difficult to determine the accuracy of the glucose readings. After discussing with the CrVT, the pet owners decided to switch to at-home glucose readings when the cat felt less stressed. The CrVT trained them on how to perform glucose checks themselves. The cat became comfortable at home with the new routine, and the clients performed glucose curves successfully. Results showed significantly lower results than when tested at the clinic. The CrVT communicated the results supplied by the family to the veterinarian, who then adjusted the insulin dosage. The CrVT also worked with the pet owners to establish a weight loss program, including a nutrition and exercise regimen to supplement the treatment plan.

Outcome

The pet owners achieved weight loss in the cat by following the nutrition and exercise regimen recommended by the CrVT. Additionally, using the appropriate insulin dosage determined based on glucose results provided by the pet owner, the cat achieved complete remission of his diabetes.

Summary and Discussion

This case demonstrated high collaboration between the veterinarian and credentialed veterinary technician to achieve compliance and success of the treatment plan. While the veterinarian provided the diagnosis and treatment plan, the CrVT handled the communication through technician appointments and consultations with the pet owners. The CrVT focused on educating the pet owners on the disease process and helped

adjust the plan for the cat's specific needs, such as feeling overly stressed in the clinic for glucose curves. The CrVT's extensive knowledge of diabetes and nutrition provided the additional assurance needed for the family members to be compliant.

This demonstrates high-impact utilization because it allowed the veterinarian to focus on the roles of diagnosing, prescribing and prognosing, while the CrVT assisted with the treatment plan through client education. Although communication and interpersonal skills do not appear on the list of skills, the CrVT utilized such competencies to guide the pet owners through the initial diagnosis and prognosis and work through the challenges of initially unmanaged diabetes. Consider these soft skills as well when evaluating high-impact utilization.

CASE STUDY 3

The following case study demonstrates Level 3 utilization.

Feline urinary obstruction

History

A call came into the practice from an owner who had observed abnormal litter box behavior in their 3-year-old domestic shorthair cat. The CSR asked the credentialed veterinary technician to speak with the owner about these concerns. The owner reported the cat going in and out of the litter box continually for the past 48 hours. The cat cried and strained to urinate without passing any urine. The CrVT explained to the caller that such behavior indicated a major concern, requiring immediate veterinary care and intervention. The owner agreed to an examination and stated they would come right away.

Triage Examination

Approximately 20 minutes later, the owner and cat arrived at the practice. The CrVT immediately brought the owner into the examination room and started the triage process. The CrVT took readings for temperature, pulse, and respiration (TPR) as well as completed an initial pain assessment. The TPR

Case Studies

parameters revealed elevations across the board with a subjective pain score of 6 out of 10.

Physical Examination

The CrVT quickly alerted the veterinarian of the urgency of the case and shared the triage assessment. An emergency examination found a painful, distended bladder with distress from the cat. The veterinarian suspected a complete urinary tract obstruction and formulated a diagnostic plan and gave it to the CrVT. This diagnostic plan included blood work, urinalysis with sediment, urine culture and sensitivity, ultrasound of the bladder, an electrocardiogram (ECG), and pain medication. The CrVT then created a cost estimate for the owner while the veterinarian outlined the initial diagnostic details to the owner. Next, the CrVT communicated to the client the estimated costs and answered additional questions about the diagnostics. In the meantime, the veterinarian moved on to the next appointment. After the owner approved the initial estimated costs and diagnostic plan, the CrVT initiated the blood work and obtained the imaging and ECG. The veterinarian reviewed the diagnostics, which revealed an increase in blood urea nitrogen, creatinine, phosphorus, and potassium, low ionized calcium, and an increase in glucose. Urinary bladder imaging revealed a distended bladder without stones or bladder wall masses. ECG results revealed normal rhythm, no tall T waves, no prolonged PR intervals, no widened QRS complexes, and no loss of P waves or bradycardia.

The veterinarian formulated a therapeutic plan and communicated it to the CrVT and the owner. This plan included IV fluids and hospitalization, sedation, sacrococcygeal local block, placing a transurethral catheter with a closed urine collection system, pain management (buprenorphine and prazosin), and starting supportive care.

Supportive Care

Once the client approved the therapeutic plan, the CrVT placed the IV catheter, provided sedation and pain medications, placed the urinary catheter, and took radiographs to confirm catheter placement in the bladder. After obtaining the urine sample, the CrVT

performed the urinalysis and prepared the sample for routine bacterial culture. The CrVT also initiated IV fluids at 1.5 times maintenance level to correct dehydration, electrolyte imbalances, relieve postrenal uremia and hyperkalemia, and maintain urinary patency.

Nursing Care

For the next 2 days, the cat's nursing care included IV fluids, supportive care, and monitoring. The CrVT provided all nursing care, including catheter care (IV and urinary), drawing for and monitoring electrolyte panels, pain management, and dietary care. The CrVT also communicated with the owner multiple times per day and performed laser therapy on the kidneys and bladder twice a day during the hospitalization period.

The veterinarian provided all case assessments and therapy progress evaluations. The CrVT removed the urinary catheter 48 hours after the start of IV fluids. The CrVT also repeated blood work, which revealed normal renal values, resolved hyperkalemia, and normal blood glucose.

Outcome

Once the cat passed urine normally after catheter removal, the CrVT scheduled the patient's discharge from the hospital. The veterinarian completed the written discharge instructions for the owner that included all recommendations for follow-up care. The CrVT explained the discharge instructions to the owner. Then, 7 days later, the CrVT made a follow-up call to check on the cat. The owner reported that everything was going well, and the CrVT relayed that information back to the veterinarian.

Summary and Discussion

In this high-impact utilization case, notice that the veterinarian's role focuses more on case management, rather than patient caretaking. The veterinarian limits their efforts to the diagnosis and treatment plan of the patient with no time spent on procedural tasks. The CrVT serves as the primary caregiver. This case of high-impact utilization involves a CrVT with proper training completed and proficiency demonstrated to the hospital director in all procedures involved.

Section 7. Moving the Needle— Action Plan and Resources

Top 3 Takeaways:

- Educate veterinary teams and the public about the full potential of CrVTs.
- Keep CrVTs in the practice setting by utilizing their skills through innovative partnerships.
- Begin improving utilization by using the assessment tools created for these guidelines.

Historically and across industries, the term “technician” has carried a connotation of being less educated and limited in skill set. Many still consider vocational high schools or “tech schools” the only option for those who found little academic success or engagement in traditional school settings.³⁵ Not only is this inaccurate, but it can also be unfair and discriminatory.

How, then, do we break this stigma? It’s complicated, with no simple answers or a single solution. However, it begins with self-awareness and education in the veterinary profession and ultimately extends to clients and members of the general public. This requires public education campaigns in the form of public service announcements via social media platforms and materials people can read at veterinary practices that explain the educational journey and critical role of CrVTs in veterinary medicine. Integrating an understanding of greater technician utilization within veterinary education would also help. But education is only the beginning; the transformation to optimal technician utilization in the veterinary profession culminates with the clinical and communication skills CrVTs can implement in daily practice. Table 5.2 maps out what this looks like in ideal high-utilization practices.

