

ADVERTISEMENT

Trends

magazine



What you do is amazing!

You're a task-juggling, patient-prepping, med-administering, specimen-collecting, health-preserving member of the team.

National Vet Tech Week
October 13-19, 2024

PET POLL

100% of dogs
give vet techs four paws up!

THANK YOU FOR BEING
THE MASTERS
OF MULTI-TASKING!

Vet techs:
The real animal
whisperers



**WE
LOVE
YA!**

 CareCredit

 Pets BestSM





During National Vet Tech Week, CareCredit and Pets Best recognize the amazing contributions vet techs make to their team.

HERE ARE SOME CREATIVE WAYS TO SAY

LOVE

YA! 

TO BUSY
VET TECHS



THANK YOU CARDS

Let team members know you genuinely appreciate all they do. It can mean a lot.



BIZZY'S JOKES

Hissy patient? Snippy client? Get the humor back with Bizzy the Cat's favorite jokes.



COLORING SHEETS

Nothing like a little coloring therapy to decompress and reset. We have just the thing.



SCAN TO DOWNLOAD
THESE (AND OTHER)
PAWSOME RESOURCES

October 2024 | trends.aaha.org

AAHA[®]

Trends

magazine



The Technician Issue

Retaining Your Techs, **26**

Teams@Work Photo Contest Winners, **38**

Flexible Schedules, **48**

FIGHTING MISINFORMATION • TELEHEALTH • FINANCE



**low fat.
expanded options.**



Delicious low fat urinary care for fat-sensitive dogs

- 1 Formulated to lower risk of formation and recurrence of calcium oxalate stones
- 2 Formulated to help dissolve struvite bladder stones
- 3 Nutrition tailored for dogs who have or may develop fat sensitivities, like those with pancreatitis

SCIENCE DID THAT.

INTRODUCING

Nobivac[®] NXT
© Canine Flu H3N2

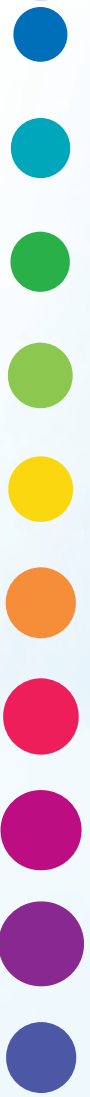


DELIVER
NOBIVAC[®]
NXT-LEVEL IMMUNITY

Fight canine influenza virus (CIV) with revolutionary RNA particle technology in a non-adjuvanted, low-volume vaccine



See how
Nobivac[®] NXT
technology
works



Trends

Vol. 40, No. 10, October 2024

AAHA magazine

American Animal Hospital Association

trends.aaha.org • trends@aaha.org

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

Phone: 800-883-6301

Fax: 303-986-1700

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

The Team

Editorial Director
Ben Williams

Senior Graphic Designer
Robin Taylor

Graphic Designer
Mickey Thomas

Graphic Designer
Alison Silverman

Veterinary Content Specialist
Emily Singler, VMD

Director of Guidelines
Ingrid Taylor, DVM

Accreditation Specialist
Aimee Potter, RVT

Copywriter
Kristen Green Seymour

Senior Content Manager
Connor Dunwoodie

National Sales Manager
Stephanie Pates

Advertising and Sales Manager
Sean Thomas

Advertising and
Sponsorship Specialist
Jennifer Beierle



Trends magazine® is
printed on recycled paper

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

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

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



Trends magazine® (ISSN 1062-8266) is published monthly by the American Animal Hospital Association, 14142 Denver West Parkway, Suite 245, Lakewood, CO 80401. Periodicals postage paid at Golden, Colorado, and at additional mailing offices. Canadian Post Agreement Number 40041253; send change of address information and blocks of undeliverable copies to P.O. Box 1051, Fort Erie, ON L2A 6C7. Printed in the USA. Postmaster: Send all UAA to CFS. (See DMM 507.1.5.2); NON-POSTAL AND MILITARY FACILITIES: send address corrections to *Trends magazine*, 14142 Denver West Parkway, Suite 245, Lakewood, CO 80401.

©2024 American Animal Hospital Association.

All rights reserved.

Cover image: Photo by Lisa Chamberlain, courtesy of Allandale Veterinary Hospital



Coming Soon!

AAHA Community Care Guidelines for Small Animal Practice

What if you were part of a community of providers, all invested in expanding access to veterinary care?

AAHA knows that practicing veterinary medicine can be hard, especially when veterinary teams feel like they can't provide the best care for all animals that come through the door.

Learn how to optimize patient care and client service by making connections beyond your practice walls.

The *Community Care Guidelines for Small Animal Practice* are coming soon to [aaaha.org](https://www.aaaha.org)!



Guidelines

The 2024 AAHA Community Care Guidelines for Small Animal Practice are generously supported by CareCredit, Hill's Pet Nutrition, and Merck Animal Health.





Features

26

Retention Is the New Recruitment

How to keep your technicians in the practice
by Tasha McNerney BS, CVT, CVPP, VTS
(Anesthesia)

32

Compassionate Care From Afar

The Role of the Technician in Telehealth
by Kate Boatright, VMD

Departments

38 Special Section

Teams@Work Photo Contest

The best reader-submitted photos of teams doing their thing

44 Home Team

Tech Support

New challenges and new opportunities to help technicians

48 Home Team

How to Hold on Loosely

Provide flexibility to keep employees around

56 Client Centric

Combating Misinformation

Navigating conversations with clients in the age of Dr. Google



The Usual

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



From the Editor

Technicians are crucial to the smooth operation of veterinary practices across the world. They help with client relations, critical procedures, and essential support for veterinarians. Every October, we celebrate technicians with National Veterinary Technician Week, which this year falls on the week of October 15–21.

At AAHA, we help celebrate our amazing techs—as well as veterinary assistants—with our Teams@Work photo contest, and our technician-themed issue each October. This year we have some amazing photos to share with you and lots of great content related to all things tech.

Digital Transition

You may have heard by now, but it's official: *Trends* is going full digital starting January 1, 2025. What does this mean? Well, it means that you will no longer be receiving a print edition of *Trends*. But don't mourn the end of print! Digital means we can provide lots of enhanced, interactive content, with up-to-date news stories, as well as the in-depth feature articles you have come to expect from *Trends* over the past 40 years. So, enjoy the last few issues in print, and then make sure you log on to aaha.org to keep getting the best content that vet med has to offer.


Nominate Your Employee of the Month

Don't forget to head over to aaha.org/EOTM to nominate one of your co-workers for the Employee of the Month contest, and you could win \$100 for yourself and \$400 for your nominee. There is no catch, it's free to enter, and you get free money!

Coming Next Month

November will be our Senior Issue, discussing all things related to our geriatric friends. We'll talk about senior enrichment, myth busting around senior treatments, and the new CPR guidelines for pets.

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


Ben Williams
Editor



AAHA wishes to thank the following sponsors of AAHA CON 2024!

Ackerman Group	Health	Locate Strategy	Simmons Mid-Atlantic
All Pet Card	Equitable	MediLoupes	Standard Process
Animal Arts	Esaothe North America	Merck Animal Health	Therazoo
ApexVets	Everhart Wellpet Center	Midmark Corporation	Total Practice Solutions
Beyond Indigo	Fear Free LLC	Movora	TWC Architecture & Construction
Bionote	GeniusVets	MWI Animal Health	U.S. Bank Healthcare Business Banking
Blue Buffalo	GerVet USA	myVetGroup	Veterinary Dental Specialties
Boehringer Ingelheim Animal Health	Helcim	NectarVet	Veterinary Electronic Assistant (VEA)
Bond Vet	HiDow International	NerveX	Veterkin Society
CareCredit	Hill's Pet Nutrition	Norbrook Inc.	Vetoquinol
Cash Discount Program	HotDog Patient Warming	Pawlicy Advisor	VetTech Payments
Chewy Health	HUB International	Pay Junction	Weave Communications
Dallas College Veterinary Technology Program	IDEXX	Privet	Wedgewood Pharmacy
Dechra Veterinary Products	InTouch Practice Communications	Purina® Pro Plan® Veterinary Diets	Wells Fargo Merchant Services LLC
Dell Technologies	Lakefield Veterinary Group	Reflex Integrated	Western Veterinary Partners
Dental Focus	Latinx Veterinary Medical Association	Rose Micro Solutions	Zoetis
Doctor Multimedia	Legacy Veterinary Advisors	Schultz Technology	
Eastern VetPath	Legally Mine	Scratch Financial	
Elanco Animal		Scribenote	
		Scrubin Uniforms	

Contributors



**Tasha McNerney, CVT,
CVPP, VTS (Anesthesia
and Analgesia)**

Tasha McNerney is a certified veterinary technician from Glenside, Pennsylvania. She is also a certified veterinary pain practitioner and works closely with the IVAPM to educate the public about animal pain awareness.



Kate Boatright, VMD

Kate Boatright is a small animal veterinarian, speaker, and author based in western Pennsylvania. She graduated from the University of Pennsylvania in 2013 and has worked in rural small animal general practice and emergency clinics ever since.



**Sally Jo VanOstrand,
LMSW**

Sally Jo VanOstrand began her career in the veterinary field at Stack Veterinary Hospital in 2004. She graduated magna cum laude from Syracuse University achieving her master's degree in social work.



Kristen Green Seymour

Kristen Green Seymour is AAHA's copywriter. She lives in Florida with her family and three cats. She appreciates the fact that she has the flexibility to work from various locations due to her love of travel and caregiving for family members.



Emily Singler, VMD

Emily Singler is AAHA's veterinary content specialist. She is a graduate of the University of Pennsylvania College of Veterinary Medicine and lives in Florida with her family, including 4 kids and 2 dogs. She has benefited from workplace flexibility both in clinical practice and working for AAHA so that she can work around her kids' needs and have a great quality of life.



Debbie Boone, CVPM

Debbie Boone is a professional speaker and trainer on communication, team development, client service, and change implementation. She is president of Debbie Boone Consulting, LLC, and is co-founder and vice president of the North American Association of Veterinary Receptionists.

TOP 4 QUESTIONS ABOUT MITRAL VALVE DISEASE IN DOGS

Brian A Scansen, DVM, MS, Dipl. ACVIM (Cardiology)
Professor and Service Head, Cardiology and Cardiac Surgery
Colorado State University; Fort Collins, Colorado

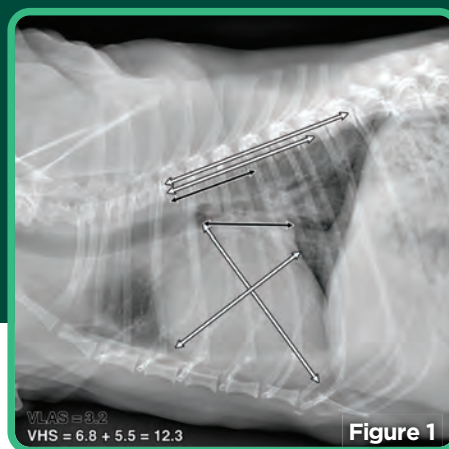


Figure 1

Degenerative mitral valve disease remains the number one cause of cardiac morbidity and mortality in dogs.¹ Although commonly encountered in practice, many questions arise for the veterinarian encountering a dog at risk of or affected by mitral valve disease.

1. WHAT ARE THE STAGES OF MITRAL VALVE DISEASE IN DOGS?

- STAGES**
- A** At risk for developing future heart disease.
 - B** Structural heart disease is visible by physical examination or diagnostic testing.
 - B1** Normal-sized hearts and hearts with mild cardiac remodeling where the degree of enlargement does not meet current clinical trial criteria to warrant treatment.
 - B2** Cardiac remodeling to a degree that meets criteria for therapeutic intervention. Heart enlargement should be demonstrated by imaging with measurements exceeding clinical trial criteria to warrant treatment.
 - C** Heart failure. These animals universally require medications to control clinical signs of their disease.
 - D** Disease that is refractory to standard treatment.

2. HOW DO I DECIDE WHEN TO TREAT MITRAL VALVE DISEASE IN DOGS?

I recommend treatment once the dog enters Stage B2. This stage is defined by the entry criteria of the EPIC trial, a study that found dogs receiving pimobendan had a median time to the primary endpoint (congestive heart failure (CHF) or cardiac death) of 1228 days compared to 766 days for dogs in the placebo group.² All dogs in the EPIC trial had a left apical systolic heart murmur of at least grade III/VI and heart enlargement documented by radiographs and echocardiography. Given the improved outcome for this population, I prescribe VETMEDIN-CA1 (pimobendan) at 0.25 mg/kg PO, q12h for dogs with Stage B2 mitral valve disease. If the dog is in CHF, I treat with the medications outlined in question 4.

3. DOES THE DOG WITH MITRAL VALVE DISEASE NEED TO HAVE AN ECHOCARDIOGRAM?

It's impractical to expect all dogs will be able to have an echocardiogram, and it is reasonable, in my opinion, to begin with thoracic radiographs for the dog with a murmur of mitral valve disease. If the radiographs show a normal heart size, an echocardiogram is probably not needed. If they show substantial heart enlargement (vertebral heart score at, or over, 11.5 and a vertebral left atrial size greater than or equal to 3.0), then an echocardiogram would likely confirm Stage B2 (Figure 1).^{3,4} For dogs with radiographic heart sizes smaller than this but larger than normal, an echocardiogram can help clarify who should be treated.

4. WHAT MEDICATIONS ARE INDICATED FOR THE DOG IN CONGESTIVE HEART FAILURE?

For dogs with clinically confirmed CHF, the ACVIM consensus guidelines suggest treatment with furosemide, VETMEDIN (pimobendan), enalapril (or benazepril), and spironolactone.⁵



vetmedin[®]
(pimobendan) CHEWABLE TABLETS

vetmedin[®]-CA1
(pimobendan) CHEWABLE TABLETS

Sponsored by Boehringer Ingelheim

IMPORTANT SAFETY INFORMATION: VETMEDIN[®] (pimobendan) Chewable Tablets are for use in dogs with clinical evidence of heart failure only. VETMEDIN should not be given in case of hypertrophic cardiomyopathy, aortic stenosis, or any other clinical condition where an augmentation of cardiac output is inappropriate for functional or anatomical reasons. For more information, see full prescribing information on pages 10-11 or visit VETMEDIN.com.

IMPORTANT SAFETY INFORMATION: VETMEDIN[®] (pimobendan) -CA1 is only approved for dogs with Stage B2 pre-clinical MMVD. **It is a violation of Federal law to use this product other than as directed in the labeling. Conditionally approved by FDA pending a full demonstration of effectiveness under application number 141-556.** Do not administer VETMEDIN-CA1 to dogs with Stage A or B1 preclinical MMVD (2019 ACVIM Consensus Statement) due to the risk of cardiac pathology associated with exaggerated hemodynamic responses to VETMEDIN-CA1.

References:

1. Mattin MJ, Boswood A, Church DB, et al. Prevalence of and risk factors for degenerative mitral valve disease in dogs attending primary-care veterinary practices in England. *J Vet Intern Med.* 2015;29:847-854.
2. Boswood A, Gordon SG, Häggström J, et al. Temporal changes in clinical and radiographic variables in dogs with preclinical myxomatous mitral valve disease: The EPIC study. *J Vet Intern Med.* 2020;34(3):1108-1118.
3. Buchanan JW, Bucheler J. Vertebral scale system to measure canine heart size in radiographs. *J Am Vet Med Assoc.* 1995;206:194-199.
4. Malcolm EL, Visser LC, Phillips KL, Johnson LR. Diagnostic value of vertebral left atrial size as determined from thoracic radiographs for assessment of left atrial size in dogs with myxomatous mitral valve disease. *J Am Vet Med Assoc.* 2018;253:1038-1045.
5. Keene BW, Atkins CE, Bonagura JD, et al. ACVIM consensus guidelines for the diagnosis and treatment of myxomatous mitral valve disease in dogs. *J Vet Intern Med.* 2019;33:1127-1140.

Figure Legend:

Figure 1: Lateral thoracic radiograph from a dog with substantial left heart enlargement, as evidenced by a vertebral heart score (white arrows) of 12.3 and a vertebral left atrial size (black arrow) of 3.2.

VETMEDIN[®] is a registered trademark of Boehringer Ingelheim Vetmedica GmbH, used under license. ©2024 Boehringer Ingelheim Animal Health USA Inc., Duluth, GA. All rights reserved. US-PET-0623-2024



VETMEDIN®

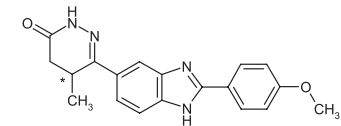
(pimobendan)

Chewable Tablets

Cardiac drug for oral use in dogs only

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

Description: VETMEDIN (pimobendan) is supplied as oblong half-scored chewable tablets containing 1.25, 2.5, 5 or 10 mg pimobendan per tablet. Pimobendan, a benzimidazole-pyridazinone derivative, is a non-sympathomimetic, non-glycoside inotropic drug with vasodilatory properties. Pimobendan exerts a stimulatory myocardial effect by a dual mechanism of action consisting of an increase in calcium sensitivity of cardiac myofibrils and inhibition of phosphodiesterase (Type III). Pimobendan exhibits vasodilating activity by inhibiting phosphodiesterase III activity. The chemical name of pimobendan is 4,5-dihydro-6-[2-(4-methoxyphenyl)-1H-benzimidazole-5-yl]-5-methyl-3(2H)-pyridazinone. The structural formula of pimobendan is:



Indications: VETMEDIN (pimobendan) is indicated for the management of the signs of mild, moderate, or severe congestive heart failure in dogs due to clinical myxomatous mitral valve disease (MMVD) or dilated cardiomyopathy (DCM). VETMEDIN is indicated for use with concurrent therapy for congestive heart failure (e.g., furosemide, etc.) as appropriate on a case-by-case basis.

Dosage and Administration: VETMEDIN should be administered orally at a total daily dose of 0.23 mg/lb (0.5 mg/kg) body weight, using a suitable combination of whole or half tablets. The total daily dose should be divided into 2 portions that are not necessarily equal, and the portions should be administered approximately 12 hours apart (i.e., morning and evening). The tablets are scored and the calculated dosage should be provided to the nearest half tablet increment.

