

0:00:03.1 Katie Berlin: Hi, welcome back to Central Line. I'm your host Katie Berlin and my guest today is Dr. Jessica Trimble who has much cooler background than I do. I'm like devastatingly terrible with plants and there are some plants behind you that look really amazing. So anyway we might get to more about that because I'm really jealous of people who can make plants stay alive because I can't.

0:00:28.4 Jessica Trimble: It's been a journey.

[laughter]

0:00:30.1 Katie Berlin: Yeah. So Jess Trimble welcome to Central Line. It's a pleasure to have you.

0:00:35.2 Jessica Trimble: Thank you so much for having me. I've been looking forward to this.

0:00:38.3 Katie Berlin: Me too. Let's hear a little bit more about you and what it is you do now how you came to be here.

0:00:45.3 Jessica Trimble: Yeah so short version is I'm a veterinarian obviously graduate of University of Illinois, 2013. So I'm just 10 years out now. Actually grew up in central Illinois on a small little farm surrounded by livestock. Had an aunt and uncle with a veterinary clinic and I worked there every single summer from the time I was probably in like third grade. And so for summer breaks I'd go and like learn how to neuter cats and I'd think it'd be the best thing ever and go back to junior high. And all my friends thought it was a little strange but it's just always been a part of my life. And then after graduation my husband who's also a veterinarian we decided to hop on out to California. And we wanted to do something that was just as out of our comfort zone as possible. And for two Illinois farm kids California seemed like a good good place.

0:01:38.3 Katie Berlin: That seems fair.

0:01:40.0 Jessica Trimble: To try that out. So we practiced there for several years and eventually while we were working at different clinics and places sort of found ourselves sucked up into the world of startups and completely just out of the blue the... One of the founders of our first startup actually brought his dog in to see me one night and we just sort of got to talking. And so it's a total fortuitous meeting that really redirected my career in the direction that it is now which is I'm working with several startups both as an employee and as an advisor. And I love working with new technologies and figuring out how we can use those technologies to help the pet and the veterinarians and the business as a whole and those pet owners.

0:02:28.8 Jessica Trimble: And I think that is what I'm so passionate about is finding like those little tweaks in our systems or those little tools that can make everybody's lives a lot easier. 'cause there's a lot of them out there. So that's sort of the direction that my career has gone. It's also gone in that direction because as I've aged I've unexpectedly developed some mobility issues we'll say which we can certainly dive into. But it's taught me a lot about how important it is to have these tools for people who can't stand on a clinic floor anymore or for pet owners who can't physically get somewhere. And so it's really helped to redirect my passions a little bit 'cause now I'm helping myself as well trying to figure out my own future. So right now I'm the chief veterinary officer. At Anippanion we are a virtual sort of communication engagement telehealth platform. And it's been

super fun because it's been allowing me to sort of explore how I will be a veterinarian in the future as well.

0:03:27.2 Katie Berlin: That's... You said so much there that we are gonna get into later. But I... A big theme I think for the veterinary professionals that we've interviewed and actually some of the people from outside Vet Med that I've talked to on this podcast has been that they've sort of been willing to think outside of what their traditional career is. That's not to say that there isn't incredible need and value for people who just wanna go in and practice veterinary medicine and I just wanna say that but like the way that the way that we've been practicing it for a long time. But we are more aware these days for sure of people who might not be able to practice in a traditional model of Vet Med, go into the clinic for 10 or 12 hours at a time be on your feet most of the day do long surgeries and then come home go to sleep do it all again.

0:04:18.4 Katie Berlin: That is a very hard life and it can be hard especially hard for people with physical or mental conditions where they just cannot withstand that kind of life. So I wanna get into that for sure. But before we start I wanted to ask there's this idea of a third space where you've got work and you've got home and then there's another third space like where some people go to the gym or it's the barn for horse people. Stuff like that where you can just be a different version of yourself like all the the parts of you that maybe don't get to come out at work or at home or where you could just kind of let all that go. Do you have a third space?

0:05:02.0 Jessica Trimble: Oh my gosh I've got like a third, fourth, fifth and sixth [laughter] so yes 100%. And actually I didn't have a space until I burned myself out really hard after my first startup.

0:05:15.3 Katie Berlin: That seems to be a common story.

0:05:17.5 Jessica Trimble: I was there for four years. I treated it like my child. And it got to a point where I realized it wasn't healthy. That's when we moved to Colorado. I left that job and I was lucky enough to well lucky enough the pandemic hit. So I ended up with about six months where I had a new house and a new state and a yard that needed a total overhaul. And so I was not really a green thumb at that point. My mother was and I tried to be and I just kept killing things. And I'm like you know what? This is my year. I can do this. And so ended up building vegetable beds and putting in pollinator gardens and like that hands in the dirt or like weeding or whatever is such a meditative quiet head space for me that it really taught me that it was necessary for my sanity. And so then it got to the point where my yard was done and I started collecting house plants. And so like what you see behind me is a small portion of the [0:06:15.3] _____ that I do have but I think it's also a little bit because I miss having my hands on patients. Taking something that needs a little help and making it healthier, making something's life better. I've been in the tech world for so long that I do miss that. And so then when I'm like at Home Depot and I find a dying plant I'm like, I have to save it. And so that's what ends up happening.

