

0:00:04.0 Katie Berlin: Hi, welcome back to Central Line. I'm your host, Katie Berlin. And we have a special guest today who happens to be my boss and one of my favorite people, Dr. Jessica Vogelsang. How are you doing? Welcome to Central Line.

0:00:16.2 Jessica Vogelsang: I am good. Thank you for having me. I didn't realize how long have you been doing this and I haven't actually been on the podcast.

[chuckle]

0:00:23.4 Katie Berlin: I know. So Jessica is our Chief Medical Officer here at AAHA and she has been a great supporter and encourager of Central Line, and is the reason that it exists because when I came on, these discussions had already been happening. But she has never actually graced us with her presence, so I'm feeling very excited about today.

0:00:44.6 Jessica Vogelsang: Oh my goodness.

0:00:44.9 Katie Berlin: It took a while but we are doing it.

0:00:46.0 Jessica Vogelsang: The check is in the mail. Thank you.

0:00:49.0 Katie Berlin: Happy Valentine's Day to everyone because that's when this is going live.

0:00:53.1 Jessica Vogelsang: Yes, happy Valentine's Day everybody.

0:00:55.8 Katie Berlin: And we actually have a little fluff letter for you today. We have some things to talk about that reflect, I think, how Jessica and I both feel about the profession and how we want to encourage everyone else to be able to experience it too. So we'll talk about that here in a minute. But first, Jessica, would you give us a little bit of background on who you are and how you came to be here?

0:01:18.9 Jessica Vogelsang: Sure. So I've been in the profession for just about 20 years now, all in the San Diego area. So I did general practice for a while, I did emergency medicine, in home hospice and euthanasia, sort of all of the different corners I got to hit upon. And in the middle of all of that, back in the late 2000s, I started a blog called Pawcurious. And so that was when I really started to get into writing and hearing stories from not only other veterinary professionals, but from pet owners and really understanding how the internet could be this incredible tool for communicating better with our clients. And so after balancing the two of those for many years, I came on to AAHA full time about two years ago as a content strategist, which is the role now occupied very beautifully by you, and I have been the Chief Medical Officer for almost a year and a half now.

0:02:18.1 Katie Berlin: Yeah, man, you sure got thrown in the deep end with that job 'cause you started and then we had Connexity. [chuckle] It's like one smooth motion.

0:02:27.0 Jessica Vogelsang: Yeah, I was promoted two weeks before our annual conference, no pressure.

0:02:31.9 Katie Berlin: Yes. And from what I hear, you handled that very gracefully, and that is

the case with pretty much everything that gets thrown at you at AAHA which is a lot, you do a lot.

0:02:41.8 Jessica Vogelsang: It's still nothing compared to being in ER, like let's be real.

0:02:46.0 Katie Berlin: Right. That's the thing, it's like AAHA is an organization. There's a lot of people looking at you but at the same time, like no one, hopefully, knock on wood, is actively dying during it.

0:02:56.7 Jessica Vogelsang: That would be problematic.

0:03:00.7 Katie Berlin: If they are, it's probably not your fault or your job to save them and they're probably in another state. So hopefully that's not gonna be the case. But I've been watching as you've really flourished in this role and I'm very grateful that you got promoted because it means that I have my job which I love deeply.

0:03:17.7 Jessica Vogelsang: Well, I'm very grateful to you. I love this podcast.

0:03:20.9 Katie Berlin: Good. So before we start, I wanted to ask you one of the questions, the fun questions, because people need to know you as more than just a Chief Medical Officer. And so I was wondering if you could tell us something that people would not guess about you.

0:03:35.9 Jessica Vogelsang: Okay. So I am a bean head. I have to explain this one. So I have a friend who's a foodie. She writes a food blog. And she was talking about these amazing beans that she gets from this place called Rancho Gordo, and there's like a two-year waiting list for their Bean of the Month Club, and of course, I'm like, "I want it," even though I don't really eat that many beans. So I was literally on it for a year and a half before I got in, and now I've got, I think, 12 bags of beans a year. My daughter went away to college. I'm getting really good at cooking more beans.

0:04:15.7 Katie Berlin: They freeze well, at least.

0:04:17.0 Jessica Vogelsang: Yes, yes. Because now I'm stubborn. I don't wanna give up the membership. I waited so long for it. So if you have questions about bean recipes, I have lots of options for you.