Keeping CrVTs Working via Innovative Career Paths

In addition to underutilization, the exodus of CrVTs stems from a variety of reasons detailed in Section 2. However, practices can take steps that keep CrVTs working in the veterinary space, even if they move away from traditional hands-on clinical roles with patients.

When tied to a specific clinical practice, CrVTs often experience a marked decrease in the variety of career growth avenues to explore, based on limitations such as equipment available and veterinarian comfort level with CrVT utilization within the practice. Yet many CrVTs remain deeply dedicated to pets and clients long after their time in the clinic. Keeping these valued individuals as an integral part of veterinary medicine is key to continuous service to pets and clients.

Those who have already shifted their roles into telehealth, including both veterinarians and CrVTs, report how working remotely often results in a better work-life balance and financial savings on commuting costs and related expenses.

For example, practices can offer CrVTs the benefits of telehealth, such as more flexibility, less physical strain, and the ability to provide support to clients from anywhere. Telehealth offers an excellent way to keep CrVTs engaged with the animals and families that they enjoy serving. Those who have already shifted their roles into telehealth, including both veterinarians and CrVTs, report how working remotely often results in a better work-life balance and financial savings on commuting costs and related expenses. For some CrVTs, the possibility of working with a variety of species while employing the same skill set they currently use in clinical settings may provide a driving factor for continued growth and engagement. Even if clinicians and other team members cannot attest firsthand to nontraditional clinical roles, practice managers and owners can provide references, resources, and time to CrVTs to explore new and different ways to continue working in veterinary medicine. Great resources include industry association sites, blogs, podcasts, templates, and protocols used by other veterinary professionals.

FIGURE 7.1: CrVT Utilization Sample
Open-Ended Questions



For Veterinarians:

- What aspects of the Veterinary Team Member Utilization Assessment Tool worry you? Why?
- What aspects of the Veterinary Team Member Utilization Assessment Tool surprise you as tasks for CrVTs to perform?
- What areas (skills/tasks) of your practice not listed on the Veterinary Team Member Assessment Tool do you feel CrVTs should perform that they are not currently?
- Of the skills/tasks in the Veterinary Team Member Utilization Assessment Tool, which ones feel easy for you to delegate? Which ones feel complex or challenging, and why?
- How can we start addressing tasks that veterinarians feel nervous about delegating?



For CrVTs:

- As a CrVT, what skills/tasks would you like to learn?
- What areas (skills/tasks) of your practice not listed on the Veterinary Team Member Utilization Assessment Tool do you feel CrVTs should perform that they are not currently?
- How can we start addressing tasks the CrVT team feels nervous about taking on?
- What areas (skills/tasks) listed on the Veterinary Team Member Utilization Assessment Tool for veterinarians do you feel CrVTs should handle? Why?
- Of the skills/tasks in the Veterinary Team Member Utilization Assessment Tool, which ones feel easy for you to delegate to a VA or CSR? Which ones feel complex, and why?



For the entire hospital team:

- What are the differences between a veterinarian, CrVT, VA, and CSR?
- How do you explain what a CrVT is to a pet owner?
- How familiar are you with your state's practice act about what a CrVT and a VA can/cannot do?
- What tasks—if any—would you not be comfortable having a CrVT perform on your own pet and why? What would alleviate and/or address this concern for you?

Where Are We Now?

It is often difficult in a busy practice to take a step back and assess CrVT utilization. The Veterinary Team Member Utilization Assessment Tool (Table 5.3) provides one method of assessing where a practice currently stands in terms of technician utilization. It specifically looks at common procedures and skills performed by CrVTs daily around the world. Although agnostic to state-specific practice acts, it gives teams a way to measure their practice's CrVT utilization, while also exploring possible new revenue streams by making the most of the time and expertise of CrVTs on staff.

Keep in mind CrVTs are allied health professionals, skilled and educated in various veterinary medical, surgical, and laboratory techniques. The comfort levels of a practice's veterinarians and the practice culture often limit CrVT utilization. CrVTs can perform a variety of duties, and practices must set role-appropriate expectations for them.

CrVT roles and expectations are typically outlined by the practice owner, the practice manager, or a combined approach. But what if instead an experienced CrVT, i.e., one who has worked in the practice for 3-plus years, served as a valued voice in the decision-making process? Who better than someone who completed the education, put their time in on the treatment floor, and informed themselves of their state's regulations to establish the framework for the CrVT team?

At a minimum, assessing the current CrVT utilization within a practice can open a conversation with the entire veterinary team about how they can collectively improve or celebrate the ideal leveraging of these valuable CrVT team members. The key to this discussion is the skillful use of open-ended questions (Figure 7.1) specific to CrVT utilization. These essential conversations mark the first step in the journey toward improved teamwork. After gathering the answers to these open-ended questions, it is easier to identify barriers and methods of accelerating utilization. Do not restrict the assessment

and problem-solving solely to those inside a given practice. Instead, consider gaining fresh ideas and insights from peers in existing professional organizations and external veterinary and medical communities.

How to Continue Moving Forward

The Veterinary Team Member Utilization Assessment Tool (Table 5.3) gives the practice a starting point, while also assisting with identifying and setting goals. Using this tool and the questions in Figure 7.1, practices can identify what CrVTs and fellow team members could do in accordance with state regulations, skill sets, and trust levels. When developing a plan and goals, be sure to incorporate the examples of duties associated with levels within the CrVT team (Table 6.1). Although including all of the responsibilities of each team member falls outside the scope of these tables, they provide a starting framework. When the team knows who to utilize for what and when, efficiency increases and underutilization decreases.

It is important to reiterate that a CrVT is a professional who completed a 2- to 4-year AVMA-accredited program in Veterinary Technology and successfully passed the Veterinary Technician National Exam (VTNE), whereas a veterinary assistant has not (Figure 7.2). However, it is important to also recognize that the title of assistant feels inadequate for a large percentage of noncredentialed individuals with years of experience. Their superb skills and assets must be included in the assessment, and where allowed by law, their skills must be incorporated into utilization and workflow models. The task force also recognizes that alternate pathways to credentialing without an AVMA-accredited degree exist, and many capable professionals have been credentialed through this route. The task force believes obtaining a formal educational degree followed by passing a national examination is the standard to be met and upheld by each state board going forward, and encourages all veterinary technicians to pursue an education in Veterinary Technology/Veterinary Nursing.

FIGURE 7.2

WHAT IT TAKES TO BECOME A CRVT CVT, LVT, LVMT, RVT, RVTg



Finish High School

Top grades in math and the sciences (chemistry, biology, physics) and an overall high GPA.

Apply to College

Either a 2-year associate of science (AS) or 4-year bachelor of science (BS) program in Veterinary Technology. Check with the state board to determine which programs qualify.



Get On-the-Job Experience

Prior to acceptance, or during enrollment, it is HIGHLY encouraged to get on-the-job experience as a kennel worker or veterinary assistant in a clinical setting.

Study Hard

Not only in order to graduate, but also for the Veterinary Technician National [licensing] Exam—the VTNE. A score of 75% or better is required to pass.



The State of Things

There are 5 different credentials for a CrVT to obtain, and they differ by state. An individual may hold multiple credentials—meaning they are licensed to practice in multiple states.