Contraindications: VETMEDIN should not be given in cases of hypertrophic cardiomyopathy, aortic stenosis, or any other clinical condition where an augmentation of cardiac output is inappropriate for functional or anatomical reasons.

Warnings:

User Safety Warnings: Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans.

Animal Safety Warnings: Keep VETMEDIN in a secure location out of reach of dogs, cats, and other animals to prevent accidental ingestion or overdose.

Only for use in dogs with clinical evidence of heart failure. At 3 and 5 times the recommended dosage, administered over a 6-month period of time, pimobendan caused an exaggerated hemodynamic response in the normal dog heart, which was associated with cardiac pathology (See Target Animal Safety).

Precautions: The safety of VETMEDIN has not been established in dogs with asymptomatic heart disease or in heart failure caused by etiologies other than MMVD or DCM. The safe use of VETMEDIN has not been evaluated in dogs younger than 6 months of age, dogs with congenital heart defects, dogs with diabetes mellitus or other serious metabolic diseases, dogs used for breeding, or pregnant or lactating bitches.

Adverse Reactions:

Pre-Approval Experience: Clinical findings/adverse reactions were recorded in a 56-day field study of dogs with congestive heart failure (CHF) due to MMVD (256 dogs) or DCM (99 dogs). Dogs were treated with either VETMEDIN (175 dogs) or the active control enalapril maleate (180 dogs). Dogs in both treatment groups received additional background cardiac therapy (See Effectiveness for details and the difference in digoxin administration between treatment groups).

The VETMEDIN group had the following prevalence (percent of dogs with at least one occurrence) of common adverse reactions/new clinical findings (not present in a dog prior to beginning study treatments): poor appetite (38%), lethargy (33%), diarrhea (30%), dyspnea (29%), azotemia (14%), weakness and ataxia (13%), pleural effusion (10%), syncope (9%), cough (7%), sudden death (6%), ascites (6%), and heart murmur (3%).

Prevalence was similar in the active control group.

The prevalence of renal failure was higher in the active control group (4%) compared to the VETMEDIN group (1%).

Adverse reactions/new clinical findings were seen in both treatment groups and were potentially related to CHF, the therapy of CHF, or both. The following adverse reactions/new clinical findings are listed according to body system and are not in order of prevalence: CHF death, sudden death, chordae tendinae rupture, left atrial tear, arrhythmias overall, tachycardia, syncope, weak pulses, irregular pulses, increased pulmonary edema, dyspnea, increased respiratory rate, coughing, gagging, pleural effusion, ascites,

hepatic congestion, decreased appetite, vomiting, diarrhea, melena, weight loss, lethargy, depression, weakness, collapse, shaking, trembling, ataxia, seizures, restlessness, agitation, pruritus, increased water consumption, increased urination, urinary accidents, azotemia, dehydration, abnormal serum electrolyte, protein, and glucose values, mild increases in serum hepatic enzyme levels, and mildly decreased platelet counts.

See Table 1 for mortality due to CHF (including euthanasia, natural death, and sudden death) and for the development of new arrhythmias (not present in a dog prior to beginning study treatments) by treatment group and type of heart disease (MMVD or DCM) in the 56-day field study.

Table 1: CHF Death and New Arrhythmias in the 56-Day Field Study

	VETMEDIN® Group	Active Control Group
Dogs that died due to CHF	14.3% n = 175	14.4% n = 180
	9 of 126 dogs with MMVD	16 of 130 dogs with MMVD
	16 of 49 dogs with DCM	10 of 50 dogs with DCM
Dogs that developed new arrhythmias*	39.4% n = 175	45.0% n = 180
	45 of 126 dogs with MMVD	59 of 130 dogs with MMVD
	24 of 49 dogs with DCM	22 of 50 dogs with DCM

* New arrhythmias included supraventricular premature beats and tachycardia, atrial fibrillation, atrioventricular block, sinus bradycardia, ventricular premature beats and tachycardia, and bundle branch block

Following the 56-day masked field study, 137 dogs in the VETMEDIN group were allowed to continue on VETMEDIN in an open-label extended-use study without restrictions on concurrent therapy. The adverse reactions/new clinical findings in the extended-use study were consistent with those reported in the 56-day study, with the following exception: One dog in the extended-use study developed acute cholestatic liver failure after 140 days on VETMEDIN and furosemide.

Post-Approval Experience (2023): The following adverse events are based on post-approval adverse drug experience reporting for VETMEDIN. Not all adverse events are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data.

The following adverse events reported in dogs, are listed in decreasing order of reporting frequency: Diarrhea, lethargy, anorexia, emesis, cough, tachycardia, ataxia, dyspnea, convulsion, elevated liver enzymes (ALT, ALP), increased BUN and/or creatinine, tremors, hyperactivity, pruritus, syncope, allergic reactions (including allergic edema/facial edema, erythema, and hives), hypotension, hypertension, coagulation abnormalities (including thrombocytopenia, hemorrhage and petechia), and hyperglycemia (with or without diabetes mellitus). Death has been reported in some cases.

Contact Information: To report suspected adverse reactions, to obtain a Safety Data Sheet (SDS), or for technical assistance, contact Boehringer Ingelheim Animal Health USA Inc. at 1-888-637-4251. For additional information about adverse drug experience reporting for animal drugs, contact the FDA at 1-888-FDA-VETS or at www.fda.gov/reportanimalae.

Clinical Pharmacology: Pimobendan is oxidatively demethylated to a pharmacologically active metabolite which is then conjugated with sulfate or glucuronic acid and excreted mainly via feces. The mean extent of protein binding of pimobendan and the active metabolite in dog plasma is >90%. Following a single oral administration of 0.25 mg/kg VETMEDIN tablets the maximal mean (± 1 SD) plasma concentrations (C_{max}) of pimobendan and the active metabolite were 3.09 (0.76) ng/ml and 3.66 (1.21) ng/ml, respectively. Individual dog C_{max} values for pimobendan and the active metabolite were observed 1 to 4 hours post-dose (mean: 2 and 3 hours, respectively). The total body clearance of pimobendan was approximately 90 mL/min/kg, and the terminal elimination half-lives of pimobendan and the active metabolite were approximately 0.5 hours and 2 hours, respectively. Plasma levels of pimobendan and active metabolite were below quantifiable levels by 4 and 8 hours after oral administration, respectively. The steady-state volume of distribution of pimobendan is 2.6 L/kg indicating that the drug is readily distributed into tissues. Food decreased the bioavailability of an aqueous solution of pimobendan, but the effect of food on the absorption of pimobendan from VETMEDIN tablets is unknown.

In normal dogs instrumented with left ventricular (LV) pressure transducers, pimobendan increased LV dP/dt_{max} (a measure of contractility of the heart) in a dose dependent manner between 0.1 and 0.5 mg/kg orally. The effect was still present 8 hours after dosing. There was a delay between peak blood levels of pimobendan and active metabolite and the maximum physiologic response (peak LV dP/dt_{max}). Blood levels of pimobendan and active metabolite began to drop before maximum contractility was seen. Repeated oral administration of pimobendan did not result in evidence

of tachyphylaxis (decreased positive inotropic effect) or drug accumulation (increased positive inotropic effect). Laboratory studies indicate that the positive inotropic effect of pimobendan may be attenuated by the concurrent use of a β-adrenergic blocker or a calcium channel blocker.

Effectiveness: In a double-masked, multi-site, 56-day field study, 355 dogs with modified New York Heart Association¹ (NYHA) Class II, III, or IV CHF due to MMVD or DCM were randomly assigned to either the active control (enalapril maleate) or the VETMEDIN (pimobendan) treatment group. Of the 355 dogs, 52% were male and 48% were female; 72% were diagnosed with MMVD and 28% were diagnosed with DCM; 34% had Class II, 47% had Class III, and 19% had Class IV CHF. Dogs ranged in age and weight from 1 to 17 years and 3.3 to 191 lb, respectively.

The most common breeds were mixed breed, Doberman Pinscher, Cocker Spaniel, Miniature/Toy Poodle, Maltese, Chihuahua, Miniature Schnauzer, Dachshund, and Cavalier King Charles Spaniel. The 180 dogs (130 MMVD, 50 DCM) in the active control group received enalapril maleate (0.5 mg/kg once or twice daily), and all but 2 received furosemide. Per protocol, all dogs with DCM in the active control group received digoxin. The 175 dogs (126 MMVD, 49 DCM) in the VETMEDIN group received pimobendan (0.5 mg/kg/day divided into 2 portions that were not necessarily equal, and the portions were administered approximately 12 hours apart), and all but 4 received furosemide. Digoxin was optional for treating supraventricular tachyarrhythmia in either treatment group, as was the addition of a β-adrenergic blocker if digoxin was ineffective in controlling heart rate. After initial treatment at the clinic on Day 1, dog owners were to administer the assigned product and concurrent medications for up to 56±4 days.

The determination of effectiveness (treatment success) for each case was based on improvement in at least 2 of the 3 following primary variables: modified NYHA classification, pulmonary edema score by a masked veterinary radiologist, and the investigator's overall clinical effectiveness score (based on physical examination, radiography, electrocardiography, and clinical pathology). Attitude, pleural effusion, coughing, activity level, furosemide dosage change, cardiac size, body weight, survival, and owner observations were secondary evaluations contributing information supportive to product effectiveness and safety.

Based on protocol compliance and individual case integrity, 265 cases (134 VETMEDIN, 131 active control) were evaluated for treatment success on Day 29. See Table 2 for effectiveness results.

Table 2: Effectiveness Results for the 56-Day Field Study

	VETMEDIN® Group	Active Control Group
Treatment Success on Day 29	80.7% n=134	76.3% n=131
	88 of 101 dogs with MMVD	77 of 100 dogs with MMVD
	20 of 33 dogs with DCM	23 of 31 dogs with DCM
Treatment Success on Day 56	71.1% n=113	67.2% n=110
	66 of 85 dogs with MMVD	56 of 85 dogs with MMVD
	13 of 28 dogs with DCM	17 of 25 dogs with DCM
No increase in furosemide dose between Day 1 and Day 29	78.3% n=130	68.6% n=126

At the end of the 56-day study, dogs in the VETMEDIN group were enrolled in an unmasked field study to monitor safety under extended use, without restrictions on concurrent medications.

VETMEDIN was used safely in dogs concurrently receiving furosemide, digoxin, enalapril, atenolol, spironolactone, nitroglycerin, hydralazine, diltiazem, antiparasitic products (including heartworm disease prevention), antibiotics (metronidazole, cephalaxin, amoxicillin-clavulanate, fluoroquinolones), topical ophthalmic and otic products, famotidine, theophylline, levofloxacin sodium, diphenhydramine, hydrocodone, metoclopramide, and butorphanol, and in dogs on sodium-restricted diets.

*The modified NYHA classification was historically used to stage dogs with heart disease.

A dog with modified NYHA Class II heart failure has fatigue, shortness of breath, coughing, etc. apparent when ordinary exercise is exceeded.

A dog with modified NYHA Class III heart failure is comfortable at rest, but exercise capacity is minimal.

A dog with modified NYHA Class IV heart failure has no capacity for exercise and disabling clinical signs are present even at rest.

Palatability: In a laboratory study, the palatability of VETMEDIN was evaluated in 20 adult female Beagle dogs offered doses twice daily for 14 days. Ninety percent (18 of 20 dogs) voluntarily consumed more than 70% of the 28 tablets offered. Including two dogs that consumed only 4 and 7% of the tablets offered, the average voluntary consumption was 84.2%.

Animal Safety: In a laboratory study, VETMEDIN chewable tablets were administered to 6 healthy Beagles per treatment group at 0 (control), 1, 3, and 5 times the recommended dosage for 6 months. See Table 3 for cardiac pathology results. The cardiac pathology/histopathology noted in the 3X and 5X dose groups is typical of positive inotropic and vasodilator drug toxicity in normal dog hearts, and is associated with exaggerated hemodynamic responses to these drugs. None of the dogs developed signs of heart failure and there was no mortality.

Table 3: Incidence of Cardiac Pathology/Histopathology in the Six-month Safety Study

Severe left ventricular hypertrophy with multifocal subendocardial ischemic lesions	One 3X and two 5X dogs ^a
Moderate to marked myxomatous thickening of the mitral valves	Three 5X dogs
Myxomatous thickening of the chordae tendinae	One 3X and two 5X dogs
Endocardial thickening of the left ventricular outflow tract	One 1X, two 3X, and two 5X dogs
Left atrial endocardial thickening (jet lesions) in 2 of the dogs that developed murmurs of mitral valve insufficiency	One 3X and one 5X dog
Granulomatous inflammatory lesion in the right atrial myocardium	One 3X dog

^a Most of the gross and histopathologic findings occurred in these three dogs

Murmurs of mitral valve insufficiency were detected in one 3X (Day 65) and two 5X dogs (Days 135 and 163). These (murmurs grades I-III of VI) were not associated with clinical signs.

Indirect blood pressure was unaffected by VETMEDIN at the label dose (1X). Mean diastolic blood pressure was decreased in the 3X group (74 mmHg) compared to the control group (82 mmHg). Mean systolic blood pressure was decreased in the 5X group (117 mmHg) compared to the control group (124 mmHg). None of the dogs had clinical signs of hypotension.

On 24-hour Holter monitoring, mean heart rate was increased in the 5X group (101 beats/min) compared to the control group (94 beats/min). Not counting escape beats, the 3X and 5X groups had slightly higher numbers of isolated ventricular ectopic complexes (VEs). The maximum number of non-escape VEs recorded either at baseline or in a control group dog was 4 VEs/24 hours. At either Week 4 or Week 20, three 3X group dogs had maximums of 33, 13, and 10 VEs/24 hours, and two 5X group dogs had maximums of 22 and 9 VEs/24 hours. One 1X group dog with no VEs at baseline had 6 VEs/24 hours at Week 4 and again at Week 20. Second-degree atrioventricular heart block was recorded in one 3X group dog at Weeks 4 and 20, and in one dog from each of the 1X and 5X groups at Week 20. None of the dogs had clinical signs associated with these electrocardiogram changes.

Treatment was associated with small differences in mean platelet counts (decreased in the 3X and 1X groups), potassium (increased in the 5X group), glucose (decreased in the 1X and 3X groups), and maximum blood glucose in glucose curves (increased in the 5X group). All individual values for these variables were within the normal range. Three 1X and one 5X group dogs had mild elevations of alkaline phosphatase (less than two times normal).

Loose stools and vomiting were infrequent and self-limiting.

Storage Information: Store at 20° to 25°C (68° to 77°F), excursions permitted between 15° and 30°C (between 59° and 86°F).

How Supplied:

VETMEDIN® (pimobendan) Chewable Tablets: Available as 1.25, 2.5, 5 and 10 mg oblong half-scored chewable tablets - 50 tablets per bottle.

NDC 0010-4480-01 - 1.25 mg - 50 tablets
NDC 0010-4481-01 - 2.5 mg - 50 tablets
NDC 0010-4482-01 - 5 mg - 50 tablets
NDC 0010-4479-01 - 10 mg - 50 tablets

Approved by FDA under NADA # 141-273

Marketed by:

Boehringer Ingelheim Animal Health USA Inc.
Duluth, GA 30096

VETMEDIN® is a registered trademark of
Boehringer Ingelheim Vetmedica GmbH used
under license.

© 2023 Boehringer Ingelheim Animal Health USA Inc.
All rights reserved.

Revised 06/2023

US-PET-0379-2022-V2

VETMEDIN®-CA1

(pimobendan)

Chewable Tablets

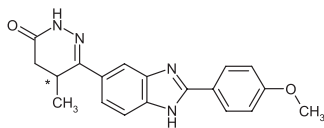
Cardiac drug for oral use in dogs only

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

It is a violation of Federal law to use this product other than as directed in the labeling.

Conditionally approved by FDA pending a full demonstration of effectiveness under application number 141-556.

Description: VETMEDIN-CA1 (pimobendan) is supplied as oblong half-scored chewable tablets containing 1.25 or 5 mg pimobendan per tablet. Pimobendan, a benzimidazole-pyridazinone derivative, is a non-sympathomimetic, non-glycoside inotropic drug with vasodilatory properties. Pimobendan exerts a stimulatory myocardial effect by a dual mechanism of action consisting of an increase in calcium sensitivity of cardiac myofilaments and inhibition of phosphodiesterase (Type III). Pimobendan exhibits vasodilating activity by inhibiting phosphodiesterase III activity. The chemical name of pimobendan is 4,5-dihydro-6-[2-(4-methoxyphenyl)-1H-benzimidazole-5-yl]-5-methyl-3(2H)-pyridazinone. The structural formula of pimobendan is:



Indications: VETMEDIN-CA1 (pimobendan) is indicated for the delay of onset of congestive heart failure in dogs with Stage B2 preclinical myxomatous mitral valve disease (2019 ACVIM Consensus Statement¹).

Stage B2 preclinical myxomatous mitral valve disease (MMVD) refers to dogs with asymptomatic MMVD that have a moderate or loud mitral murmur due to mitral regurgitation and cardiomegaly.

Dosage and Administration: Always provide the Client Information Sheet to the dog owner with each prescription. VETMEDIN-CA1 should be administered orally at a total daily dose of 0.23 mg/lb (0.5 mg/kg) body weight, using a suitable combination of whole or half tablets. The total daily dose should be divided into 2 portions that are not necessarily equal, and the portions should be administered approximately 12 hours apart (i.e., morning and evening). The tablets are scored, and the calculated dosage should be provided to the nearest half tablet increment.

Contraindications: Do not administer VETMEDIN-CA1 in cases of hypertrophic cardiomyopathy, aortic stenosis, or any other clinical condition where an augmentation of cardiac output is inappropriate for functional or anatomical reasons.

Do not administer VETMEDIN-CA1 to dogs with Stage A or B1 preclinical MMVD (2019 ACVIM Consensus Statement) due to the risk of cardiac pathology associated with exaggerated hemodynamic responses to VETMEDIN-CA1.

Warnings:

User Safety Warnings: Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans.

Animal Safety Warnings: Keep VETMEDIN-CA1 in a secure location out of reach of dogs, cats, and other animals to prevent accidental ingestion or overdose.