0:04:31.0 Katie Berlin: A woman of many talents, Jessica Vogelsang.

0:04:35.3 Jessica Vogelsang: Cooking and baking are my stress relief, so bean recipes and chocolate chip cookie recipes are two things I can rattle off the top of my head.

0:04:46.0 Katie Berlin: Yes, thanks to you and a recent NEWStat article that you wrote, chocolate chip cookies is one of our most frequently referenced terms in our newsletter. This in the last couple of weeks 'cause of you.

0:04:58.0 Jessica Vogelsang: I noticed. I noticed it came up frequently.

0:05:00.4 Katie Berlin: You are making your mark.

0:05:00.7 Jessica Vogelsang: Yes. No searching for oatmeal raisin.

0:05:03.0 Katie Berlin: No.

0:05:04.0 Jessica Vogelsang: This is good.

0:05:05.0 Katie Berlin: No. Yeah, you're raising them right. So the Bean of the Month Club, until I met you, I would not have guessed that. And now that I know you, that doesn't surprise me at all. But it would definitely have surprised me a year and a half ago.

0:05:21.3 Jessica Vogelsang: Yeah. I'm not sure what to make of that but that's good.

0:05:25.2 Katie Berlin: Yeah. But anybody who knows you on Facebook knows that you can make a gingerbread house that looks like an actual structure, like it's an actual building, very beautifully decorated.

0:05:35.7 Jessica Vogelsang: Yeah. I took up baking like sculptural baking when I went out of clinical practice because I still love using my hands and I don't get to do surgery and do the hands-on sort of stuff. So I started building these architectural edifices out of gingerbread.

0:05:55.2 Katie Berlin: I love it.

0:05:56.3 Jessica Vogelsang: Much more low stress than surgery.

0:05:58.8 Katie Berlin: See, that seems very stressful to me, like making a gingerbread house that no one asked me to make and making it beautiful, that seems stressful to me. I would probably start and then not finish because that's who I am as a person.

0:06:09.8 Jessica Vogelsang: It's very easy to do.

0:06:11.6 Katie Berlin: Yeah. Anyway, so today, we are talking about the theme for 2023 here at AAHA and we're hoping for the whole profession. You were the one who decided that in 2023, we were really gonna focus on the team, the veterinary team and call 2023 the Year of the Team, and I love that. We've gotten lots of good feedback so far. Could you talk a little bit about what that means to you?

0:06:38.0 Jessica Vogelsang: Yeah, so I've actually been wanting to do this ever since before I went to vet school. When I was in college, I spent the summers as, we called them receptionists at the time, but a CSR for an office, a medical office here in San Diego. And so I was in the floating pool. So I went to all these different offices and worked in the front desk and learned so much about how you're treated by staff, how you're treated by patients and doctors. And I'll never forget this, I had won a raffle, we had these multi-raffles, and it was a big basket of brownies, and we've already established that I like baked goods.

0:07:18.1 Jessica Vogelsang: So it happened on my day off, which was a Friday, and I was super excited. And I come in on Monday and it was open, and there was a brownie missing and all the rest of the brownies were stale 'cause they had been out for two days. And I said, "What is up with that?" And the doctor had helped himself, and the other people who were there were like, "You know, those aren't yours", and he said, "Well, they're for everyone. She won't mind." And I will

never forget, and it wasn't about the brownies. It was about the sense of entitlement and the fact that it's just the receptionist, she won't care. And of course, I was broke at the time. I can't afford to replace that and he never apologized or anything.

0:08:00.2 Jessica Vogelsang: And it really, it wasn't just that incident but the entire experience really informed what I brought into veterinary medicine. Having that perspective and knowing how people treat different members of the team differently, I have always wanted to bring that into any place I go. So with AAHA, it turned into wanting to really turn an entire organization's focus onto the team for a year and see what would happen.

0:08:31.0 Katie Berlin: I love that that's the consequence of it but I hate that you experienced the same treatment that I know so many of our team members do which is just sort of being passed over and like you're a second class citizen. And I would love to say that it looks different now than it did when we graduated, but I don't think it does. I think that it manifests itself in different ways now but that culture is still so pervasive in so many places.

