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Trends

magazine

A Path Forward

blendVET's Pathway Program Opens Doors for Students **26**

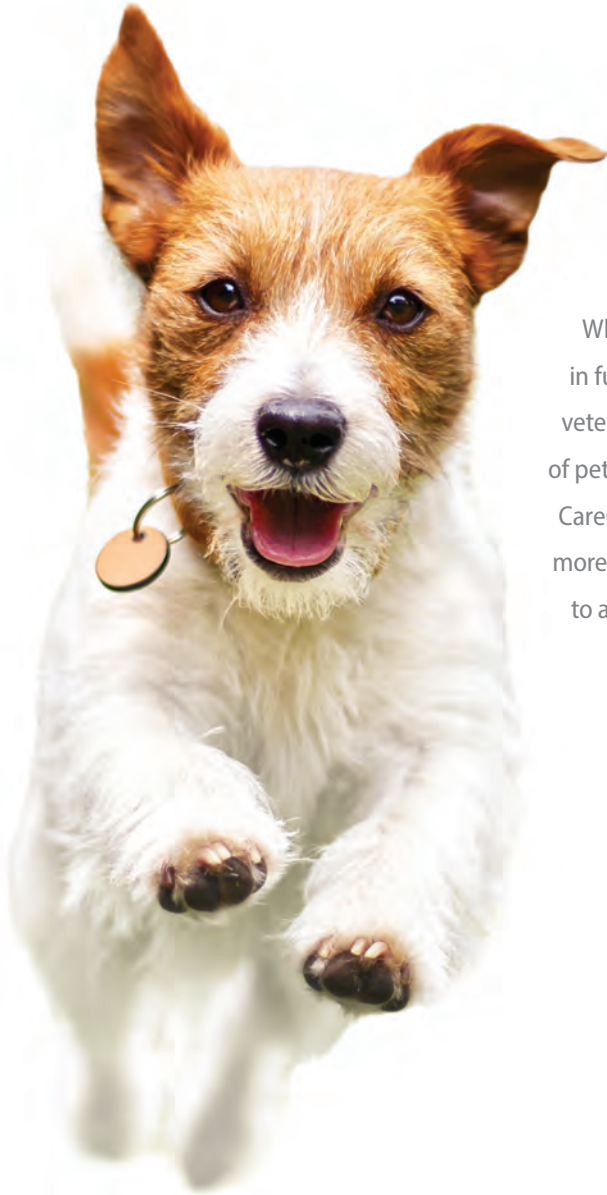
Removing Challenges for People With Disabilities

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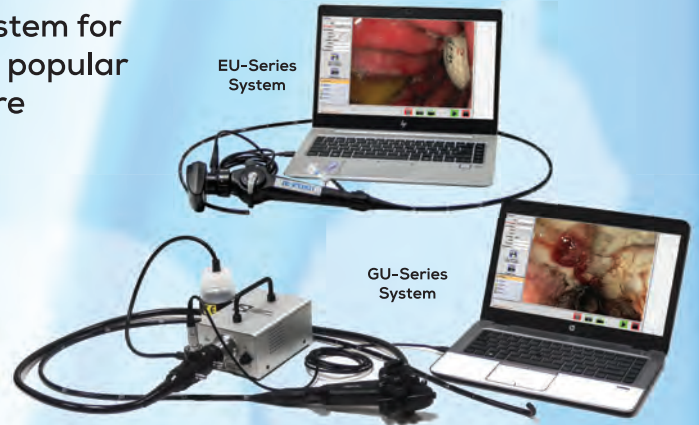
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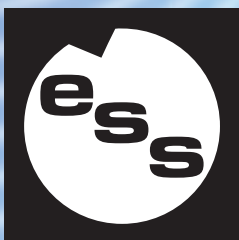
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Trends

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

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CLARO®

(flufenicol, terbinafine,
mometasone furoate)

Otic Solution for use in dogs only

Do Not Use in Cats.

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

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

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

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

INDICATIONS:

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

DOSE AND ADMINISTRATION:

CLARO® should be administered by veterinary personnel.

Wear eye protection when administering CLARO®.

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

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

Shake before use.

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

Administer one dose (1 dropperful) per affected ear.

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

CONTRAINDICATIONS:

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

WARNINGS:

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

PRECAUTIONS:

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

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

Proper patient selection is important when considering the benefits and risks of using CLARO®. The integrity of the tympanic membrane should be confirmed before administering the product. CLARO® has been associated with rupture of the tympanic membrane. Reevaluate the dog if hearing loss or signs of vestibular dysfunction are observed during treatment. Signs of internal ear disease such as head tilt, vestibular signs, ataxia, nystagmus, facial paralysis, and keratoconjunctivitis sicca have been reported (see POST APPROVAL EXPERIENCE) with the use of CLARO®. Do not administer orally.

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

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

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

ADVERSE REACTIONS:

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

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

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

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

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

Information for Dog Owners:

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

Manufactured for

Elanco US Inc

Shawnee, KS 66216

Made in Germany

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

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

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

²Elanco Animal Health. Sales data on file.



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From the Editor

Growth and Learning

In the veterinary world, we often note February as Dental Health Month. That's why we have articles this month from dental expert and Instagram rock star Brook Niemiec, DVM, DAVDC, DEVDC, (find him on IG @dr_brook_niemiec) about the best ways of sharpening your dental tools and a special In Practice illustration on proper cleaning techniques. But in the larger scope, February is also Black History Month, and so we wanted to celebrate that by bringing you inspiration from our friends at blendVET, who are creating pathways into the profession for students who may not otherwise see those opportunities.

Speaking of individuals who face challenges in the profession, our second feature explores some of the barriers that people with disabilities face in vet med. Ever optimistic, we also look at some ways that your practice can help to remove some of the stigmas around disabilities and help to accommodate those with disabilities who want to be in the profession.

The Trends Employee of the Month Contest—Everybody Wins

There will still be \$500 in gift cards to claim each month, courtesy of CareCredit, to be divided between the nominator (\$100) and the winner (\$400). Go to aaha.org/EOTM to nominate one of your co-workers.

Coming Next Month

March will be our first single-themed issue of 2024, with the Behavior Issue. We'll look at the role of telehealth and some of the top behavior issues to look for in the postpandemic era; we'll also do a deep dive into how to start your own podcast—and whether or not you should.

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



Ben Williams
Editor

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Contributors



Niccole Bruno, DVM

Niccole Bruno, DVM, is the CEO and founder of blendVET™, a veterinary hospital certification program in diversity, equity, inclusion, and belonging (DEIB). Bruno hopes that blendVET™ can create a space for continued learning for individuals and teams in DEIB.



Maureen Blaney Flietner

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



**Andi Flory, DVM,
DACVIM (Oncology)**

Andi Flory, DVM, DACVIM (Oncology), has worked as an oncologist in the US and Australia. In 2019, Flory co-founded PetDx to bring noninvasive cancer detection to veterinary medicine.



Brook Niemiec, DVM, DADVC

Brook Niemiec, DVM, DADVC, is recognized internationally as one of the leading authorities in veterinary dentistry. He is a past president of the Academy of Veterinary Dentistry, as well as the American Veterinary Dental College delegate to the World Small Animal Veterinary Association.



Mike Pownall, DVM, MBA

Mike Pownall, DVM, MBA, owns McKee-Pownall Equine Services, which has three locations in the Greater Toronto area. He has consulted with veterinarians all over the world, focusing on human resources and marketing.



Stacey Santi, DVM

Stacey Santi, DVM, is a 1996 DVM graduate from Colorado State University and the founder of Vet2Pet, a technology client engagement platform for veterinary practices.



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Using Tools of Improv on the Front Lines of Vet Med

Despite all the training and credentials we receive in veterinary medicine, we often feel unprepared to effectively solve problems for and communicate with clients who are upset with a customer service experience. A big frustration we face is dealing with situations that do not follow a script or a protocol. It's easy to become frustrated or overwhelmed when things don't go the way we expected. A key to finding happiness in veterinary medicine is to develop skills necessary to adapt and respond to challenges with compassion and empathy for others, and for ourselves.

"Yes, and . . ." is a tool from improvisational comedy that can help us respond empathetically to a problem and work towards a mutually beneficial outcome. By making a connection and finding a realistic solution in a

service interaction, we can often turn a negative situation into a positive one.

One such example is when a client shows up 15 minutes late for an appointment and still expects their pet to be seen. "I am here for Fluffy's 9:00 a.m. appointment. We were stuck behind a train and rushed here as fast as we could. I need her to see Dr. Runs-On-Time for an ear infection today."

A "Yes, and . . ." response sounds like this: "Thank you for coming in with Fluffy. I can understand how worried you must have been trying to make it to your appointment today to have her ear checked. We want to get this problem solved ASAP. Dr. Runs-On-Time's next appointment opening is next Thursday. Dr. I-Gotchu-Covered has availability at 11:00 a.m. this morning, which ensures we will take care of Fluffy today. Would

you like some water and snacks while you wait, or would you prefer to admit Fluffy to stay with us and return at 11:00 a.m. today to speak with the doctor?"

Making a compassionate connection by acknowledging the client's predicament is the "Yes;" finding a mutually beneficial solution while honoring the boundaries of the schedule is the "and." Using this combination helps us respond to unexpected situations with empathy and work towards a positive resolution.

Being adept at improvisational communication skills can create opportunities to feel empowered to strengthen relationships with clients and our team and to consistently produce more positive client service outcomes for those we serve.



Parva Bezrutczyk, DVM, is a co-owner of Arizona Animal Wellness Center in Gilbert, Arizona, and the vice president of the AAHA Board of Directors.



The Scoop

Canine Infectious Respiratory Disease in Oregon

By late 2023, the Oregon Department of Agriculture (ODA) had received over 200 reports of atypical canine infectious respiratory disease from Oregon veterinarians. Veterinarians in other states report similar canine illnesses.

ODA is working with veterinarians and specialists at Oregon State University's Carlson College of Veterinary Medicine (CCVM), the Oregon Veterinary Diagnostic Laboratory (OVDL), the USDA's National Veterinary Services Laboratory (USDA-NVSL), and others to find the causative

agent behind these cases. By late 2023, the cause remains unknown.

The cases reported to ODA appear as follows:

- Chronic mild to moderate tracheobronchitis minimally or unresponsive to antibiotics with a prolonged (6–8 weeks) duration.
- Chronic pneumonia, minimally or unresponsive to antibiotics.
- Acute pneumonia that becomes severe and often leads to poor outcomes in 24–36 hours.

Dog owners can help protect their pets from respiratory illnesses in general by:

- Consulting a veterinarian about infection prevention and mitigation, as well as respiratory vaccinations.
- Reducing contact with large numbers of unknown dogs and sick dogs (coughing, runny nose, runny eyes).
- Keeping sick dogs at home under veterinary care.
- Avoiding communal water bowls.

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Using AI to Improve Clinical Care and Treatments

A state-of-the-art, artificial intelligence (AI)-enabled, digital imaging platform is being developed to collect, collate, and analyze patient data at the University of Florida (UF)'s College of Veterinary Medicine. With support from UF's Strategic Funding Initiative, this innovative, first-of-its-kind veterinary learning health care system will create a path for the development of medical solutions to treat diseases like cancer. With the aid of molecular and genomic data sets, medical solutions can be customized to each patient.

"We need to do everything we can to eliminate barriers to cancer treatments, and creating an AI-enabled digital imaging platform will help us do that," UF President Ben Sasse said. "This will be a transformative project that positions UF as a national leader in cancer treatments and medical innovation."

With the second-highest small animal caseload among veterinary academic hospitals nationwide and more than 110,000 total cases, including large animals and field visits, the college offers a rich resource for data collection.



Quote of the Month

Darkness cannot drive out darkness, only light can do that. Hate cannot drive out hate, only love can do that.

Martin Luther King, Jr.



More Than \$1M Donation Raised to Care for Underserved Pets

Initiated by the Veterinary Emergency Group (VEG), the 2023 VEG Cares Share Day raised more than \$1 million. Half the proceeds go into VEG Cares accounts at participating VEG locations. The other half is donated to charities chosen by VEG employees.

“Each year it is exciting to see hundreds of our VEGgies come together from all over the United States to make a huge impact on underserved pets and other causes they care deeply about,” says David Bessler, DVM, VEG’s founder and CEO.

VEG Cares is supported by donations to provide care to pets in need at all VEG hospitals. These include pets with owners in financial distress; animals displaced by natural disasters; police, service, and fire animals; and animals under the care of a shelter or rescue organization.

Disease Discovered in Orphaned Kittens

Recently published research found that Tyzzer disease—which can affect the intestines and cause diarrhea—is more common than previously believed in orphaned kittens. Often associated with rodents, rabbits, and horses, Tyzzer disease is likely spread environmentally to orphaned kittens, since most of the kittens in the study were born to feral cats. The study was led by Eunju April Choi, DVM, PhD, DACVP, associate

professor of clinical pathology, microbiology, and immunology at the University of California–Davis, and was published in the *Journal of Veterinary Diagnostic Investigation*.

For the study, researchers examined tissue samples from 37 deceased kittens seen at the UC Davis veterinary hospital from 2000–2021. Nineteen of the samples tested positive for the bacteria *Clostridium piliforme*, the causative organism for Tyzzer

disease. Colitis was the major finding in 18 of the 19 kittens, suggesting a connection between a kitten’s diarrhea and the disease.

Clinicians will now investigate testing for Tyzzer disease and determine possible treatments for the often-fatal disease.



Community



How do you schedule and charge for sedated exams?

Right now our sedated exams get scheduled as a drop-off on a doctor's surgery day; however, this takes up a surgery spot, and we often lose income. Do we drastically increase the cost of these exams to compare to a surgery or is there a more efficient way that wouldn't require a huge hike in the price? Thank you for your recommendations!

A: We are a smaller clinic but book these sessions as double appointments.

A: We gauge this by sedation needs. If it is full sedation, we will schedule it on the surgery side of our protocol but will often tackle other necessary needs like heartworm testing and vaccines to cut down multiple visits for the client.

Share your sedation scheduling protocol tips at community. aaha.org. For help, email community@aaha.org.

FDA Approves Oral Solution to Treat Cats' Anxiety and Fear

The US Food and Drug Administration (FDA) recently approved Bonqat (pregabalin oral solution) for alleviating acute anxiety and fear in cats associated with transportation and veterinary visits. Bonqat, a DEA Schedule Class V drug, is only available by prescription from a licensed veterinarian because of its potential for human abuse. Professional expertise is required to monitor the safe use of the product, including proper dosing and administration.