At 3 and 5 times the recommended dosage, administered over a 6-month period of time, pimobendan caused an exaggerated hemodynamic response in the normal dog heart, which was associated with cardiac pathology (See **Target Animal Safety**).

Precautions: For use only in dogs with preclinical MMVD that have a moderate or loud mitral murmur due to mitral regurgitation and cardiomegaly (Stage B2 MMVD, 2019 ACVIM Consensus Statement). A diagnosis of MMVD should be made by means of a comprehensive physical and cardiac examination which should include radiography and echocardiography.

Stage B2 cardiomegaly is diagnosed based on meeting all three of the following criteria:

- Radiographic vertebral heart score (VHS) >10.5, and
- Echocardiographic left atrium/aorta ratio (LA/Ao ratio) ≥1.6, and
- Echocardiographic left ventricular internal diastolic diameter normalized to body weight (LVIDDn) ≥1.7.

Echocardiographic examination is recommended in all cases to diagnose MMVD and confirm cardiomegaly. If therapy is initiated prior to the development of cardiomegaly, treated dogs are at risk for cardiac pathology associated with exaggerated hemodynamic responses to VETMEDIN-CA1.

If only radiographic examination is possible, cardiomegaly may be diagnosed in cases where the VHS ≥11.5 and the vertebral left atrial size (VLAS) ≥3.0^{1,2}. If radiographic cardiomegaly does not meet both of these criteria, an echocardiogram should be performed prior to the initiation of therapy with VETMEDIN-CA1.

VETMEDIN-CA1 has not been evaluated in dogs receiving concomitant heart medications.

The safety of VETMEDIN-CA1 has not been established in dogs with asymptomatic heart disease caused by etiologies other than MMVD. The safe use of VETMEDIN-CA1 has not been evaluated in dogs younger than 6 months of age, dogs with congenital heart defects, dogs with diabetes mellitus or other serious metabolic diseases, dogs used for breeding, or pregnant or lactating bitches.

Adverse Reactions: In a controlled multi-center field study, 363 dogs with preclinical MMVD (Stage B2 MMVD, 2019 ACVIM Consensus Statement) received at least one dose of VETMEDIN-CA1 (n=182) or the placebo control chewable tablets (n=181) for up to 1563 days. During this long-term study, dogs were followed until the development of congestive heart failure (CHF). Adverse reactions were seen in both treatment groups with many findings associated with the progression of MMVD and comorbidities consistent with the age of the enrolled dogs.

The median time to the primary endpoint (development of left-sided CHF or cardiac death/euthanasia) was 38% longer in the VETMEDIN-CA1 group. Despite the longer duration on study, the incidence of reported adverse reactions was similar between treatment groups.

Cough was the most frequently reported adverse reaction. This clinical finding is commonly reported in cases of MMVD and the incidence was similar between treatment groups. Lethargy, inappetence, tachypnea, collapse, arrhythmia, and syncope may also be associated with the progression of MMVD and were reported in dogs receiving VETMEDIN-CA1.

Adverse reactions not related to disease progression in dogs receiving VETMEDIN-CA1 included diarrhea, vomiting, pain, lameness, arthritis, urinary tract infection, and seizure.

Mortality rate, regardless of reason, prior to CHF was similar between the VETMEDIN-CA1 and the control groups.

Contact Information: To report suspected adverse reactions, to obtain a Safety Data Sheet (SDS), or for technical assistance, contact Boehringer Ingelheim Animal Health USA Inc. at 1-888-637-4251. For additional information about reporting adverse drug experiences for animal drugs, contact FDA at 1-888-FDA-VETS or at <http://www.fda.gov/reportanimalae>.

Information for Dog Owners: Always provide the Client Information Sheet with each prescription and review it with the dog owner or person responsible for care of the dog. Advise dog owners about signs of disease progression and possible adverse reactions with use of VETMEDIN-CA1.

Clinical Pharmacology: Pimobendan is oxidatively demethylated to a pharmacologically active metabolite which is then conjugated with sulfate or glucuronic acid and excreted mainly via feces. The mean extent of protein binding of pimobendan and the active metabolite in dog plasma is >90%. Following a single oral administration of 0.25 mg/kg VETMEDIN-CA1, the maximal mean (± 1 SD) plasma concentrations (C_{max}) of pimobendan and the active metabolite were 3.09 (0.76) ng/mL and 3.66 (1.21) ng/mL, respectively. Individual dog C_{max} values for pimobendan and the active metabolite were observed 1 to 4 hours post-dose (mean: 2 and 3 hours, respectively). The total body clearance of pimobendan was approximately 90 mL/min/kg, and the terminal elimination half-lives of pimobendan and the active metabolite were approximately 0.5 hours and 2 hours, respectively.

Plasma levels of pimobendan and active metabolite were below quantifiable levels by 4 and 8 hours after oral administration, respectively. The steady-state volume of distribution of pimobendan is 2.6 L/kg indicating that the drug is readily distributed into tissues. Food decreased the bioavailability of an aqueous solution of pimobendan, but the effect of food on the absorption of pimobendan from VETMEDIN-CA1 is unknown.

In normal dogs instrumented with left ventricular (LV) pressure transducers, pimobendan increased LV dP/dt_{max} (a measure of contractility of the heart) in a dose dependent manner between 0.1 and 0.5 mg/kg orally. The effect was still present 8 hours after dosing. There was a delay between peak blood levels of pimobendan and active metabolite and the maximum physiologic response (peak LV dP/dt_{max}). Blood levels of pimobendan and active metabolite began to drop before maximum contractility was seen. Repeated oral administration of pimobendan did not result in evidence of tachyphylaxis (decreased positive inotropic effect) or drug accumulation (increased positive inotropic effect). Laboratory studies indicate that the positive inotropic effect of pimobendan may be attenuated by the concurrent use of a β-adrenergic blocker or a calcium channel blocker.

Reasonable Expectation of Effectiveness: A reasonable expectation of effectiveness may be demonstrated based on evidence such as, but not limited to, pilot data in the target species or studies from published literature.

VETMEDIN-CA1 is conditionally approved pending a full demonstration of effectiveness.

Additional information for Conditional Approvals can be found at www.fda.gov/animalca.

A reasonable expectation of effectiveness for VETMEDIN-CA1 is based on results from a multi-site global field study. The study demonstrated a significant delay in the onset of congestive heart failure in dogs with cardiomegaly and heart murmur secondary to Stage B2 MMVD when treated with VETMEDIN-CA1 at the targeted total daily dose of 0.23 mg/lb (0.5 mg/kg) divided into two administrations approximately 12 hours apart.

A total of 363 dogs across various breeds were randomized to treatment. The resulting population evaluated for effectiveness consisted of 353 dogs receiving either pimobendan (VETMEDIN-CA1, n=178) or control product (placebo chewable tablets, n=175).

Dogs ranged between 6 and 17 years of age and weighed between 9 and 33 lbs at enrollment. Dogs were confirmed to have evidence of Stage B2 preclinical MMVD prior to enrollment, including a systolic heart murmur grade of ≥3/6 and evidence of cardiomegaly, including a VHS >10.5, and echocardiographic evidence of LA/Ao ratio ≥1.6 and LVIDDn ≥1.7.

Dogs were ineligible if they were found to have current or previous evidence of cardiogenic pulmonary edema, clinically significant tachyarrhythmias, cardiac disease other than MMVD, significant systemic disease, evidence of pulmonary hypertension (RA:RV gradient > 65 mmHg), were pregnant or lactating female dogs, or if they were treated with prohibited concomitant medications for 14 or more consecutive days.

The primary outcome evaluated was a composite of the development of left-sided CHF or cardiac-related death or euthanasia. Left-sided congestive heart failure was confirmed by radiographic evidence of cardiogenic pulmonary edema. If a dog died in the absence of evidence of a non-cardiac cause of death, prior to radiographic confirmation of pulmonary edema, it was also considered to have reached the primary endpoint. The study was designed to follow individual dogs for up to 3 years or until disease progression into CHF.

At study termination, 41.6% of the dogs in the VETMEDIN-CA1 group had reached the primary endpoint, compared to 50.3% in the control group. The median time to the primary endpoint was 1228 days in the VETMEDIN-CA1 group compared to 761 days in the control group. Thus, administration of VETMEDIN-CA1 to dogs with Stage B2 preclinical MMVD resulted in the prolongation of the preclinical period by 467 days (15.6 months) compared to dogs receiving control product.

Palatability: In a laboratory study, the palatability of VETMEDIN-CA1 was evaluated in 20 adult female Beagle dogs offered doses twice daily for 14 days. Ninety percent (18 of 20 dogs) voluntarily consumed more than 70% of the 28 tablets offered. Including two dogs that consumed only 4 and 7% of the tablets offered, the average voluntary consumption was 84.2%.

Target Animal Safety: In a laboratory study, pimobendan chewable tablets were administered to 6 healthy Beagles per treatment group at 0 (control), 1, 3, and 5 times the recommended dosage for 6 months. See the table below for cardiac pathology results. The cardiac pathology/histopathology noted in the 3X and 5X dose groups is typical of positive inotropic and vasodilator drug toxicity in normal dog hearts and is associated with exaggerated hemodynamic responses to these drugs. None of the dogs developed signs of heart failure and there was no mortality.

Incidence of Cardiac Pathology/Histopathology in the Six-month Safety Study

Severe left ventricular hypertrophy with multifocal subendocardial ischemic lesions	One 3X and two 5X dogs ^a
Moderate to marked myxomatous thickening of the mitral valves	Three 5X dogs
Myxomatous thickening of the chordae tendineae	One 3X and two 5X dogs
Endocardial thickening of the left ventricular outflow tract	One 1X, two 3X and two 5X dogs
Left atrial endocardial thickening (jet lesions) in 2 of the dogs that developed murmurs of mitral valve insufficiency	One 3X and one 5X dog
Granulomatous inflammatory lesion in the right atrial myocardium	One 3X dog

^a Most of the gross and histopathologic findings occurred in these three dogs

Murmurs of mitral valve insufficiency were detected in one 3X (Day 65) and two 5X dogs (Days 135 and 163). These murmurs (grades II-III of VI) were not associated with clinical signs.

Indirect blood pressure was unaffected by pimobendan at the label dose (1X). Mean diastolic blood pressure was decreased in the 3X group (74 mmHg) compared to the control group (82 mmHg). Mean systolic blood pressure was decreased in the 5X group (117 mmHg) compared to the control group (124 mmHg). None of the dogs had clinical signs of hypotension.

On 24-hour Holter monitoring, mean heart rate was increased in the 5X group (101 beats/min) compared to the control group (94 beats/min). Not counting escape beats, the 3X and 5X groups had slightly higher numbers of isolated ventricular ectopic complexes (VEs). The maximum number of non-escape VEs recorded either at baseline or in a control group dog was 4 VEs/24 hours. At either Week 4 or Week 20, three 3X group dogs had maximums of 33, 13, and 10 VEs/24 hours, and two 5X group dogs had maximums of 22 and 9 VEs/24 hours. One 1X group dog with no VEs at baseline had 6 VEs/24 hours at Week 4 and again at Week 20. Second-degree atrioventricular heart block was recorded in one 3X group dog at Weeks 4 and 20, and in one dog from each of the 1X and 5X groups at Week 20. None of the dogs had clinical signs associated with these electrocardiogram changes.

Treatment was associated with small differences in mean platelet counts (decreased in the 3X and 1X groups), potassium (increased in the 5X group), glucose (decreased in the 1X and 3X groups), and maximum blood glucose in glucose curves (increased in the 5X group). All individual values for these variables were within the normal range. Three 1X and one 5X group dogs had mild elevations of alkaline phosphatase (less than two times normal).

Loose stools and vomiting were infrequent and self-limiting.

Storage Information: Store at 20° to 25°C (68° to 77°F), excursions permitted between 15° and 30°C (between 59° and 86°F).

How Supplied:

VETMEDIN®-CA1 (pimobendan) Chewable Tablets: Available as 1.25 and 5 mg oblong half-scored chewable tablets - 50 tablets per bottle.

NDC 0010-4610-01 - 1.25 mg - 50 tablets

NDC 0010-4612-01 - 5 mg - 50 tablets

References:

¹ Keene, B., et al. (2019) ACVIM consensus guidelines for the diagnosis and treatment of myxomatous mitral valve disease in dogs. *J Vet Intern Med.* 33(3):1127-1540.

² Malcolm, E.L., et al. (2018) Diagnostic value of vertebral left atrial size as determined from thoracic radiographs for assessment of left atrial size in dogs with myxomatous mitral valve disease. *J AM Vet Med Assoc.* 253(8):1038-1045.

Marketed by:

Boehringer Ingelheim Animal Health USA Inc.
Duluth, GA 30096

VETMEDIN® is a registered trademark of Boehringer Ingelheim Vetmedica GmbH used under license.

© 2023 Boehringer Ingelheim Animal Health USA Inc. All rights reserved. US-PET-0363-2022-V2.

Revised 08/2023



Celebrate Technicians

As a hospital administrator, my work in veterinary medicine has focused on management and “front of the house” operations. I stand in awe as I observe the credentialed technicians organize, plan, and achieve excellent care for their patients. They fulfill a unique role in our hospitals, one which requires medical expertise and training while also the ability to be a soothing and compassionate advocate when administering treatment. Observing the “art form” that being a credentialed technician entails is amazing.

Credentialed technicians utilize their academic training to carefully prepare, verify, and administer injections and medications but not before they choose a gentle, individualized approach for each patient, depending upon their assessment of the pet’s comfort level. They must gain the pet’s trust first and then carefully and expertly perform the meticulous work of inserting an intravenous catheter or drawing a blood sample.

The vocation of a credentialed veterinary technician is not without stress or extreme responsibility. Credentialed technicians must be

knowledgeable and capable when preparing a patient for a surgical procedure, ensuring the precise medications are administered and safeguarding the anesthetic safety of the beloved pet. The job requires the ability to prioritize emergencies and appropriately move equipment and people resources to maximize efficiencies and team and patient safety.

Often, credentialed technicians are not unlike the veterinarians they serve beside, sharing the entire life cycle of the pet and the pet parent’s journey. Credentialed technicians are privileged to go to work on the days when they meet a new, happy, bouncy puppy or an adorable, playful kitten for the first time, and help the pet parent look forward to many memories to be shared. Later, they are there to help manage chronic ear issues, offer emergency support after a porcupine encounter, assist in providing preventative health services, and perform dental prophylaxis, all of which contribute to the pet’s long-term health and happiness. It is not always easy work, but with the support of a cohesive team, it is rewarding.

These essential team members are also there when a pet’s family must say goodbye. At this moment, our credentialed technicians acknowledge and manage emotional situations to help family members celebrate everything the pet means to them, while also assisting the veterinarian to make the experience as comfortable as possible.

We need to continue to support the education and career development of these caring and invaluable professionals. Protecting and championing technician certification and recognizing the value of credentialed technicians is our job as practice administrators, veterinarians, and practice owners. The veterinary community absolutely could not be here for our pet parents and their precious pets without the credentialed veterinary technicians in our practices. Please remember to celebrate their contributions, not just for a week in October but all year long!



Cheryl Smith, CVPM, is secretary/treasurer of the AAHA board of directors. She earned her bachelor’s degree in agricultural economics from Cornell University in 1985. In 1994, her husband opened Galway Veterinary Hospital in Galway, New York, and as their children grew, so did Smith’s involvement with the AAHA-accredited practice, where she now serves as hospital administrator. Smith became a certified veterinary practice manager in 2009, and she graduated from the Veterinary Management Institute in 2011.



The Scoop

CDC Updates Process for Bringing Dogs into the United States

The US Centers for Disease Control and Prevention (CDC) has clarified and simplified the process for bringing dogs into the United States from rabies-free countries and countries at low risk for dog rabies.

The new rule states that dogs that have spent the prior six months only in rabies-free countries or counties at low-risk for dog rabies will be able to enter the United States with an online submission receipt for a CDC Import Form as acceptable documentation.

The form can be filled out on

the day of travel, and the receipt can be shown to airlines and border officials as a printed copy or by phone. The receipt will be good for travel into the US for six months from the date of issuance, including multiple entries. The dogs must also have a microchip and be over six months of age.

Additional documents and requirements will still be in effect for dogs coming from countries at high risk for rabies. For more information see [cdc.gov/importation/dogs/index.html](https://www.cdc.gov/importation/dogs/index.html)



Quote of the Month

“National Veterinary Technician Week [est. 1993] was one of the first times a national spotlight was focused on our profession. Celebrate you, celebrate us, celebrate veterinary technicians this week and every day.”

– Linda Merrill, LVT,
VTS (SAIM), NAVTA
Past President 1993

Partnership Aims to Extend the Lives of Dogs

A partnership of the Morris Animal Foundation and Nestlé Purina PetCare will support ongoing research aimed at extending the lives of dogs. The focus will be on deepening scientific understanding of key areas impacting senior dogs, including healthy aging, longevity, body condition, and osteoarthritis.

As part of this collaboration, Nestlé Purina scientists will use data from the Golden Retriever Lifetime Study to uncover new ways to understand canine aging and leverage advanced nutrition to improve care for the growing population of senior dogs. By working together, Morris Animal Foundation and Nestlé Purina hope to make new discoveries that could lead to breakthrough nutritional interventions that improve and extend the healthy years of senior dogs.

This latest collaboration between Morris Animal Foundation and Nestlé Purina is another step in the journey to unlock the potential of nutrition to enhance dog health and well-being through science.



AAVSB Survey Supports Focus on Technician Utilization

The American Association of Veterinary State Boards (AAVSB) released the results of a survey that explored the potential introduction of a midlevel veterinary practitioner (MLP) position and reached veterinarians and veterinary technicians across North America.

After extensive analysis and discussion of the survey results, the AAVSB Board of Directors decided against the creation of a midlevel veterinary practitioner. Instead, it will concentrate on identifying opportunities to expand the scope of practice for veterinary technicians.

“The survey data demonstrates that veterinary technicians can and

should be utilized more extensively to address gaps in veterinary care, before a midlevel veterinary practitioner can be considered,” stated Kim Gemeinhardt, DVM, president of the AAVSB.