CVT, LVT, LVMT, RVT, RVTg

CVT = Certified Veterinary Technician
LVT = Licensed Veterinary Technician
LVMT - Licensed Veterinary Medical Technician
RVT = Registered Veterinary Technician
RVTg = Registered Veterinary Technologist



Regulations

Every CrVT is required—by law—to adhere to their state or province's practice acts. As a licensed medical professional, dues are paid and fees assessed in order to maintain appropriate licensure.

Never Stop Learning

Along with state and national licensing fees, continuing education is also required. Anywhere from 16 to 32 continuing education credits every 2 years are mandated for a CrVT to continue practicing. This accompanies constant growth and development while working in practice as well.



A team-based approach to the care of the patient increases job satisfaction for all and ensures better patient outcomes.

Turning Awareness into Commitment and Action

Optimized utilization starts inside individual practices and within each unique team of veterinary professionals. The insights, tools, and assessments included in these guidelines support on-the-ground progress. At the same time, the task force recognizes the need for a national standard for the entire veterinary profession, where every team member and every core role experiences full utilization—and, in turn, the personal satisfaction, career longevity, and growth they deserve.

Section 8. Summary and Next Steps

The goal of the *AAHA Technician Utilization Guidelines* is to bring the concerns and challenges of the veterinary profession around CrVT utilization to the forefront and stimulate both productive conversation and positive change. The task force focused on areas it collectively felt were most important to achieve these goals. Although the guidelines cover many of the concerns regarding the lack of technician utilization as well as the benefits of it, the task force understands there will always be more ways for the veterinary profession to grow in this regard. By focusing on the areas highlighted in these guidelines, the task force intended to provide an in-depth view of the topic as well as suggestions for implementing utilization improvements in practice. In their discussion, the task force found not a single disadvantage to optimal technician utilization.

Using the clinical scenarios most impacted by technician utilization, the guidelines provide a detailed discussion about the benefits of utilization

and how it relates to the financial growth of the practice. Leveraging an optimally utilized veterinarian/CrVT team can bring additional income to a practice and allows for numerous possibilities to increase revenue streams.

Full utilization of CrVTs accrues revenue benefits of ~\$104,976–\$137,240 per CrVT, per veterinarian to the practice;^{6,21} this also allows for better compensation of the CrVT. Increasing staff retention through optimized CrVT utilization correlates with better job satisfaction overall for both the CrVT and the veterinarian. Better work-life integration for team members results from shared workloads. In addition, enhancing the level of patient care in the hospital is a major benefit. A team-based approach to the care of the patient increases job satisfaction for all and ensures better patient outcomes. Allowing CrVTs to perform the duties meant for their specific education and skill sets also improves access to timely care for more patients. Utilization offers other benefits, but these things remain most significant to the technician workforce.

Although utilization has been a topic of continual discussion within the veterinary profession, little action has been taken significant enough to promote real and lasting change. The reluctance of veterinarians to let go of some responsibility and legitimate concerns over license liability go hand in hand with not knowing what a CrVT can do in their practice. Veterinary school curricula rarely cover this topic. Most veterinarians never work with a CrVT until they begin clinical rotations in veterinary school, where the team dynamics can be quite different from veterinary practice. For that reason, optimal utilization concepts should be introduced in veterinary school, with continued learning and team building on the part of veterinarians and CrVTs to build confidence in each position's unique role within the context of veterinary medicine. For many, changing the way they practice can cause discomfort and anxiety, particularly around issues of legal liability on the part of veterinarians, and addressing these concerns with empathy, enhanced training, and building mutual trust can help.

The guidelines identify the following as essential to successful CrVT utilization:

- Understanding the Five Rights of Delegation (Section 2)
- Assessing the real-world capabilities and skill sets of the CrVT (Section 5)
- Partnering between CrVTs and veterinarians, where both work optimally with one another (Section 6)
- Building trust throughout the veterinary team (Sections 7 and 8)

A team-based approach to the care of the patient increases job satisfaction for all and ensures better patient outcomes.

Trust is required between all team members and is instrumental to successful outcomes. Trust is not something developed with a tool or pushed upon someone to accept. It comes with time, shared experiences, and the demonstration of available skill sets and participation in clinical settings. As easy as this sounds, building trust can be a daunting process to initiate.

Trust begins by involving the entire practice team, from veterinarians to hospital managers, to increase the likelihood that change will be successful. Access to relevant resources is also imperative. Veterinary practices must make time and sacrifices for training new staff so that the improved utilization process is useful for everyone. Having an actual CrVT to fill a position is a challenge in itself. For practices fortunate enough to hire a CrVT, optimized utilization is instrumental in retaining them. When technicians and veterinarians can work collaboratively, this improves workflow in the hospital, elevates overall patient care, and leads to better outcomes. Teams that leverage these benefits establish a foundation for increasing

medical standards and access to care in the clinic. Everyone benefits, from staff to patients to clients, when that occurs.

With the rationale and practical resources now in hand, consider the first of many required steps toward optimal technician utilization within your practice. Real progress requires active participation and commitment by as many individuals and practices as possible. Such wider ongoing efforts increase opportunities for innovative solutions to emerge and for specific state-by-state challenges to be overcome. To reach the tipping point that can transform CrVT optimization, this requires movement by more than a few passionate advocates. Change starts here. ■

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Guidelines at a Glance

Are you leaving credentialed veterinary technicians on the bench when they could be star players?

Credentialed veterinary technicians are a valuable resource for a veterinary practice, but their skills, education, and experience are often not being used to their full potential. Optimal utilization of credentialed veterinary technicians can benefit the entire veterinary team by supporting professional longevity, mutual trust and collaboration, improved patient care, and financial sustainability. The *2023 AAHA Technician Utilization Guidelines* outline the steps you can take right now to improve credentialed veterinary technician utilization in your practice.

These guidelines include practical tools to help implement optimal utilization, including:



Goal worksheets



Workflows by role for everyday clinical examples



Veterinary team member utilization assessment tools



Examples of levels and skills for professional growth and increased learning potential for credentialed veterinary technicians



Case examples showing optimal utilization



Open-ended questions to structure conversations around improving utilization



3/2/1

3 Takeaways



Credentialed veterinary technicians cite lack of utilization as a top reason for leaving the profession, along with burnout and decreased job satisfaction.



Proper utilization is crucial for optimizing team efficiency, which in turn can increase access to veterinary services, improve patient care, and address staffing and retention problems.



Using credentialed veterinary technicians to the full extent of their education and training contributes to financial sustainability. Practices where veterinarians rarely perform tasks that credentialed veterinary technicians can, and should, do show an average revenue increase of 36%.

2 Actions



Recognize that the causes of poor utilization often stem from lack of knowledge and learn about what tasks and procedures credentialed veterinary technicians can legally perform in your area.



To begin integrating greater utilization into your workflow, prioritize appointments/initial assessments, surgeries and anesthetic procedures, and telehealth/teletriage. Develop detailed plans based on agreed-upon protocols and train everyone on implementation.