The drug is administered orally approximately 1.5 hours before the start of the transportation or

veterinary visit. It can be given on two consecutive days.

Orion Corp., based in Espoo, Finland, conducted a field study in client-owned cats with a history of anxiety and/or fear when transported by car and during veterinary visits. A little over half of cats given Bonqat during the study had a good to excellent response compared to about one-third of cats given a placebo. In addition, 77% of cats given Bonqat showed improvement in levels of fear and anxiety, compared to 46% cats given a placebo.



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AAVMC Partners with Chewy Health to Launch New Veterinary Scholarship

The American Association of Veterinary Medical Colleges (AAVMC) recently announced that Chewy Health, the dedicated health care arm of Chewy, will be providing \$300,000 in scholarships to underserved veterinary students. The Chewy Veterinary Leaders Program will reward 15 third-year students with a \$20,000 scholarship paid directly to their educational institution via the AAVMC. The program looks to help

increase representation within the veterinary profession by working with individuals from underserved groups and communities who might otherwise have limited access to these types of resources.

In addition to financial assistance, Chewy Health's scholarship recipients will have access to monthly cohort conversations facilitated by Chewy partner MentorVet. This will provide them with support

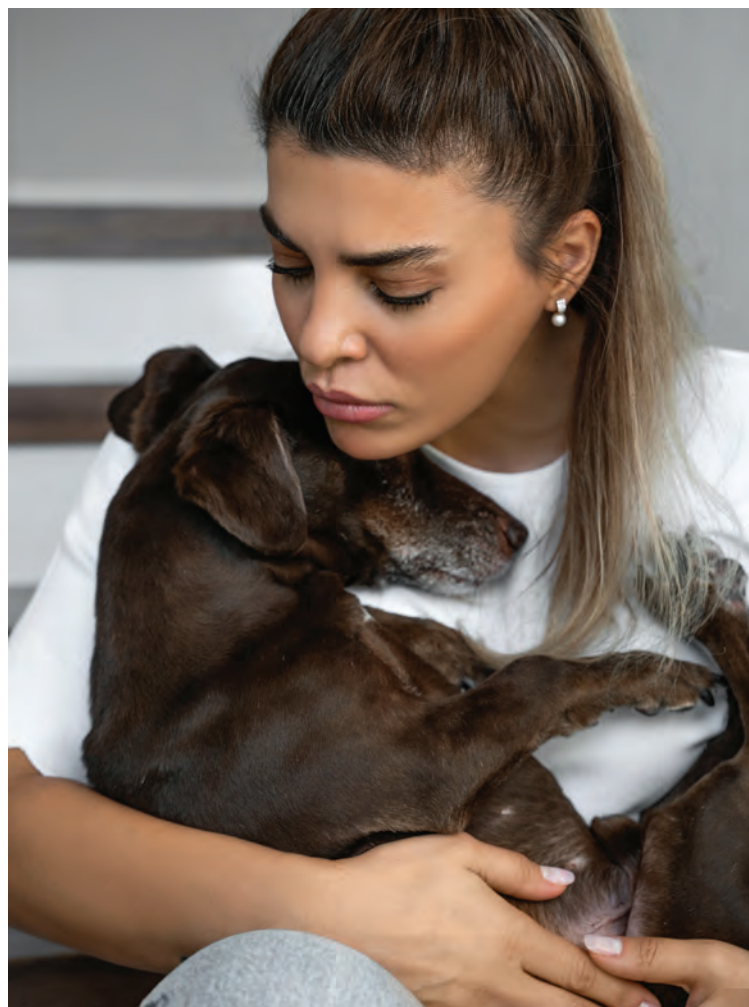
as they navigate the second half of their veterinary education. Postgraduation, participants will be sponsored to join MentorVet Leap, a six-month mentorship and professional development curriculum for early-career veterinarians. They can also join the Chewy Veterinary Leaders alumni network for ongoing networking opportunities.

Pet's Quality of Life Drives Owner Decision-Making in Emergency Situations

Veterinarians conducted a study of 132 emergency room cases to better understand how pet owners make decisions when their dogs need emergency care due to nontraumatic hemoabdomen—bleeding in the abdomen without a known cause. The study's results showed that the pet's quality of life was the most important factor to owners when it came to deciding between surgery, palliative care, or euthanasia.

The study, published in the *Journal of the American Veterinary Medical Association*, was led by first author Jenna Menard, DVM, who, at the time, was a veterinary student working in the Cornell University Hospital for Animals (CUHA), where the cases occurred. Menard partnered with professors Skylar Sylvester, DVM, and Daniel Lopez, DVM, DACVS.

The results were unexpected. "We thought that . . . finances and potential for a cancer diagnosis would be the most important factors," Sylvester said. "But we found that quality of life was the primary driver of decision-making."



Animal Hospital Employee Union Ratifies First Contract

All Creatures Animal Hospital (ACAH), a small animal and exotic practice in Bremerton, Washington, is now the second US animal hospital where the employees have unionized. Their union, the ACAH Alliance, recently ratified its first contract with their corporate owner after a two-year negotiation.

Liz Hughston, RVT, VTS, (SAIM) (ECC), president of the National Veterinary Professionals Union, was involved in the contract negotiation and commented on how difficult it can be to unionize.

“All of the work has to be done internally,” she said. There have to be a lot of grassroots efforts and conversations with coworkers.

Through the negotiation of their union contract, employees were able to obtain additional paid time-off benefits based on seniority. They also successfully negotiated for better temperature control inside the aging building, air purifiers to improve air quality from frequent wildfires, and safety upgrades such as security cameras outside the building.

Another win was the institution of an abusive client policy, which saves front desk workers from having to enforce good client behavior and ensures management steps in to enact behavior expectations that protect the staff.



NAVTA, NAVC Join Forces to Educate Pet Owners About Vet Techs

“Trust Your Vet Tech” is a campaign to raise pet owner awareness of and support for the critical roles that credentialed veterinary technicians play in veterinary practices. The National Association of Veterinary Technicians in America (NAVTA) is collaborating with The North American Veterinary Community (NAVC) and VCA Animal Hospitals (VCA) to deliver campaign materials to veterinary practices worldwide.

NAVTA President Jamie Rauscher, LVT, noted, “The goal is to inform pet owners of the education, skills, and responsibilities of veterinary technicians so that they can feel comfortable discussing their pets’ health care with us.”

NAVC CEO Gene O’Neill added: “While credentialed veterinary nurses and technicians are the veterinary equivalent of registered nurses in human medicine in terms of education and skills, an NAVC survey of pet owners nationwide found that most pet owners are unaware of the wide range of care credentialed veterinary nurses and technicians provide. Through this campaign, we intend to change perceptions among pet owners.”

The campaign includes a “Toolkit for Change,” which includes downloadable materials that are customizable, allowing users to include their practice name and contact information. The toolkit is available at navc.com/trust-me-im-a-vet-tech.

Minimally Invasive Surgery Helps 12-Year-Old Husky Mix

When Kaija, a 12-year-old shepherd husky mix, developed a tumor in her chest, her owner, Jim McLaren, looked online for alternatives to invasive surgery, Cornell University College of Veterinary Medicine (CVM) reports. McLaren found an article on minimally invasive surgery to remove tumors in the chest cavity. The author was Nicole Buote, DVM, DACVS, an associate professor at the Cornell University CVM and the only veterinarian at Cornell with a certified specialty in small animal minimally invasive surgery from the American College of Veterinary Surgeons.

McLaren contacted Buote who ultimately performed a two-hour minimally invasive surgery on Kaija at Cornell University Hospital for Animals (CUHA) to remove the tumor. Both the procedure and the

recovery are quicker than the more invasive median sternotomy.

After three days at CUHA and three weeks of limited exercise, Kaija was back to her normal routine.

Study Aims to Revolutionize Osteosarcoma Treatment for Large Dogs

A new study, funded by the Morris Animal Foundation, is evaluating the effectiveness of a novel drug combination tailored to giant breed dogs diagnosed with osteosarcoma. This research aims to offer an alternative for dogs ineligible for limb amputation and to potentially reduce the need for surgical amputation altogether.

The study is a collaboration between ELIAS Animal Health and the University of Missouri. The investigators are assessing the safety and efficacy of a combination of two powerful immunotherapies: checkpoint inhibition and adoptive T cell therapy. ELIAS Animal Health developed this immunotherapy approach to stimulate a dog's immune system to kill cancerous osteosarcoma cells.

Osteosarcoma disproportionately affects the long bones of large- and giant breed dogs. Surgical amputation followed by chemotherapy is effective for some dogs, but not all. This study endeavors to bridge that gap with expanded treatment options and renewed hope for dogs.



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5 Questions for an Animal Welfare Specialist

Steven Hansen, DVM, MBA, DACAW, DACVT

Steven Hansen, DVM, MBA, DACAW, DACVT, is board-certified in animal welfare and veterinary toxicology. Hansen is president and CEO of the Arizona Humane Society. He serves on a variety of boards, including the Hill's Shelter Advisory Board, the American Veterinary Medical Association's Legislative Advisory Committee, the Association for Animal Welfare Advancement, the American College of Animal Welfare, Arizona State University's Community Advisory Council, and the Maricopa County Attorney's Office Community Advisory Board.



1 What made you choose your specialty area?

The American College of Animal Welfare is focused on advancing animal welfare through education, certification, and scientific investigation. For me, leveraging veterinary medical training with research designed to answer questions about welfare is exciting, especially when the output is a change that improves quality of life.

2 What is one thing you wish you could tell general practitioners regarding your specialty?

Animal welfare specialization results in a deeper understanding of key knowledge areas, including society's current and changing perceptions of animals, the human animal bond, access to veterinary care, sentience, recognition, assessment, prevention, and management of stress/distress. The assessment of welfare and the

design and conduct of scientific investigation leads to improved husbandry practices, for example.

3 What is one thing that pet owners could do that would make your job more satisfying?

Animals are complex creatures with their own species-specific needs. If these are addressed appropriately, it will result in a high quality of life, further strengthening the human-animal bond. Recognizing and understanding these differences leads to improved well-being for the animal and for the people who care for and love them.

4 What is the most rewarding part of your job?

For me, the most rewarding part of my job is seeing the transformation of a terrified,

severely undersocialized, malnourished animal from a cruelty case into a vibrant, engaged member of a new family. These transformations occur when quality veterinary medical care, nutritional support, environmental enrichment, behavioral therapy, and other species- and situational-specific aspects of a recovery plan converge.

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

Seek out diplomates of the American College of Animal Welfare and gain an understanding of their specific interests and look for a match with your career goals. Are you interested in shelter medicine? Population control? Husbandry and enrichment practices? Take what you learn and find your own path forward.



AAHA's Career Center

Connecting Talent with Opportunity

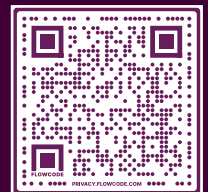
Employers

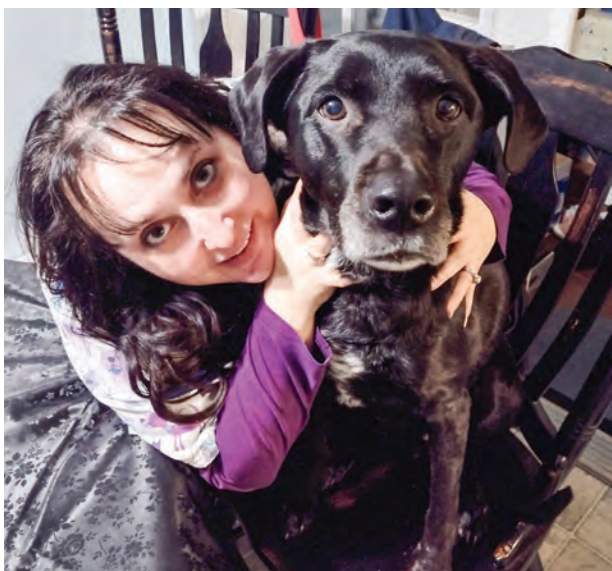
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AAHA MEMBER

Employee of the Month

Kerri Kenher

Client Service Representative

Hampstead Animal Hospital,
Hamstead, New Hampshire
Year started in vet medicine: 2011
Years with practice: 4

Nominated by
Meghan Cofer, CVT

Why is Kerri so awesome?

Kerri is incredible at spreading positivity amongst our staff and is the biggest contributor on our staff to making our hospital culture a positive one. She puts her time and energy into finding ways to make our staff smile, and she does it with a generous and thoughtful heart.

How does she go above and beyond?

She is hugely involved in our "fun committee" and plays a big role in planning activities and outings for our staff, she puts an enormous amount of energy into making our culture a positive one, and we feel so lucky to have her! I have been in veterinary medicine myself for going on 14 years—I have NEVER seen a staff member go so much above and beyond to bring smiles and joy to her coworkers.

Each month in *Trends*, we will spotlight a team member from an accredited practice. Nominate your employee at aaha.org/EOTM, and you and your employee can win \$500 in gift cards courtesy of CareCredit!



In their own words:



Why do you love your job:

I love my job because I love to help people. It makes me feel so good to know that I can make someone's day a little better whether it's a client, patient, or coworker.



Pets at home:

I have a 10-year-old Catahoula hound named Jake Douglas.



What brought you to the profession:

When I was in elementary school, I wanted to be a veterinarian because I loved animals, but instead I went into education. After teaching preschool for many years, I decided to try something new. I know I made the perfect choice because I truly love what I do!



Hobbies outside of work:

My husband and I like to explore different local restaurants and breweries. I'm obsessed with Halloween and watching horror movies. I also love baking treats for my work family.



Favorite Movie/TV Show:

TV show: *Friends*. Movie: John Carpenter's *Halloween*. Favorite actress: Jamie Lee Curtis.