The AVMA recently reported that Veterinary Management Groups (VMG) also conducted a survey regarding the creation of an MLP position. The results were “overwhelmingly against” creating that position. Recommendations by respondents included expanding and enhancing veterinary technician specialist programs for more specialized technician roles and increasing pay and support for current veterinary technicians.

RECOVER Initiative Issues Revised Veterinary CPR Guidelines

The Reassessment Campaign on Veterinary Resuscitation (RECOVER) Initiative has published the first major revisions to its 2012 global veterinary CPR guidelines, setting new life-saving standards. Based on scientific advancements and extensive community feedback, these are characterized as the definitive CPR guidelines for veterinary health professionals worldwide.

Key updates include:

- **Chest Compression Techniques:** Enhanced methods for cats and small dogs
- **Compression Depths and Techniques:** Adjustments tailored to an animal’s size and chest shape.
- **Breathing Support Methods:** Revised for nonintubated patients, focusing on rescuer safety.

- **Medication Dosages and Procedures:** Updated for more precise and effective treatment during CPR.

A new, streamlined CPR algorithm, updated drug dosing charts, and an ECG diagnosis algorithm will standardize CPR practices globally. Enhanced training courses will equip RECOVER-certified instructors to certify veterinary professionals worldwide in performing these life-saving techniques.

The primary goal of the RECOVER 2024 CPR Guidelines is to improve CPR outcomes in veterinary patients. The guidelines, training courses, and an official certification process underscore the importance of preparedness in emergency situations where reversible causes of cardiopulmonary arrest, such as anesthesia-related issues, present opportunities to save lives.





Study: Human Stress Affects Dogs' Emotions

Dogs exposed to odors of stressed humans react differently than to odors of relaxed humans. That's the finding of a University of Bristol (UK) study, published in *Scientific Reports*, the first to test how human stress odors affect dogs' learning and emotional state.

Researchers recruited 18 dog-owner partners to take part in a series of trials with different human smells present. At the start, dogs were trained that when a food bowl was placed in one location, it contained a treat, but when placed in another location, it was empty.

Researchers then tested how quickly the dog would approach

new, "ambiguous" bowl locations positioned between the original two during exposure to no odor, and to odors of sweat and breath samples from stressed or relaxed humans.

Researchers discovered that the stress odor made dogs slower to approach the ambiguous bowl located nearest the empty bowl. This effect was not seen with the relaxed odor.

Nicola Rooney, PhD, the paper's lead author, comments, "Dog owners know how attuned their pets are to their emotions, but here we show that even the odor of a stressed, unfamiliar human affects a dog's emotional state."



Community

Question

I am on the lookout for anesthetic training resources for our staff. Are there any webinars, assets, or courses that you all can recommend?

A: AAHA has several courses on our LMS that I would suggest for you. Good luck!

A: We use atDove.org in our hospital. You can create teams and assign specific training sessions to individuals. We have used it extensively to train new technicians joining our surgery and anesthesia team.

Share your anesthesia training resources by joining in on the conversation today at community.aaha.org!

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

E. Coli Variant May Cause Antimicrobial Resistance in Dogs, Humans

In *Cornell Chronicle*, Krishna Ramanujan reports recent research into antimicrobial-resistant *E. coli* that opens new avenues for therapies to treat both animals and humans—and establishes clinical infections in dogs as a surveillance approach for public health.

For the study, published in the journal *Applied and Environmental Microbiology*, the research team analyzed more than 1,000 genomes of the resistant *E. coli* pathogen isolated from sick dogs. They identified a set of genes that created conditions in *E. coli*'s cell membrane that trap antibiotics and prevent them from entering the bacteria.

Researchers may now explore potential new drug targets that would prevent the pore in the *E. coli* membrane channel from closing, allowing antibiotics to freely move inside the cell.

Next steps will include further experimentation to fully understand the antimicrobial mechanism in *E. coli*.



Casey Cazer, DVM, PhD, left, assistant professor of clinical sciences at the Cornell University College of Veterinary Medicine (CVM), teaches a student while examining a German shepherd at Cornell's Small Animal Community Practice. Photo credit: Carol Jennings/CVM

Study Examines How a Modified Peptide Can Fight Tumors

Tumors are often resistant to treatments due to abnormal blood vessels that form around them.

A new, modified type of peptide could help restore healthy blood flow to tumors, helping to deliver tumor-fighting medication, oxygen, and nutrients.

A collaborative effort led by researchers affiliated with the

University of Pennsylvania School of Veterinary Medicine (Penn Vet) showed that a derivative of the C-type natriuretic peptide (dCNP) helped reinvigorate antitumor immune response in mice.

The study found that administration of dCNP in mice remodeled tumor blood vessels and improved antitumorigenic activity

of standard monotherapies.

"This represents a promising compound that could improve therapeutic efficacy of multiple therapies for patients with cancer that requires further study," said Dorothy Hallberg, PhD, editor of the journal *Science Translational Medicine*, where the study was published.

Study Finds Music Reduces Pet Stress and Anxiety

A study recently published in *International Animal Health Journal* reports findings on the effect of a specific type of music on pet stress levels. The study was conducted by two companies, PetPace, a pet health monitoring company, and Pet Acoustics, a producer of animal-specific auditory products. The study suggested that Pet Acoustics' music reduced stress

levels in dogs more effectively than classical music and no music.

To understand and calculate the impact of Pet Acoustics music against other musical varieties, PetPace's smart collar was used to measure heart biometric data such as rate heart variability (HRV), pulse rates, and activity levels under different musical exposure. The data were analyzed

and showed the dogs' stress and anxiety levels were significantly mitigated while listening to Pet Acoustics Canine-Specific music.

The dogs used in the study were recruited from Educated Canines Assisting with Disabilities (ECAD), accredited by Assistance Dog International. ECAD ensured the study supported animal welfare.



Canine Gallbladder Disease in Dogs Sheds Light on Cystic Fibrosis

A canine gallbladder disease known as mucocele formation has an "uncanny similarity" to the human disease cystic fibrosis (CF), a new study has found.

Led by researchers from North Carolina State University, the study found that the disease involves the accumulation of abnormal mucus caused by improper expression of the gene known as CFTR, which is associated with CF in humans.

The finding, which was published in the journal *Gastrointestinal and Liver Physiology*, could have implications for human CF patients as well as

for animal models of CF.

According to an NC State news article, the disease is caused by the slow accumulation of thick, dehydrated mucus that interferes with normal gallbladder function and eventually leads to obstruction and rupture. Mucocele formation is seen primarily in purebred dogs. In the United States it is most common in Shetland sheepdogs, whereas in the UK, border terriers are most impacted.

"We really only started seeing this disease about 20 years ago in a handful of breeds," says Jody Gookin, DVM, PhD, DACVIM,

professor of small animal internal medicine at North Carolina State University and corresponding author of the research.

"The most eye-opening piece for me is the idea that it is possible to develop a CF-like disease that isn't caused by a mutation in the CFTR gene. Identifying the underlying cause of CFTR dysfunction in dogs with mucocele formation has important implications for people where similar factors might contribute to CF-like diseases—or reveal new treatment targets for CF," Gookin said.

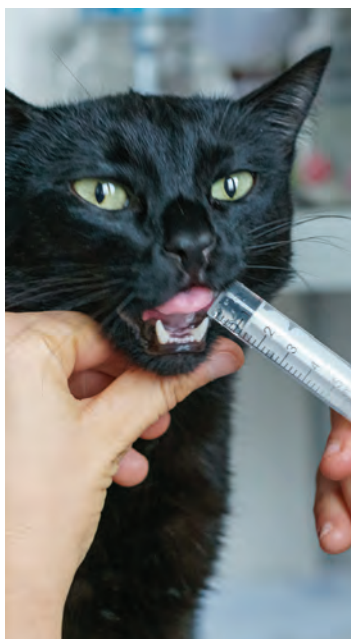
Morris Animal Foundation Reveals Veterinary Student Scholar Program

Morris Animal Foundation recently announced the 23 students accepted into its prestigious Veterinary Student Scholar program. The program offers veterinary students from around the world the opportunity to engage in mentor-guided research, fostering their passion for animal health science and inspiring fulfilling careers.

"Our Veterinary Student Scholar program is the Foundation's most far-reaching investment for advancing animal health research," said Kathy Tietje, PhD, MBA, Chief Program Officer at Morris Animal Foundation. "We are thrilled to support students from veterinary schools worldwide to participate in animal health research at this pivotal stage in their careers."

The program provides veterinary students in good standing at accredited veterinary medicine programs with a stipend of up to \$5,500 to pursue a research project under the guidance of a mentor.

Since the program's inception in 2005, nearly 600 veterinary students have participated, gaining invaluable hands-on research experience. Many have published their findings in peer-reviewed journals as part of larger research projects. Some have transitioned into established investigators, continuing the mentoring cycle to educate future researchers. The 23 students selected for the 2024 program attend veterinary schools in the United States, Canada, Czech Republic, Ghana, Italy, Nigeria, Rwanda, Tanzania, Uganda, and United Kingdom.



FDA Approves First Generic Oral Medication for Hyperthyroidism in Cats

The US Food and Drug Administration (FDA) has approved Felanorm, the first generic methimazole oral solution for the treatment of hyperthyroidism in cats. Felanorm contains the same active ingredient as the approved brand-name drug product, Felimazole Coated Tablets, first approved in 2009.

Because professional veterinary expertise is needed to diagnose hyperthyroidism in cats and to determine an appropriate treatment, Felanorm is only available by prescription from a licensed veterinarian. Continued veterinary monitoring is also needed as hyperthyroidism can progress over time.

Felanorm is supplied in 30 mL or 100 mL bottles with a 1 mL dosing syringe. To avoid human exposure to the drug, those administering Felanorm should wear protective single-use, impermeable gloves and wash their hands with soap and water after administration.

Greater Good Charities Receives \$100,000 Grant from PetSmart Charities

Greater Good Charities, a 501(c)(3) global nonprofit organization that works to help people, pets, and the planet, recently received a \$100,000 grant from PetSmart Charities to support its pet transport program. This funding not only will help reduce overcrowding at source shelters but also will strengthen programs that impact animal welfare in surrounding communities.

“We are grateful to receive this generous grant from PetSmart Charities that will support our efforts to conduct

life-saving transports for at-risk and vulnerable pet populations,” said Liz Baker, CEO of Greater Good Charities. “To date, Greater Good Charities has transported more than 13,000 shelter pets to new homes, and we look forward to helping more homeless pets in need.”

Heidi Marston, director of pet placement initiatives at PetSmart Charities, said, “As many communities grapple with animals staying longer in shelters and work to build out long-term solutions . . . we’re

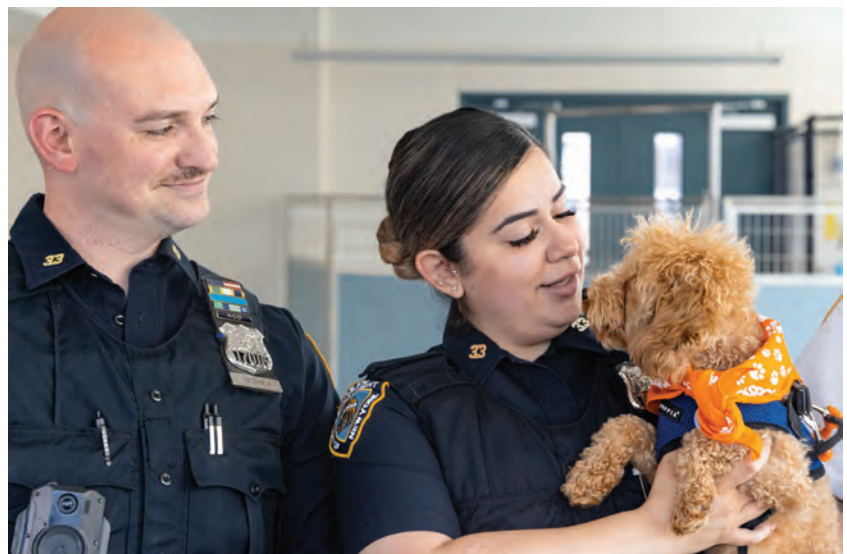
proud to support Greater Good Charities and their work to ensure adoptable pets find their families as quickly as possible.”



Poodle Puppy Reunited With Rescuers

A little over two months after his emergency rescue was captured on NYPD body cameras, Rocket, a poodle puppy, was reunited with the NYPD officers who rescued him and the medical teams that provided him with urgent, lifesaving care at the American Society for the Prevention of Cruelty to Animals (ASPCA) and Schwarzman Animal Medical Center (AMC).

When NYPD officers rescued the approximately one-year-old mini poodle from a Manhattan park, they rushed him to the ASPCA Animal Hospital in critical condition. On arrival Rocket was bleeding from his mouth and had signs of a traumatic brain injury. He also had a fractured femur and was in shock. Due to the severity of his injuries, Rocket was



transferred to AMC. After treatment there he returned to ASPCA for surgery on his fractured femur and several weeks of physical therapy. Now Rocket is ready for his next chapter—adoption!

↑ Rocket, a poodle puppy, reuniting with his rescuers, NYPD Police Officers Kelsey Garcia and Joseph O’Shea, after life-saving treatment and care at the ASPCA and Schwarzman Animal Medical Center. Photo credit: The ASPCA. Used by permission.

5 Questions for a **Surgery** Specialist

Danielle Browning, LVMT, VTS (Surgery)

Danielle Browning, LVMT, VTS (Surgery), is a senior veterinary technician for University of Tennessee Veterinary Medical Center. She is currently the head operating room technician for both farm animal and equine surgery. Browning is a graduate of Lincoln Memorial University Veterinary Technology program and is a founding board member for the Academy of Veterinary Surgical Technicians (AVST).



1 What made you choose your specialty area?

I enjoyed working in surgery and had an additional interest in infection control and wound care. When I started out, there was not a Veterinary Technician Specialist (VTS) option for my area of interest and experience, so I made the decision to help create one. Fortunately, there was a group of like-minded individuals across the US that shared my passion for surgery—and also shared the goal of creating a VTS in surgery. Together we organized and petitioned through NAVTA to create the Academy of Veterinary Surgical Technicians (AVST), which was

granted provisional recognition in 2010 and full recognition in 2023.

2 What is one thing that clients (pet owners) could do that would make your job more satisfying?

Interesting question and something that I don't believe I have ever asked myself. I feel that my job satisfaction comes solely from my actions and my mindset. Though, I will say that the times I have received a kind note and photo of a pet doing well at home, or an email a decade later thanking our team for doing surgery many years earlier that made the wonderful life their pet had

possible—these make the long days and hours on your feet all worth it!

3 What is one thing you wish you could tell technicians regarding your specialty?

Honestly, I wish I would remember to direct more technicians to visit our website. The AVST website is filled with all kinds of good information, including a section of frequently asked questions regarding the surgery specialty. You can find it at avst-vts.org/faq.

4 What is the most rewarding part of your job?

Successfully implementing changes that improve communication, safety, and efficiency. An example would be the implementation of the surgical safety checklist.

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

Talk to all members of your team to make sure you have their support. They need to include the veterinary surgeon, office manager, and other staff members, so everyone understands the level of commitment involved. Clearly defining and communicating your expectations to everyone will help to improve your experience during the process.

AMERICAN ANIMAL HOSPITAL ASSOCIATION PRESENTS

your PET

Healthy Pets. Happy Parents.



Pet Parents' Go-to Newsletter

Elevate client care with AAHA's latest resource — *Your Pet* e-newsletter, designed specifically for pet owners. Recommend *Your Pet* to your clients for tips, expert advice, and heartwarming stories sent straight to their inbox.

aaha.org/yourpet





AAHA MEMBER

Employee of the Month

Jessica Jeurissen, CVT

Team Leader of technical staff, member of Leadership Team at RVVS

River Valley Veterinary Service, Prior Lake, Minnesota

Year started in vet medicine: 2007

Years with practice: 12

Nominated by
Christina Dosch

Why is Jessica so awesome?

According to Dr. Bruce Viren, she does it all. Jess cares for clients, cares for patients, leads, trains, and schedules her team, and understands and supports the business side of things. She has the uncanny ability to understand both sides of a story and look for a successful path forward.

How does she go above and beyond?

Jess has been relentless in support of her team and the business side of RVVS while being an advocate for patients and clients too. She makes sure we are AAHA compliant, she mentors our younger techs, and she magically finds ways to staff the clinic while 2 experienced technicians are on maternity leave (who can even begin to figure that out??). Her role in leadership extends into supporting the many areas that makes for a successful AAHA Practice- High Standards of care, a well-trained technician team, reputation in the community, and a positive practice culture. Jess can arrange a company picnic, interview a potential team member, prep a TPLO surgery, and look for computer programming opportunities—all in the same 24-hour period. She is talented and uses these talents in every way possible to lift her team and the practice.

In their own words:

Why do you love your job:

I have always enjoyed animals, but I also love to be useful in whatever way needed. There is always something new to learn or do, whether it is helping people and their pets, trouble-shooting various situations that can pop up at any time at a vet clinic. I also enjoy helping those around me grow.

Pets at home:

A Labrador retriever named Benelli and a cat whose name (Diamond, Snowball, Stella, Dirtball) changes regularly on the whims of my daughter.

What brought you to the profession:

I worked multiple different jobs trying to figure out what I wanted to do. One of those was working at the Humane Society and after speaking to the vet techs there, I found that science and medicine were very interesting to me.

Hobbies outside of work:

Gardening, reading, fishing, and kayaking.