1 Thing to Never Forget



Optimal utilization is tied to job satisfaction, and it's an essential piece for retaining credentialed veterinary technicians in the profession. Veterinary practices must make the commitment of time and training for all team members to implement optimal utilization. When practices make this commitment, change can start now!

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Guidelines

Ready to make a positive change for your practice and the veterinary profession? The *2023 AAHA Technician Utilization Guidelines* are available now at aaha.org/technician-utilization.

The 2023 AAHA Technician Utilization Guidelines are generously supported by CareCredit, Hill's Pet Nutrition Inc., and IDEXX.



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Teams@Work 2023

We Asked for Your Best Photos—and You Provided

RUNNERS-UP



1 Donny Astor, VMD, DACVS (Small Animal), (left), head of surgery at Philadelphia Animal Specialty & Emergency (PASE), and veterinary surgery assistant Ann Thelusma monitor the arthroscope while performing a tibial plateau leveling osteotomy surgery. Photo by PASE Marketing.

2 Robin Lazaro, RVT, VTS (Emergency and Critical Care), veterinary technician supervisor, intensive care unit (ICU), provides care to a patient in the ICU at North Carolina State University College of Veterinary Medicine. Lazaro has served as ICU technician supervisor for more than 30 years. Photo by NCSU.

3 Cover photo: Alicia Carr, CVT, VTS (Emergency and Critical Care) at Hickory Veterinary and Specialty Hospital in Plymouth Meeting, Pennsylvania. Photo by Jackie Pursell.



Photo courtesy of Lois Lantz, Pine Creek Animal Hospital, Pennsylvania

GRAND PRIZE WINNER

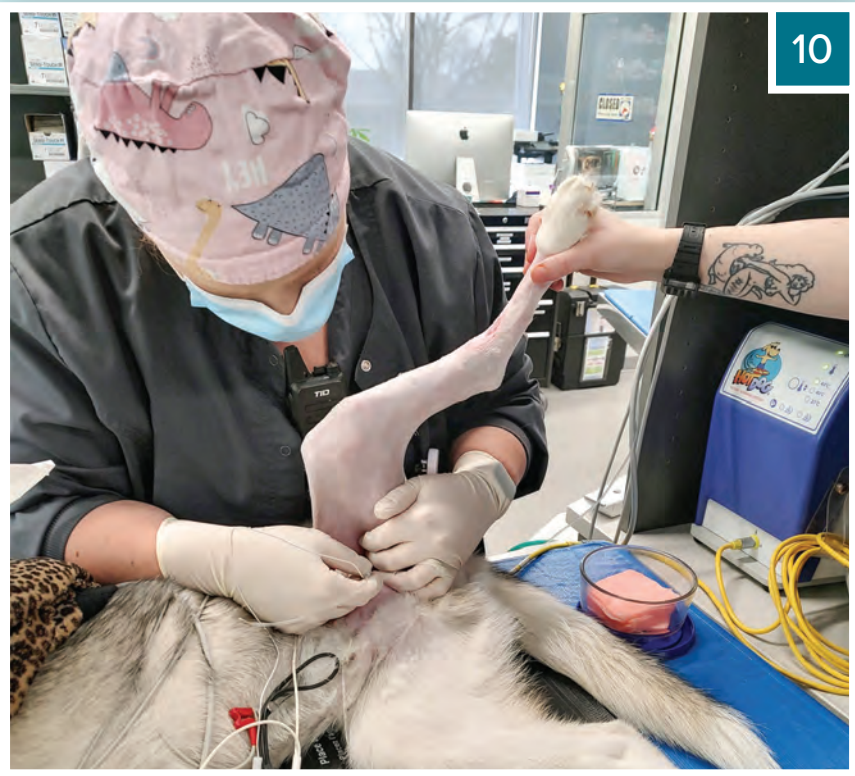
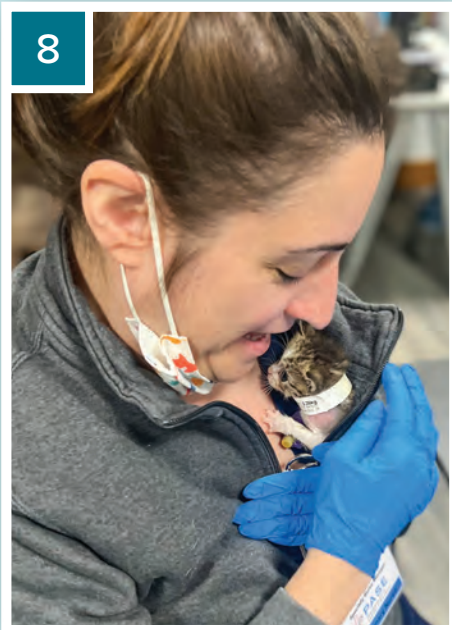


This year's winner of the 2023 *Trends Teams@Work* photo contest shows Jennifer Popejoy, CVT, on the floor of the practice, with her arms wrapped around a patient who was in recovery from surgery. "The patient was stressed, but also cold, so she was attempting to calm the patient and warm them up at the same time," said Lois Lantz. "Jennifer (aka Red) is very empathetic and gives the best patient care!"

Each year, National Veterinary Technician Week falls on the third week of October (this year: October 15–21). In honor of this, we ask our readers to send in their best pictures of veterinary technicians and their teams at work in the practice. This year we received dozens of submissions, and as usual it was very hard to choose a winner. We wish we could publish all of the submissions we received, but alas, we only have so much space in the magazine.

This year's winner of the 2023 *Trends Teams@Work* photo contest was submitted by Lois Lantz, head customer service representative at Pine Creek Animal Hospital in Pennsylvania. This touching photo perfectly shows two sides of what technicians do: on one hand they provide expert care for animals as patients who have medical needs, and on the other hand, they display a deep love for animals as individuals who also have emotional needs. Congratulations to Lantz and the Pine Creek Animal Hospital team for winning this year's *Trends Teams@Work* 2023 Photo Contest and to all of our wonderful practice teams who sent in photos as well!





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11

4 Meredith McGann, RVT, draws blood from a chicken patient with the help of Timothy Ireland, VMD, at Newtown Veterinary Hospital in Newtown, Pennsylvania. Photo by Kara Kirschner.

5 Tia Ely, RVT, (left) cleans a feline patient's ears, with the assistance of Lilly, a student at The Ohio State University College of Veterinary Medicine, at Cleveland Road Animal Hospital. Photo by Brandi Bauer.

6 Ethan Franks, LVT, head technician, cares for a duck at Montgomery Veterinary Hospital in Montgomery, New York. Photo courtesy of Montgomery Veterinary Hospital.

7 Pine Creek Animal Hospital head veterinary technician Jessie Rayburn, CVT, works to calm a cat down in the cat ward. "The cat came in critically ill, was placed on an IV and got very agitated by the IV and the cage," recalled Pine Creek head CSR Lois Lantz. "Jessie noted the cat's distress and did what she does best. The cat instantly calmed down (as you can tell by the look on its face)." Photo by Lois Lantz.