0:09:00.0 Jessica Vogelsang: Yeah, and I mean this doctor, I actually liked him as a human. It wasn't he was a bad guy or he was a terror to work for, but to your point, it's just part of the culture. And I think it really takes this intentional thought in terms of how you practice team-based medicine, which is an entirely different approach to your workflow, to just how you interact with each other. And so that's the part that I'm really interested in exploring because I know a lot of folks have scratched the surface, but I don't think we've really done much of a deep dive into what this means. And certainly what we've seen over the last couple of years between the pandemic and all of the workforce crises that we're seeing right now, it is more important than ever to really understand what everybody brings to the table and how we can leverage that to its best.

0:09:49.0 Katie Berlin: That's a great way to phrase it. And I think everyone can identify in some regard with this sort of Year of the Team, even if you're in management or the head of your team because there's a good chance that most managers... I've met a lot of managers and practice owners who had the best intentions but they were just so stressed out or they felt so behind the eight ball all the time that they didn't have a chance to implement the team culture that they really wanted to. And that's part of our mission this year, is to try to help give everybody on the team resources in order to help create the culture that they wanna live in.

0:10:30.7 Jessica Vogelsang: And I think, even more than that, it's just understanding professional development for everybody in every part of the team as well. So when you look at team-based medicine on the human side as a discipline, we have the patient at the center of the circle. And so many of the diagrams and the structures you see right now still has the doctor at the center of the circle and is all about how the doctor relates to everybody else instead of having the patient in there. What I love about that, that's centering of the patient, is everybody is equidistant. One of the things that... And I know I'm talking a lot about CSRs just because that's my frame of reference. Obviously, we know technicians are so much the backbone of the work that we do.

0:11:19.2 Jessica Vogelsang: But being an adult and going out and doing fun things like going to the dentist or the orthodontist, you really experience things in a different way when you're thinking about what that means, that who's the first person you talk to? What is the first impression you get? Who's the gatekeeper? The fact that we are not looking at each person as equally important in their contributions, that's really what team-based medicine is all about. It has to be intentional, it has to

be ongoing and it has to make an assumption that everybody's work is incredibly important and that you're assuming that they're going to be there and want to grow and contribute to the best of what they can do.

0:11:58.0 Katie Berlin: At least I've been guilty of this and probably a lot of people have been, of saying, "Well, if the patient and client are at the center and we're all equidistant in a way, then doesn't that lead us to sort of the customer is always right, like we have to take what they hand out kind of thing?" But the fact is that if the patient is at the center, and I had a lot of medical issues last year as you know, I was at a lot of doctors, like a lot. And the more I felt like everybody I talked to cared about me, the easier a patient I was. I was more likely to take their recommendations. I wanted to listen to them. I was very grateful.

0:12:38.7 Katie Berlin: I was certainly not gonna be grumpy with them or snarky with them even if things didn't always go how I wanted them to because I felt taken care of and like they actually saw me as a person. And so I think that's an important distinction, that we're not saying that everything should center on the patient and client in that they're always right and we just have to do what they want. It's more this is an approach that will benefit everybody on the team including the client and patient.

0:13:05.8 Jessica Vogelsang: Yeah, absolutely. Patient-centered medicine is simply about focusing on how to optimize outcomes and making sure everybody has equal input including the patient and the client. But having input doesn't mean I'm right or I have priority. There is specific input that you wanna solicit from the patient's or the client's point of view. Oftentimes they will give you input that you didn't wanna ask for if they're being frustrated and they're feeling like they're not being communicated with. But to your point, if everybody is working to the best of their ability and people aren't feeling frustrated because you've done a really good job of training your front desk to adequately communicate or you're using these different sorts of telehealth tools, you're leveraging your technicians to be able to help with follow-up, all of those things are going to lead to your point and to better outcomes. And again, obviously, we want people happy, we want them satisfied, but that's not really what it's about. It's about improved outcomes and the rest of that it's just a happy bonus.

0:14:13.1 Katie Berlin: I feel like something I've encountered in all the different roles that I've had, including CSR, veterinary assistant, veterinarian and now at this job, has been if something's not clear to me or I don't feel I have the tools to handle it, I get grumpy about it much more easily and I wish people wouldn't ask me about it. I'm like, "I don't know. I don't know." Or I'm just like, "We either make something up or find something else that I need to do more urgently." And I feel like that's a huge part of this Year of the Team, is trying to make sure that the entire veterinary team has the tools that they need to do their job effectively and well.