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

Photo courtesy of Hampstead Animal Hospital



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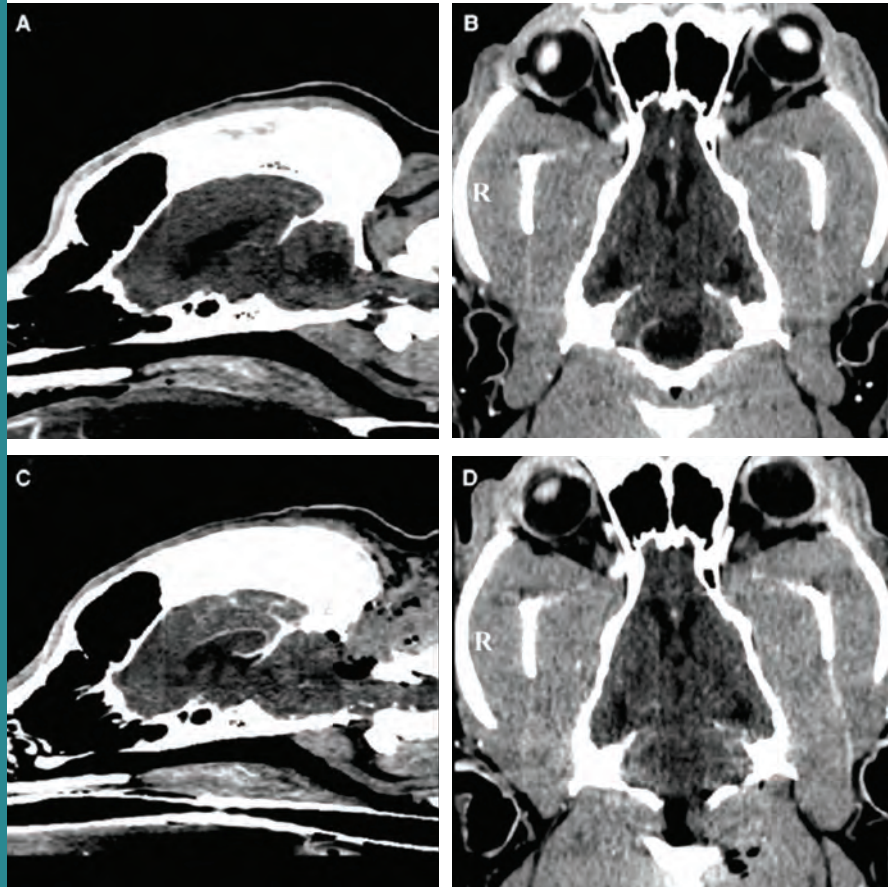
Case Report of the Month

Attempted Surgery for a Rare Condition

Ependymal cysts are rare in humans and even rarer in dogs—only three veterinary cases have ever been reported. These cysts are benign neuroepithelial cysts that develop in the central nervous system. In humans they are mostly small and cause no symptoms unless they become enlarged, in which case they are surgically removed.

In this case, reported in the latest issue of JAAHA, a 6-year-old American Staffordshire terrier was referred with a 4-month history of incoordination, collapsing episodes with extensor rigidity, and positional left horizontal nystagmus.

The team behind this study attempted surgical resection of the cyst, which was located in the fourth ventricle of the dog's brain. The fourth ventricle is the most inferiorly located (lowest) of four ventricles—connected cavities in the center of the brain that are filled with cerebrospinal fluid.



Read the outcome in the full report, "**Successful Surgical Resection of an Ependymal Cyst in the Fourth Ventricle of a Dog,**" in the current issue of JAAHA at jaaha.org.

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Unlocking the Potential of the Next Generation

blendVET's Pathway Events
Seek to Inspire Kids

BY NICCOLE BRUNO, DVM

From an early age, I knew I would need to work twice as hard to make myself “fit” into the veterinary world.

I was lucky to have plenty of encouragement and support from my mother, an educator who knew the importance of exposure and representation. She found opportunities for me and my sister to learn about veterinary medicine and encouraged me to attend Tuskegee University for my undergraduate studies.

My parents sacrificed homeownership, worked overtime, and held multiple jobs. Because of their dedication and belief in our dream of becoming veterinarians, my sister and I had financial support and

access to the best schools, test preparatory courses, and unpaid shadowing experiences.

All of this allowed us both to be viable candidates to apply to veterinary school, get accepted, and become the veterinarians we are today. What my parents did was remove barriers for us—the same barriers that Black, Indigenous, and people of color (BIPOC) students are challenged with daily.

This reason is why student pathway development has always been critical to me. As an underrepresented minority in veterinary medicine, I know how important it is for kids with the same dream to have the same type of support my parents gave me. Once I became a veterinarian, I knew my responsibility was paying it forward.

"I knew that we needed to diversify the next generation of veterinary professionals. And to do that, I knew that kids need to be able to see a path to becoming veterinarians."



Creating a Pathway to Veterinary Medicine

As a practicing veterinarian in New York and Houston, two of the most diverse cities in the United States, I could still see the disparities in patient care due to language barriers and cultural differences. I was often the only doctor—and the only person of color—in the practice. I saw our disconnect with clients who were people of color directly impacting patient care and the veterinary–client–patient relationship.

I knew that we needed to diversify the next generation of veterinary professionals. And to do that, I knew that kids need to be able to see a path to becoming veterinarians. They also need support and resources to get there.

In my practice, I provided opportunities for students in all stages of the pathway to shadow me and gain experience. I participated in career days, mentorship programs, and panel discussions. I also mentored my younger sister, Jasmine, in veterinary medicine.

But I couldn't build the pathway alone. It takes a village of parents, educators, veterinary stakeholders, leaders, and professionals to diversify veterinary medicine by helping students see this as a viable career option. That's where blendVET comes in.

Pathway Events: Showing Students They Belong

Through my organization, blendVET, my colleagues and

I create programming that intentionally provides exposure and representation for students in underserved communities. We intentionally seek diversity within our faculty, as it is vital for students to see representation.

Since 2022, we have hosted four pathway events that are a part of our program, “Believe and Belong in Veterinary Medicine.” We have worked with K-12 schools in underserved communities in Nashville, Orlando, Miami, St. Petersburg, and San Diego.

Our pathway programs allow students to experience different roles and specializations within veterinary medicine with a hands-on approach. Our immersion stations range from surgery, general medicine, and emergency medicine to clinical pathology, shelter medicine, and nutrition.

Students learn about different roles within veterinary medicine, including veterinary technology, grooming, industry roles (pharmaceutical and nutrition), and board-certified specialists, to see the wide range of career opportunities.

Helping Parents Believe in the Pathway

Raising a child to become a veterinarian truly takes a village. Part of our work is showing parents and educators that, despite the barriers faced, their students have the potential to become the next generation of veterinary professionals.

My mother kept my interest in veterinary medicine alive, even when I didn't have mentorship or exposure opportunities. Leaning on this personal experience, I saw an opportunity to create a parent program in conjunction with our student program. This allows parents to recognize their role in supporting their students.

With blendVET, we are trying to help educate parents, teachers, and administrators on the next steps, showing them how to offer support so students can see this as a viable career option. Our parent programs are designed to show parents the different career options and journeys in veterinary medicine.

“It takes a village of parents, educators, veterinary stakeholders, leaders, and professionals to diversify veterinary medicine by helping students see this as a viable career option.”



← Jasmine Bruno, DVM, demonstrates suturing to students in the Surgery immersion station.

We also offer help with college and scholarship applications, tell parents about local opportunities for veterinary care, and share success stories from the blendVET faculty. These parent sessions are held in person or virtually, and we offer resources in English and Spanish to help remove barriers.

Still, blendVET also relies on the veterinary community, locally and beyond, so students can know the allies equally committed to their success.

Working With the Community

Even once we have the students and parents on board, it still takes a legion of veterinary stakeholders, leaders, and professionals to do their part to help diversify veterinary medicine.

blendVET asks the local

veterinary community to support our programs through sponsorship, donating supplies for our workstation, offering students shadowing experiences, and, ultimately, their first job.

Some of the programs that have allowed blendVET to incorporate a next step for students include:

- Pawsibilities, a virtual mentorship platform for college students
- Purdue University’s “This is How We Role” K–4th grade curriculum allows weekly touchpoints and educational support.
- VetSetGo provides e-learning courses, books, a summer camp program, and an app that allows students to track their animal exposure hours for veterinary school applications.

AAHA Con 2023

Our most recent pathway event partnered with AAHA for their annual conference, AAHA Con 2023.

The program was hosted at Logan Memorial Educational Campus (LMEC), a K–12 school with a 95% Latino student population. Students from LMEC are not only from the San Diego community—there is also a population of students who commute daily from Mexico.

blendVET held classroom presentations for students in the second through fifth grades and immersion stations for 50 sixth-grade students. Over 200 students had the opportunity to participate in blendVET programming.

We worked with the San Diego Humane Society, Hills Pet Nutrition, and over 20 volunteers from various roles and organizations in veterinary medicine to deliver a successful day of programming at LMEC.

Following the student program at LMEC, we hosted a virtual parent meeting where parents could see highlights from our day and learn ways to support their students. We offered these sessions

in both English and Spanish. While many students at the school have adapted to English as their first language, their parents were grateful for the opportunity to choose which session to attend.

No two veterinary professionals share the same pathway, and those underrepresented in this profession have a unique story of adversity and triumph. Many of the blendVET faculty are first-generation students, including Esmeralda Cano, DVM, and Mariacamila Garcia Estrella, DVM, MPH, who conducted our Spanish session.

They told parents the stories of their own pathways into veterinary medicine as immigrants and first-generation students, respectfully educating them about local and national opportunities for their students to consider.

The English session was hosted by myself and Natalia Gilbert, a current veterinary student at Western University and a native of the San Diego area. Natalia shared her experiences navigating veterinary medicine from a student perspective and the local opportunities she participated in.

The Impact of Creating Pathways to Veterinary Medicine

We continue to be encouraged by how impactful these events are for students, parents, educators, the veterinary community, and even our faculty and volunteers.

In addition to participating in the parent session, Natalia



Gilbert, DVM candidate at Western University, class of 2025, served as a team captain for the sixth-grade students. She removed the communication barrier for one of her students, who preferred to speak Spanish exclusively due to her fluency in Spanish.

After she spent the day navigating through each station, Gilbert shared her experience with us:

“Volunteering for the blendVET event in San Diego was an impactful and profound experience because I was able to give back to my community in such a special way, representing my diverse background in veterinary medicine,” Gilbert said. “The opportunity to connect with students from backgrounds I can relate to economically, socially, and culturally is powerful because our example as volunteers who represent the people we serve is essential to being a tangible source of inspiration.”

↑ Students at pathway events have the opportunity to learn about treating various species including exotic pets.

“Volunteering for events like these is the active act of planting a seed in these student’s hearts and minds that says: If this person in front of me today could reach their goal to pursue a career in veterinary medicine despite the circumstances they have had to face in life (lack of exposure to the field they want to pursue due to lack of support, lack of example in community/current circle/home/generational wealth, etc.), I can too. I can be who I want to be, even in adversity.”

The feedback that we have received from hosting these programs has been extremely gratifying. The students have expressed gratitude for our

“No two veterinary professionals share the same pathway, and those underrepresented in this profession have a unique story of adversity and triumph.”

speaking with them; the hugs are bonuses. The parents are also grateful for the learning process, and it often reminds them of how they can be better pet parents.

During one of our parent sessions, one parent told us her son left his surgical gown on for an hour after being home. She mentioned they had been considering giving up two pets due to financial constraints. Following the blendVET event, her son pleaded with her to allow the pets to stay because they were part of the family.

At the end of the day, we sent the children home with a food sample and information on local veterinary care services opportunities. The parent expressed gratitude for the program—and mentioned that she intends to keep all four pets. This story resonated with me, as it reminded me of the impact of events like this on a micro and macro level.

Looking to the Future

As we continue to navigate our programming, we learn best practices to remove barriers for students and their families to

participate in our events and create sustainability in their academic curriculum.

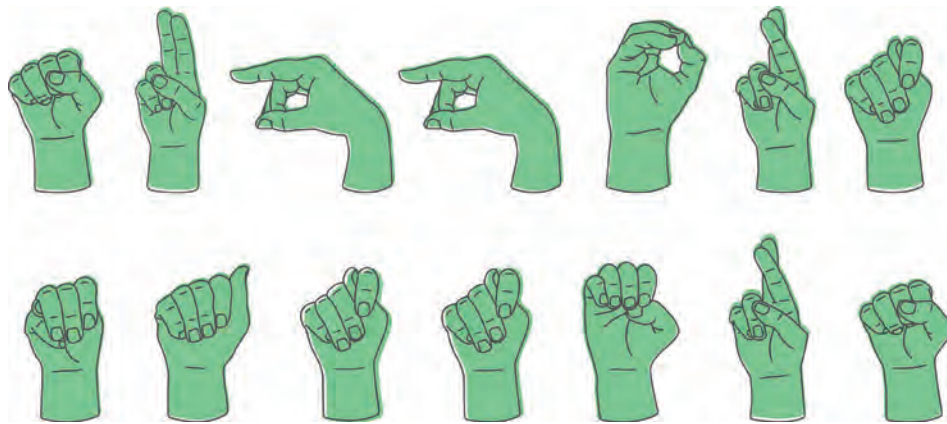
For 2024, blendVET has already committed to six programs nationwide. The experience of the human–pet bond is essential for all, despite socioeconomic barriers. That’s why we will look for opportunities to include veterinary services to improve access to veterinary care as we navigate each program. We thank our blendVET faculty, volunteers, and sponsors for their commitment to this vital work.

We look forward to planning the third annual blendVET event at AAHA Con 2024 in National Harbor, Maryland. Please follow www.blend.vet and [@blend.vet](https://www.instagram.com/blend.vet) on Instagram for more information about our student programming and future pathway events. ■

↓ *Students at blendVET’s pathway events learn about proper feeding and nutrition.*







Support Matters

Removing Challenges for Those With Disabilities

BY MAUREEN BLANEY FLIETNER

More than 33 years after the Americans with Disabilities Act (ADA) became law, “reasonable accommodations” has become a byword in most sectors. But awareness, empathy, and support are still needed to overcome many challenges, including in the veterinary profession.

“Students still encounter discrimination, prejudice, and challenges from the admission process through employment. Unfortunately, some individuals close their minds and hearts . . . instead of having an open mind, asking questions, and having a positive attitude,” said Danielle N. Rastetter, DVM, medical director and owner of Pets In Stitches, a surgery and dental care clinic in Miamisburg, Ohio.

It’s been more than two decades since Rastetter, who is deaf, graduated from The Ohio State University College of Veterinary Medicine (OSU-CVM). Back then, she used an assistive learning device, front row seating, and studied in advance since she could not rely on being able to both process new information at the time relayed and invest the energy needed to understand speech.