Favorite book/TV show:

The Lord of the Rings. Favorite Christmas movie: *Die Hard*

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



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

Photo courtesy of RVVS



AAHA Controlled Substance Logs

Nationwide DEA Compliance

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

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

Shop today at aaha.org/store





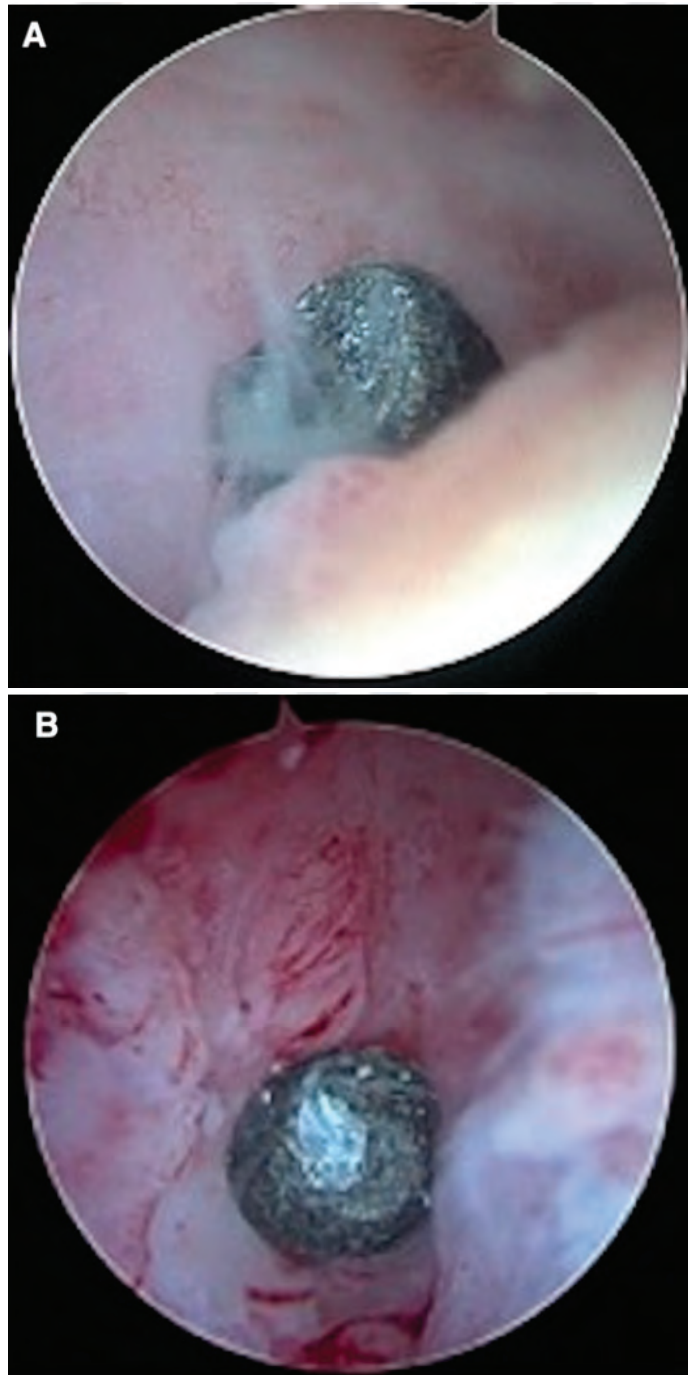
Case Report of the Month

Old Gunshot Wound in a Cat

It is hard to believe that a cat who had sustained a bullet wound years ago was never treated for it, or at least never had the bullet fragment removed. But, anything can happen in the wild pages of the *Journal of the American Animal Hospital Association (JAAHA)*.

In human medicine, foreign bodies in the external ear canal are fairly common. Usually these are food, plastic toys, and small household items that children have stuffed in there. Foreign bodies entering the middle ear are less common and can cause serious infection. But with cats, foreign bodies associated with middle ear infection have not ever been reported—until now.

A new case study in the *JAAHA* presents a case of otitis media secondary to a foreign body, successfully managed by endoscopy-assisted foreign body retrieval and curettage.



Read the outcome in the full report, "**Video-Assisted Ventral Bulla Osteotomy to Remove a Bullet Foreign Body in a Cat,**" in the current issue of *JAAHA* at jaaha.org.

JAAHA[®]
JOURNAL OF THE AMERICAN ANIMAL HOSPITAL ASSOCIATION

Image Courtesy of JAAHA



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

Let AAHA Save You Money!

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

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

Retention



Is the New Recruitment

How to Keep Your Technicians in the Practice

BY TASHA MCNERNEY BS, CVT, CVPP, VTS (ANESTHESIA)



andresr/Collection via Getty Images Plus

It's a gorgeous summer evening on a sidewalk in Brooklyn, and I am catching up with a vet med friend over spicy margs. He tells me he left his clinical job as a veterinary technician to become a "veterinary recruiter." He made about \$19/hour in clinical practice and was overworked and burned out. As a recruiter, he would make over \$70,000 annually (plus bonuses) and work primarily from home with full benefits.

Of course, I was happy for him and this new adventure, but I couldn't help but wonder, "Would there have been a way to keep him and all of his talents in the clinic, benefitting patients?" As it turns out, I wasn't the only one wondering. After the Great Resignation phenomenon of 2021, many individuals and companies were re-evaluating what it meant to be fulfilled at work and what would keep you at your current job.

In the veterinary industry, retaining skilled support staff, such as veterinary assistants and technicians, is critical for the success and efficiency of a practice. High turnover rates can be costly, disrupt team dynamics,

and compromise patient safety. Those aiming to reduce turnover can implement key strategies for retaining these valuable team members by building a strong community, fostering a sense of purpose, investing in personal growth and development, and ensuring effective management practices.

Building a Collaborative Community

Creating a sense of community within a veterinary practice is essential for retention. Looking at the data collected in the 2023 AAHA *Stay. Please: Retention in Veterinary Medicine Survey*, the number one factor influencing a technician to stay at a location was the sense of teamwork and collaboration. When staff members feel connected and valued, they are more likely to remain loyal to the practice. And there are plenty of ways to build a strong community.

Team-Building Activities: Organize regular team-building activities that allow staff to bond outside of their usual work environment. These can range from informal

gatherings, such as potluck lunches or after-work outings, to structured events like team-building workshops or retreats.

Open Communication: Foster an environment where open communication is encouraged. Regular staff meetings, suggestion boxes, and open-door policies can help ensure that everyone feels heard and valued.

Recognition and Appreciation: A survey of my peers on Facebook found that simple recognition was a huge factor in whether or not an employee has a “good manager” or not. Regularly recognize and appreciate the hard work and dedication of your support staff. This can be done through formal recognition programs, such as “Employee of the Month,” or through simple gestures like handwritten thank-you notes or public acknowledgments during meetings.

Inclusive Decision-Making: Involve support staff in decision-making processes that affect the practice, especially if new policies will directly affect them. This can include seeking their input on new protocols, equipment purchases, or changes to the work schedule. When staff members feel that their opinions matter, they are more likely to be invested in the success of the practice.

Fostering a Sense of Purpose

Support staff are more likely to stay with a practice when they feel their work has meaning and purpose. Veterinary practices can foster this sense of purpose in several ways.

Clear Mission and Values: Clearly



articulate the mission and values of your practice and ensure that they are consistently communicated and upheld. When staff understand and align with the practice’s goals, they are more likely to feel that their work is meaningful.

Patient-Centered Care: Emphasize the importance of patient-centered care and how each team member contributes to the health and wellbeing of the animals. Highlight success stories and positive outcomes to reinforce the impact of their work.

Community Involvement: Encourage and facilitate involvement in community outreach programs, such as spay/neuter clinics, educational workshops, or partnerships with local shelters. These activities can help staff feel that they are making

a difference beyond the walls of the clinic. At our hospital, we helped a local wildlife center park clean up (see photo 1) and had a human blood drive.

Investing in Personal Growth and Development

Supporting the personal and professional growth of support staff is a crucial aspect of retention. By providing opportunities for continuing education and networking, veterinary practices can show their commitment to the long-term success of their employees.

Continuing Education: During a review with my head veterinarian in 2011, I mentioned I enjoyed my time in anesthesia. Shortly after that conversation, I began receiving emails from him about anesthesia

continuing education and how to become an anesthesia veterinary technician specialist (VTS). He encouraged me every step by sending me to advanced (and sometimes expensive) continuing education) to grow my love for anesthesia.

As I advanced in anesthesia, it was clear that I had outgrown the small general practice and what it could teach me about anesthesia. After 14 years there, I decided to leave to pursue a job within a specialty practice. When I told him I was leaving, he said, “Of course you are, you have to keep growing.” Because of his understanding of my development and the bigger picture, I began to see that sometimes employees will leave us if they outgrow exactly what we can provide. It’s not necessarily a negative as I continued to do relief for that practice, I take my pets to that practice, and I will recommend that practice to any techs in the field.

In your practice, offer and encourage participation in continuing education opportunities. This can include in-house training sessions, online courses, workshops, or conferences. Providing financial support for certification programs or advanced training can also significantly incentivize staff to stay.

A 2023 report surveying over 20,000 health employees conducted by Strategic Education found that 87% of workers feel that employers should be investing in continuing education for employees. This number was a 4% increase over last year’s survey. Within veterinary medicine, there are boundless opportunities for leaders to sit down with employees and figure out what’s important to their educational journey and then foster it.

One of my employees came to me last year to talk about her

Creating a sense of community within a veterinary practice is essential for retention.

career path and how she felt as if she was floundering. As we talked about different areas she could get a VTS designation, she mentioned her real favorite parts of her day were having conversations with owners, and holding space for their feelings, their grief, and joy. She also mentioned she enjoyed looking at how the emotional wellbeing of an organization affects patient outcomes and client perception. Now, if I were to send her on the traditional route of “attend another webinar, just get any continuing education you can,” she would still be adrift. After our conversation, I could get a better sense of what was important to her and realized we could support her in exploring a veterinary social work degree. I am pleased to say her Master’s program starts this fall.

Mentorship Programs: According to the *2023 AAHA Mentoring Guidelines*, mentorship is a two-way relationship in which one individual invests personal knowledge, energy, and time to help another individual grow, develop, and improve to become the best and most successful they can be.

In practice, you can establish mentorship programs that pair less experienced staff with seasoned professionals. Critical mentoring considers the identities of the mentee and mentor in

program design, structure, and relationships.

It’s also important to note that mentoring and training are not necessarily the same. Mentoring and education can happen in small moments as well, such as a quick constant rate infusion math lesson in between patients.

Networking Opportunities:

Networking can provide valuable connections, resources, and support for career development. It also fosters that sense of “community” we all love about veterinary medicine. In addition to helping employees develop local networking connections, consider taking them with you to a networking dinner at a national conference. Many conferences such as AAHA CON and VMX offer technician networking events during the conference.

Coaching and Development for Managers

Leadership plays a crucial role in shaping the day-to-day experiences of the workforce. The impact of leadership on employee energy, engagement, and commitment is evident in our study data.

A study by the team at Flourish Veterinary Consulting found that team members working under positive leadership were 40% more likely to report high commitment to their jobs and workplace. These

results underscore the importance of effective leadership in fostering a committed and engaged veterinary workforce.

CE Specifically for Managers and Leaders: The Flourish study investigated the impact of positive leadership in veterinary workplaces, surveying nearly 600 professionals across various practice types. The results demonstrated that positive leadership significantly enhances job satisfaction, workplace wellbeing, job commitment, engagement, and team member retention. The study's "4 Ps of Positive Veterinary Leadership"—Psychological Safety, Purpose, Path, and Partnership—are essential for creating a supportive work environment. These

elements encourage diverse voices, foster a sense of meaningful contribution, empower growth and problem-solving, and provide care and support, aligning closely with McKinsey's identified predictors of leadership effectiveness. Training veterinary managers in these concepts is crucial for retaining support staff and ensuring a thriving workplace.

Regular Check-Ins: Encourage managers to conduct regular one-on-one check-ins with their team members. These check-ins should focus on understanding the employee's needs, providing feedback, and setting goals. Regular communication helps identify and address issues before they lead to dissatisfaction or turnover.

Multiple Benefits of Retention

Retaining support staff is not only beneficial for team dynamics and patient safety, but also has significant financial advantages for veterinary practices:

Reduced Turnover Costs: High turnover rates can be costly due to expenses related to recruiting, hiring, and training new employees. By retaining staff, practices can minimize these costs and allocate resources more efficiently. A Gallup study estimated that replacing a departing employee comes at a cost of around 1.5 to 2 times their salary—or even more. A 2019 Forbes article highlighted that there are also some additional hidden costs associated with losing employees that can harm the workplace. For starters, you're asking your



monkeybusinessimages/Collection via Getty Images Plus, opposite: Kateryna Kukota/Collection via Getty Images Plus

best employees—who are likely already working at full capacity—to either take on additional tasks that the departed employee was responsible for or to show the new hire the ropes. This can lead to employees feeling overworked and overwhelmed.

Increased Productivity:

Experienced and cohesive teams tend to be more productive. When staff members are familiar with each other and the practice’s protocols, they can work more efficiently and effectively, leading to better patient outcomes and higher client satisfaction.

Enhanced Patient Safety:

A 2014 study showed human medical operation room teams that have worked together for an extended period develop better communication and coordination, which are critical for patient safety. Familiarity with each other’s working styles and strengths allows for smoother operations and reduces the likelihood of errors.

Retaining great support staff in veterinary medicine requires a multifaceted approach (there’s no one magic cure to keep everyone) that includes building a strong community, fostering a sense of purpose, investing in personal growth and development, and providing effective management and training for management and leadership. By implementing these strategies, veterinary practices can create a positive and supportive work environment that encourages staff loyalty and satisfaction. In turn, this leads to financial savings, improved productivity, and enhanced patient safety, ultimately contributing to the overall success of the practice. ■



Further Reading

Babiker A, El Hussein M, Al Nemri A, Al Frayh A, Al Juryyan N, Faki MO, Assiri A, Al Saadi M, Shaikh F, Al Zamil F. Health care professional development: Working as a team to improve patient care. *Sudan J Paediatr.* 2014;14(2):9-16.

De Smet A, Schaninger B, and Smith M., The hidden value of organizational health—and how to capture it. *McKinsey Quarterly*, April 2014.

Hall, J. (2019, May 9). The Cost Of Turnover Can Kill Your Business And Make Things Less Fun. *Forbes*.
<https://www.forbes.com/sites/johnhall/2019/05/09/the-cost-of-turnover-can-kill-your-business-and-make-things-less-fun/>

Selko, A. (2023, November 24). Investing in Education is a Smart Retention Strategy. *EHS Today*.
<https://www.ehstoday.com/training-and-engagement/article/2127763/investing-in-education-is-smart-retention-strategy>

Vaisman, J. (2023, December 11) The 4 Most Important Behaviors for All Veterinary Leaders.
<https://www.flourish.vet/post/the-4-most-important-behaviors-for-all-veterinary-leaders>





Compassionate Care From Afar

The Role of the Technician in Telehealth

BY KATE BOATRIGHT, VMD



Telehealth services in veterinary medicine have grown immensely over the past several years. This technology is considered part of the solution for growing professional concerns such as access to care and workforce shortages. When used appropriately, telehealth services can improve patient outcomes, enhance client satisfaction and bonding to the practice, and benefit veterinary team members.

Case Study: Part 1

Mrs. Smith has noticed that Snickers, her 12-year-old female spayed domestic shorthair, has

been having urinary accidents. During Snickers' annual preventive care examination a few months earlier, she and Dr. Brown discussed that Snickers was overweight but otherwise appeared healthy. Mrs. Smith calls Dr. Brown's office to ask if there is anything she can do to keep Snickers from having accidents.

Dr. Brown's office utilizes telehealth and connects Mrs. Smith with one of the clinic's veterinary technicians, Susan, to discuss her concerns. Mrs. Smith has seen Susan during several previous appointments and is eager to answer Susan's questions about Snickers' urination behaviors, thirst, and appetite. Susan

discusses the many possible causes for urinary accidents with Mrs. Smith and recommends an in-clinic examination. She discusses that laboratory testing will likely be needed so that Mrs. Smith is prepared for the appointment.

Mrs. Smith's initial call and subsequent conversation is an example of teletriage, the most common form of telehealth in veterinary practice. All veterinary clinics perform teletriage and provide advice to pet owners (teleadvice) over the phone on a daily basis. These services can be performed by any veterinary team member and do not require a pre-existing veterinary-client-patient relationship (VCPR).

The Role of The Technician in Teletriage

"Telehealth is a tremendous way for technicians to put their knowledge to use and improve client compliance and patient care," said Lori Teller, DVM, DABVP (Canine/Feline), CVJ, clinical professor of telehealth at Texas A&M University College of Veterinary Medicine. This starts with teletriage and teleadvice.

"Telehealth is a tremendous way for technicians to put their knowledge to use and improve client compliance and patient care."

Lori Teller, DVM, DABVP (Canine/Feline), CVJ

In most cases, “a technician can triage the case to determine if it needs to be seen immediately or if this is something that can be monitored at home for a period of time,” said Teller.

With their broad medical knowledge, technicians know what questions to ask of clients to get the information needed to make the best recommendation for an individual patient. Through teletriage, technicians may also be able to build on an existing relationship with the client that was established during previous in-clinic visits.

“Having technicians utilize telehealth with a client can be much more fruitful and satisfying than a random Google search and can further bond a client to your practice,” Teller noted.

Additionally, having technicians engage with clients prior to the appointment can increase compliance.

“When we explain the whys [behind our recommendations], it is so common for a customer to agree,” said Antoinette Martin, DVM, vice president of Virtual Medicine and Operations at Petfolk, a veterinary health care network.

Technicians understand the reasons behind the testing that the veterinarian recommends and the importance of the physical examination. Telehealth gives technicians the opportunity to translate this information into language a client will understand. Martin has observed “so much decrease in friction for our bookings and much more compliance for the recommendations that we’re making just by [having] that extra five minutes of conversation before the appointment.”

“The major issues I see are incorporating telemedicine into daily workflows and appropriately charging for the service. Both of these can be overcome and that needs to be a team effort.”

Lori Teller, DVM, DABVP (Canine/Feline), CVJ

Case Study: Part 2

Snickers is diagnosed with diabetes mellitus during her appointment. Dr. Brown and Susan discuss disease management with Mrs. Smith after delivering the diagnosis. Susan teaches Mrs. Smith how to administer insulin and discusses insulin handling and dietary recommendations. Mrs. Smith prepares to leave the appointment with new food, insulin, syringes, a thick stack of printed instructions, and a fair amount of anxiety about whether she will be able to treat Snickers. To help support Mrs. Smith, Susan schedules a virtual technician appointment for a few days later.