8 Kimberly Vargas, CVT, snuggles a kitten at Philadelphia Animal Specialty & Emergency. Photo by PASE Marketing.

9 Tabatha Rowe, LVMT, comforts Buffy on her last day at Emory Animal Hospital in Powell, Tennessee. Buffy was a long-time patient (14 years), whose owners lovingly chose euthanasia after she started having uncontrolled seizures. Photo courtesy of Emory Animal Hospital.

10 Adina Thompson, LVT, performs a femoral sciatic nerve block prepping for knee surgery at Sirius Veterinary Orthopedic Center in Omaha, Nebraska. Photo courtesy of Kristi McGrath/Adina Thompson.

11 Surgery team members Justina Bailey (right) and Myra Cruz-Spraw prep a patient for surgery at PASE in Philadelphia. Photo by PASE Marketing.

12



14



15



13

12 Jorge Stafford, LVT, contemplates taking a bite out of this adorable “Purr-ito” at Oneonta Veterinary Hospital in New York. Photo by Danielle Schafer.

13 Ayanna McCain, CVT, (left) and Tiffany Kay, DVM, work with a patient at Hickory Veterinary and Specialty Hospital in Plymouth Meeting, Pennsylvania. Photo by Jackie Pursell.

14 Ophthalmology clinical manager Steph Siver, LVT, helps check the retina of a service dog at Philadelphia Animal Specialty & Emergency. Photo by PASE Marketing.

15 Veterinary assistant Carlos Jimenez gets some help from Cheerio at Rancho Sequoia Veterinary Hospital in Simi Valley, California. Photo by Wendy Pierro.

16 (From left) Brenda Girard, LVT; Shivani Gupta, DVM; Susan Burcham, DVM; and Gina Jenio, LVT, treat a victim of a dog fight at Moore Veterinary Hospital in St. Clair Shores, Michigan. The dog was attacked by another large dog in the owner’s backyard, and it took the team several hours to sedate and treat all the wounds. Photo by Michael Turner.

16





17

17 Jodi Eisenberger, CVT, catches up on paperwork while monitoring a patient in recovery at Pine Creek Animal Hospital in Pennsylvania. “Jodi is always smiling, gives patients the highest level of care from the beginning of the visit until the end,” said head CSR Lois Lantz. Photo by Lois Lantz.

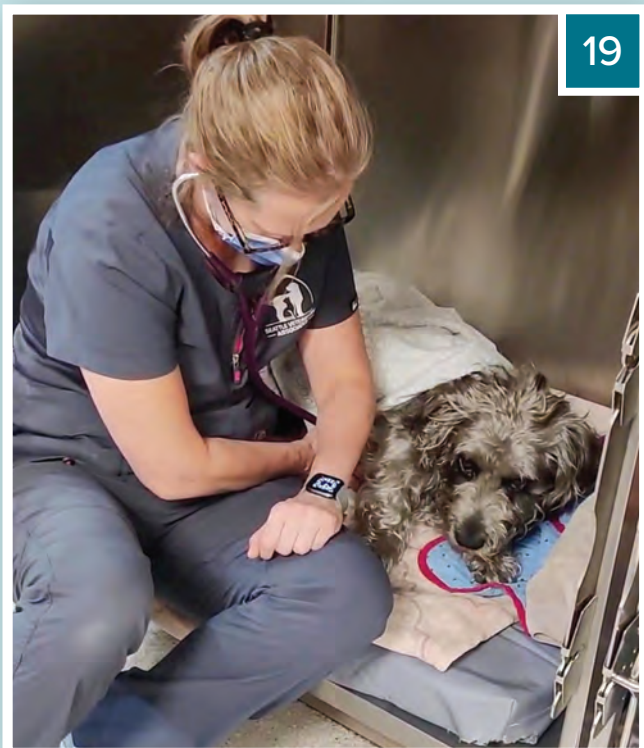
18 Brianna Troyer, RVT, monitors a patient under anesthesia at Cleveland Road Animal Hospital in Wooster, Ohio. Photo by Brandi Bauer.

19 Lisa Woods, LVT, checking a patient's vitals postanesthesia at Seattle Veterinary Associates. Photo by Kelly Semple.

20 Amanda Gerard, LVT, performing an abdominocentesis to learn skills for her veterinary technician specialty, at Veterinary Emergency Group—Upper East Side in New York City. Photo by Hira Basit, DVM.



18



19



20



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Managing Pain in a Community Clinic

A Hypothetical Case Study in Access to Care and Pain Management

by Kristin Jankowski, VMD, CCRP

The community room is bustling with pets, families, and students even though it's not quite 9 a.m. on a Sunday. Ms. Brown and her 11-year-old son, Jared, have brought Teddy in for an exam, vaccinations, and parasite preventives. They explain that Teddy is happy-go-lucky with a great appetite, but he's slow to go up the stairs and sometimes limps on his right hind leg when he gets up from a nap. Ms. Brown shares that she feels awful about not seeking care for Teddy earlier, but she had to leave her job during the COVID-19 pandemic to help Jared navigate his schoolwork, and she is struggling to find a new job.

Teddy is a 6-year-old terrier mix weighing in at about 75 pounds, and they love him like a member of the family. You notice that when he stands his weight is shifted to his front limbs, and he sits rolled onto his perineum with both stifles moderately extended. On exam, he seems systemically healthy, but you palpate stifle effusion, crepitus, and medial buttress bilaterally. You note mild to moderate tibial thrust on the right stifle and his left stifle palpates stable. No meniscal click is noted on palpation of either stifle joint. You suspect chronic bilateral cranial cruciate tears with his right more clinically affected than the left, and he has a Body Condition Score of 7/9. Now what?

While in the past we utilized the word “restriction” when working with animals experiencing chronic pain, I encourage you to exchange that word for “modification.”



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Whether Teddy is a patient of a free One Health clinic or a private/corporate general practice, the time you took getting a good history and doing a detailed exam including gait observation will help narrow the differentials significantly.

Radiographic evaluation or other advanced imaging can provide additional details and confirm the definitive diagnosis, but pain management is indicated no matter what the differentials include. With imaging or without, there are still a wealth of treatment options for his pain.

In this case, our hypothetical patient Teddy is at a free clinic where you are volunteering for the morning, and you will have to communicate all the options to the owner without making her feel like the best ones are financially out of reach.

Access to Care and Pain Management

When I coach DVM/VMD students, I share a simple pattern to help them remember options for controlling chronic pain due to osteoarthritis (OA):

1. Medications
2. The Big Three
3. Frosting on the cake

Medication

Number one for starting to reduce pain quickly is medications, with nonsteroidal anti-inflammatory drugs (NSAIDs) being the most effective for chronic OA pain. The comfort/mobility cycle is important for the control of chronic pain, and unless we begin to mitigate pain, we can't achieve mobility. The great part is increased mobility also takes steps toward alleviating pain, and the cycle can continue.

We all proceed with caution when prescribing NSAIDs, which is wise, but with a few simple tests and good client communication, pain medications in this category do not necessarily need to be withheld if we cannot run a full complete blood count/chemistry panel/urinalysis. Complete lab work screening is best, but if a client is financially restricted or testing isn't available, a urine specific gravity (USG) screening showing adequate concentration can frequently determine if an NSAID may be a safe choice.