One professor, however, continued to ignore her need for him to stand in front of the class to facilitate speech reading and comprehension. She finally had to contact the dean of students to have him comply. Fortunately, other professors were helpful, even offering creative ways to assist her.

When Rastetter first looked for employment, she knew her deafness would be a factor. Her first employer—George Myers, DVM, at Danvers Animal Hospital in Massachusetts—confirmed that years later. She said he told her he had to seriously consider how her deafness would impact her ability to practice medicine, his staff, and his clients. Even a colleague had discouraged him from hiring her.

“Thankfully, he offered me an associate veterinarian position and helped positively shape my practice of veterinary medicine. Later employment was often found with colleagues that knew me ahead of time (thus understood my deafness) or were of a more liberal and accepting worldview to begin with.”

On her way to becoming a veterinary technician, Tracey D’Imperio-Lasslett, CVT, CWR, also ran into prejudice. After taking a basic skills test and scoring the highest in a group of hearing and

deaf students, test organizers insisted she must have cheated and wanted her to retake the test. She told them she would if every hearing person did as well. The issue was dropped.

She also found that the American Sign Language (ASL) interpreters available did not understand enough about veterinary science and had to create signs for words they didn’t know. Fortunately, D’Imperio-Lasslett came under the wings of Margi Sirois, EdD, CVT, and others who found a way for her to succeed if she put in the work. She now teaches in the veterinary technician program at Northampton Community College, Bethlehem, Pennsylvania, is an adjunct instructor for Penn Foster College, and is a mentor for deaf and hard-of-hearing students.

Accommodations Are Key

On the path to his career, Aaron Railey, an emergency and surgical veterinary assistant who began losing his hearing in second grade, found it challenging to communicate with his peers and to not be able to use a stethoscope. He encountered people who would forget that he was deaf and get mad

“The practice manager where I was assigned asked, ‘What can I do to make your time here more successful?’ That alone gave me hope in my future as a deaf veterinary technician.”

Aaron Railey



at him for not comprehending.

Railey also discovered that the claim of “reasonable accommodations” does not necessarily mean that they will be provided. Money might not be available, the person might just not be allowed to perform the task they were hired for, or the employee might have to pay for the accommodation themselves, he said.

Fortunately, early on, he found a veterinarian who would talk with him about cases before procedures and establish a game plan so they were both on the same page.

“Doing this allows me to not have to worry about communication barriers—face masks or loud noises. This was also the same practice that gifted me an older, used, ‘if-you-can-get-it-to-work’ (I did!) digital stethoscope while I was still in school,” he noted.

“Later in my career, I received my first new digital stethoscope from a corporate veterinary facility.

The practice manager where I was assigned asked ‘What can I do to make your time here more successful?’ That alone gave me hope in my future as a deaf veterinary technician.”

Railey said his current job has helped him find the best-fit service to not only connect with but maximize opportunities to use his skillset.

“Thankfully I work in a team that is understanding and supportive from the front desk to the surgery department that I work in,” he explained. For him, “support” includes facing him when speaking, ensuring that he completely understands what was said or, even better, learning basic sign language. Masks still are a challenge, but the medical director has arranged for BendShape masks, which have a clear window, so no communication is lost.

Railey noted that he is particularly happy to work with one surgeon who understands his

struggles and is always reassuring. At times, he may need someone to repeat a request or question, and his colleagues usually oblige without a problem. Having the right accommodations and support system, he explained, can allow someone with a disability to thrive.

Brittany Nitzband said she started her veterinary career in 2014 “with two legs as a receptionist” and then cross-trained to the back. However, a motorcycle wreck resulted in the amputation of her right leg below the knee, two fractured vertebrae, and a shattered clavicle.

Was that the end of her veterinary work? No. After recovery and getting a prosthetic leg, Nitzband interviewed with Jamie Rauscher, LVT, medical manager for Animal Hospital of Towne Lake/ Cat Clinic of Woodstock, Georgia.

“I had no idea she was an amputee,” said Rauscher. “She actually brought it up herself at the end of her interview, asking if

“I was honest from the start with them. I could trust them, and they knew that I was a valuable employee.”

Deana Baker, CVT

it would be an issue to work at our clinic with a prosthetic/amputated limb. I told her absolutely not.”

The only accommodation that Nitzband said she has needed is an occasional extra pair of hands for the bigger breeds—“they like to trip me.”

Deana Baker, CVT, recently retired from Lifetime Animal Hospital, Cody, Wyoming, where she worked since 1991. She was diagnosed with epilepsy as a child but, with modern medications, she rarely has seizures. She also has bipolar disorder. Her work accommodation needs were minimal, she explained: no blinking or flashing lights that might trigger a seizure and a work shift that kept her in a regular routine.

It was the understanding and support of her employers, the help of wonderful coworkers, as well as her commitment to her job and health that made her career a success.

In the early years, she said, her health had its ups and down, including “being shipped off to psych hospitals.” But her job was always waiting for her when she returned. She credits her original employer Malcolm L. Blessing, DVM, and subsequent practice owner Becky Prior, DVM.

“I was honest from the start

with them. I could trust them, and they knew that I was a valuable employee,” she said.

Different Experiences = Different Benefits

The experiences, perspectives, and adjustments that those with disabilities have had to make in their own lives can become benefits for the veterinary profession. Our sources offered a few examples:

- Railey said his reliance on his eyes and fingertips allows him to see things quicker and to feel things better than relying on only the use of a stethoscope. His knowledge of ASL also comes in handy for clients who use ASL too. Having someone who knows their primary language means they feel heard and minimizes miscommunications.
- With senses of smell and sight sharper and quicker than many, D’Imperio-Lasslett said she can smell infection faster and more quickly determine an animal’s demeanor.
- Baker said she could share with clients worried about what their dogs feel during seizures from what she has experienced.
- If the hospital has a biter,

Nitzband said she can “just stick my prosthetic out and the dog will bite that. It usually results in them being confused and not trying to bite anymore.”

- Rastetter said her empathy, creativity, and focus on “overcommunication” have the benefit of minimizing mistakes due to lack of communication. She encourages pet parents to ask for clarification and uses other methods—visual, hands-on, or experiential—to facilitate understanding.

Managing Accommodations

Alex Flinkstrom, CVPM, practice manager at Lunenburg Veterinary Hospital, Lunenburg, Massachusetts, said he sees the veterinary profession becoming more inclusive and noted how “COVID helped open up possibilities and forced the industry to innovate.”

Flinkstrom said the hospital has a part-time employee who works remotely because of a back injury that prohibits activity for any length of time.

“Instead of terminating the employee, we created a remote position and purchased a laptop and remote access software back in 2017—before remote was ‘a thing’—so the employee can work from home and fulfill duties. It has been mutually beneficial as the hospital has been able to retain a loyal employee.”

Lunenburg also has an employee with formally diagnosed dyslexia. But with checks in place for all staff, there are very few errors, if any, he explained.

Having been a hospital

manager and now someone with a disability, Leah Parris, CVPM, RVT, CCFP, HABc, understands the legal requirements as well as “the need to show employees you care about their wellbeing and safety.”

In February 2023, she was diagnosed with thyroid cancer—“after 17 years of not taking PPE seriously”—and needed a thyroidectomy and radioactive iodine treatment.

But returning to being a full-time practice manager with a need for 24/7 availability wasn’t going to happen. After her treatment, she had a limited ability to assist, particularly with veterinary technician duties since she couldn’t risk getting an infection from a bite or scratch. In addition, she said, she also had burnout and compassion fatigue.

While she had made accommodations for many others, she also knew that sometimes adjustments for a particular job just wouldn’t work. But a different job could be the solution.

Since the veterinary profession is her passion, she decided to open Southern Meridian Veterinary Consulting, a practice management consulting, coaching, and relief coverage business, in Gainesville, Georgia. While she still has health struggles, she said she is now able to experience better work-life harmony.

Molly Lautzenheiser, CVPM, MAPPCP, BSBA, SHRM-CP, CCFP, hospital administrator and partner in Avon Lake Animal Clinic, Avon Lake, Ohio, said that her practice has employed many with a disability or chronic condition.

“Most recently we have worked with employees who have had job coaches help them not only during the interview process but while they perform

Consider these tips

Our sources shared these tips for those with disabilities pursuing an education or career in the veterinary profession:



Be proactive. Advocate for yourself.



If hard of hearing or deaf, become involved in the Association of Medical Professionals with Hearing Losses (amphl.org).



Work with your doctor and follow prescribed regimens. If something is not working, tell your doctor you need a Plan B.



Cultivate relationships including with non-veterinary medicine professionals.



Engage with all resources available: mentors, disability offices, human resources, and technology.



Reach out to job coaches, such as the Job Accommodation Network (askhan.org), for guidance and support.



Connect with others with similar disabilities and career choices through social media. You are not alone.



Take time for your mental health and don’t be afraid to ask for help.



Know your rights under disability laws in your region.



Communicate with employers about your needs and accommodations.



Find advocates and mentors. They can be critical to success.

“Altering the way the job is performed or the duties of the position in small ways can sometimes make a big difference, providing a benefit not only to the team member but to your business as well.”

Molly Lautzenheiser, CVPM, MAPPCCP, BSBA, SHRM-CP, CCFP

job functions, checking in with department managers regarding performance. It has been a very positive experience. For those with chronic conditions, we have found that simple schedule alterations or allowing more frequent seated breaks have made a major impact on their ability to successfully perform their jobs.

“We also have altered some positions to be semiremote—setting team members up with home offices and phone lines that link to our system. For in-clinic working hours, we have set up private spaces and altered schedules to slower business hours to accommodate those at higher risk of contracting contagious diseases.”

Lautzenheiser said she finds the veterinary community to be very accepting, noting that “there is such a wide variety of opportunities for placement that many disabilities or chronic conditions can be accommodated with minimal effort or adjustment to operations.”

She encouraged hospital managers to “think outside the box. Altering the way the job is performed or the duties of the position in small ways can sometimes make a big difference,” Lautzenheiser said.

Challenges Remain

Cody J. Waldrop, CVPM, SHRM-CP, practice management officer for Associated Veterinary Partners, said he has hired individuals with disabilities or chronic conditions and provided such accommodations as flexible work hours, ergonomic adjustments, and assistive technologies for an inclusive, supportive workplace environment.

“The veterinary profession is increasingly recognizing the importance of inclusivity and diversity. While progress has been made, challenges and biases still exist. It’s essential to continue advocating for equal opportunities in the field.”

In Rastetter’s work with OSU-CVM’s admission committee, which reviews applications for advancement to interviews, she said she believes more can be done to reduce barriers.

Some life challenges (financial, disability, racial, personal, etc.) can count against a veterinary school application that negates even implicit bias training, she explained. In addition, the technical standards for veterinary school admissions and employment are still a problem.

She noted that “the outcome of the task should be the focus, not how the task is completed.”

At the American Association of Veterinary Medical Colleges, Lisa M. Greenhill, MPA, EdD, chief diversity officer and senior director for institutional research, said the AAVMC is committed to advancing and supporting disabled students and colleagues.

“We have featured the topic several times on AAVMC’s Diversity & Inclusion On Air podcasts and featured Academic Ableism by Jay Dolmage, PhD, University of Waterloo, Ontario, Canada, as the first book in our AAVMC Reads program. Dolmage also was our keynote speaker at our Catalyze 2021 conference.”

AAVMC recently rolled out “an exemplar for technical competencies, which may be achieved with accommodations, as are needed to successfully matriculate,” said Greenhill. It’s critical information for preveterinary students and applicants, she noted, and the final document is expected to be released soon. ■

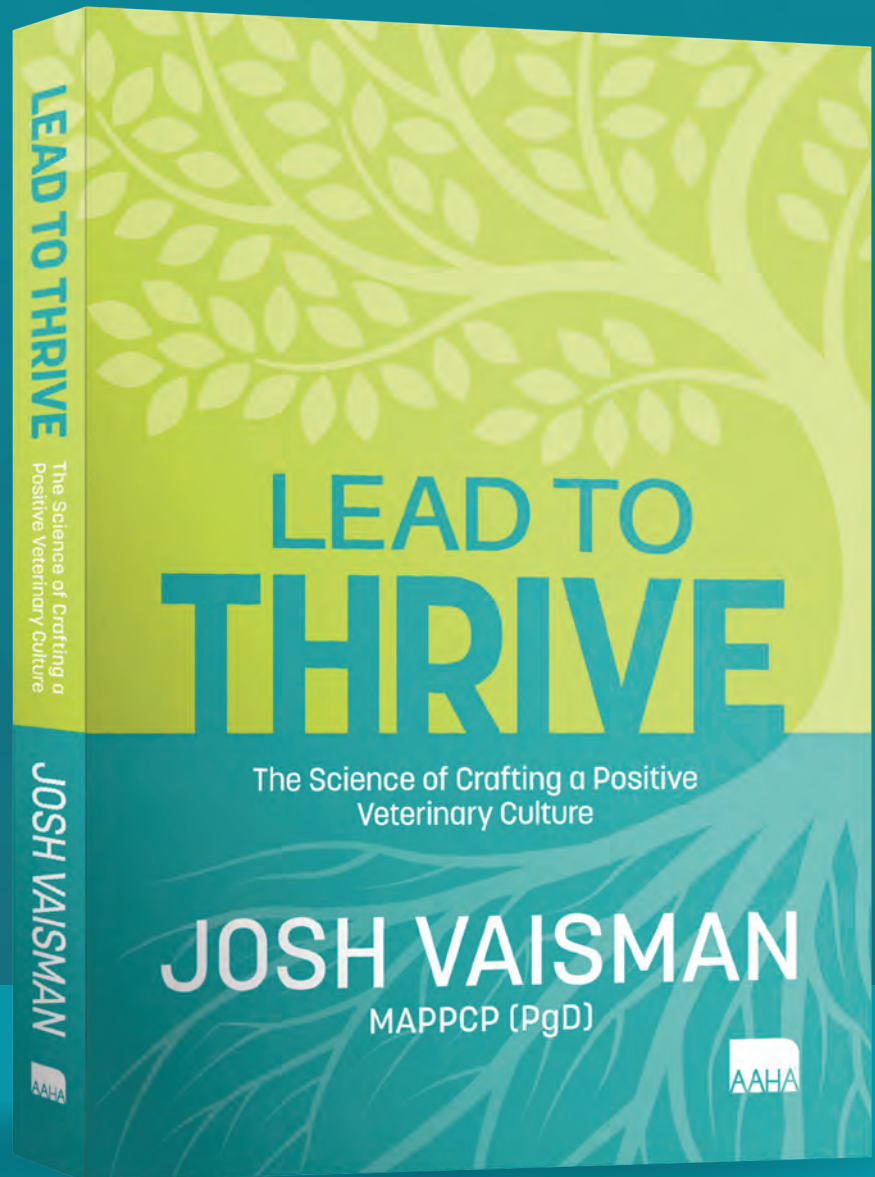
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TECH SUPPORT / LIQUID BIOPSY

Liquid Biopsy

A New Tool in the Fight Against Canine Cancer

BY ANDI FLORY, DVM, DACVIM (ONCOLOGY)

Cancer is a big problem in veterinary medicine. In fact, it's probably on your list of differential diagnoses multiple times each week—think of that senior ADR dog, the patient with hypercalcemia, or the dog that

arrives at your office limping. Sometimes cancer is easy to diagnose and sometimes it takes months to arrive at an answer. To tackle an opponent as widespread and insidious as cancer, we need all the tools that modern science

has to offer—and now, we have one more—liquid biopsy. In short, liquid biopsy is the long-awaited “blood test for cancer,” finally allowing us to say “yes” when asked “will the blood work test for cancer?”