At the beginning of the telemedicine appointment, Mrs. Smith shares that she is unsure if Snickers is getting all the insulin as she sometimes jumps during the injection. During the video appointment, Susan watches Mrs. Smith administer the insulin. She assures Mrs. Smith that she’s doing a great job and gives some tips for lessening the stress of injections for Snickers. They discuss additional questions and schedule Snickers’ next follow-up in the clinic.

Susan notices that Mrs. Smith is much more relaxed by the end of their appointment.

The Technician Role in Telemedicine

“There are tremendous opportunities for technicians to use telemedicine in practice,” said Teller. “Virtual appointments with a technician between in-person visits can be used to monitor progress and evaluate compliance,” such as with the case of Mrs. Smith and Snickers. “Our technicians are extremely important in client education and in bonding clients to a practice,” she said. “Some clients are more concerned about which technician will be in the room during an appointment than they are about which doctor they’re seeing.”

The list of cases that can be handled through telemedicine is long, and the opportunities to utilize technicians are many. The limitations of what technicians can do through telemedicine are the same as in the clinic—anything except for diagnosing, prognosing, and prescribing medication. They



Virtual Teams

Whether they know it or not, all veterinary clinics are already offering some level of telehealth through teleadvice and triage. Traditionally, these services are provided by team members over the phone or text message from the clinic. But there are a growing number of clinics that provide these services using remote team members. Sometimes, these team members are employed by the hospital and may spend some time in the clinic providing traditional services. Other times, team members may be entirely virtual.

Having virtual team members offers several benefits to clients, patients, and team members. Petfolk, a group of veterinary hospitals with locations throughout the United States, has a fully remote team of client service representatives, veterinary technicians, and veterinarians that provides support for all their brick and mortar hospitals. The majority of the virtual medical team's work is fielding new questions from existing clients, said Antoinette Martin, DVM, vice president of Virtual Medicine and Operations at Petfolk.

“Customers are used to making that call and engaging the staff,” Martin said. Speaking with a virtual team member is not all that different from what clients are accustomed to.

A major advantage of using virtual team members is the lack of distractions that can occur in the clinic. Instead of trying to talk to a concerned client about their pet's new lump in between checking in a client for their appointment and scheduling a follow-up appointment for a different patient, virtual team members can give complete focus to the client on the phone or video chat in the moment. This also allows the in-clinic team to more fully focus on clients and patients who are physically in the clinic without the distraction of constant phone calls. Ultimately, this can decrease stress for all members of the vet team and greatly improve the client experience and patient outcomes.

can provide client education on disease management, troubleshoot medication administration, discuss diet, assess patient behavior, and more.

Educating Teams in Telehealth

Telehealth is a powerful tool that veterinary clinics can add to their toolbox to expand technician utilization and improve patient outcomes. But just like any new piece of equipment or new drug, we must critically evaluate how to use it safely and effectively. Team members should be trained on what types of cases are appropriate for virtual care.

Whether or not a VCPR exists with an individual client and patient is a crucial factor in what services can be offered. Triage and teleadvice can be used at any time, regardless of whether there is an established VCPR, as these areas provide generalized information. “No diagnosing, treating, or prescribing,” clarified Martin, “We're simply educating. I kind of say if you can Google it, it's probably in the realm of fair game.”

Telemedicine requires the establishment of a VCPR, as it is used to address the needs of an individual patient. There is ongoing debate as to whether a VCPR can be established virtually, but the AVMA states that “veterinary telemedicine should only be conducted within an existing VCPR.” Ultimately, the specifics of when telemedicine can be employed and how a VCPR can be established and maintained are governed by federal and state laws and regulations.

Clinics that offer telemedicine need to provide guidelines to their team members on which

cases can be managed virtually. For clinics that are just starting to offer telemedicine services, Teller reminds clinics that “while there are so many appropriate use cases for telemedicine, you don’t have to start with all of them at the beginning.” She suggests picking a limited number of use cases to begin, such as postoperative rechecks or weight management cases. Clinics can then expand services over time as the team and clients become more comfortable.

Practical Tips for Telehealth Implementation

Implementing telehealth requires planning and team buy-in. “The major issues I see are incorporating telemedicine into daily workflows and appropriately charging for the service,” said Teller, “Both of these can be overcome, and that needs to be a team effort.”

When it comes to workflow, Martin suggested that when starting out, group telemedicine appointments into a single time block, whether that is confined to one day of the week or one part of each day. If doing a block of virtual appointments each day, Martin recommends “first thing in the morning, because you can’t get behind hopefully, or right after lunch for a similar reason. It gives you a little bit of a buffer to get in there and start on time.”

Martin acknowledged that “change management is hard.” She suggested that “rather than trying to get everybody on board, I usually say pick a person from each department” to be a champion for telehealth. This would include a customer service representative to handle scheduling and taking payments, a technician who can offer the service when talking to clients

in the exam room and provide virtual services, and a doctor to oversee the advice and care that are provided as well as see telemedicine appointments. These individuals can keep telemedicine options at the forefront of their mind when talking to clients so that this type of appointment is offered when appropriate and scheduled correctly. They can also help to walk clients through any technology concerns related to a virtual appointment.

Adding telehealth services to your clinic may feel overwhelming, but both Teller and Martin encourage clinics to start small and build on their successes. There are numerous resources available for practices that want to add telehealth services, including the *2021 AAHA/AVMA Telehealth Guidelines for Small Animal Practice* and the *2024 AAHA Telehealth Toolkit*. ■

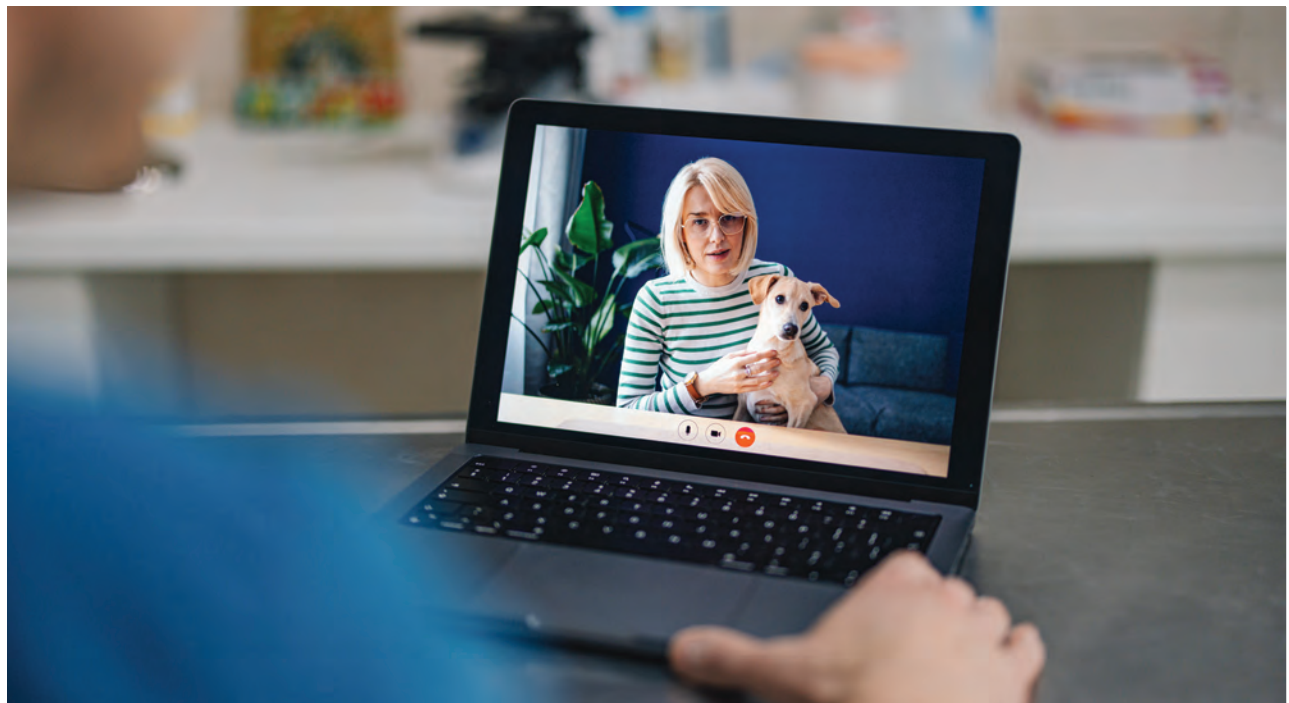


Photo by Lisa Chamberlain, courtesy of Allandale Veterinary Hospital

GRAND PRIZE WINNER



Photo: iStockphoto.com, via Getty Images Plus

Teams@Work 2024

We Asked for Your Best Photos—and You Provided

RUNNERS-UP



1 Jodi Eisenberger, CVT, fills out surgical anesthesia forms while helping a patient thru surgical recovery. Jodi is a big fan of golden retrievers! Photo by Lois Lantz, courtesy of Pine Creek Animal Hospital.



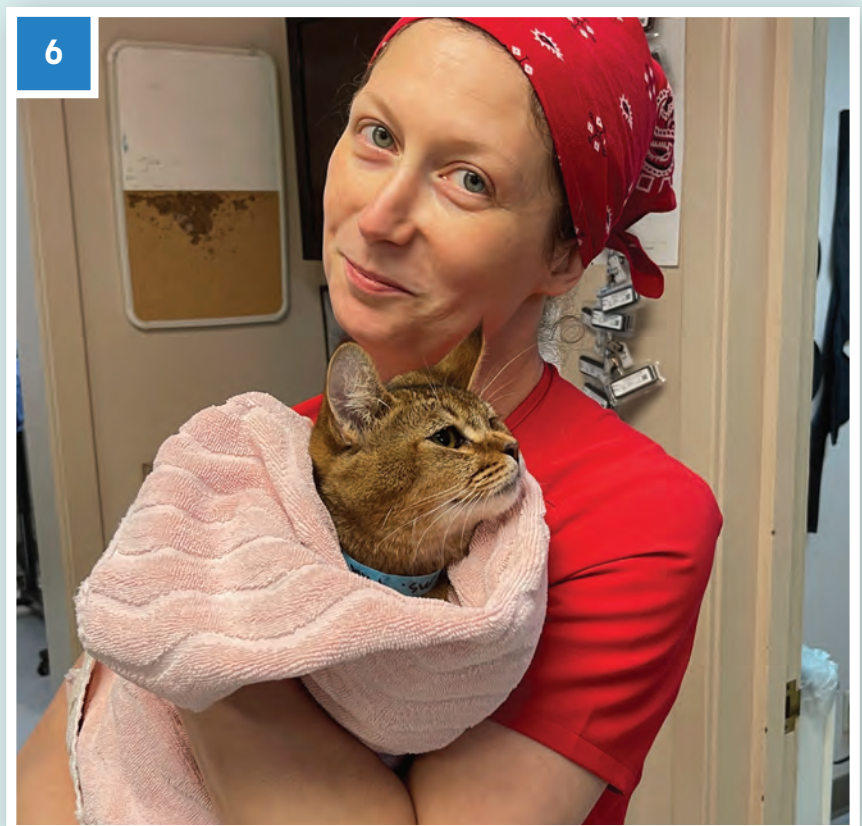
2 Sweet little Pierre was determined to get his cone off. In the end, the team had to opt for the full-size collar in order to ensure compliance. Photo by Elena Carver, courtesy of Elliott Bay Animal Hospital.

Welcome to the 2024 Teams@Work photo contest! Each year we hold a contest to find the best pictures of veterinary teams at work, submitted by you, the readers. This year we expanded our pool of judges to include all staff members at AAHA, who voted for their top three favorite photos.

The winner of this year's contest is a photo that you can practically hear, if you have ever heard a guinea pig chirp, wheek, or grunt! The photo, by Lisa Chamberlain of Allandale Veterinary Hospital, shows a very expressive Guinea pig patient who is less than thrilled to be getting a nail trim from veterinary assistant Laura Oliver. Congratulations to Allandale and Lisa! The practice will receive an AAHA swag bag, a gift card, and bragging rights for the entire year.

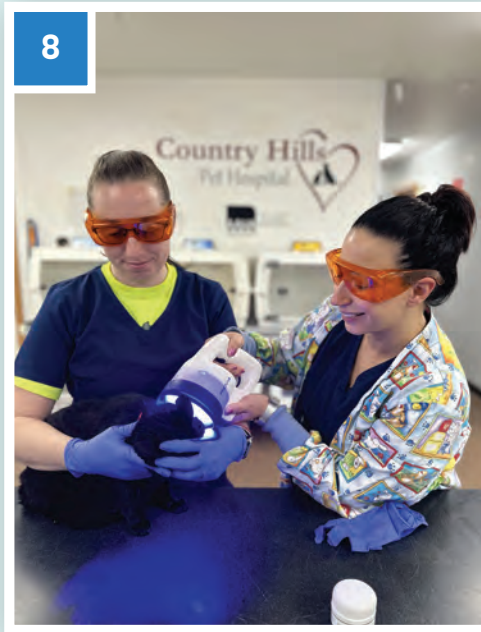
The first runner up is a shot of Jodi Eisenberger, CVT, showing off that classic technician skill—multitasking—as she catches up on some paperwork while providing some TLC to a patient at Pine Creek Animal Hospital in Gap, Pennsylvania. The second runner up is from Elliott Bay Animal Hospital in Seattle. Julie Krol mugs for the camera behind a MONSTER Elizabethan collar that was apparently the only one that would stay on feisty patient Pierre!

The runner up practices will also receive a special prize. Congratulations to all!





7



8

3 Monica Sastre (left) and Megan Reis (right) have kisses for all patients. Photo by Virginia Piper, courtesy of Rainier Veterinary Hospital.

4 After a dental procedure this sweet dog needed extra comfort and Tanya Navarro, RVT, stayed with them, talking in gentle and comforting tones. Photo by Natalie Borgardt, courtesy of Animal Care Clinic SLO.

5 Jan Hoople, CSR, greeting patients. Photo courtesy of Country Hills Pet Hospital.

6 Veterinary Assistant Monica Sastre snuggles a patient. Photo by Michael Ling, courtesy of Rainier Veterinary Hospital.



9

7 Volunteer Monica Sastre stays with a patient following a surgical procedure at a free surgery clinic. Photo by Andi Lucas, courtesy of Rainier Animal Fund.

8 Nicole Zehren, CVT, and Allison Huettner, CVT, perform a Phovia treatment. Photo courtesy of Country Hills Pet Hospital.

9 Lead technician Jessie Rayburn, CVT, handles a baby skink before its physical exam. Jessie loves dealing with the reptiles, pocket pets, and rodents that the practice sees. Photo by Lois Lantz, courtesy of Pine Creek Animal Hospital.

10 Volunteer doctors Laura Hamil, DVM, DACVS (left), and Emily Grossman, DVM, examine injury on a free clinic patient. Photo by Andi Lucas, courtesy of Rainier Animal Fund.

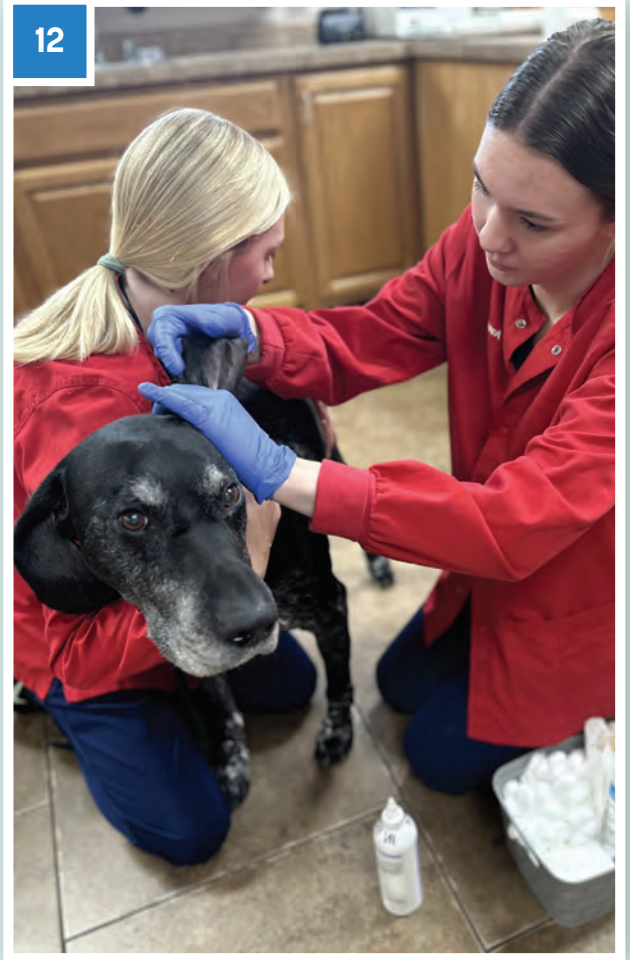


10

11



12



11 In a quiet room, Priscilla Suen, RVT, comforts a sweet dog while administering medication for xylitol poisoning after they ate several pieces sugar-free gum which the family cat knocked off the counter. Photo by Natalie Borgardt courtesy of Animal Care Clinic SLO.

12 Veterinary assistants Avery Martin and Taylor Kleinke clean Ivan's (GSP) ears. Photo courtesy of Country Hills Pet Hospital.

13 Brooklin Kingland, CVT, assists Mark Thompson, DVM, with surgery. Photo courtesy of Country Hills Pet Hospital.

13





14

14 Lisa Chamberlain, RVT, VTS (Anesthesia & Analgesia), shows love to some sphynx kittens. Photo by Lisa Chamberlain, courtesy of Allandale Veterinary Hospital.