0:14:52.8 Katie Berlin: Because there's nothing like going up to a CSR and saying, "I don't understand why my dog got these four vaccines today, I only wanted these two," and the CSR does not know how to explain why those vaccines are important, how it might have happened that they got all four, like maybe there was a combination vaccine and the owner didn't realize. If they don't have the tools to explain this stuff, suddenly that's an argument that could have easily been dealt with by effective communication, and it's not their fault. And we all have been in situations like that. It doesn't feel good.

0:15:27.8 Jessica Vogelsang: Yeah, and that's a great point about being extraordinarily clear about roles and responsibilities and it's going to vary from place to place. But I think about that all the time, and every place I've ever worked, the CSRs essentially have to do triage because we haven't given them other tools and you don't have a designated person necessarily who can handle that. And without that training, they're having to guess or come ask you, and to your point, when you're busy and you're grumpy and you just sort of assume that they're going to know the answer, that's how all these things sort of have come into play.

0:16:02.6 Jessica Vogelsang: And there are ways to build those workflows into place or to automate them or to get help or to give people adequate offline resources so they can have their questions answered without you having to do it right there in that moment. But it is, it's a lot of work and I understand that. But hopefully we'll be able to at least give some examples and give some tools so that even if you can't implement everything, you can at least start to go down that road and make sure that we're empowering everybody.

0:16:33.9 Katie Berlin: So what are some of the initiatives and pieces of content and things that you're excited about that are coming out of AAHA this year?

0:16:44.8 Jessica Vogelsang: Well, all of them.

0:16:47.4 Katie Berlin: I should say most, most excited about.

0:16:50.6 Jessica Vogelsang: Well, what I'm most excited about are our certificates which you've done an incredible amount of work on as well because we know that everybody wants something to help differentiate themselves. This is something. I'm particularly interested in nutrition or I'm particularly interested in dermatology, not so much in surgery. How do we help people really get these professional development opportunities that are best for them? But we also wanted something that was going to be applicable and helpful for the entire team, so not just for DVMs. And as you know, it's taken a lot of work, 18 months or so, to create a certificate program out of our guidelines that is something that can be used by the team.

0:17:34.7 Jessica Vogelsang: So it's got the clinical information in the guideline, communication tips that would help your technicians who are probably doing a lot of that client education, CSR tips, all of those sorts of things are baked into our certificates. But we're doing the same thing with our guidelines. When a new guideline comes out, we'll have a tool kit with tech tips or with CSR tips. So everywhere, every piece of content that we touch, the whole team is really thinking to themselves, how can we look at it through this different lens? What does this team member need to do to adequately implement this resource? And then working on creating it.

0:18:14.6 Katie Berlin: Yeah, I love that, that we're getting to do that now. I feel like this is such an exciting time to be at AAHA and to be in the profession because there are so many discussions happening around this empowerment of different team members that just weren't happening 10 years ago that I remember. And I love working on the tool kits and I love the idea that the certificates are for so many different levels of experience and different roles in the practice.

0:18:43.1 Katie Berlin: Like if you have an experienced credential technician who's been doing surgery for a long time but maybe is struggling with how to train newer technicians or convey to experienced veterinary assistants how to get to that next level of patient care, then an anesthesia or

pain management certificate that gives them not only the reinforcements of the information that they have but also gives them ways to communicate that information to team members and to clients. That's the stuff I don't feel like I got adequately in school, and I have to imagine that technicians feel the same a lot of the time, that it's one thing to have the knowledge rolling around in your brain and it's another to make it come out of your mouth in a way that somebody else can learn effectively from.

0:19:32.0 Jessica Vogelsang: Right, and that's one thing that I really learned from being online in this public-facing capacity for 10 years, is that people felt like they knew me because they were reading what I wrote. And so they would come and ask me questions, and the sorts of questions that really you should be asking your care team. But they either didn't have access, it was difficult to get a hold of somebody with the answers, or they just didn't trust them for whatever reason, but they trusted me because we had had those touch points all of the time because I was writing five days a week. And so it's just sort of fascinating how people bond to members of the care team and how they bond to clinics. I know we like to think that it's always my vet, my vet, my vet, but they can just as equally bond to other team members if you give them the chance and the opportunity, and that's a good and healthy thing to do.