← Following a positive result, the next step is a workup to find where the cancer signal may be coming from.

How It Works

So, what is liquid biopsy and how does it work? Liquid biopsy involves the analysis of biomarkers in various biological fluids. For this article, we will be focusing on blood-based liquid biopsy analyzing a biomarker called “cell-free DNA” using an advanced technology called “next-generation sequencing (NGS).” When thinking about how this technology works, there are a few basic principles to keep in mind. First, abnormalities in DNA are the root cause of cancer. Second, cells of the body (including cancer cells, if present) are constantly turning over (dying and being replaced) and releasing pieces of DNA into the bloodstream. Third, these pieces of DNA can be isolated from a blood sample and analyzed using NGS to look for abnormalities in the DNA.

This technology, often referred to as “NGS-based liquid biopsy,” evaluates the quality of the DNA circulating in blood—looking for abnormalities in the DNA that are specific to the presence of cancer. It’s important to distinguish NGS-based liquid biopsy from protein-based blood tests that examine the quantity of select proteins in the body (such as nucleosomes), as protein-based tests are not specific for cancer and may frequently return moderate (indeterminate) or false positive results due to conditions that cause protein elevation, like inflammation or infection.

For the veterinary team, the NGS-based liquid biopsy process is simple: blood is drawn into specialized tubes that help stabilize the DNA at room temperature for up to seven days, the sample is shipped to the lab, and results are returned in about a week. On the laboratory side, when the sample arrives, DNA is extracted and sequenced using NGS. If abnormalities are identified in the DNA, it is likely that cancer is present in the patient and a positive result is issued. If no abnormalities are identified, it is unlikely that cancer is present, and a negative result is issued. Similar to a traditional biopsy, liquid biopsy tells whether cancer may be present at the time the sample is taken, not whether cancer may develop in the future.

How Good Is It?

At this point you may be wondering: What type of cancer can be found using blood, and how good is this blood test at finding cancer? The answers to these questions come from the test’s clinical validation study, which was published in 2022.

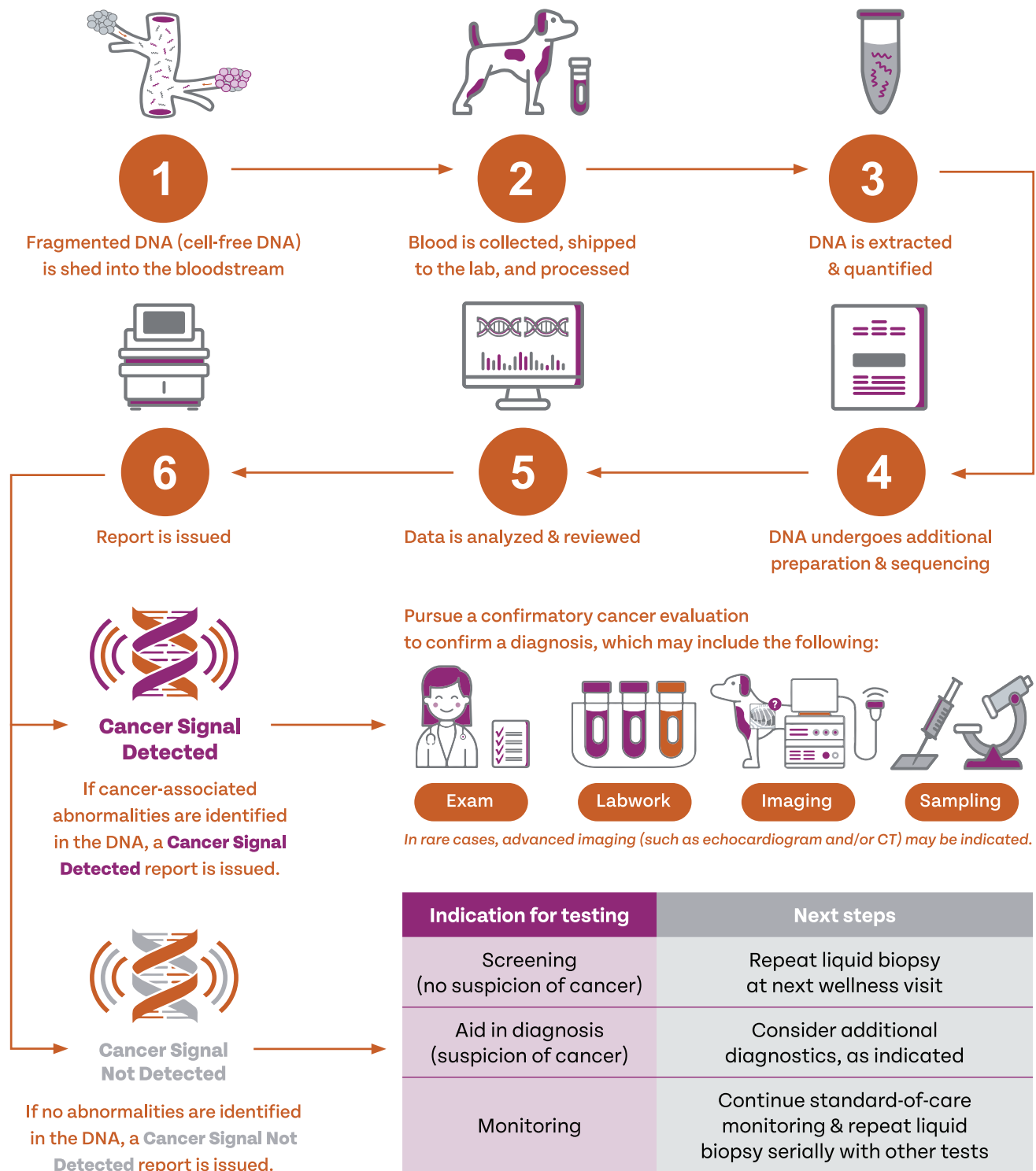
In this large study (involving over 1,000 dogs with and without

cancer), 30 different types of cancer were detected using NGS-based liquid biopsy. Some cancer types had very high detection rates; for example, for lymphoma, hemangiosarcoma, and osteosarcoma, the test had a high detection rate of 85%, but for cancer types more readily detectable on a physical exam, such as anal gland adenocarcinoma and mast cell tumor, detection rates were closer to 25%. So, as a general rule of thumb, if you see something that you can easily sample for cytology or histopathology (like a cutaneous or subcutaneous mass)—go ahead and sample it! Liquid biopsy doesn’t replace your need for a tissue biopsy, so if you can access a mass you suspect to be cancer, you will generally get more information from a tissue biopsy (or fine-needle aspiration) than a liquid biopsy.

Liquid biopsy is highly specific for cancer, because it is looking for DNA abnormalities that should not typically be found in healthy dogs or in dogs with conditions other than cancer. Because of this, the false positive rate of the test is very low, only 1.5%, which is critically important when testing for a condition as important and impactful as cancer. If these

Liquid biopsy is highly specific for cancer, because it is looking for DNA abnormalities that should not typically be found in healthy dogs or in dogs with conditions other than cancer.

How Next-Generation Sequencing-Based Liquid Biopsy Works





↑ A liquid biopsy starts with a blood draw in the exam room.

DNA abnormalities are found, indicating that cancer cells are present in the body, this is called a “cancer signal.”

Results from liquid biopsy are a straightforward positive or negative, which are reported out as “Cancer Signal Detected” or “Cancer Signal Not Detected,” respectively. In some cases, the pattern of DNA abnormalities identified in the sample indicates that a specific type of cancer is likely to be present—particularly, a hematological malignancy (lymphoma or lymphoid leukemia). This is known as a “Cancer Signal Origin” prediction and, when encountered,

is included in the report.

Following a positive result, the next step is a workup to find where the cancer signal may be coming from, which may include a thorough history and physical exam, routine labs (if not recently performed), imaging (chest X-rays and/or abdominal ultrasound), and sampling of any detected masses

or enlarged lymph nodes. In rare cases, advanced imaging (such as echocardiogram and/or CT) may be indicated.

At first, the idea of going on a “cancer hunt” may seem a bit overwhelming, but data tell us otherwise. In a 2023 study published in the *Journal of the American Veterinary Medical*

Nearly 90% of patients with positive results from liquid biopsy had their cancer readily found, with the vast majority of these diagnoses achieved using in-house capabilities within two weeks.

Association involving real world clinical samples submitted for liquid biopsy testing, nearly 90% of patients with positive results from liquid biopsy had their cancer readily found, with the vast majority of these diagnoses achieved using in-house capabilities (without referral to a specialist) within two weeks.

Practical Applications

NGS-based liquid biopsy can be used in a variety of clinical scenarios to detect and monitor cancer in dogs: as a screening tool for healthy dogs, as an aid in diagnosis for dogs in which cancer is suspected, and to monitor dogs who have received a cancer diagnosis.

Screening for Healthy Dogs

Arguably, one of the most exciting uses of liquid biopsy is for screening apparently healthy dogs at high risk of cancer, such as older dogs and those belonging to certain breeds. The goal of cancer screening is to detect cancer earlier, at a time when outcomes are better and treatment is more likely to be successful. Cancer screening is a routine practice in human medicine, with tests like mammograms and colonoscopies regularly employed for the

early detection of cancer. Such screening tools do not exist for dogs, and so we rely heavily on the annual or biannual wellness visit to help detect cancer in our canine patients.

Unfortunately, no matter how thorough an exam is, some cancers hide in areas of the body that are difficult (or sometimes impossible) to assess by physical exam. In fact, in a recent study published in the *Journal of Veterinary Internal Medicine* involving over 350 dogs with cancer, only 4% had their disease detected at a wellness visit. The ability to identify cancer in a larger proportion of asymptomatic patients has the potential to be a game changer in terms of patient outcomes, as it is well established that preclinical detection of cancer is associated with improved outcomes for a variety of cancer types. As a general recommendation, all dogs should begin cancer screening at age 7, but dogs of certain breeds and sizes should start screening earlier, in some cases as early as age 4.

Suspicion of Cancer

When cancer is already suspected in a patient, liquid biopsy can be used as an aid in diagnosis to help move cancer up or down on the list of differential diagnoses. There



are a wide range of scenarios in which a noninvasive tool for cancer detection can offer utility in the workup of patients in which there is a clinical suspicion of cancer. For example, a patient may present with **clinical or nonspecific findings** (e.g., unexplained weight loss, reduced appetite, or lethargy) with no obvious mass or lesion to sample for traditional diagnostics; **changes on a patient's lab results** may warrant further studies, such as unexplained findings on a complete blood count (e.g., cytopenias), hypercalcemia, or inconclusive lymph node cytology; or, **a patient's imaging results may be suspicious for malignancy**, but in a location that poses a challenge to using traditional diagnostics (e.g., an abnormality of the spleen, an aggressive bone lesion, or nodules, masses, or enlarged lymph nodes on a chest X-ray).

In each of these scenarios, liquid biopsy offers an alternative for determining whether the patient could have cancer—by simply drawing blood. When liquid biopsy

One of the most exciting uses of liquid biopsy is for screening apparently healthy dogs at high risk of cancer, such as older dogs and those belonging to certain breeds.



← DNA is extracted and analyzed in the lab.

is incorporated early in a patient's workup, concurrent with other tests, it can provide valuable information with the potential to help shorten the path to a diagnosis. The quicker a diagnosis can be made, the sooner that family can consider treatment options—hopefully, at a time when interventions are more likely to be successful.

After a Diagnosis

After cancer has been diagnosed and a treatment plan has been put into place, liquid biopsy can be used for cancer monitoring to help answer some important questions like “did we get it all?” and “will it come back”? For patients that have a positive liquid biopsy result followed by excisional surgery to diagnose and treat cancer, liquid biopsy can be drawn seven to 30 days following surgery to determine if residual disease remains in the body (either at the surgery site or at a distant metastatic site).

Those patients can also be monitored with periodic liquid biopsy tests throughout treatment

(typically every two to three months, but frequency may vary by cancer type) to determine whether cancer is recurring. In some cases, liquid biopsy can detect recurrent cancer months prior to the re-emergence of clinical signs, alerting the clinician to perform a thorough workup to confirm the recurrence, hopefully before the patient gets sick from the return of the disease.

Changing the Future of Cancer

NGS-based liquid biopsy is positioned to change how cancer is detected and monitored in dogs—by helping to identify cancer in healthy dogs, to aid in a quick and efficient diagnosis for dogs suspected of having cancer, and to help monitor dogs with cancer to identify signs of residual disease and disease recurrence. By combining liquid biopsy with the existing tools in the diagnostic toolbox, the veterinary team becomes an even more powerful force in the fight against canine cancer. ■

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CLIENT CENTRIC / ANGRY CLIENTS

The Art of De-Escalation, Part 1

Defusing Tense Client Situations

BY STACEE SANTI, DVM

fizkeel/istock via Getty Images Plus

In the world of veterinary hospitals, stress and tension can be an everyday occurrence. Whether you're a customer service representative, a veterinary technician, veterinarian, or manager, you're no stranger to dealing with clients who are frustrated, upset, and sometimes just plain angry. It's essential to know how to effectively de-escalate these situations. Clients can be stressed for various reasons, many of which may not even be related to you or your team.