[laughter]

0:06:40.6 Katie Berlin: That's so interesting. We have two... I have two co-workers in the learning department here at AHA who are also like very into plants and the plants have like little personalities and have to be coaxed to do... One of them does Bonsai like works with Bonsai and it's like such an art. And I wonder now thinking about that if that's a caretaker in us that that isn't in the practice right now. And I get that now. I've been having a plant urge myself so I might have to ask

you about that later because.

0:07:15.8 Jessica Trimble: Oh I'll hook you up with some clippings. I got you.

[laughter]

0:07:19.5 Katie Berlin: Maybe one. I had a succulent a couple years ago and it died. I mean it died such a hard death.

0:07:25.9 Jessica Trimble: Oh yeah. Those are easy to kill. We'll get you something better.

0:07:29.2 Katie Berlin: I keep hearing that that they're low maintenance but maybe they're...

0:07:33.4 Jessica Trimble: They're really tricky.

0:07:34.8 Katie Berlin: Okay. Well so let's let's get into a little bit of your story and you had mentioned some mobility issues. Can you talk a little bit more about that how that started and then how that sort of developed into helped you develop into the areas you're passionate about now?

0:07:52.5 Jessica Trimble: Yeah absolutely. So what I have going on I guess just from the big picture view is Hypermobility Ehlers-Danlos Syndrome which I remember seeing like one slide in veterinary school with like a cat with stretchy skin and they'll be like you might see this someday and then you never see that slide again. And I remember reading about that being like huh that actually sounds kind of familiar. And so most of the time this disease doesn't... It has some symptoms but it doesn't really get worse in women until their mid to late thirties. And so like I was doing pretty fine most of my life. And funny enough I actually wanted to be a dairy vet originally. My husband grew up in a dairy farm. I spent most of my fourth year of veterinary school doing business consulting for dairy farms living on the dairy farms.

0:08:42.4 Jessica Trimble: I absolutely love it. And I think that that business consulting side is what really helped spur even more of my interest in trying to get into the business side of veterinary medicine. But I realized very quickly that arming cows like I was just destroying my shoulder and I was just in my fourth year of veterinary school. I was like well crap this this can't be my future. I'm like three cows away from rotator cuff surgery already. Like obviously being a dairy vet is maybe not the route I should take. And sort of as time went on more and more things were popping up until I eventually blew out my knee a few years back. And the orthoped's like you have this EDS right? It's like excuse me what?

0:09:30.0 Jessica Trimble: He's like oh yeah look at you. You're like bending all over the place. And I didn't even really realize it at the time. And then over the years it's gotten worse and now to the point where like I have ribs out of place right now as we're sitting here. Like it's just a normal part of my life to have joints subluxate or dislocate and I can just pop them right back in and it's fine. And so the idea of me standing on a clinic floor I would pass out. If I tried to pull suture for a surgery I would dislocate my fingers. And so I realized that clinically I just can't do the things that I want to do on the clinic floor anymore. I can't lift animals. I would... I'd be getting workman's comp in like two days because I would break myself very promptly.

0:10:13.9 Jessica Trimble: But with telehealth I can sit at my computer and do all these things.

And so sort of as time has gone on and I actually got involved with telehealth before I was having mobility issues and the very first technician that I hired to help me provide telehealth through one of my first companies was brilliant. She was fantastic but she could no longer be in clinic because she blew out both of her knees. And so that was sort of my first foray into like oh we can really help people by offering these sorts of jobs. And so from then on we actually focused on only hiring veterinarians and technicians who couldn't be in the industry for X, Y and Z reason, physical disabilities or it is there family care taking issues and things like that because we really wanted to be able to help that sort of job applicant pool. So yeah that that's where we're at. I can't really stand and do clinical things anymore but learning a lot through it in how I can help my colleagues with very similar issues. And then too on the flip side I've been doing house calls and telehealth. I've had so many opportunities now to see just how much these new technologies can help those people that can't access care for physical and mental reasons. So yeah it's been a journey.

0:11:37.9 Katie Berlin: Thank you for sharing all that. That had to be kind of crazy to be sitting in a doctor's office and they're like you know this is what you've got. Like you knew about this. It's like people who go in and find out they're like oh well it didn't hurt the baby. And you're like what baby. So that had to be pretty crazy. And kind of something that you had to work through mentally but also probably explained some things.