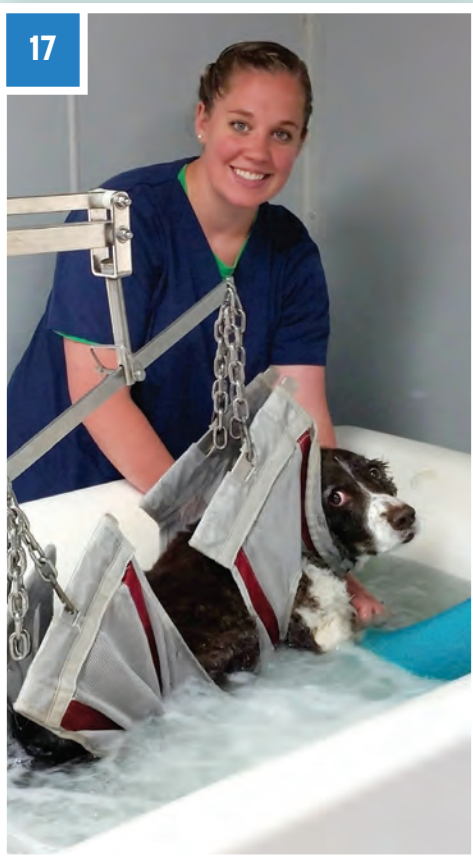
15

15 Teamwork works well as Mireya Martinez, veterinary assistant (left) and Hayden Fraser, veterinary tech student (right), draws blood for lab work on a canine patient in for her routine annual exam. Photo by Brandi Christianson, courtesy of Kindness Animal Clinic.



16

16 Julie Pattaphongse, RVT, administers therapeutic laser while Priscilla Suen, RVT, keeps this sweet dog happy with peanut butter on a lick mat after a tough encounter at the beach with another dog. We think they look great in their protective goggles! Photo by Natalie Borgardt courtesy of Animal Care Clinic SLO.



17

17 Bioelectric whirlpool session with Sarah Zurmond CVT, CCRP, CVPM, following cruciate repair. Photo courtesy of Country Hills Pet Hospital.



18

18 Laurie Prober, VMD, DACVIM, is performing an endoscopy retrieving a hearing aid device while Alanna Mallory, LVT, VTS (Internal Medicine), is monitoring the patient under anesthesia. Photo by Alicia Carr, courtesy of Pinnacle Veterinary Specialists.

Tech Support

New Challenges and New Opportunities to Help Technicians

BY SALLY JO VANOSTRAND, LMSW

The pandemic changed many aspects of our day-to-day lives, including what is endured at the workplace for veterinary professionals. Changes in patient load, staffing shortages, and client expectations have exponentially increased the workload for credentialed veterinary technicians (CrVTs). While some of these changes appear to be here to stay, some of the boundaries set by CrVT staff seem to be in jeopardy. Several thoughts come to mind when considering the well-being of CrVT staff after COVID including:

- What new stresses are CrVTs facing because of COVID?
- What can be done to help the

career path of CrVTs because of the changes seen after COVID?

- What do these changes mean for the future of CrVT work?

As a veterinary social worker, I decided to investigate these changes by speaking with several CrVTs to gain their first-hand insight and combine those with my observations.

The human–animal bond experienced changes during the pandemic because clients were forced to stay home, increasing time spent with their pets. CrVTs I spoke with agreed that even after lockdown more clients seemed to be working from home and therefore spending more time with

their pets. While it is wonderful to witness clients being more observant of their pets, it has increased the number of phone calls to vet hospitals requiring triage by CrVTs and often an increase in patients who need to be seen. This uptick in calls has contributed to significant increases in workload.

The pandemic also saw an increase in the number of households with pets, which has led to a spike in the pet-to-staff ratio. Increases in pet ownership led to a situation where CrVTs, already spread thin, were expected to do more. Another consideration when looking at pandemic-related changes is that, although these



clients are staying home more, so are their pets. Unsocialized dogs and puppies that do not get enough mental stimulation can become more challenging patients, which also adds to the stress of being a CrVT.

As the workload and level of difficulty have increased, so have client needs. Clients don't understand the increase in workload for all veterinary hospitals after COVID. Waiting longer for available appointments, more time needed for medication requests, and longer wait times in the clinic can be difficult for clients to accept because it's different from their past experiences. Unfortunately, this

lack of understanding can lead to demanding and disgruntled clients.

Stress is common in our profession. Taking the time to discuss the biggest stressors for CrVTs in our practices allows for opportunities for employers to make changes and better support staff. A frequently cited workplace stressor is being short-staffed. Staff turnover is an issue for all personnel within the veterinary profession with a reported turnover rate of 30%–50%. High turnover rates can leave a CrVT shorthanded or needing to train a new hire on top of their daily responsibilities. CrVTs are expected to do so many different tasks in a day that when a

Reminding ourselves of the things we are grateful for in our careers can help reduce the feelings of being overwhelmed.

practice is short-staffed it can lead to feelings of being overwhelmed or burned out. One technician I spoke with described how she feels when this occurs.

“It is often difficult to divide ourselves up between everything we have to deal with: multiple doctors’ needs, receptionist questions, clients requesting medications online or in hospital, clients wanting to speak with us regarding concerns for their pets and triaging calls, treatments for patients here for exams, or hospitalized patient needs, in addition to an overly booked tech schedule, surgeries, high priority exam appointments, radiographs, lab work, sending and receiving referrals to outside hospitals, etc.”

More CrVTs in the veterinary setting could certainly help decrease the workload for CrVTs, but it would still leave other

stressors to be addressed, such as client and coworker expectations.

A generalized looming feeling felt by CrVTs is that of disappointment. Nobody enjoys feeling as though they’ve let someone down. But CrVTs report they encounter this regularly, whether it is a client who is being told they have to bring their pet to an urgent care because their primary veterinary office is at capacity, or telling a doctor that they cannot do a task because the CrVT is already backed up.

Regularly feeling that we have disappointed someone can lead to anger and sadness. Even the most highly functioning CrVTs can experience symptoms of imposter syndrome due to feeling that they are not living up to the expectations of their coworkers and clients. Feeling as though you are disappointing clients

and coworkers can lead a CrVT to question their career choice, even though the cause of feeling this disappointment is out of the CrVT’s control.

Setting Boundaries

Boundaries are without question a necessary tool for CrVTs to have. Boundaries can be something as simple as having a memorized phrase to say to a client who is giving them a hard time, letting a coworker know that you are unable to help them in that exact moment but are happy to help when the task at hand is finished, or even adjustments to work-life balance.

Having boundaries while maintaining professionalism can help manage expectations for coworkers, clients, and the CrVT. It takes conscious processing to relate to our clients and coworkers. We may not appreciate a client who is angry when things are out of our control or a coworker who is putting pressure on already monstrous expectations. If we take a moment to understand where they are coming from and set boundaries for ourselves, we can end up in a calm state rather than feeling overwhelmed.

Gratitude can be a hard practice for any person, yet the generalized practice of gratitude can increase happiness in our lives holistically. Reminding ourselves of the things we are grateful for in our careers can help reduce the feelings of being overwhelmed. Coping mechanisms that seemed to help the CrVTs I spoke to included processing the difficult parts of the day with a coworker, investing time in an interest or hobby outside of work, box breathing, and taking a break when the stress level gets too high. Coping mechanisms are easy



to discuss at staff meetings and are beneficial to promoting wellbeing inside any veterinary hospital.

While the world of CrVTs has seen difficult changes, it is important to acknowledge that the future looks bright for CrVTs. The chance for CrVTs to specialize in their area of expertise leaves many opportunities open. Considering the high turnover rate of CrVTs entering the field, having more opportunities for specialization and advancement may decrease the amount of turnover seen.



Supporting Technicians

Advocating for our CrVTs is something to consider when pondering what we can do to help. Discussing with clients how much CrVTs do, sharing Facebook posts about CrVT responsibilities, and reminding coworkers of what a CrVT has on their plate are all examples of advocacy. Education in the form of advocacy can lead to further acknowledgment of our amazing CrVT superheroes in scrubs.

Undoubtedly, one of the most important findings in my practice has been that, even though CrVTs understand the difficulties and hardships their career faces, they continually share that they love their job. Reasons a CrVT may enter the field (such as helping animals, building skills, and educating pet

owners) are still at the core of what this role does.

While the stress of patients, clients, and coworkers is there, CrVTs also find job satisfaction because of the patients, understanding clients, and supportive coworkers. Enhancing these positive experiences through recognition can go a long way for the CrVT who may be struggling.

All of us within the veterinary profession have the power to help the CrVTs we work with. Checking in and asking how they are doing and creating a safe and supportive environment where CrVTs can talk about their state of mind can go a long way. Offering to help with appropriate tasks can help a CrVT feel less pressure by expediting the

task at hand.

Even if offering to help is not what is needed at the moment, the offer can have a positive impact on the morale of the CrVT. Nobody wants to feel taken for granted, so checking in routinely and letting them know they are a valued member of the team can help diminish these feelings. My appeal to all of us working within the veterinary profession is to ask yourself during the workday, “How have I supported a CrVT today? And how can I support a CrVT tomorrow?” ■

Even the most highly functioning CrVTs can experience symptoms of imposter syndrome due to feeling that they are not living up to the expectations of their coworkers and clients.

How to Hold on Loosely

Provide Flexibility to Keep Employees Around

BY KRISTEN GREEN SEYMOUR AND EMILY SINGLER, VMD

While it was a passion for helping animals and empowering pet owners that inspired Cayla Couch, DVM, to go into clinical practice, it was the flexibility offered by her employer that made her certain she was in the right place.

Couch was a fairly recent grad when she joined Petfolk (a general veterinary practice with multiple locations) in 2021 as one of their earliest team members. While she appreciated the four-day work week Petfolk offered its full-time employees, she realized early on that what she would value even more was a flexible schedule that would allow her to enjoy time with her husband and longer

weekends off to visit their families in California.

“Trying to get home for a three-day weekend just isn’t feasible when two of those days are spent traveling,” Couch said.

Fortunately, Audrey Wystrach, DVM, co-founder and co-CEO of Petfolk, and Ashley Russell, Petfolk’s head of people, were fully onboard with finding a solution. “We, as an organization, said, ‘We love Cayla, we want her to be happy, and we’re willing to change to accommodate her to make this a win,’” Wystrach said.

And a win it was. “It really had a positive impact on my home life and my marriage,” Couch said.

Then, Couch learned she was

pregnant, and Petfolk worked with her to change her schedule again—first, by setting a consistent schedule so she and her husband could better arrange for childcare, then cutting her work week down to three days a week.

“This really works for us,” Couch said. “My husband is able to watch [our son] on Sundays, and we were able to afford a nanny and have her here on Mondays and Tuesdays.”

Why Focus on Flexibility?

Stories like Couch’s aren’t the norm in this profession, but as AAHA’s *Stay, Please* study found, flexibility in scheduling and job duties is a



strong driver of both retention and attrition in veterinary medicine. In other words, when flexibility is done well, it inspires people like Couch to stay. But when it's done poorly, it's also a top reason why people leave their current jobs in clinical practice—or even clinical practice altogether.

Considering how challenging (not to mention expensive) it is to recruit and replace great employees, it certainly makes sense for practices to seek out any ways they can to improve retention. Modern Animal, a human-focused veterinary company with locations in California, Texas, Arizona, and Georgia, realized the importance of focusing on flexibility a few years

ago when they surveyed over 300 doctors to learn what they valued most and learned that having a good work schedule ranked at the top of the list.

“Anecdotally, I know doctors will often stay in a substandard situation longer than they might otherwise if they have a good schedule,” said Christie Long, DVM, chief medical officer at Modern Animal. While her goal is not to keep doctors by only giving them a good schedule, she recognizes that offering desirable schedules is key in their goal to have doctors stay “forever.”

And sometimes, the focus on flexibility is personal.

“I’ve been in the industry for

↑ Top Left: Amanda Waldron and Dr. Audrey Wystrach perform a physical exam on Vivi. Photo courtesy of Petfolk.

Top Right: Couch's first day back to work after maternity leave. Her son, Jax, was cheering her on. Photo courtesy of Cayla Couch, DVM.

Bottom: Petfolk leaders (Dr. Antoinette Martin, Dr. Jeff Speicher, Dr. Audrey Wystrach, and Amanda Waldron) pose in Fort Mill, SC's Pet Care Center. Photo courtesy of Petfolk.



↑ Left: Jennifer Jones-Shults, DVM, performing rehabilitation on Poppy.

Top Right: Cayla Couch, DVM, with her son (Jax) and two dogs (Maddie and Niles). She credits her dogs with getting her into vet med. Photo courtesy of Cayla Couch, DVM.

Bottom Right: Cayla Couch, DVM, examining a patient with elbow dysplasia. Photo courtesy of Cayla Couch, DVM.

30 years,” said Wystrach. She was in the very first class at Colorado State University in which women outnumbered men—by one. For the first 15 or 20 years of her career, she said there was zero flexibility. “You worked five days a week. You did a regular job. You may or may not have had maternity leave, and the expectation was that [if you did take maternity leave] you came right back and joined back in.”

As a mother of three with a husband who traveled five days a week, Wystrach ended up owning a lot of her own hospitals. She also didn’t take a vacation for the first

three years she was practicing, and at one point, found herself working 365 days a year. “There was a huge point in time in my life where I would have given anything to have flexibility... to be able to define my schedule and satisfy the need state of my growing kiddos,” she said.

At the time, though, she simply didn’t know how to do that. “There was no permission for any conversation around it,” she said. “It was just like, you’re in it, in the deep end. Keep going. Swim, swim. Swim faster! Swim harder!”

This experience has driven her, along with Russell, to make sure

Petfolk employees have a variety of scheduling options available—both when they come on board and as their need states change over time.

“You’ve got a business to run, and then you have individuals who want to be as happy in their job as they possibly can be,” Wystrach said. Petfolk’s approach to achieving those goals is to offer a bit of an employment buffet: there’s four-day full time option, part time schedules, telehealth, Petfolk Flex (a proprietary scheduling app that enabled people to remain 1099 employees and work in, essentially, a relief capacity), and even some locum shifts for doctors interested in traveling.

But they don’t limit themselves to strictly those options, said Russell. When a prospective employee asks her what kinds of flexibility they offer for scheduling, she said, “We would turn that question right around and say, ‘What do you need?’ And then we would define their job from there.”

The approach has paid off with a 98% retention rate, a fifth place ranking in Newsweek’s Top 100 Global Most Loved Workplaces, and an Employee Net Promoter Score (eNPS) that’s consistently in the mid-80s (a score that’s considered best-in-class).

Being flexible about what flexibility looks like is important to other employers as well. Modern Animal makes a point to ask, “What is your preferred schedule?” during the recruiting process.

It’s important not to assume what individual employees will value most. “I used to think everyone wanted the same thing, but that’s not true,” Jennifer Jones Shults, DVM, owner of both Veterinary Emergency Care and Veterinary Rehabilitation Hospital

"The one thing I promise everyone when they join is that I will survey them more than they would like."

ASHLEY RUSSELL, PETFOLK, HEAD OF PEOPLE

in Cary, North Carolina, shared. This might mean working fewer, longer days for some, while for others it means working weekends to have availability for other activities during the week or being able to switch shifts with others if needed.

Attitude Matters

“Our employee retention rate is fairly high, at or above 85% on average,” said Linda McCarthy, CVP, practice manager at the AAHA-accredited, feline-only Cat’s Corner Veterinary Hospital in Oxford, Connecticut. “I believe this is a direct result of our practice and team culture.”

Cat’s Corner has 13 employees, including two veterinarians, and McCarthy says that the practice’s commitment to making sure the team is happy in their positions is especially noted by employees who have come from toxic team cultures.

“We do not make anyone feel guilty for needing or wanting time off,” she said. “We adjust our appointment and surgery schedules to compensate (if the time-off request is planned) when we can, and we do our best to make things work when someone can’t come in unexpectedly. Being flexible with employees is crucial.”

She also stresses the

importance of trusting the team and making work fun. Leadership doesn’t micromanage, and, as long as everything is getting done and patients are taken care of, they don’t mind if the team spends some time socializing, checking their phones, or taking a moment to goof around. In fact, she said, “We join them!” She believes it’s important for staff to see the human side of leadership, too.

Additionally, McCarthy suggests making a point to remain aware of the impact of “generational norms and old school mindset,” which can be rather prevalent in this industry. “We have a multigenerational workforce as a whole,” she said. “It’s important to remind the ‘seasoned’ staff members that it’s OK for students, new grads, and younger team members to have a life, and to not want to work themselves into the ground.” In fact, she said, they encourage those seasoned team members to follow suit.

Beyond Babies

Often, the conversation around workplace flexibility is tied to parenting. And, while it’s true that parents do have specific needs due to childcare responsibilities, the desire for added flexibility is by no means exclusive to that demographic.

In fact, Jones Shults said that less than 50% of the requests she receives for flexibility from her employees have anything to do with parenting. And, while she stressed that the reason for the request shouldn't matter, the ones that she does hear about include needing to care for aging parents, wanting to travel, and being able to leave early to attend a concert, among others.

It Takes a Team

The Petfolk team has learned how important it is to have a solid system in place to facilitate the kind of flexibility they want to offer. "We built 15 hospitals in a very short period of time, and we have 16 on the horizon by the end of next year," Wystrach said. "That's a lot of humans. And you can't have fragmentation where one person gets one thing and the next person gets another."

Their recruiting and onboarding relies heavily on processes, consistencies, and information-sharing to ensure every new hire receives the same information, scheduling options, and opportunity to express their needs. This enables them to build teams full of people who understand how they contribute to

the company's mission to bring joy back to veterinary medicine and create a happy work environment.

After all, said Wystrach, "Flexibility is also making sure that, foundationally, when you walk away from your work, you feel like your patients are not suffering." Knowing you have permission to truly shut down or walk away for a couple of days off—and being confident that there is a great state of care in your absence—is an essential part of flexibility, she said, and that simply can't exist without exceptional teamwork and trust.

Having a strong team in place also allows for practices to pivot when last minute changes arise. (And they will arise, because no matter how much a person plans, life happens and we all have unexpected needs pull us away from work.) Building a team that can step up in order to support a team member who is running late or can't come in—and implementing a workplace culture that makes this the default—makes a huge difference in overall satisfaction.

Keys to Success

Balancing the needs of a practice and its people can be tricky, but by taking the following suggestions to

heart, you'll be well on your way to offering the kind of flexibility that attracts top talent—and makes them want to stick around.

Ask employees what they want—and listen.

"I check-in and do one-on-one meetings with each team member on a quarterly basis, or more frequently, if needed," said McCarthy. She asks them if they can do anything differently or more efficiently, or if there's anything that would make their jobs easier. Some of the requests that come back are simple, and others are more complex, but the most important part of this process remains the same, said McCarthy. "The team sees that we're asking and listening about what they think will help them/patients/clients," she said. This request gets them to invest in their job and the hospital, and creates job satisfaction.