In Part 1 of this two-part article, we'll explore strategies for calming down annoyed clients whose stress levels are mild to moderate, and we'll also discuss what can set people off in these situations. In Part 2, we will go over the more extreme cases of client anger, when stress levels are escalated and through the roof.

By embracing a spirit of curiosity and empathy, you can smoothly navigate most of these interactions. But occasionally you have to know when to call it, in order to protect your wellbeing and safety.

Understanding Client Stress Triggers

Before we dive into de-escalation strategies, let's take a moment to understand the deeper issues at play that may send a client into "fight or flight" mode.

Having your goals blocked

We all have a narrative in our head about how our day, week and even life should go. We make plans and get our hopes up based on these assumptions. When we perceive someone or something blocking our ability to achieve our goals, we often move into fight mode. The challenge here is that the client's

agenda is driving their reaction to the situation, which you typically have no control over. However, when we try to understand what their barriers are, we have a much higher chance of resolving the situation.

Consider these two scenarios, from the client's perspective:

1. **Client A:** You need to pick up a refill of your pet's medication because you are going out of town tomorrow. So, you stop by the vet practice on your lunch hour. You are told that 24-hour notice is preferred and they are swamped and can't get the refill together right then. You see this as a barrier to meeting your goal of leaving on time, and this person/policy is blocking that. You ramp up, and get angry.
2. **Client B:** You need to pick up a refill of your pet's medication, and you work right down the road from the clinic. You stop in at lunch, and they tell you 24-hour notice is preferred and they are swamped and can't get the refill together right then. You tell them "No problem. I can stop by later."

Both people were faced with the same barrier, but in the first scenario, the client had an agenda and needed this to happen in order to meet their goals. This results in an escalation in an attempt to try to push through to get past the barrier. In the second scenario, there was no barrier because it was easy for the client to come back later. The key is to understand which scenario the client is in so you can collaborate to figure out a solution to their problem.

Feeling powerless

When people feel out of control, they naturally respond by trying to regain control. This may result in yelling, crying, pointing out the way "it should be done," and failing to accept the situation. We see this predominantly centered around fear for the pet. Clients are likely to be on edge if they believe their cherished pets are in pain or danger. Their emotional connection to their animals can significantly impact their mood and the urgency with which they seek a solution.

A big player here is financial constraints. Many people can't afford the cost of veterinary care these days. This results in a significant source of stress. Clients who are concerned about the cost of care or don't have the means to pay for their pet's care may become anxious or upset during their interactions with the practice.

Being treated unfairly

We all have a basic unspoken (and irrational) assumption that life should treat us fairly. We feel that if we do everything "the right way," then we should receive the same from the world. When life isn't fair, we often start trying to bargain our way out of it by somehow thinking if we explain our side of the story, then the universe will understand, admit their mistake, and fix it. When this feeling is paired with the life of a family pet, we have a recipe for disaster when things go wrong. Things as minor as exceeding the estimate to telling a client that the wound hasn't healed and more surgery will be needed can send a client through the roof.

Making a mistake and feeling guilty

Clients may feel responsible for a situation due to poor planning or

making a mistake, leading them to internalize their anger and redirect it towards someone else. Clients may be in a situation where they are afraid of disappointing someone in their family, themselves, or their pet. Maybe they decided to take the e-collar off and now the pet has chewed out their sutures. Their ego won't easily allow them to admit they made a mistake so they may escalate in an attempt to cover up their error.

By understanding the emotions behind the client's escalating behavior, it will help you be more successful when you are applying your de-escalation strategy.

When dealing with angry clients, it is important to assess their level of anger as each requires a different strategy.

Level 1: The Annoyed Client

This is the client that is on the verge of becoming upset. They are generally not exhibiting clear cut signals that something is wrong so it is important to be on high alert for body language cues. This could be a cock of the head or widened

eyes when reviewing the invoice. It could be a drop of the shoulders or a strong exhale when explaining something. The client is putting off an energy that suggests they are annoyed.

The goal with this client is to uncover what they are feeling and thinking so you can help resolve the situation before they escalate. The easiest way to find out if someone is annoyed is to ask by saying, "Is everything okay?" or, "Is that what you were expecting?" When you inquire about how they are feeling, it opens up the door for them to express what is on their mind.

There are two more levels after Level 1—Level 2, the Angry Client; and Level 3, the Hostile Client. We will cover these clients and how to deal with them in Part 2 of this article, coming in March 2024.

What Clients Find Frustrating That Escalates the Situation

Understanding what can frustrate clients in veterinary interactions is equally important. By avoiding these behaviors, you can prevent

situations from escalating:

- **Not taking the time to understand their pet's problem:** Rushing through interactions without fully grasping the pet's issue can lead to frustration and miscommunication. Of course you are busy and might not have time for this. But when this situation arises, you must make time or it is likely to escalate into a much bigger problem.
- **Not trying to help:** Clients expect you to be proactive and helpful in taking care of their pets. Failing to make an effort to assist them can be infuriating.
- **Not appearing to care, being dismissive:** Clients want to feel heard and respected. Being dismissive or indifferent to their pet's health concerns can exacerbate the situation.
- **Pointing out their mistakes:** Blaming the client for their pet's condition is counterproductive. It can escalate anger and undermine trust.
- **Having a superior attitude:** Arrogance or judgmental behavior can quickly escalate tensions. Treat clients with respect and humility, acknowledging that they have their pets' best interests at heart.
- **Stating facts without empathy:** While facts are essential, conveying them without empathy can make clients feel unheard and unappreciated.
- **Unreasonable rules:** Having policies or rules that don't make sense can frustrate clients. Flexibility

Client's Core Issue	→ Your Core Strategy
Goals being blocked	Brainstorm to help them meet their goals
Feeling powerless	Help them see they still have power
Being treated unfairly	Reassurance that you will help them
Making a mistake and feeling guilty	Empathy and compassion



when appropriate can help de-escalate situations.

- **Lack of follow-up:** Failing to follow up as promised can damage trust. Consistency in communication is essential.
- **Inaccurate or conflicting information:** Providing conflicting or incorrect information can confuse clients and lead to frustration.
- **Not taking responsibility for mistakes:** When you make a mistake, owning up to it is vital. Passing the blame or evading responsibility only exacerbates the situation.

Defusing a Level 1 Annoyed Client

In my opinion this is one of the more difficult situations because generally these clients are “on

the verge” of escalating but are currently experiencing more of an annoyed phase. They are usually not forthcoming with their feelings, making it very hard to know they are even having disgruntled feelings. This means you have to use your spider-sense to be on the lookout for subtle cues.

They include:

- Being very quiet when they should be asking questions
- Having a perplexed look on their face
- Making a subtle sound like “hmm”
- Body language is suggesting they are unhappy
- Asking questions about the invoice

It is important that you make it clear that you care about how they are feeling and they feel comfortable expressing themselves. Here are a few phrases that can do the trick:

“Tell me how you are feeling about all of this.”

“Do we have an error on the invoice?”

“Is something wrong? I can’t tell what you are thinking.”

The worst thing, and the most alluring, is to ignore these subtle signs and pretend you didn’t notice anything. Not addressing the elephant in the room will often lead to escalation to Level 2 somewhere down the road. It is much easier to address the problems now when the client is just annoyed versus later when they have escalated to angry.

Look for Part 2 of this article next month in *Trends*, where we will look at de-escalating clients who are angry, and even hostile. ■



GET SMART/**STAYING SHARP**

Keep Your Skills Sharp

Care and Sharpening of Dental Hand Instruments

BY BROOK A. NIEMIEC, DVM, DAVCD, DEVDC

How often do you sharpen your dental instruments? Daily, weekly, monthly, annually . . . NEVER? You should be sharpening your instruments at least weekly. Why, you ask? Because it has been shown that periodontal hand instruments can dull after only 15 to 45 scaling strokes. This means, if you have not sharpened this week, (or today) your instruments are likely dull. Further, bringing very dull instruments back to being sharp is difficult to impossible with standard hand sharpening techniques.

Maintaining dental instruments is critical to performing proper dental procedures. Sharp scalars

and cures are much more effective at cleaning teeth than dull instruments. In fact, dull instruments are a leading cause of “burnished” calculus. This means that the calculus is smoothed, but not removed, leading to perceived cleanliness, but ultimate treatment failure. Not only are sharp instruments more effective, but they are also more efficient. This means that the teeth will be cleaned faster, thus decreasing procedure time. This in turn decreases the length of anesthesia, which benefits the patient.

The improved efficiency allows the veterinarian or technician to move on to other tasks faster, which is good for the practice. Finally,

since the teeth are cleaned faster and with less effort, it will help decrease repetitive motion injuries and improve ergonomics. This is critical for the long-term health of your staff as ergonomic issues have been shown to be almost ubiquitous in human dentistry.

Thus, keeping your dental hand instruments sharp is beneficial to your patients, staff, and bottom line. Thus, it is an ethically sound practice. All of us should strive to keep our instruments sharp.

How Do I Know My Instruments Are Sharp?

There are two main ways to determine if your instruments

need to be sharpened. This can be done visually. First, shine a bright light on the cutting edge of the instrument. The best way to do this is to utilize surgical loupes, but any bright light can work. If the instrument reflects light, the cutting edge is dull (**Figure 1**). Another technique is to use a plastic testing stick to check for sharpness. Place the instrument on the stick how it would be positioned on the tooth. If the instrument does not easily remove some of the stick, it requires sharpening (**Figure 2**).

Hand Sharpening

This is the cheapest and by far most common technique for instrument sharpening. It is not difficult to learn/perform, but it is very technique sensitive. All that is required for this procedure is a sharpening stone and oil. The most common stone recommended for sharpening veterinary dental hand instruments is an Arkansas stone. It has shown to be quite effective at creating a sharp, consistent edge. India as well as numerous ceramic and artificial “stones” for sharpening may be as (or more) effective, however, they are not as commonly used. An Arkansas stone should always be used with sharpening oil. Both products are inexpensive and can be purchased from any dental or veterinary distributor, or as a sharpening kit (**Figure 3**).

Technique

Whether the stone or instrument is moved during sharpening is controversial with both techniques being advocated. Either one provides a sharp surface, however, moving the stone is more commonly recommended and thus will be presented here.

Apply a small amount of sharpening oil on the area of the stone you will use (**Figure 4**).

Hold the instrument in your dominant hand (the one you write with) and the stone in the other.

Place the instrument on the stone as it would be used for scaling. This means that the shank (or terminal end of the instrument) is parallel to the stone (**Figure 5**).

Rotate the instrument 20 degrees from this angle to create the desired edge (20 degrees is approximately the angle your fingers make with a “peace sign;” **Figure 6**).

Adjust your technique based on the shape of the instrument:

When sharpening scalers or curettes with a flat face, keep the instrument in the same position throughout the sharpening process.

When sharpening curved instruments (most curettes), start with the “heel” of the instrument against the stone and slowly rotate the instrument during sharpening to ensure that the whole blade is sharpened (**Figure 7a–c**).

Keep the instrument still and move the stone in short, firm up and down motions. Place more force on

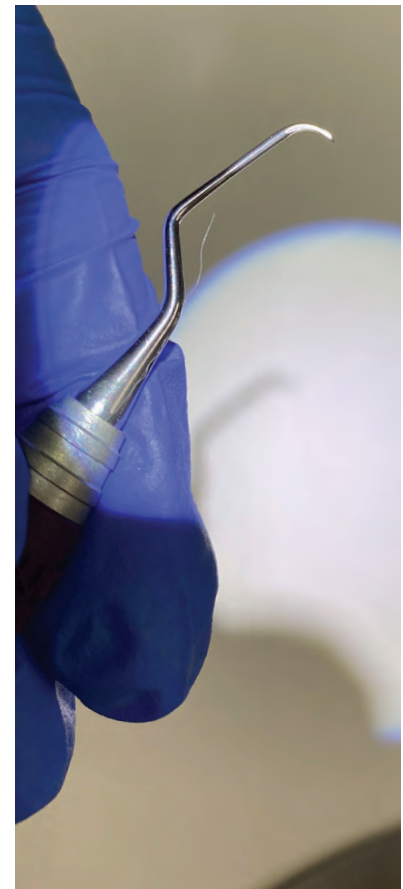


Figure 1: Visual inspection of blade to determine if sharpening is needed. a) Light is reflected from the blade indicating it is dull



b) No light is reflected, indicating a sharp instrument

Keeping your dental hand instruments sharp is beneficial to your patients, staff, and bottom line.

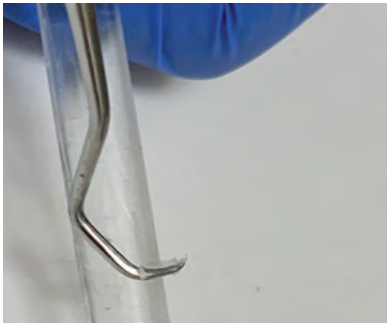


Figure 2: Using a plastic testing stick to determine sharpness. If the instrument is sharp, a layer of the block should be removed easily. If none comes off the instrument is dull.

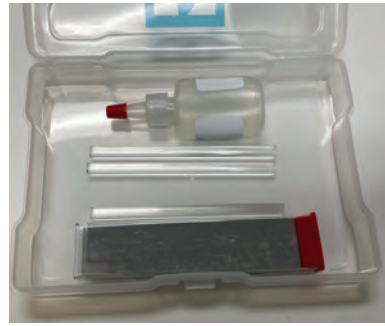


Figure 3: All the equipment needed for hand sharpening, VDS sharpening kit.

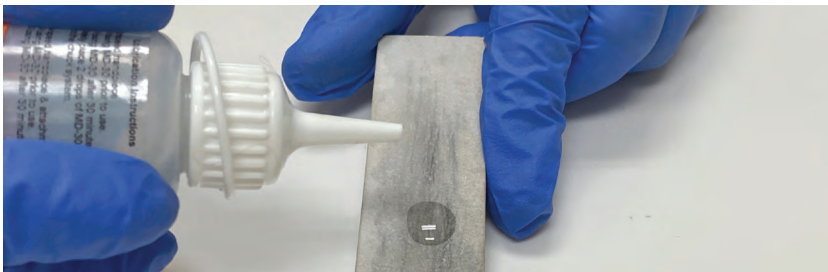


Figure 4: Place a small amount of oil on the stone.