0:12:01.6 Jessica Trimble: Totally explained some things but there's a moment where you're like oh cool I've got this like disease it makes me bendy like no big deal. And then you start to actually read into it and you're like well shoot like I might be in a wheelchair by the time I'm 60. I could dislocate my hips stepping wrong off of the curb. And so it's definitely sort of a like bucket of cold water in your face of like wow like the rest of my life is different now. And yeah.

0:12:32.3 Katie Berlin: Well as you were talking I was thinking about all of the things that I just had I had a very common minor back surgery in 2020. I had a year about a year of back pain. And I had a discectomy because the disc just just picked 2020 like the worst year ever to just bulge into my spinal cord. And the... That whole year I just realized how much I take for granted and always have that we do in the clinic. Like when I would see a two year old pit bull on the schedule I would freak out because I was like okay who's going in this room first? Because I can't go in this room first 'cause it jumps on me. I'm you're gonna watch me pass out. And just things like that where like a young healthy dog appointment turned into a source of serious stress because I was just afraid of what was gonna happen to me. And it really gave me a perspective that this is a very... I'm gonna generalize but it is a pretty ableist profession. We don't think about that very much.

0:13:30.4 Jessica Trimble: Yeah. It's true right? The people that are in clinics the people who are able are there because they are able as soon as you're not you have to you have to leave right? They say every large animal vet will eventually become a small animal vet. And some people can stay in their whole lives but it's a reason we lose technician so much too. It is a very physically demanding job most of the time.

0:13:51.6 Katie Berlin: Just getting on and off the floor, the way we do a thousand times a day when you've blown both knees out is not probably gonna be something you can do. And people in larger bodies or bodies that just don't want to do these things we just sort of write them off and we're like well that's end of your clinical career. Go do something else but what are they gonna do? And that is something that I don't think I've heard talked about much with telehealth. We talk a lot about accessibility from the client side now which is great and very needed but I haven't heard very

many people talking about it from the the practitioner side. And so I was wondering like with the telehealth boom that we saw during the pandemic and now having a few years under our belt after that have you seen telehealth solve problems that we maybe didn't even know we had before the pandemic like unwittingly solve problems? And have you seen it create any problems that maybe we didn't have before? We were using it a lot.

0:15:03.8 Jessica Trimble: Sure. So that has been a journey like telehealth since the pandemic. So [laughter] I'll rewind it a little bit. Pre-pandemic telehealth started as like a really bad word probably in like 2015, 2016. It started getting talked about. It was very frowned upon. By the time the pandemic came around it was kind of like a little more neutral people were starting to be a little more open and then the pandemic hit and everyone's like we have to have this to survive. And so a ton of clinics jumped on the bandwagon for providing telehealth. The good and the bad there is that there were and still are several telehealth platform companies that at the pandemic time were baby companies. They were just getting started. They were sort of still I don't wanna say beta testing they had products but they were still figuring out their life.

0:15:53.3 Jessica Trimble: And now all of a sudden every single one of them has 500 customers that wanna sign up today. And so no one was really able to handle that well. And I think it unfortunately like put a bad spin back on telehealth again. 'cause all of these veterinarians are like I tried telehealth in Covid but it didn't work because we couldn't get a platform and we couldn't manage the change. And so I really think that the pandemic proved that we need telehealth but it also proved to veterinarians that they can't implement it in a time of chaos and change like that. And so it was just too much happening at once and almost everybody then dropped it. So it was like this huge wave and everyone jumped back off because they were just trying to survive with what they had going on. And most of them they needed to do something virtual.

0:16:42.5 Jessica Trimble: They would just do it through Zoom or FaceTime whatever which is fine easy. Now we're seeing this upswing back up where there's been a little time to breathe since that. And I think a lot of these veterinary clinics especially the ones that are short staffed are saying like okay we need to find a solution to help us improve our efficiency and go from there. And so now what we're seeing is clinics that are coming on that actually want to do telehealth and they actually have a team that are like we're ready to do this. Versus the oh my gosh I need to do this because I'm gonna die if I don't. The mindset difference is what's really key right now. So have I seen telehealth cause problems?

0:17:24.1 Jessica Trimble: Yeah. That the whole pandemic like that was a problem. Is it cause is it creating solutions now? Yes. And I think that's what's really cool what I'm seeing. So before it was like we need telehealth to do curbside. Everyone was trying to do the same sort of thing. But every clinic is so different. And so what we're seeing now is these clinics going oh I could use telehealth to help do health certificate consultations or do all my neuter rechecks. I am seeing these doctors coming to me with an idea of how they can already see that it's going to help them. And so they're coming in with a much more like positive future thinking sort of mindset where they want to do this because it's going to be good not because they feel like they have to because there's a pandemic hanging over them. So we're seeing some really interesting use cases like veterinarians that are trying to retire but they still wanna sort of support their old clinic where they're doing a couple mornings a week of telehealth which is really cool to see. Lots of I...