We also have additional medications available to control pain for both dogs and cats, such as gabapentin, amantadine, transdermal buprenorphine, and monoclonal antibody injections. Finding the best match for each client-patient pair has never been easier.

The Big Three

After determining if pain medications are a reasonable option, next are the Big Three:

1. Weight optimization
2. Environmental modification
3. Exercise modification

If an animal is overweight, the biggest long-term gain in their comfort can be made with weight loss alone. If you add in modification of their environment, such as stairs, ramps, or traction surfaces, this can be lifesaving. If an animal has severe OA of the elbows, simply raising their food bowl can make mealtime significantly more comfortable. For a dog with hip dysplasia, offering traction surfaces where they sleep and navigate to get outside can mean the difference of restarting the comfort/mobility

cycle instead of the client electing euthanasia due to house soiling. Environmental modification also offers significantly improved quality of life for cats. Low-entry litter boxes and steps or ramps to get to their coveted vertical spaces both have a big impact. Also, low-level heated cat beds can make a senior kitty with generalized OA feel a bit more comfortable and may help keep them moving.

The category of exercise modification is perhaps the most fun to discuss with clients. While in the past we utilized the word “restriction” when working with animals experiencing chronic pain, I encourage you to exchange that word for “modification.” Playing catch instead of fetch can allow a dog with arthritic elbows to still enjoy play time with the family

and stay active. Rolling a ball up a hill rather than sending it launching is also a great way to keep the senior dogs happy and work against the secondary muscle loss that occurs with inactivity. For kitties, encouraging play with laser pointers or treat dispensers are great options to keep them moving. If full rehabilitation is an option for your clients, that service offers the most global perspective for care in this category.

Frosting on the Cake

Last but not least is the frosting on the cake category. This includes supplements and interventions such as omega-3 fatty acids (FAs), polysulfated glycosaminoglycans, acupuncture, heat/cold therapy, transcutaneous electrical nerve stimulation machine, shockwave, and massage, among others. These are often best used as additional treatments rather than a sole agent. The best outcomes involve a multimodal approach, making sure to include the client in all the decisions. Frequent reassessment with adjustment of the plan is highly recommended.

Teddy's Treatment

For Teddy, we ran a USG at the free One Health clinic and found it was 1.041, so we felt comfortable starting an NSAID and provided that at no cost. We advised the family to reduce Teddy's caloric intake by 10% and start with short frequent walks. We recommended rolling a ball up a hill instead of wild crazy sprints and wipe-outs, and we discussed using a step stool to help him get into the car. We explained how to use a warm pack on Teddy's stifles (always checking it on the back of your neck for a full 10 seconds to make sure it's not too hot)



The comfort/mobility cycle is important for the control of chronic pain and unless we begin to mitigate pain, we can't achieve mobility.

before his walks, followed by an ice pack covered in a light towel. We also talked about potentially introducing omega-3 FA supplementation once Teddy hit his ideal weight.

As we prepare to transition to our next patient at the One Health clinic, we should keep some important information in mind. While we could not roll back the clock for Teddy, we can work with other clients to discuss methods for preventing OA. Overweight dogs develop OA more quickly, so a simple plan to keep a pet an ideal weight with regular activity can have significant protective effects.

As we are finishing up going over Teddy's discharge instructions, Ms. Brown told us that having pain management options for Teddy is giving her such relief during a difficult time in her life. She confided that with the COVID-19 stressors, she was left feeling hopeless when she saw Teddy in pain and Jared has been taking on some of the worry. During the clinic, she connected with the nurses



on site to put her own healthcare back on the radar. The act of someone truly listening and providing compassionate options helped her to feel empowered to make choices for her family that provided comfort for all three of them.

As a volunteer, you realize that your mindset toward offering a spectrum of care treatments has made a huge difference to a family in need. Because of your careful evaluation and clear, compassionate communication, they successfully understood and decided on the spectrum of treatments available to them to help their beloved pet live longer and happier. Already, you decide, it's been a good morning. ✨

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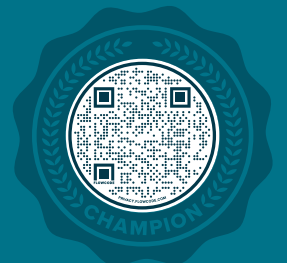
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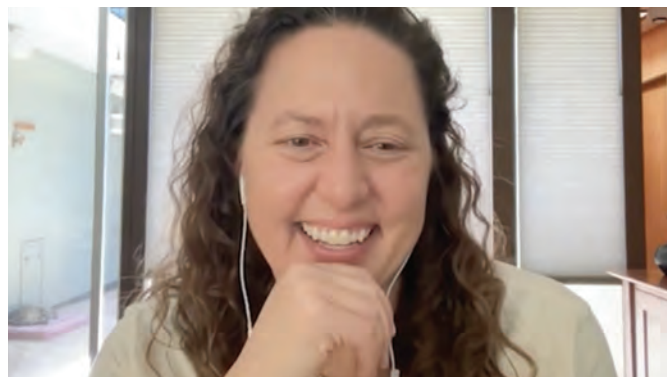
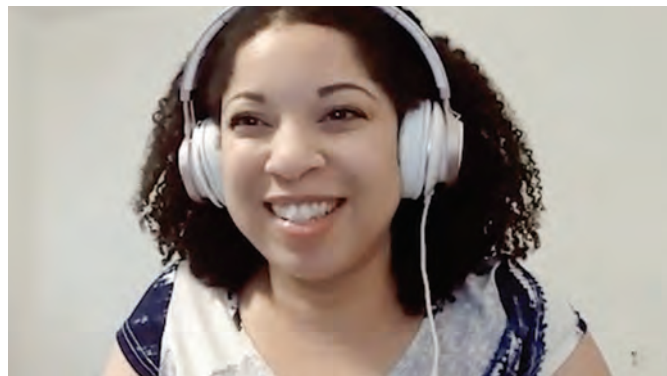
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Technician Retention and Leadership

A Conversation with Natalie Boursiquot, BS, RVT, and Liz Hughston, MEd, RVT, LVT, CVT, VTS (SAIM, ECC)

Interview by Katie Berlin, DVM

Technician retention and good leadership are inextricably tied, as we discuss in this *Central Line* podcast episode with Natalie Boursiquot, BS, RVT, and Liz Hughston, MEd, RVT, LVT, CVT, VTS (SAIM, ECC). From the role individuals can play in systemic change to insights into how leadership can show technicians—and other employees—they truly matter, this conversation was full of helpful ideas for increasing tech retention.

Katie Berlin: As an associate vet, I often felt in a similar boat to a lot

of technicians, I think, where I just kind of felt like I was supposed to show up and do the things that I was supposed to do, and I wasn't really supposed to have an opinion about how we did them because it wasn't always welcome.

Natalie Boursiquot: Yeah. [A] lot of times, I don't think we give veterinarians enough credit for the leadership role that they play. It's important to recognize that, because even as I was learning as an RVT, most of my mentors were veterinarians,

and so that role within the hospital is really important for us to foster as a leader. Having been in that practice manager role, I think it's important from the leadership side to build that relationship between the veterinarian and the RVT or any staff member. Fostering that relationship is what really helps develop the environment that we need for everyone to do their job the best they can.