0:20:30.6 Katie Berlin: It is. I know we've had conversations where we've talked about patients and clients that we had that we loved and that we miss. And I being so newly out of full-time practice, I think about those patients and clients all the time, and I miss them. And that's a huge part of what kept me going on bad days was knowing that I was gonna get to see Dunbar later, or I was gonna get to see Diesel that week. I looked forward to those appointments probably way more than the clients actually did, 'cause no one really loves taking their pet to the vet. But I loved seeing those animals and those people. And in fact, there's a picture of one right there behind me, and I can't imagine not having that.

0:21:15.6 Katie Berlin: And so we talk about keeping technicians in the field, keeping veterinary assistants in the field and helping them to be all they can be. Why shouldn't they get to enjoy those bonds too, and know that the client sees them as trusted members of the healthcare team instead of just a transient person who's in the way taking a history before you get to see the vet? I feel like that's always how it used to be, and that is the opposite of how it should be.

0:21:40.6 Jessica Vogelsang: Yep. Yeah, and it was interesting. One of the veterinarians that I worked for in general practice, she was really doing this I think before people spoke about team-based medicine because we were working for a corporate practice where everybody was supposed to do the same thing. There was a very prescriptive, "This is what your technician does, this is what your doctor does." And we had this one technician who loved cats, a I mean, loved. A self-described cat lady, and didn't really wanna ever talk about dogs and she really preferred to stay in the back and do lab work. And she had been getting a really hard time from some of her superiors for that. And this boss said, "Well, that's fine. Let's work on that. You go into the room if there's a complicated cat question, and the rest of the time you can sit back there and do your labs." And it wasn't a problem. That turned into our workflow. And it was great. "Newly diagnosed diabetic cat? Send Ramone in."

0:22:41.4 Katie Berlin: Right? Who wants to have that discussion, right? If she does, she can have it.

0:22:46.9 Jessica Vogelsang: Yes. Exactly. Exactly. And she was so good and just that bond that she had, because that was something that was of interest to her and that was the area that she wanted to focus on, it's been better outcomes, again, for her and for us. And so that's really the true benefit of team-based medicine. When I say better outcomes, it's not just about the patient, it's about everybody on the care team, including the doctors.

0:23:15.5 Katie Berlin: Yeah, love that. And back to what you were saying about the certificates, to be your practice's nutrition champion or pain management champion, carries with it a certain amount of power, in a good way. Not like, "I have the power," but in a good way where you can say, "I know how to confidently answer these questions, and I know how to offer this information in a straightforward but empathetic way so that the client understands that I know this is hard, and I know they have concerns that maybe haven't been addressed effectively in the past." And that's the case of so many of these difficult conversations that clients just don't feel heard.

0:23:56.4 Katie Berlin: And so it's a great burden off of people who don't like those conversations to have somebody in the practice. Like whenever I take my dog to the vet, there's always a chihuahua person there, and thankfully they seem to be working a lot on those days. And they'd whip out the chihuahua person, I know he's in good hands because they're not gonna sit on top of him on a blanket to get stuff done. They're gonna chihuahua-whisper him. And I feel like we can be nutrition whisperers and pain management whisperers, too, in ways that our clients can really relate to.

0:24:29.9 Jessica Vogelsang: Well, and it allows you to offer a bit more personalized medicine, which is, again, another trend that people are looking for. They don't want the same thing that you would say to someone else. They want this specific recommendation for my chihuahua, my Frenchie, whatever it is in there. And being able to offer that one person who can really address that, you know, "This is our..." Like you said, "Our nutrition person who's gonna come in and talk to you," that helps everybody. So we've got personalized medicine for our patients, and also this opportunity to really personalize your career.

0:25:06.8 Jessica Vogelsang: I think it's incredibly difficult these days for people to ascertain, "Where do I wanna go? Where do I wanna work? What are the red flags or the green flags where I know that this is a place where I'm gonna fit in and be valued?" And to be able to come in and say, in addition to all the things that I can do based on my license, I have a special interest in this. I can communicate the heck out of dermatology, and maybe you're working with a surgeon who is gonna be so excited because they hate dermatology, they hate allergies. They don't like allergy cases.