0:18:30.0 Jessica Trimble: I could talk for days about all the different ways that our clinics are

using telehealth, because each one of them is really unique in how they're using it to support their own needs, which I find absolutely fascinating. A lot of us thought telehealth was just gonna be like the scalable, like Weeee everybody can use it, but the way that clinics are using it are these very small and then growing. But we're seeing a lot of success with those guys now. So good it's taken a minute to get there, but we're back on the upswing.

0:19:04.7 Katie Berlin: Yeah, I can relate big time to the pandemic panic. The clinic I was at was definitely like, "oh gosh, we need to figure out how to do this." And I was kind of the one who was spearheading that. And we used Zoom and nobody knew how to use Zoom at that point, so like you're talking to the client's head and I've never had so many clients show me their rashes before. Oh my God. Anyway. So it was...

[laughter]

0:19:34.7 Jessica Trimble: There was one guy who was like, "my dog has a rash, and I just, I don't know." And I was like, "well, it looks like Pyoderma, but you know, it looks a little bit weird. Like, I just can't really, I think we're gonna need to see you." And then he's like, "oh, do you think it could be related to the fact that I have MRSA? And he stood up and it was like, can't unsee it. But I was actually at that moment, very glad it was a telehealth appointment because otherwise would've been standing in my room with MRSA. Bonus, but I feel like, and then it was such a pain because we had Zoom and not a platform to integrate into the PIMS, and so everything was manual and it just took forever and it was hard to promote the service, and I'm sure our experience was very typical.

0:20:21.1 Jessica Trimble: Yeah.

0:20:22.4 Katie Berlin: But the idea of telehealth for so many reasons, is exciting and appealing. And I feel like for me, that the mental change happened when I realized we weren't replacing with it. We were augmenting.

0:20:35.1 Jessica Trimble: Yes.

0:20:37.1 Katie Berlin: And people's reservations about like misdiagnosing and people not, clients not valuing the exam anymore because they're like, "well, she just did it over Zoom or whatever." Have you seen that manifesting or do you feel like that those are pretty rare occurrences if telehealth is used well?

0:20:54.0 Jessica Trimble: Yeah, they're super rare occurrences. I think that that's one of the main sort of myths that we have to fight around telehealth is that it is not a replacement at all for in-person care. Right? We need to use it to be that point of contact everywhere around that physical appointment. But never does it actually replace that. So it's been really interesting to see how people's mindset shifts have changed. And most of them change. Like you said, after you've done one or two and you're like, oh ohh. There's a light bulb that goes off. I'm like, this is actually kind of nice. I can do all of my education and get the client prepped while I'm on my couch, instead of battling through it in the clinic. And so, yeah, that is one of the biggest things that we have to really focus on is the augmentation of care.

0:21:49.2 Jessica Trimble: And it's not always the augmentation of the physical exam, right. But the augmentation of care in getting a patient to a physical exam. Sometimes it's somebody who has

that access to care issue and they just need that person to talk to so they can better understand how soon do I need to go in? Or how serious this is? So that they can arrange their transportation to the clinic or so that, whatever it is. I remember, one client I used to do house call for in San Francisco, saw her for a little while. She was completely blind and she had three cats, and all three cats were elderly. All of them needed all of the old cat blood works and dentals and things that you would expect. And of course she can't catch the cats. She can't see where the cats are. She can feed them and assume they're gonna come up, but doing a true telehealth visit with her is impossible because we can't actually see the cats because she can't see the cats [laughter] Right?

0:22:49.0 Katie Berlin: Right. [laughter]

0:22:49.8 Jessica Trimble: But, we were able to set up computers in front of feeding bowls and tell her to feed and have the cats come up so we could at least see, that they were alive and well or not, or be like, "Ooh, she looks like she's lost some weight. We better arrange for you to get her in." And so, otherwise she would never know what her cat is looking like. And so we use telehealth to help increase her access to care. Not that she couldn't get her pet into the clinic, it's just she didn't know when she should be getting it into the clinic. Right? So we would work with so many folks like that that were just so incredibly grateful to have any sort of service because it is hard to get into a clinic just in general. Right. Especially...

0:23:37.3 Katie Berlin: It is.

0:23:37.3 Jessica Trimble: If you are in a city. Right?

0:23:38.4 Katie Berlin: Yes. And even just as someone who needs to medicate my dog before going to the clinic, I don't wanna go unnecessarily, and I'm a veterinarian, so I have an advantage of knowing when he needs to go in. But if I didn't know that and I was like, should I worry about this spot? Or his luxating patella or whatever. Is it time and having to drag him and be late to work and get in the car and sit in traffic and go in. I am a completely able-bodied person with a flexible job, and that is still a pain in the butt to me. So I definitely can see that just being peace of mind for some people that it is time. And I also think about, we had Cherice Roth on a couple of times and she's so wonderful. And she talked about people who were from communities where getting regular vet care maybe wasn't quite the norm. And they didn't know where to go or who to talk to or that it was going to help, that there was anything that could be done for these problems. And so it wasn't even necessarily that they didn't wanna pay for care, and so they didn't even know either that they had to or how they were going to be treated when they got there.