Liz Hughston: I think leading from within is one of the most difficult things that we can do as team



It's important from the leadership side to build that relationship between the veterinarian and the RVT or any staff member.

—NATALIE BOURSICQUOT, RVT

members. It really is about the culture of the practice. I'll put in a plug for AAHA publishing and just talk about Josh Vaisman's new book [*Lead to Thrive: The Science of Crafting a Positive Veterinary Culture*, AAHA, 2023] that just came out, which is fantastic. If you have an environment of positive psychology and psychological safety, then it becomes much easier to lead from within. And I would urge leaders to take a really hard look at whether your environment is fostering that kind of psychological safety, so people feel comfortable speaking up when they see something that is wrong or that they want to change.

When you're in an environment where it's not safe to talk about your hopes, your dreams, the direction you want to go, it becomes really difficult, no matter what role you're in. We all have ideas about how we can make things better at the practice, not just

for ourselves, but sometimes for everybody. And to be shut down, to be ignored, to feel like your voice isn't heard, is a major issue.

So you say to your boss, "Hey, I feel like I'm not growing, I want to learn more, I want to get my VTS, I want to move into leadership. How can I do that?" And the boss says something like, "Well, I mean, you're a technician, that's what you do, and there's nowhere for you to go." Why would a person stay in an environment like that if they're told there's no more money for you, there's no more responsibility, there's no growth opportunity? All of that comes from a lack of leadership.

A true leader is someone who is open to hearing that kind of feedback and to finding ways to maximize the team that they have. Not only is that going to help the team members, it's going to help the practice, it's going to help the bottom line, it's going to help

everything. That's where leadership is really key, especially in terms of retention.

KB: And the big difference is that when you ask them something, the good leaders don't say, "We can't," and then list all the reasons we can't. They don't automatically say yes, but they'll say, "Well, what would that look like if we could do that?" And they might give you homework to do, leg work: "Okay, you go figure this out, and then we'll see if we can make it happen," but they don't just say no, and that is a huge culture shift on its own.

Natalie, the more you learn, do you find yourself identifying more with that sort of practice owner role, where their job is to keep ahold of the finances and make sure we don't get too out of line, and don't set a precedent, or do you feel like the more you learn, the more you realize is possible?

NB: I think definitely in my baby stages as a leader, I fell into that mindset for sure, always thinking about, “Well, that’s not going to work because of *blank*.” Or, “What’s our labor cost going to look like if I add that extra technician that this doctor is saying they absolutely need?” That’s always how it starts out. But I think a huge part of how we keep our technicians is culture, more than anything, and as I started to learn that, then I started to look at all sides of things.

LH: I think that is super challenging. I get why the knee-jerk reaction is a no. Because it takes a lot of effort on the part of leadership to think about how things might be different. Change is scary, and historically, in veterinary medicine, we’ve been a little bit risk-averse, a little bit change-fearful. I think leaders are now recognizing that, oftentimes, they’re put in a position without training, without mentorship, without their own growth in mind. It’s because they’ve been there the longest, or they want more money and they’re told the only way they can get more money is if they go into a management role, even if they don’t want a management role. I think the industry is starting to wake up to the idea that this isn’t the best way to create leaders in the practice.

And so now, I think there’s a much bigger focus on [making] sure we have the best leaders that we can, because we’re in this moment of crisis where we don’t have enough people in the profession to do the work, to care for the pets that we need to care for. And we have to find a way. We can’t graduate our way out of this crisis. We have to find a way to keep people, to bring people back to the profession. I can’t tell you how

many veterinary technician groups I’m in where people say, “I left to go to nursing school and I regret it every day. I left vet med because of X, Y, Z, and I miss it so much. I wish I could come back. I wish that I could make a living and work only one job. I wish that I was respected as a professional. I wish that my title meant something.”

KB: It’s not that people are running away from vet med because they hate it. It’s work that really is a calling for a lot of people, and they just can’t imagine doing anything else—but they are forced to, either to care for themselves or to care for their families, or to be able to go home at night sometimes instead of going to be a hostess at whatever restaurant because they can’t make ends meet.

I know there are a lot of places that have good intentions, and execution may be lagging behind the intentions

a little bit, because life is super busy and stressful. And even if you have a study that says it’s worth this much to really work on the culture of your practice and really work on psychological safety, it’s still hard to prioritize that. How have you seen that process get jump-started?

LH: It seems kind of trite, but it really does start at the top. If you have a commitment from the leadership—and the top can be your hospital manager if you’re in a corporate chain—I think we can all start at our own level to bring that to our work every day. Natalie hit it exactly right, that personal caring. “I care about you as a person. I want to know what’s happening with you as a person. And I want you to bring your whole self to work.” I’m talking about [having] the space to be able to . . . have a sit down once a week or once every two weeks. “How are things going? How



are you feeling? Is there a support you need from us, from the practice? Are there things that you see we could change?”

But then the bigger piece is the follow-through, showing that you actually listened and then doing what you can to demonstrate that you have heard, that you’ve internalized whatever it is that they’ve talked about or brought to you. Without the demonstration, I think that’s where it all falls apart, because then people think, “They don’t really care. They’re not really doing anything.”

Because once people feel more connected to you, they feel more invested in the practice, they recognize that you are invested in them, and they’re going to give back. When we think about generational differences, I think that’s the biggest thing. Millennials, Gen Z, that’s what they want. They want to know that they matter, that their work matters, that what they’re doing has an impact and matters to someone beyond just

what they’re bringing in terms of a financial difference.

KB: That idea of “you matter”—people distort it into “everybody wants a participation prize for just doing their job.” But the fact is that I have never seen a group of people as committed and dedicated for so little return as veterinary technicians. You all have been beaten down for a long time. It is a hard physical job. It’s an impossible emotional job. You get basically no recognition from pet owners about it, and very little recognition from the rest of the profession. It is amazing to me how much technicians do for so little and how absolutely committed, as a group, you are to sticking with it as long as you can.

And just knowing that so many technicians leave the profession—what is the average [technician] career, five years? They almost all say, “I want to go back, but I can’t.” Or, “These things would have to be true if I went back.” And they’re asking,

“Please treat me like a human, and pay me enough so that I can pay my bills.” That’s literally it.

LH: Literally it.

KB: I feel like we know what we need to do, so why is it so hard for us to do it?

NB: I think a lot of us leaders know what the barriers are and we know why they exist. It’s the movement that is hard. We’re trying to make what little difference we can, but having more of these conversations, discussing the issues and bringing them to light, that’s what’s going to help us get there. It’s getting every leader in the profession to ask, “What can I do . . . to make a change within my own practice that will contribute to the bigger picture?”

LH: There are big systemic things that we can do, but those take real commitment and leadership that I think many people don’t feel they have the bandwidth for, or maybe they just feel like, “I’m just a lone





When you're in an environment where it's not safe to talk about your hopes, your dreams, the direction you want to go, it becomes really difficult, no matter what role you're in.

—LIZ HUGHSTON, MED, RVT, LVT, CVT, VTS (SAIM, ECC)

technician, what can I do to fix these systemic issues?”