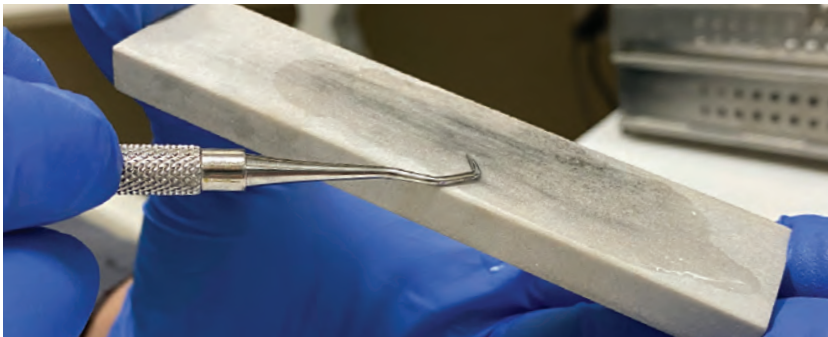


Figure 5: Place the instrument (in this case a universal scaler) on the instrument how it would be used on the tooth. This means the shank is parallel to the stone.



Figure 6: Bring the instrument 20 degrees off of parallel and move the stone back and forth with more force on the “down” stroke.

the down stroke (**Figure 4d**).

Always end on the “down” stroke to avoid burring the instrument (**Figure 8**).

Occasionally check for sharpness visually or with an acrylic testing stick (**Figures 1 and 2**).

After you have ensured that your instruments are sharp, they should be cleaned, wrapped, and autoclaved. Ideally, they are checked visually just prior to use.

As previously stated, bringing a very dull instrument back to a sharp edge and useful condition is very hard to impossible. If no sharpening has been performed for months to years, it may be best to purchase new instruments and then make a commitment to maintenance. Other options for very dull instruments include a mechanized sharpening system or sending out to a professional sharpening service. There are human companies who may provide this service as well as at least two veterinary offerings.

Honing Device and Instructions

Larger practices, or those who perform a significant number of dental procedures, may consider investing in a “honing” device. This is a mechanical sharpener with preset angles and various stones/polishers to quickly bring dull instruments back to a sharp edge. These are relatively inexpensive and easy to use. While this is certainly more of an investment than a sharpening stone and oil, it does make sharpening more efficient and potentially superior to hand sharpening. While there are several units available, the one typically used in veterinary dentistry is

the RxHoning device. While it has attachments for luxating elevators, it finds most of its use as a periodontal hand scaling device.

By using a rotating stone, it sharpens instruments in less time and requires less physical work by the operator. In addition, because it has a sharpening guide, it can provide superior results. However, they can be more aggressive and thus lead to more instrument structure loss, so they must be used carefully.

To use this device, you need to determine if your instrument is a universal or a “Gracey” curette. This information should be imprinted on the instrument. If not, you can tell by looking at the blade. Universal curettes have a 90-degree angulation and can thus be used on both sides, whereas the Gracey are angled to 70 degrees for better adaption to the tooth (**Figure 5**).

Then, using the guide on the machine, apply the instrument at the correct angle (U for universal and G for Gracey; **Figure 9a and b**). Note that both sides of universal hand instruments are sharpened as opposed to the Gracey which only has one working edge.

Using the foot pedal, control the speed of the rotating stone.

Continue the process until the instrument is sharp. As with hand sharpening above, you should check the instrument often during the sharpening process, as over sharpening is also detrimental.

The images and descriptions in this article should be sufficient for you to maintain your instruments. If you desire further instruction, most hands-on periodontal laboratories will teach these techniques. In person and virtual video options are available through VDSpets.com. ■

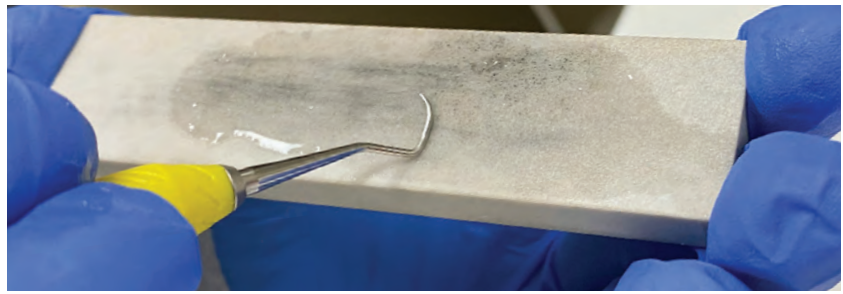
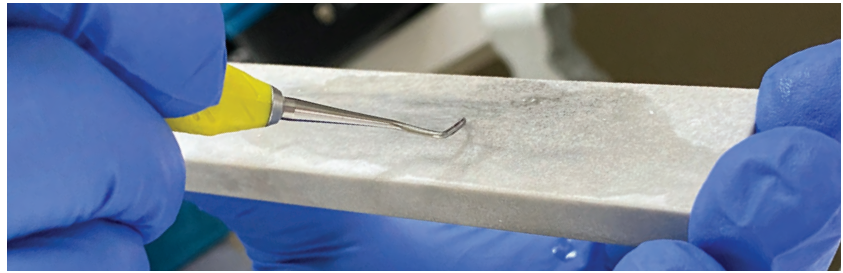
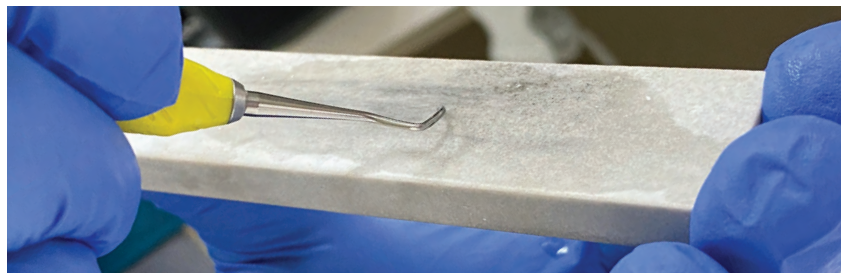


Figure 7: When sharpening a curved curette, the entire curve needs to be sharpened.
a) Start on the heel



b) Progress to mid blade



c) End on the toe

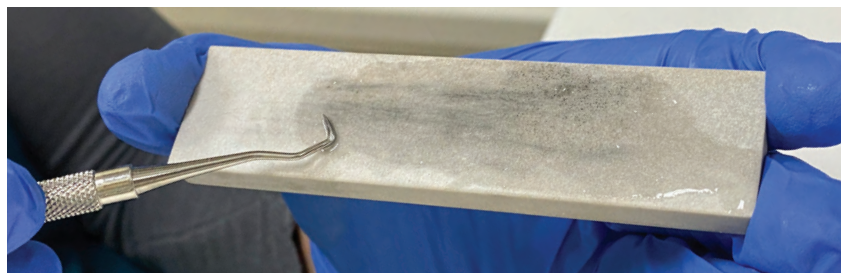


Figure 8: End on the “pull” stroke to avoid burring the instrument.



Figure 9: Utilize the proper guide to sharpen curettes on a mechanical device: “U” for Universal curettes and “G” for Gracey curettes.



PODCAST / EQUINE VET STUDY

What Can We Learn From Equine Veterinarians?

A Conversation With Mike Pownall, DVM, MBA

INTERVIEW BY KATIE BERLIN, DVM

Here at AAHA, we stay mainly in the small animal realm, but that doesn't mean we can't learn from our colleagues in equine practice. Mike Pownall, DVM, MBA, practice owner, consultant, and fellow podcaster, joined *Central Line* to talk about

what veterinary professionals in any corner of the field can take away from Synchrony's 2023 Equine Lifetime of Care study.

From the recommendation many of us "grew up" with—to keep veterinarians out of cost conversations—to the question

of where insurance and financial planning should first be discussed, Pownall, who co-founded McKee-Pownall Equine Services with his wife, reminds us that we have more in common than we have differences. In the end, we all came here for the same reasons,



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 constructive comments
 and conversation.
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 questions anytime at
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and we can and should help each other grow and learn.

Katie Berlin: I'm really excited to get your take on a lot of challenges that the veterinary profession faces. I'm one of those people that wanted to be an equine vet, and I went into vet school for about five minutes, then I realized that it just wasn't going to work out. And it's probably good because my back would've given out after like year two.

Mike Pownall: You know what, when everybody says that equine practice is so tough, I'm like: Yes, but we don't have scratchy, bitey cats.

KB: Truth, truth. So, Synchrony did a study, the Equine Lifetime of Care study, not too long ago. And we are coming together to talk about what was found in that study and what we can learn from it. So, can you give us a little bit of background on what that study talked about, and the big findings you think are relevant?

MP: They talked to about 1,200 US horse owners, ages 18–79, and what they were trying to do was really understand the financial, emotional, and psychological effects of the cost of equine care. That's one thing that really makes our professions different—equine care is much more expensive on an annual basis. So, they really want to understand what is the average horse owner involved with, what industries are they involved with, and what do they spend?

Their actual expenses in this report are often three to four times higher than what they were thinking of spending. So even though they've saved some money or they have a little nest



Approximate Annual Cost of Horse Ownership

Backyard/pastured horse	\$11,538
Recreational	\$16,460
Competitive	\$36,851

Source: Synchrony Equine Lifetime of Care study

egg put aside for that rainy day or something that's gonna happen, it's often not enough. And when something happens, they're ill-prepared.

KB: When I was working in the vet clinic, it seemed like everybody here in Colorado hikes with their dog, takes them paddleboarding, or bikes with the dog running alongside. Those dogs are going to get hurt more than your average house dog like my chihuahua.

And many of them are totally unprepared for how much it costs to like, say, do a TPLO or hospitalize the dog when he eats poisonous mushrooms or something like that.

MP: I think people realize that the ongoing care of horses is expensive because you've got to stable them, you've got to pay for a farrier. But it's always that surprise.

KB: I don't remember ever getting an estimate or a treatment plan to look at. The equine vet would just say, it's going to cost about this much to do this injection or to do this treatment. I just said yes because the horse is standing there and it needs it.

And that seems to me to be very different from the plan that a lot of veterinary hospitals have now, which is to present a treatment plan, a paper estimate in front of the client, and go through it item by item so that the client sees that total before they're at checkout. Whereas with the equine vet, I often just got a bill in the mail and that was very scary. Is that changing now or is that still what happens?

MP: That's starting to change. People want estimates; people just

want to be informed. I think a key competency of being a vet now is your ability to communicate, and this is a big part of it.

KB: Do you think people are more likely to say yes to a large estimate if they know they don't have to pay it right away?

MP: One of our vets told us something once a while ago, and I thought it was really a great insight. When you're presenting a couple of options, you say if money was no object, I would do this. But a different treatment plan may be a good alternative—still great medicine—but an alternative.

And when they get silent, they're not thinking, I don't want to

pay for this. They're often thinking, okay, what do I have to give up to afford this? They want to do what's best for their horse, so they just need to think about it.

KB: So what about the advice that we are given? I don't know about you, but I graduated vet school in '09 and we were told that vets should stay out of the cost conversation. We should send a technician in or another staff member to go over the estimate and itemize the cost for the client. In my experience, that wasn't always the best solution, and it left me feeling a little bit powerless, especially if the client said no to stuff. What do you think about that advice, for equine vets, who



probably have to go over the costs themselves most of the time?

MP: I think cost is so related to care that when you delegate the discussion about cost, you're not part of the conversation about care. As a veterinarian, if you remove yourself from this conversation, you lose a lot of control. And I think you lose a lot of that relationship with the client, that trusting relationship. So, yeah, I think that that needs to be part of that conversation.

KB: Even \$1,000, that's a lot of money, especially to somebody sitting in a vet clinic with a cat. They're not expecting to spend \$1,000 on their cat. So you could



I think cost is so related to care that when you delegate the discussion about cost, you're not part of the conversation about care.

Mike Pownall, DVM, MBA

say, "this might come a surprise, but let's see if there's anything that we can do to keep the costs down." There's something about that that makes us a little bit vulnerable, and that vulnerability on our part creates more trust with the client.

MP: We have to have that conversation of the expense versus the value. You can say, well, this is expensive, but this is the reality of the cost of care. And as you said, you break it down and here are the components. I would say the one thing I have found in my travels is that Americans are better with those discussions than Canadians because of our government-funded health care. We have no idea what medicine costs. It's free, but it's not. So when you start talking about pet health care, that's a harder discussion.

KB: What about insurance? As long as I've known horse people and had horses in my life I've known about equine insurance. I showed horses growing up, and we always had insurance. But pet insurance has been pretty slow to catch on, in this country anyway.

MP: One of the reasons why equine insurance is slow to pick up is just the cost of the horses. When you

have a high-end show horse, it's quite valuable, and you ask the owner, well, is it insured? They're like, no. And you're like, why? They say, well, we have four like this, and we just can't afford the insurance on them. So, I think the rate of insured horses is below 10% in North America. It's pretty low.

KB: Yeah, that really surprises me. If I had a backyard horse, I probably wouldn't insure that horse. I insured the show horse because if he colicked, I wanted to be able to do surgery on him.

MP: I think these are where we have to have these proactive conversations with clients. An unexpected expense will happen at some point in the animal's life. We need to have discussions with clients, maybe in how we onboard new clients, our welcome package, or our discussions about the value of insurance.

KB: This profession, I've never met a group of people who like talking about money less. We all got into this because of our hearts and not because we wanted to get rich. So we really just hate talking about it. My first boss wouldn't let us say "expensive" and "cheap." He would say "it costs more" or "it's

more cost-effective.” I feel like the big reluctance on the part of vet teams is that we don’t want to seem focused on the money.

We don’t want to be like, hey, just so you know, we’re going to be asking you for a lot of money, pretty much every year, forever. Do you have tricks or tips for how we can approach that conversation?

MP: I think the best practice is to train as many people in your organization other than vets about money, so you can have these discussions. Often the client will be there with a technician while the doctor’s out of the room. So they need to be able to have some comfort talking about money. We just say, we want what’s best for your horse, dog, cat, hamster, whatever, but the cost of the diagnostics and treatments would be a challenge for everyone. So let’s think about options that can make this affordable.

I think we can always come back to the fact that health care is expensive. Let’s not skirt that. We’re going to talk about money,

but we’re talking about it in context of what is optimal for the health care of your particular animal.