0:24:49.5 Jessica Trimble: Absolutely.

0:24:53.5 Katie Berlin: Sort of giving veterinary professionals a good name through these communications seems like another really valuable service.

0:25:02.0 Jessica Trimble: Absolutely. Right. And right. Sometimes it's just being available for a conversation. And just that first step of having somebody who knows a little something and can take that time to explain things and, for better or worse, we've seen over the last few decades decreased trust in the recommendations that veterinarians make because people, have realized that veterinarians make money off of those recommendations. But if we can have those conversations before the person is set foot in the clinic to say, "Look, here's what we'd recommend, here's why

this might be what it costs." And they can take that little moment to sort of internalize it and think about it and maybe arrange some finances so that they have the money that they need at that moment. Like the number of times I was in a clinic and I'm like, "You know what, your dog needs a foreign body surgery." Right? They're like, "Well, we can do it, but I need two days to get the money together." If that person had been able to contact me through telehealth two days earlier when the dog started vomiting, and I could tell him, this might have been an issue, I could have possibly done surgery on the day the dog needed it not two days later when that dog was 3/4 of the way to dead and dehydrated. Right. And so, just having that initial touch point for education and to just be that sort of like guiding North star is so incredibly valuable.

0:26:23.3 Katie Berlin: This is sort of hopping topics, but I was just thinking about it like when we were talking about all the things that we sort of take for granted doing and taking accessibility for granted. We take for granted that clients can just pick up their pet, put it in a carrier or whatever, like put it in the car and then drive to the clinic. And there's so many clients that can't even pick up their pet off the floor to do that. And that goes for veterinary professionals too. Do you feel like, and I'm thinking about vet conferences now, you go to someplace like VMX or Western and there's so much walking and it's you're walking and walking, walking. And then there was one conference I went to where the room was overflowing, and so we went to the overflow room and the overflow room was full. So we sat on the floor and the fire marshal was there and we had to stand up and a lot of people can't stand up for an hour and watch a lecture, nevermind that it's not really that fun. Like it's actually impossible. So do you feel like that's something that we need to be paying more attention to now? Or you feel like that's been changing as well? Where you go to vet events and it's sort of taken for granted that we're an able-bodied group who could just do what we want?

0:27:35.1 Jessica Trimble: It's a really great question. I don't think it's one that's been considered really much at all. Right. Because once you're not an able bodied veterinarian, most of the time people stop being a veterinarian [laughter] and they...

0:27:45.1 Katie Berlin: Right, they're like bye.

0:27:45.8 Jessica Trimble: Yeah. They stop coming to these conferences and things. So I for one, would not be able to stand for an hour. I would faint in 10 minutes. There's no question I wouldn't be able to do that. And so as a country we are more and more realizing that at some point everybody stops being able-bodied, right? At some point everybody gets an injury or an illness or something that makes them realize, "Oh, you know what, this world is not actually built for people with mobility issues." [laughter] But unfortunately it usually it doesn't hit people until later in life or they hit people and they can't do anything about it. And so I think those realizations are happening. I don't know that they're happening in the vet profession fast enough. Because I think there is just a total lack of transparency into all of the amazing veterinarians and technicians that are out there that can't do those things. I can't walk in exhibit hall all in one day. Like my feet and knees are crying at the end of those days.

0:28:51.8 Katie Berlin: And this tote bags they give you, they're like full stuff that weigh 40 pounds.

0:28:56.4 Jessica Trimble: I can't carry them...

[laughter]

0:28:57.0 Katie Berlin: Me too.

0:28:57.1 Jessica Trimble: You can't carry them. But yeah, it takes me like probably almost a week to recover from being at a conference for a few days. It's crazy.

0:29:10.0 Katie Berlin: Yes. They, and they're mentally so stimulating too, so it's like a double whammy. But physically I'm always very tired after them, but I cannot imagine that experience. But it's also such a valuable experience where, especially for somebody who's not in a clinic, able to do the things that maybe they used to do or that they see their colleagues doing, it's a place where you can connect. Where normally you might be sitting at home in your home office, you're doing telehealth, that's wonderful that we have that now, but those connections are so important. And so, I think it's a really good opportunity to stop and think about ways that we can make veterinary education events more, user friendly for people who are not the traditional. Like, "I could be on the farm all day and it's fine, and then I'm gonna go home and like do all my farm chores at my farm that I have." I couldn't do that. I'd be exhausted just thinking about it. So vets are, historically vets and techs are historically like very high energy people and...

0:30:10.7 Jessica Trimble: Yes.

0:30:12.2 Katie Berlin: It is hard sometimes to not doubt yourself when you have limitations that you don't see other people having.