0:25:43.9 Katie Berlin: Yes, I'm sure other veterinarians listening can relate to that feeling of sheer relief when that technician is working who is really good at the thing that you suck at, or is really good at the thing that you cannot stand talking about. It's a huge relief to say, "Thank goodness, I know you love this. I'm gonna just hand it off to you," and know that that client is probably gonna be in better hands than they would have been with you. It's kinda like, I worked with two technicians at my last job who loved... I don't know if right word is "loved," but they got a lot of satisfaction out of expressing anal glands. They actually just liked it. And man, I loved those days, 'cause it'd be like, "Here you go. Take this small dog and tell me when you are done." And it was good. It was a good relief, and they got to do something that otherwise would have taken time that somebody else may not have had. It was a win-win.

0:26:41.7 Jessica Vogelsang: Yep, yeah. So in California, our registered technicians can do quite a bit with dentistry that they can't in other states. Thank goodness I'm in California. It was never, never something I enjoyed. I was so grateful to be able to hand off a lot of that. Yeah, I think that really just increases everybody's enjoyment when you get to have these opportunities for everybody to be able to focus on the areas that you excel at. I think there's so much of an emphasis when you're in school about getting good at everything, and the areas that you're deficient in is always the focus. And not even deficient, but the things you don't do as well 'cause you don't enjoy them, and you try to avoid doing them. And we spend so much time trying to lift up and lift up and lift up instead of saying, "Well, you really kick butt at this, how do we spin that up even more?" And that's when you know that you've found the place that is right for you. Don't put me in a sales job. Terrible at that. Never do it.

0:27:46.7 Katie Berlin: And I was never gonna be a surgeon. I was fine at the procedures that I did. I did not want to learn how to do anything else. I was not one of those vets, and that's cool, 'cause there are people that are just naturally really gifted at surgery, and why should I push something and give myself an anxiety attack every day when somebody else could do it and look forward to that and would rather do that than anything else? Totally agree with that. There's a lot more to the team focus too that we really can just touch on now, which is we have mentoring guidelines coming out this summer, and our very first technician utilization guidelines coming out later this year.

0:28:28.9 Katie Berlin: And I'm really excited about the mentoring guidelines and technician utilization guidelines because, first of all, AAHA has focused a lot mostly on clinical guidelines in the past, and we're starting to introduce some what we would call non-clinical guidelines because they're not strictly about medicine. But to me, I like to say nobody's leaving practice because they don't know how to treat diabetes. They're leaving for a lot of different issues that usually have nothing to do with the medicine. And so I think it's really great that we're starting to focus more on the non-clinical things that can help to keep people happy and in practice for longer.

0:29:09.6 Jessica Vogelsang: Yeah, I'm really interested to see the response that we get to the mentorship guidelines because that was an update from a guideline that we did quite a while ago, and there's been so much more work in the field since then. And there are so many organizations that specifically are there to help veterinary professionals get mentorship in a structured way, in a way that's based in the science and the research about what we know is the best way to mentor someone, so it's great. The folks on the task force will hopefully blow everyone socks off 'cause I think they did an incredible job with that. Because I know for me, when I graduated, I wanted a mentor, but I didn't know what that meant. And the person that I worked with ended up really not being the greatest. He really could have benefited from that guideline, too. It doesn't specifically say in the guideline, "Don't throw scalpels or needles when you're feeling frustrated," but...

0:30:08.1 Katie Berlin: If we have to tell you that... [laughter]

0:30:12.7 Jessica Vogelsang: Exactly, then you're probably not doing a great job. But things have changed quite a bit for the better, and so that one is an update. The technician utilization guidelines actually was a suggestion from the AAHA board, and I think it was a great one because we really... It's such a hot topic right now. We're not really getting into the discussion about title protection or some of those stickier issues, but just no matter where you are or how you practice, how do teams work together to make sure that each individual can work to the top of their license, to the top of

their skill sets?

0:30:51.7 Katie Berlin: Yeah, super excited about that one. And those two task forces, man, those are some very powerful groups of people that we have. Lots of ideas, lots of big thinkers.

0:31:05.2 Jessica Vogelsang: We are. We are so fortunate with the AAHA guidelines, and we're always very, very proud of our task forces and it's always like a little exciting wedding reception. "Did they say yes? Are they gonna be on your task force?"