One big way [is in] state veterinary technician associations, because I think they are doing hugely heavy lifting right now in the profession to fix issues on a systemic basis and pushing the conversation forward in their own states. And that is the place where the impact is starting to be felt. State veterinary medical associations are feeling that a little bit more, and what happens then is it starts to trickle up.

People say they don't like politics; they just want to come to work and do their jobs, but if we truly want to create the big change, we have to push it from the grassroots up into the areas of the profession where the decisions are really being made.

NB: Liz, I'm so glad you said that. Actually [my state's] veterinary technician association dissolved within the past couple of years. And it broke my heart, because they were doing amazing things, putting on CE, but they just didn't have the support or the bandwidth. So I'm wondering what we can do to help encourage . . . not just being a member of your state association, but taking those leadership roles and helping build upon that, so that we don't have situations like [ours].

LH: That makes me so sad. I think a big thing practices can do is invest in their technicians and pay the dues for the state vet tech association . . . The other side of that, of course, is helping to make sure they have good work-life balance, [and make sure

they're] paid enough so that they can pay their bills with one job. And when you have technicians who are out there having to sell their plasma or do a bunch of work on the side then they can't even conceive of having any time to do anything outside of that. So there really is a fundamental systemic and basic issue that they need before they can think about taking that next step and getting involved].

[Once that part is] done, now make sure they're getting out on time because we're adequately staffed, manage our schedule appropriately so that everyone is doing what they're supposed to do . . . hire janitorial services so that people aren't staying after the hospital is closed. And when people are getting home on time, when they have enough money to pay their bills, they don't have to work three jobs, then they can start thinking, "How can I get involved to help change things for more people?" And then you can say, "We're paying your dues for your state association, what are you doing to move the needle in the direction we want the profession to go?"

KB: How can we get technicians to feel like they can make a huge change and it's worth their time to try?

NB: I think it all just goes back to leadership, having someone in your corner that's encouraging you and showing that they see you, that they see your strengths and what you're capable of. It's hard to feel like you have anything to contribute when there's no one that's supporting that. I think having [your] manager or another technician encourage you and say, "Hey, you're really good at that, you should teach a wet lab



It is amazing to me how much technicians do for so little and how absolutely committed, as a group, you are to sticking with it as long as you can.

—KATIE BERLIN, DVM

on making blood smears,” showing you that you have something to contribute, is a huge part of that.

LH: We have to continue to remind people: We are co-equal members of the veterinary healthcare team. We serve a different role than the veterinarians do. I get that there is a hierarchy in terms of supervision, and I also think that when we work together, that hierarchy is pretty flat in an organization where technicians are utilized fully and respected as professionals. I think it’s slowly shifting now to an understanding that credentialed veterinary technicians are professionals who have invested in their profession and in themselves, and that they feel a sense of duty and responsibility, and that’s demonstrated

by holding a license to practice. And so veterinarians who say things like, “Well, it’s all on my license if a mistake happens,” it’s not. Because I have a license that I also have to protect.

Veterinarians do four things: they do surgery, they make a diagnosis, they deliver a prognosis, and they write prescriptions. Everything else, depending on level of supervision and your state law, should be [done by] either a credentialed veterinary technician or a veterinary assistant.

[We need to] stop denigrating ourselves, where we stop putting “just” in front of our title and stand up and say, “I am a proud RVT, and I am good at what I do, and I know what I know. I demonstrated proficiency

in 240 hands-on skills and passed a national exam, and hey veterinarian, allow me to do these things. I am okay starting in a low-risk environment to demonstrate that I can do these things and build trust with you, and you have to give me the chance to do that.”

It’s going to take a profession-wide team effort, and we need veterinarians who are supportive of us to continue to push that with their associates, because we’re not in those rooms where decisions get made. If you’re in a practice and they have doctors’ meetings, I always hope there’s someone in that room advocating for the team.

[W]e have younger people coming in, credentialed technicians who

have worked really hard to get where they are, demanding that treatment and respect, which is so heartening to see. And those of us who are in a leadership position, can encourage others to speak up for themselves. We have come through a door, and instead of closing that door [behind us], we need to reach behind us and pull more people through the door with us. And that's how we're going to bring more of those people into these organizations and allow them to flourish in a way that they can really show what they can do.

KB: We started out to talk about technician retention, and it evolved very quickly into a conversation about positive leadership and good culture.

LH: It's the absolute key to retention. That's why we keep coming back to it. ✨



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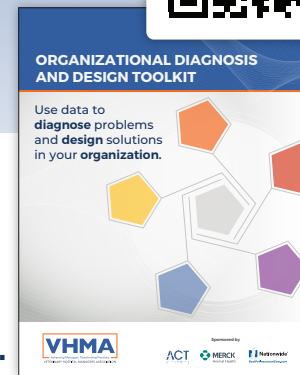
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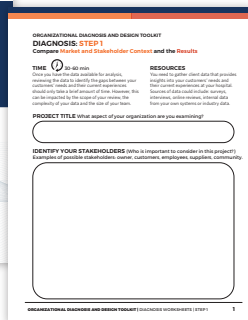


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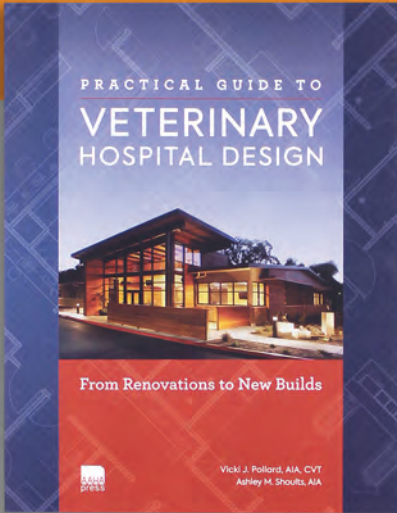
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Years with practice: **1**

Nominated by: **Lori Voogt, Hospital Director**



AAHA MEMBER

Employee of the Month

Why Is Tana So Awesome?

Tana just celebrated her one-year anniversary with us—and with vet med—in July. She has grown tremendously and strives to give every one of our clients the best customer service. She is instrumental in our mission to provide the highest quality care and service to the animals and clients in our community.

How Does She Go Above and Beyond?

Tana is always willing to arrive early or stay late to facilitate our client's needs. She takes time to listen to our clients and provides the highest level of service with a positive attitude every day.

In Their Own Words

Why do you love your job: I enjoy the people I work with and love helping others. We have a great team and everyone is awesome to work with.

Pets at home: Horses: Duke, Maverick, Whiskey, Socks, Dakota; and one dog, Rizzo.

What brought you to the profession: Dr. Shannon Johnson asked me for assistance at Walgreens when I was working there one day, and she appreciated how helpful and friendly I was. She shared our interaction with the hospital director, Lori, and suggested that Lori pursue me to come work for Edmond East Animal Hospital.

Hobbies outside of work: Gardening, traveling, and refinishing furniture.

Favorite book/TV show: Anything by Nicholas Sparks.

Each month Trends spotlights an AAHA member, with generous support from CareCredit.* If you want to nominate someone, visit aaha.org/EOTM and enter them for a chance to win an Amazon gift card for you and your nominee!

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