0:30:21.0 Jessica Trimble: Yeah. Well, and I think it, a lot of it goes back to who we are as people. Right. We are type A, perfectionist. We are, some of us in, especially in certain parts of the profession seem to like love the suffer fest of...

0:30:36.5 Katie Berlin: Yes, we do.

0:30:37.1 Jessica Trimble: "Oh, I stayed up till 3:00 AM three nights in a row." Like, good for you, but that's not really healthy. Right?

0:30:44.1 Katie Berlin: Right. "Lunch? What's lunch?"

0:30:45.1 Jessica Trimble: And so we as a profession, just are not nice to ourselves, but don't like to acknowledge that or don't like to complain about it. Like we get bit by a dog and then we go onto the next appointment. Right? And we just like throw some vet wrap on it and say, "See you later." Most people would go to the hospital and take the day off after that. Right? And so we just have been trained to suffer and deal with it. [laughter]

0:31:11.4 Katie Berlin: Yes. That is fair. That's very fair. Mentally and physically. Right? So back to telehealth for a second. 'cause I was wondering, there are times when I've been so burned out that I did not want to talk to another client. And the idea of sitting on telehealth appointments and talking to clients like all day where I didn't actually get to touch a pet was not appealing to me. But I wonder how much of that was that I was too far gone at that point. And I was wondering in the veterinary professionals that you've met and for you yourself, where a lot of their career has been remote or non-traditional in that way, but also still client facing. Do you think that we are seeing or that we're going to see similar levels of burnout in those professionals as we do in the clinic? Or do

you think that that stress at the clinic being removed is gonna help shield us somewhat?

0:32:13.9 Jessica Trimble: It's a good question and that's such a personal veterinarian by veterinarian question because Yeah. Like I, personally I've burned out on both sides of that. I've burned out doing some like too much clinical work in too many hours, but I've also burned myself out doing telehealth when I was trying to build up this previous telehealth startup and I was answering questions till 10:00 PM and then 6:00 AM before I was even out of bed, I was looking back on my phone trying to do this. And granted we were trying to build a business at the time, but I had set no boundaries for myself and really wanted to grow this. So I think yes, you can bring yourself up doing either way. Unless you can set your boundaries correctly. Right. Because when I was doing it and it was a 9:00 AM-5:00 PM and I would take my breaks and I'd get up outta my desk and I'd walk around and I'd go take a break and walk my dog. I got no problem. Right. When you take care of yourself, I was fine. It's when you're buried or don't have the tools to do your job properly that we see more of that burnout.

0:33:19.3 Katie Berlin: Yeah, that's a good point. Boundaries are important. Clinical or remote job, you still need boundaries, and telehealth is probably a slippery slope, I'm guessing for many where they're like, "I could just see one more call or whatever." But also you don't have the same, for me, the biggest stressors for the clinic were that you didn't know what was gonna walk in the door and that once it was in front of you, it was very hard to say no or to make a decision once you were like decisioned out. And so, and then the client conversations got more stressful because I was stressed about those things. But seeing a wellness appointment wasn't a source of burnout. It was all the other things on top of the wellness appointments. And so removing that for some of us, I could imagine would make a really big difference in how we're able to relate to clients. 'Cause we know that there isn't like a GDV that's gonna walk in the door any second and we're gonna have to figure out what to do with that while we have three clients complaining in the waiting room 'cause we're late. That was very, very stressful for me. [laughter] Some people are adrenaline junkies and I am the opposite. [laughter]

0:34:28.6 Jessica Trimble: I am right there with you, right there with you. Like a diabetic ketoacidosis is my nightmare. Right? Like the idea of trying to explain that to a pet owner and oh my gosh.

0:34:37.5 Katie Berlin: Yes. You're like calculating things.

0:34:38.8 Jessica Trimble: God love [0:34:40.4] _____ because...

0:34:41.0 Katie Berlin: Yes.

[laughter]

0:34:44.0 Jessica Trimble: But I think what you're saying is a really important part because there's a twofold benefit there that say you don't wanna be in clinic and have those direct conversations. So someone comes to you maybe with a 2 year old Great Dane who has vomited once, right? And you're doing a telehealth conversation with them. You're going to say, "Hey, you know what? I need you to think about GDV and I need you to be educated." Because you're gonna tell them that it's a risk. Like people who do good telehealth, even if it's something minor, will follow it up with, "I need you to watch out for X, Y, and Z. And if it gets worse, keep going." That's the whole point

of doing good telehealth. And so what you've done then is when that Great Dane goes in for his GDV the next day, right? You've done a great job because you've educated somebody and you've gotten to do it in a low stress way.

0:35:41.2 Jessica Trimble: The pet owner is ecstatic because you've saved their dog's life because they didn't know what to look for otherwise. And the veterinarian in the clinic is so relieved because that person came in with an open wallet expecting it might be a GDV and knowing that there's gonna have to be diagnostics done and knowing that surgery is a possibility. And so like your one little conversation just like saved lives, saved money, saved your colleagues time, like it's just such a win-win, win, win for everybody that I wish every patient started with a telehealth conversation like that. Like you could just...