Take surveys seriously. "The one thing I promise everyone when they join is that I will survey them more than they would like," said Russell. Petfolk surveys employees, at minimum, seven times in the first year, and then four times a year after that. Russell's team looks for themes and, at the same time, considers how to communicate their feedback on what they're able to change, what they're going to work on, or, if they can't change something, explaining why that's the case. "I think that feedback loop and communication plays a huge role in our retention numbers," she said.

Dive into the data. "It helps that we have a tremendous amount of data, so we have an understanding of supply and demand. We know when up-regulated opportunities

"Our employee retention rate is fairly high, at or above 85% on average. I believe this is a direct result of our practice and team culture."

LINDA MCCARTHY, CVPM, CAT'S CORNER VETERINARY HOSPITAL



↑ Petfolk team celebrates opening of North Hills Pet Care Center in Raleigh, NC. Photo courtesy of Petfolk.

are needed—and we also have an understanding of when it could be a little quieter,” Wystrach said. This enables Petfolk to create a schedule with full-time and part-time employees while also ensuring the hourly workers are getting at least the minimum amount of work they want (ideally without scheduling too much overtime).

“I will say that one of the greatest tools is having part-time and flex people who can help regulate some of those need states,” Wystrach said. “It’s a real puzzle of full-time, part-time, and flex. It’s not always easy, and you know that at some point in time the profit and loss is suffering a little bit and sometimes

the humans have to put in a little bit more. But it’s a good balance to be able to reflect on data and analytics to understand the need states of the growing hospital.”

Plan ahead when possible. Jones Shults believes that communicating in advance is the best way to make sure the practice needs can be met while still giving the employees the flexibility they want. “Flexibility for me is more about planning out,” she shared. “Most people prefer to know farther out what their schedule is.” This allows for personnel to plan everything from doctor’s appointments to trips to continuing education conferences

without having to worry about getting the time off they need.

Ignore the norm. There’s more than one way to run a successful business, so don’t be afraid to shake things up to ensure your strategy works for you. For example, at Modern Animal, they consider 30 hours a week to be full time and eligible for full benefits, which allows those who want to work a three-day schedule each week to do so. To keep shifts from running long, they cap schedules at 16 appointments per day. And, instead of “squeezing in” extra appointments to an already full schedule, each practice has a veterinarian working an urgent care shift each day to accommodate sick or injured pets that need to be seen the same day. The result of this, Long explained, is that veterinarians working a regular appointment shift can move some of their 16 scheduled cases around or turn some into drop-off appointments now and again if they need to shorten their day.

Allow for give and take. “My motto has always been that there’s no harm in asking,” Couch said. The worst thing people can say is no, after all, and while that’s not ideal, she believes there’s often room in a conversation to find some sort of compromise.

“As long as you’re not asking for anything extreme and there’s a little leeway, like a cut in pay if you’re changing your hours, a good employer is going to be willing to work with you,” she said. “So, if something is truly going to make or break you—if you’re between staying or leaving clinical practice, or if something is really impacting your life at home or your mental health—it’s a good idea to ask. Be your own biggest advocate.” ■



Community

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

Now you can, in AAHA Community.



An online gathering place

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

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

Not an AAHA member yet?

Join today at aaha.org/joinnow





CLIENT CENTRIC / ONLINE MISINFORMATION

Combating Misinformation

Navigating Conversations With Clients
in the Age of Dr. Google

BY DEBBIE BOONE, CVPM

“Doctor Google!” Say these words to any medical care provider—human or veterinary—and you will immediately get a negative reaction. Frustration, irritation, and annoyance come to mind, not to mention the occasional eye roll. But as an avid online researcher, I find vast quantities of excellent, accurate, and useful information available to me, and I don’t think I’m alone. So why the attitude?

Let’s start with why veterinary clients look online in the first place.

- First, the internet is available 24/7 and provides us with immediate answers. When working with practices I find many have excellent content available on their websites to provide quality pet care education to their clients. Unfortunately, they rarely share this with the people it is designed to help. Therefore, clients with questions visit their search bar instead of their veterinary practice’s website.
- Second, knowledge is power, and as anyone who has been a patient or caregiver knows, medicine can be confusing and intimidating. By self-educating, people feel more in control, and their fear is reduced.
- Mistrust. If clients have had past negative experiences with providers, they seek no-cost second opinions online. It is more common to see this behavior in newer clients who have not developed trust in their veterinary team than those we have built relationships with over many years.



- A sense of community. By joining online discussion groups and forums, clients find solace with others in similar situations. They also seek tips for successful treatments and husbandry of ill pets and compare information.

None of these motivations are intentionally meant to be disrespectful to veterinary professionals. They are merely clients seeking information at a time they have available and in a way they can understand. Instead of being offended, we should embrace the fact that clients are interested in learning and being good partners in care.

As practitioners, it is vital that

we build our clients’ trust in our knowledge and abilities, but we can’t do that by dismissiveness or argument. Certainly, there is highly inaccurate information available online, but refusing to consider the client’s efforts erects a barrier between doctor and client rather than opening a dialog.

In the book, *Crucial Conversations: Tools for Talking When Stakes Are High*, the authors talk about using active listening to get all the information out into the “pool of common meaning.” This means using curiosity to ask good, open-ended questions of the client while listening intently to understand, not just waiting to respond. This can be incredibly

difficult when the information the client is sharing is in opposition to all scientific and medical facts. Still, it is vital that we know where the client is coming from and why they feel their information is valid.

The next step is to offer validation. Appreciate the effort if not the accuracy. You may offer, “I can see you have done a lot of research and care deeply about your pet’s health.”

You can also empathize with their situation by saying, “A diagnosis like this can be very concerning and the care can be complex. I appreciate your situation and am here to help.”

Now you may offer to discuss the challenges and limitations of internet accuracy and the vast amount of science and research that goes into veterinary knowledge. Explain

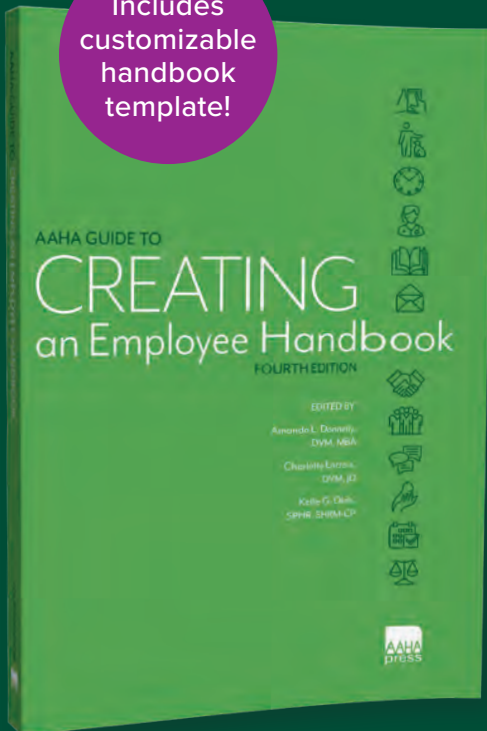
how rigorous the trials behind new medications are and the effort needed to get US Food and Drug Association approval of any new product or medical technology. Share how this is for the safety of the pet, which you both value.

Approaches to Effective Communication

When educating clients on internet fallacies, there are several helpful communication approaches veterinary teams can use. The Sandwich Approach involves “sandwiching” information that is corrective between neutral and collaborative statements of support. For example: “I appreciate your concern for Fluff’s diet and agree with your assessment that good nutrition is important to her

As practitioners, it is vital that we build our clients’ trust in our knowledge and abilities, but we can’t do that by dismissiveness or argument.

Includes customizable handbook template!



Your **complete** employee handbook toolkit.



Easily create a professional employee handbook for your hospital team with this comprehensive new edition, which includes updated information on social media usage, policies for preventing harassment and bullying, and protocols surrounding marijuana laws and vaping.

Shop now at aaha.org/store!





Analogies are a terrific way to simplify complex information for nonmedical folks. This is one of my preferred techniques because it often involves storytelling.

health and longevity. However, the information you shared has some inaccuracies according to the research done by veterinary nutritionists who are specialists in the subject. Here is some information holding the latest research I am sure you will find valuable...”

The next approach is Ask-Tell-Ask. This involves asking the client what they know or believe about a topic. Listening intently. Then sharing accurate information and asking what they think. Since the pandemic there has been an increase in misinformation about vaccines so we may ask, “Can you tell me what you have read about vaccines?” Wait for the reply, then thank them for sharing. Now it is time for you

to “tell” them what you know. “Mrs. Smith, as you know there is a lot of conversation on the internet about vaccines, but what we know from scientific studies and over years and years of vaccinating animals is... How does that fit with what you have read?”

I have a neighbor who likes to ask me medical questions about her pets. One day she said, “Debbie, the folks at the beauty shop say I shouldn’t take the flu vaccine because big pharma is just trying to kill us all off.” She is 78. I replied, “Hilda, since pharmaceutical companies sell many more medications to the elderly than to 20-year-olds, why would they want to bump off their customer base? That would be unbelievably bad

for business! Don’t you think?” She laughed and said, “Well, that makes perfect sense. You are right!” So, she went and got her flu shot.

Analogies are a terrific way to simplify complex information for nonmedical folks. This is one of my preferred techniques because it often involves storytelling. One of my favorite replies to the question, “Why do puppies get so many vaccinations?” came from my associate veterinarian. He used to tell clients that maternal immunity was like a seesaw. He used the analogy that at some point, the mother’s immunity would drop like the end of the teeter totter and the puppy would lose protection, but no one really can predict when that will occur. So, we vaccinate at

intervals in order to catch the drop in immunity before it “reaches the ground.” Another favorite was the DVM who compared a blocked cat to a clogged toilet—the client at once understood the problem, and no medical terminology was used.

Finally, we should have and use reliable resources. Although manufacturers and vendors provide us with excellent tools, they can be perceived as biased by distrustful clients. It is necessary to have “tools in your toolbox” such as veterinary college websites (Tufts Petfoodology is a favorite of mine for nutrition), peer-reviewed journals, professional associations like AVMA, AAHA, or your state association’s articles and infographics. Offer handouts or links to validated sites during your discussions with clients and share your own website if you have educational materials available. For many years, I linked handouts to service codes so they automatically became part of a client invoice. By providing the information at the visit, you end the need for further research.

When Clients Don’t Listen

Even with the best skills we will have resistant clients. It is a quirk of human nature to think you are “in the know” and have information others don’t. Overcoming this is challenging. Our biggest hills to climb tend to be food and vaccines, but we also see pushback about medications.

Good debunking tactics can be found in human medicine. For food, discuss the importance of a balanced diet and how all the fad diets have harmed people’s health. Show reference materials from government guidelines. When sharing vaccination importance, share how widespread vaccination of herds have stopped deadly diseases like anthrax and the fact that mandatory rabies vaccination has all but eradicated the danger we have from pets. Drug adverse reactions can be put into perspective too. Share success stories from patients who have benefited from the drug in question and relay how rare adverse reactions are compared to the hundreds of thousands of doses administered.

If none of these techniques are successful, always remain calm and respectful. Slamming the door on dialog leaves no hope for future progress. You may even set up a follow-up call or appointment to revisit the topic after the client has had time to read and digest the information

Know More.

Earn More.

It’s a CVPM Thing.

Start Here!



Certified Veterinary Practice Manager

www.VHMA.org



you have shared. Remaining kind and curious will pave the way for progress. Ultimately, the pet is the responsibility of the client, and they have control over their care choices. You must work with the permission of the owner, or if you can't ethically tolerate their choices, send them to a different provider.

Some proactive campaigns to head off misinformation can be modeled from our human health providers. There are excellent health information campaigns provided by veterinary associations. Local veterinary groups can work in collaboration with each other to provide

consistent messaging. If multiple practices in an area are all in agreement with science-based recommendations, then clients going from practice to practice will find agreement and likely give up their misinformed beliefs.

Veterinarians and their teams must embrace better communication training. Realize that being “nice” doesn't mean you can guide a challenging conversation to the preferred conclusion. According to organizational psychologist Tasha Eurich, PhD, who studies self-awareness, 90% of people believe they are self-aware and

know how they are perceived by others, but only 10%–15% actually are. We must do all we can to relay our message with compassion, patience, and a commitment to lifelong learning and communication excellence.

Our role as a veterinary professional and the “trusted guide” to a healthy pet is more vital than ever. By understanding the motivations behind our client's internet searches, we can address their concerns and help them succeed in navigating the often murky waters of Dr. Google's internet. ■



Veterinarians and their teams must embrace better communication training. Realize that being “nice” doesn't mean you can guide a challenging conversation to the preferred conclusion.

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



CHECK OUT AAHA'S NEW

anesthesia

SAFETY & MONITORING GUIDELINES

HERE'S WHAT YOU CAN EXPECT:

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

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



Advertisers

AAHA Community 54
community.aaha.org

AAHA Learning 3, 61, 63
aaha.org/education/guidelines-certificates

AAHA Savings Programs 25
aaha.org/savings

AAHA Store 23, 57, 62
aaha.org/store

AAHA Your Pet 21
aaha.org/yourpet

Boehringer Ingelheim Animal Health 9-11
vetmedin.com

CareCredit False Cover, Back Cover
carecredit.com/vetinsights

Hill's Pet Nutrition Inside Front Cover
HillsVet.com

Merck Animal Health 1
merck-animal-health-usa.com/nobivac/
nobivac-nxt#watch-videos

VHMA 59
vhma.org

Medidose Inside Back Cover
MediDose.com

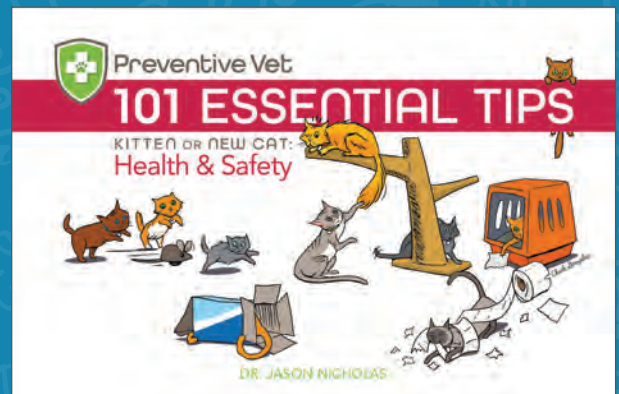
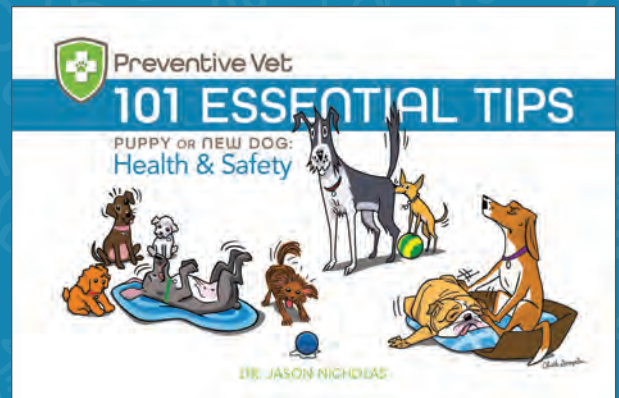
Trends magazine is not responsible for contact information not specifically provided by an advertiser for use in the Advertiser Index or for other company contact information not listed in this index. Please contact the advertiser directly for all product information.

A starter kit for your new pet owners!

Got new pet owners? These guides for new dog and new cat owners will help you get your clients off to the right start with their new pets. The tips in each book cover a variety of diet, safety, and health issues with fun illustrations and real-life stories to help new owners feel comfortable and confident caring for their new best friends.

Order today at aaha.org/store.

Stock up and save! Be ready with the valuable assurance your clients want and new pets need.



UNLOCK BETTER PAIN MANAGEMENT OUTCOMES
WITH 4 HOURS OF RACE-APPROVED CE



CHECK OUT AAHA'S NEW

pain management GUIDELINES CERTIFICATE

HERE'S WHAT YOU CAN EXPECT:

- Polish skills based on guidance from expert contributors.
- Feel accommodated regardless of learning style or skill level.
- Receive real-life and evidence-guided approaches for maximum applicability.
- Build stronger patient advocacy.
- Protect the bond between clients and their beloved pets.

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



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

aaha.org/ip-xxx24



Do You Have What It Takes?

What does it take to become a credentialed veterinary technician (CrVT)? A CrVT is a professional who studied hard, completed a 2- to 4-year AVMA-accredited program in Veterinary Technology, and successfully passed the Veterinary Technician National Exam (VTNE). Check the figure below to investigate the path to becoming one of these veterinary heroes.

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.



Lisa Chamberlain, RVT, VTS (Anesthesia & Analgesia), helps out a pet pig at Allandale Veterinary Hospital in Barrie, Ontario. Photo courtesy of Lisa Chamberlain.

Medi-Dose® EPS®

My Vet Takes Good Care of Me.

Medi-Dose®/EPS® Takes Good Care of My Vet.

Veterinary
Pharmacy
& Nursing
Supply
Experts

With over 50 years of health care experience, Medi-Dose/EPS stocks and supplies a wide and varied line of veterinary pharmacy and nursing accessories to help you care for your patients...large, small and in-between. Please call or e-mail us to order or for more information.

Products and accessories for administering, compounding and dispensing

- Bottles
- Bags
- Trays
- Bins
- Labels
- Tapes
- Solid oral packaging
- Liquid oral packaging
- Oral syringes
- Tamper-evident seals
- Sterile droppers
- So much more

Medi-Dose®/EPS®

Exceptional Products and Service



800.523.8966

MediDose.com

Hey vet techs,

HERE'S WHY WE LOVE YA!



You're a task-juggling,

patient-prepping, specimen-collecting, surgery-assisting, med-administering, client-educating, record-keeping, catheter-placing, teeth-cleaning, health-preserving member of the team. *And that's why We Love Ya!*



SCAN FOR
PAWSITIVE
RESOURCES
TO BRIGHTEN
YOUR DAY