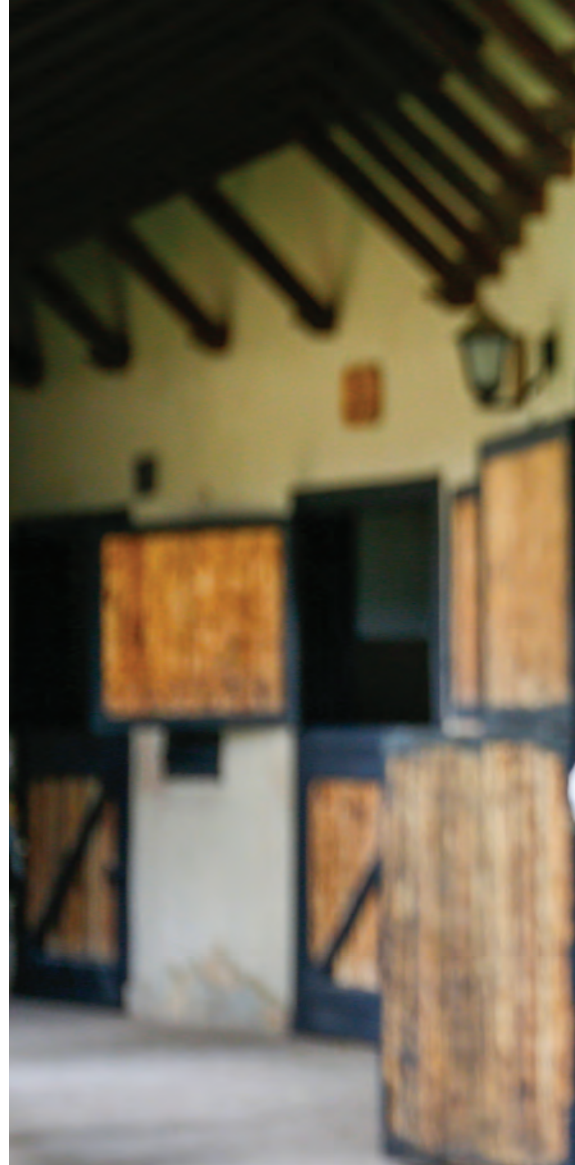
KB: That follows the trend of authenticity and supporting brands that you feel are telling the truth to you, that I think Millennials and younger generations seem to really identify with. They’re willing to pay more for something if they really believe that it’s for a good cause or for the right cause.

You had said that a lot of times, the equine vet is the last one to see the horse. After the client has exhausted all the other options, so they’ve been on their online forums and they’ve had the chiropractor out who may or may not be a vet. They will talk to everyone they can before they have you out, and then you come out and the treatment that you’re offering is the right treatment, but things are more advanced now.

Do you feel like the best medicine for that is to try to get around it and say, okay, we’re gonna try to educate clients so that they don’t do this? Or do you

I think we can always come back to the fact that health care is expensive. Let’s not skirt that. We’re going to talk about money, but we’re talking about it in context of what is optimal for the health care of your particular animal.

Mike Pownall, DVM, MBA



feel like that’s just the behavior in the society we live in now? And so now, our goal is really to focus our energy on having those transparent cost conversations about what you’re getting for that value and why it’s important to be prepared? Sort of like, do you fight a bad review with just a bunch of good reviews, or do you respond to it?

MP: You know, I think the right answer for everything is always, it depends. You have to wonder, why do they not want to come to us first? That’s really the first question. Is it a general perception of veterinarians? Is this a person who is never going to spend the money anyhow?



What we do in our own practice is develop that reputation of trust, of providing a thorough diagnosis. I think you need to develop a reputation as a practice with transparency—that you’re providing the best care for the animal, but there’s a price associated with that. You can’t be embarrassed, or ashamed, or dismissive of it. It’s part and parcel. We want to pay people well, you know. We want to give people time off. We want to have great diagnostics. All of this costs money, so we can’t be skirting it.

KB: The honesty and forthrightness that you’re talking about really appeals to me. It works when

we’re talking about any type of conversation with clients. Not skirting the truth, but trying to be direct with them as early as possible, as often as possible. And at least at the end of the day, if things didn’t go the way that you wish they would have, you can sleep well at night knowing that you did everything you could to communicate well and clearly to them.

MP: Yep. And that’s what I say. There’s the cost, and then there’s the value. The value is what a person thinks of with the result minus the cost. In our profession, we don’t always get great patient

outcomes. It’s just the nature of our business. But we always talk about client outcomes versus patient outcomes.

You could have the best patient outcome—you’ve done the most current surgery with the newest technology—but if you haven’t discussed the pricing and aftercare and all that with the client, and they’re upset, that’s a bad client outcome. It’s like going to a restaurant, you can have the best meal, but when the service is surly, you’re never going back there. You can have a mediocre meal, but when they’re fawning over you and you feel like you’re special, you’re going to go back.



KB: Last question before I let you go. There's just so many factors in horse aftercare when something happens. A lot of the outcome depends on the horse owner. Is that a conversation that you have too?

MP: I think there's two approaches to that. We talked earlier about the older horse that might go for surgery. There could be complications, which may require another visit back to the surgical facility. But when you're talking about things like laminitis, or founder, or wounds, you have lots of bandage changes, lots of cold hosing. The success in the outcome is dependent on how much time the client has. You've got to have that frank conversation.

KB: Yeah, that's a really good point. Surgery's not the end game. And that's the case with a TPLO too, or a foreign body surgery. There's so many things that have to happen after that for the outcome

I think you need to develop a reputation as a practice with transparency—that you're providing the best care for the animal, but there's a price associated with that.

Mike Pownall, DVM, MBA

to be good. I do think that we, in small animal, do sometimes let that slide, because we're just so focused on getting the client to say yes to the treatment that we want to do at that moment. It's like the blocked cat, right? If you use all the client's money to unblock the cat one time, there's a very good chance that cat's going to block again. And then what? Then the client's mad, because you used all of their money. You hope for the best, but if

you haven't had that conversation, that sets you up for failure.

KB: Do you see a role for telemedicine being employed to have some of these conversations? If you're in a time crunch and you say, I don't have the staff to have a long conversation about this right now, but I will have somebody call you. We'll set up a video call and we'll have this conversation face-to-face at another time. Is that

something that you do or have done or seen done?

MP: We don't do it. I would love to do it. I think with the shortages that we're having of not just veterinarians, but support staff, it could be an essential tool. But like anything, we need to know the limitations of it.

I remember once somebody called me from a horse show saying their horse had a laceration over a joint. I said, send me a picture. It looked superficial. I said one of my colleagues will be at the horse show there tomorrow. They can have a look at it, save you money, don't worry about it. Well, he called me the next day and said this was a deep penetrating wound that just nearly missed a joint. And that could have been catastrophic.

But I've talked to behaviorists and they say, I can do my best

consults with telemedicine, because I'm seeing them at home.

KB: That's a really good point. I'm thinking of it in a slightly different light, which is where you've already seen the patient, you've already established the recommended treatment.

MP: I think this is where telemedicine, I think, has a great opportunity, in follow-ups. I just need to see how this dog is moving or how this horse is moving. I can see that on video. Don't present an open wound and ask me, does it need to see a vet?

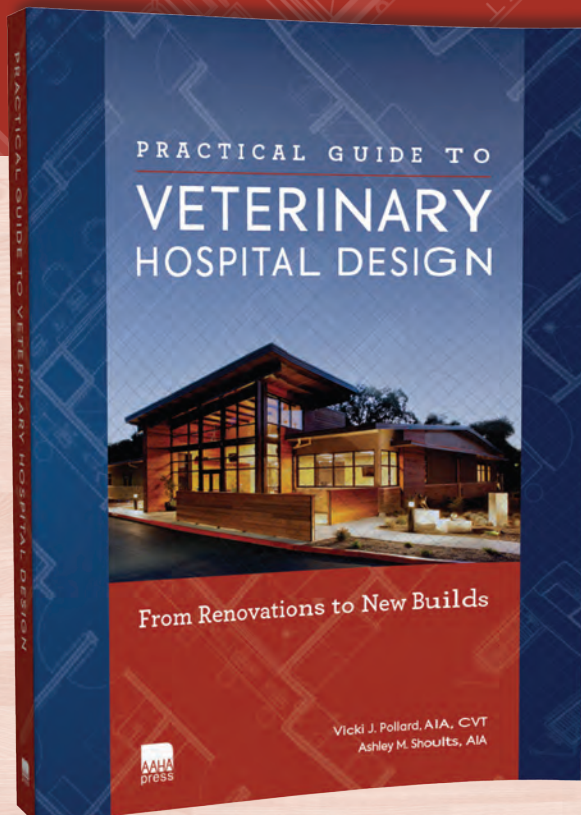
One of the things we've been looking at is building that into the price of the initial exam. So let's say you come in for a lameness exam. We're gonna charge you X dollars, but now our new price is gonna be X plus. And that includes

two free telemedicine consults at regular times.

KB: I think that's a fantastic idea. And it makes that initial vet exam seem like a better value. It's all about that perception and we are definitely trained to see a package deal as being a better value. ■


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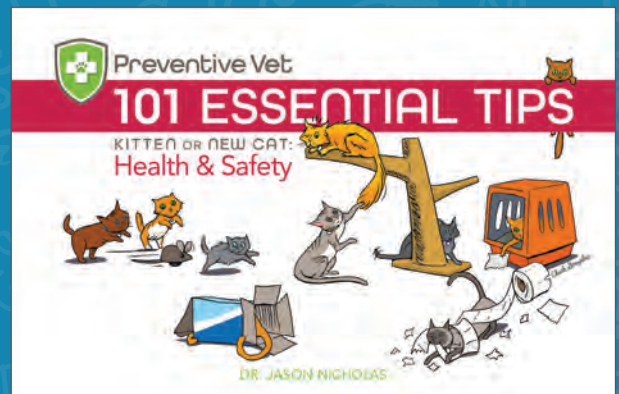
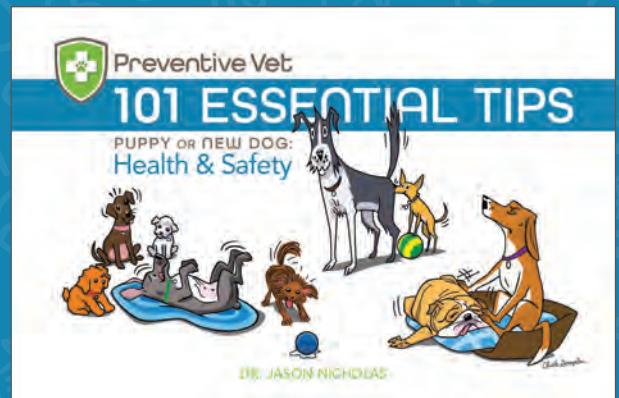
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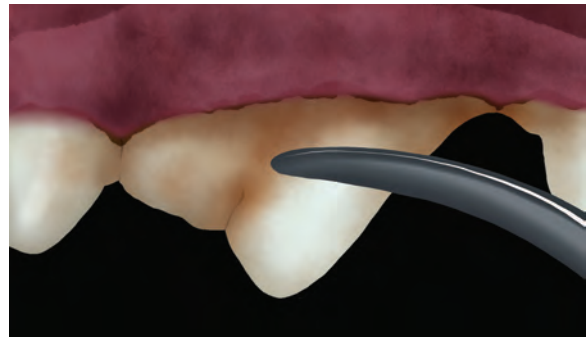


Dental Cleaning Sequence

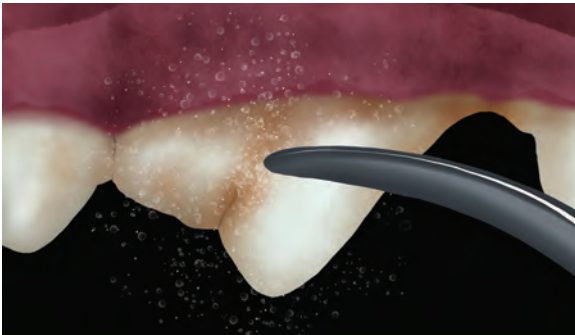
It's dental health month, so it's a good time to brush up on your dental cleaning skills. The images below, from the AAHA 2019 Dental Care Guidelines for Dogs and Cats, show the proper sequence for a dental cleaning using an ultrasonic scaler. **Read the full guidelines at aaha.org/dentistry.**



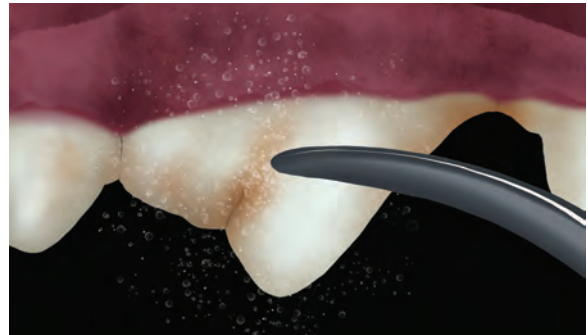
Plaque- and calculus-laden right maxillary fourth premolar.



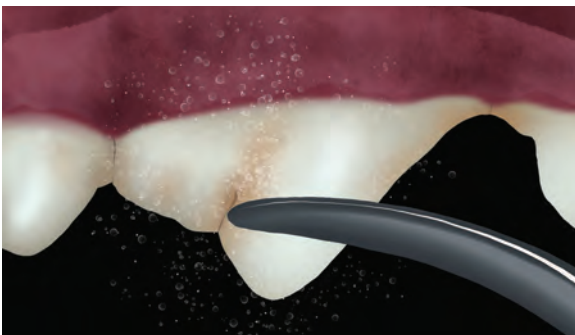
Placement of the ultrasonic scaler tip against the crown before activation.



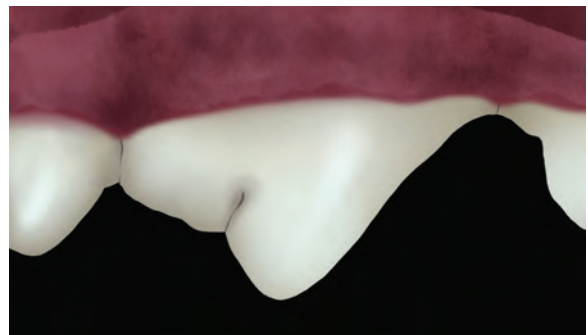
Activation and tuning of the ultrasonic scaler to deliver a cooling and irrigation mist.



Removal of plaque and calculus.



Removal of plaque and calculus from the developmental groove.



Cleaned tooth.



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