0:36:14.3 Katie Berlin: I love that.

0:36:14.9 Jessica Trimble: Start to every single medical interaction is just a conversation, right? About what the right place to go is or about, what you should be thinking about it would make everybody's lives so much easier. [laughter]

0:36:30.1 Katie Berlin: Well, and I've heard, I've actually have a couple of friends who have done that at their practice for new puppy and kitten appointments. They'll have a technician do like a pre-visit, telehealth appointment where they like do all talk about all the things. Because like that was also super frustrating for me was staying on time. There's a reason that I left the clinic when I did is just, I was frustrated a lot and it had nothing to do with the team I work with. They were fantastic, but like the first 20 minutes of a puppy appointment could just be talking. And then suddenly you're late. And I love the idea that they could have had the relationship start earlier and that would be a great place for technicians to use what they know and coo over the puppy and it'd be all cute and you don't have to do anything bad to the puppy over telehealth. And everybody's happy at the end. That seems like a win, win win, like you said.

0:37:16.0 Jessica Trimble: Yeah. Absolutely. There's quite a few clinics now that are starting to do puppy kitten packages where you get three telehealth visits a month or things like that. Or they'll even break it up and say, "We're giving you one telehealth visit a week. And week one we're gonna talk about vaccines, week two, we're gonna talk about nutrition, week three, we're gonna talk about behavior." And they'll actually set up almost like course work for these guys. And people pay for it. They love it. The technicians run it, they love it, 'cause they get to do it at home. And it's again, win-win-wins for everybody.

0:37:49.7 Katie Berlin: Yeah. And you could have a technician who maybe can't even work in the clinic, who's never gonna actually get to see that puppy, otherwise. You could be doing those things. I love that idea so much. I feel like this conversation gives us a good place to just mention that you can't always tell when someone is physically not able to do everything that other people can do just by looking at them. Because you look like a very healthy person, and our wellness culture that we live in says to us that if you take care of yourself right, and eat the right foods, like super foods and you do your exercise, and if you're not healthy after all, that it's your fault.

0:38:30.3 Jessica Trimble: Right.

0:38:32.4 Katie Berlin: And that if someone is disabled in any way, who is limited in their

physical ability in any way that it's because they neglected something or they did something wrong, or we can tell by looking at them because they are a person who does not look healthy. Have you encountered that in this EDS journey, and has that changed how you relate to other people?

0:38:53.0 Jessica Trimble: It has, it really has. 'Cause I am a perfect example of that. If you look at me, I look a 100% fine. And I certainly was one of those people that... Growing up, I grew up in a farm where hard work is your value. How many shovelfuls you can go or how many bales of hay you could toss that is your value. And so for me now, to sort of facing that, like how my value has changed as a human, not being able to contribute in a physical manner has really changed how I've looked at other people, or when that person gets out of their car and the disabled spot and you're like, "You don't look disabled enough enough to park there." So it's a really good realization that, oh, maybe that person gets exhausted after walking 30 steps, 'cause some days I do. I get it. So certainly it's changed how I've looked at people. I think it's changed more so how I look at the workforce and how... What a poor job we are doing not just supporting, but also, this sounds terrible, but using those people.

0:40:07.6 Jessica Trimble: There are so many brilliant brains out there, and we used to have this supposed shortage of veterinarians. But we really don't. We have this enormous pool of veterinarians and technicians that just can't be in a clinic. And we're doing really nothing to support those people, give them back as an income stream and have them help us in our time of chaos. There's this total lack of connection that's driving me absolutely nuts. And so this, yeah, I think, has really changed how I've looked at that pool of workers and how we could potentially help all of the in-clinic teams have easier lives.

0:40:48.7 Katie Berlin: Yeah. It seems like we look at technology and developments in Vet Med from the point of view of like, and it makes sense of course, is it gonna make the pet healthier? Is it going to make the client's life easier? And those things are obviously super important. But we're also finding that without people to take care of them, those technologies can't help. So it makes sense having an in-house blood machine, blood analyzer. That's great. That benefits everyone for sure. Also telehealth, we think of so many reasons why we shouldn't use it and why it's gonna cause a problem, or why we're opposed to the idea or legislation has to catch up, or all the things that are what we see as a road block. But we had another guest on recently, Melody Martinez, who's lovely. Lovely, lovely person. And she said something, we were talking about mentorship, and she said something like, "A good mentor when approached with an idea or a suggestion or request, instead of just saying no right away will say something like, well, what would that look like if we did that? What would it look like if we had to make that work?" And I feel like telehealth, we're now out of the realm of it might go away and we can stop talking about it.

0:42:18.4 Katie Berlin: It's not, it shouldn't be a bad word anymore, and this, if no other reason, is a really great reason to say, "Well, what would it look like if we did do it?" If we could suddenly transform our workforce by giving an opportunity to be part of our practice or our ecosystem to all of these people who have had to write it off for whatever reason. Stay-at-home moms who had trouble entering the workforce again after their kids go to school, stuff like that. We just... That seems like it should be enough to give it a try.

0:42:55.1 Jessica Trimble: Yeah. It seems like it, right? And again, it's one of those win-win-win-wins right? It's good for the pet, it's good for the pet owner, it's good for the business, it's good for us as veterinarians. And so I am failing to see why we're not doing more of this with the exception

of the fact that we do have a lot of legislation that holds back a lot. And it's changing, we've had several states that are rolling new legislation and all of which is pet owner or industry-driven. Not driven by really veterinarians themselves. So that has been concerning, but also it's really gotta be something that we're paying attention to as veterinarians. Because this is happening without us right now. Which is... And we have to be the ones driving it to make sure that it's being done right. And so that's a big part of what I'm trying to do. If it's gonna happen with us or without us, I'm gonna jump on the bus and go with it, 'cause I want it to be done right. And to help the people and not harm because telehealth can be harmful if used incorrectly. And we absolutely...

0:44:08.1 Katie Berlin: So can any aspect of medicine, right?

0:44:10.5 Jessica Trimble: Just like any aspect. Absolutely. And so there's certainly some training that can be done to help with that. But we need to be the ones doing it.

0:44:21.3 Katie Berlin: Well, I think that's a good note to end on, because I can't think of a group that's more equipped to be in the driver's seat, than a group of people who is used to tearing up tongue depressors to make splints for hamsters and stuff like that. We should be able to figure out how to do this.

0:44:38.6 Jessica Trimble: We can MacGyvers together, yeah.

0:44:42.4 Katie Berlin: Yes. [laughter] And we don't have to anymore, 'cause now there's actually platforms that with the capacity to handle what we need to handle and make it what we need. And just because another practice is doing it one way, doesn't mean you have to do it that way. So even in states where there are very strict, there is very strict legislation restricting the VCPR and limiting what people can do over telehealth, you can still do a lot over a telehealth call, right?

0:45:06.2 Jessica Trimble: You can do an immense amount. And frankly, to me, the majority of value of telehealth can be done without a veterinary license involved at all. It's that guidance and education and support and relationship building. It's not about the diagnosis really at all. So the fact that these laws are changing in these states shows that consumers want it, but it doesn't actually change that much what we as veterinarians can already be doing that we're not doing. Yeah.

0:45:37.0 Katie Berlin: I love that you said that. That is a super important point, and we actually have U-Health, AHA, are helping at the time this recording. AHA developed a tele health certificate course, so that should be out soon. While we're recording this, it is not currently available, but it will be. So you and our chief medical officer, Dr Jessica Vogel saying, have been working really hard on this, and I'm very excited for that to come out because a little bit of education for the staff can create a lot of buy-in and hopefully help transform how people see telehealth new practice.

0:46:14.3 Jessica Trimble: Yeah, absolutely. I'm very excited for the short certificate to come out, it's nice that we've been able to update some stuff from a couple of years ago and make sure that this will be a great advice in there, so excited to get that out.

0:46:32.7 Katie Berlin: Yes, so coming soon from AHA learning. So I'll be sure to drop a link and AHA learning in the show notes here so that you can check back and see when it's going to be released. I don't have a specific release date, but sometime this fall, if not sooner. So that will be exciting. Dr. Jess Trimble, thank you so much for spending time and for sharing so openly what

you've gone through and sort of opening that window into, I think a lot of people listening will be like, huh, again, here to the stretchy skin cat and didn't think about EDs much after that, but there are probably a lot of people walking around in your life right now who actually are dealing with it or something similar and it's worth just giving it a little bit of thought and maybe not making an assumption when somebody looks a certain way that they aren't dealing with a certain thing.

0:47:23.4 Jessica Trimble: Absolutely.

0:47:26.3 Katie Berlin: Thank you all for listening, again, we'll drop some links in the show notes. Dr. Jess, where can people reach you if they want to find out more about you or by Anippanion?

0:47:34.7 Jessica Trimble: Easiest places probably to jump on my LinkedIn, look me up, Jess Trimble. Otherwise, anippanion.com is a great place to find me more specifically ce.anippanion.com, it's where I have all of my telehealth, continuing education and resources, and it's all free, so I love getting out as much education as I can.

0:47:57.2 Katie Berlin: Awesome. We'll put that link in the show notes too. Thank you so much again for stopping by, I'm gonna talk to you more about plants later, and maybe we'll be back with a plant-centric plant fed episode one day.

0:48:09.2 Jessica Trimble: Let's do it.

0:48:09.8 Katie Berlin: There's probably demand for that, plant podcast coming soon from AHA. We'll get you next time on Central Line.