0:31:20.5 Katie Berlin: Yeah. Well, and there's so many more connected issues too that we talk about that have to do with creating psychologically safe spaces and places that people want to stay, and that where it's not gonna be easy for them to get tempted away by someone else's offer, or by something that looks like it might be better than what they have. It is a very hard thing in this industry to retain really good people. And I also believe that the majority of people in this industry are really, really good people, and they deserve to be happy and feel comfortable where they are. And that includes conversations about diversity, equity, inclusion, and belonging, which we're hopefully gonna be doing a lot more of this year, and talking about different ways that jobs can be flexible and inclusive so that people can work from home.

0:32:19.8 Katie Berlin: We can have remote CSRs now, or we can have veterinarians working from their kitchen when their kids are home. And people who can lead from within the team and not feel like they have to be in a leadership position with a title in order to make a difference, these conversations to me just, I get so hopeful and excited when I hear about them because it's about time, and also, I'm just really impressed with how open so much of the field is now to having them.

0:32:47.8 Jessica Vogelsang: Yeah, I was at a conference last year, the Moms with a DVM Encouragement Conference, so shout out to the moms. And it was the first time that a group of women with these concerns or being at this place in their life all came together at the same time. And I heard so many stories over and over about these moms, and again, it's not just moms that this applies to, but it really drove home how common of a problem this is. They left the profession because of outside circumstances, and they felt like a door slammed shut behind them. So it wasn't that they gave up on veterinary medicine, veterinary medicine gave up on them. And that made me so sad 'cause I've been there. My kids are now 18 and 16, but I stepped back when they were young, I jumped over into a non-clinical position.

0:33:46.4 Jessica Vogelsang: I know what it's like to be burned out. You get a lot that goes on in 20 years, but I'm still here. And that was because I was around really great people who were able to help me participate in this profession in the way that I could do it at that time. And so when you talk about retention, I do think a lot of those modalities about how can people contribute while they're still at home, is huge and we're really just scratching the surface of what that means. We're really distracted by the concern about telemedicine right now, but that's not really what we're talking about. That's such a small little fraction of the type of conversation that we're having. Communication and advice, and talking to your clients with whom you already have a VCPR, there is so much that we can do, so I'm excited about us exploring that as well.

0:34:43.3 Katie Berlin: Yeah. You could tell that we don't have any fun here at AAHA and we don't have any ideas either. [laughter]

0:34:51.8 Jessica Vogelsang: No. [laughter]

0:34:52.7 Katie Berlin: We just sit around and check boxes all day. [laughter] I could say I've had more like 5:00PM brainstorm like, "Oh my God, we've been on a call for an hour just talking about ideas." I've had more of those here than I have in my entire life, and it is very fulfilling, and there's no reason that people in practices can't have those conversations, too.

0:35:12.1 Jessica Vogelsang: And to your point, it's about creating a little bit of a breathing space for that to happen, and that is extremely tricky to do in the clinical environment.

0:35:24.7 Katie Berlin: Yeah, it is.

0:35:26.7 Jessica Vogelsang: But what we're learning, it's worth it.

0:35:29.2 Katie Berlin: Yeah. Well, before we close out, there's one other thing I wanted to talk about, which is today, the day that this podcast goes on air, it will be February 14th, and our AAHA is one of the founding organizations in the Veterinary Visionaries Initiative, which is basically a group of organizations that are working to help advance the profession, solve big problems, talk to each other, and have it be a "we" rather than an us versus them mentality as we try to solve those problems on a systemic level. And I've really been excited to work with Garth, our CEO on Veterinary Visionaries, and so many of the other AAHA team members. And the Solving event for this year starts on February 14th, so today. And that date was chosen because we wanted this campaign to be sort of a love letter to the profession. And sometimes love letters aren't always all rainbows and sunshine, love has a lot of sides.

0:36:39.1 Jessica Vogelsang: The country Western side, too?

0:36:41.9 Katie Berlin: Yeah, the country Western side, yeah. [chuckle] Do you wanna talk a little bit about this Solving event and what that means to you in the Year of the Team?

0:36:50.1 Jessica Vogelsang: Sure, so this year, like you said, it's about love letters to the profession. And in order to do that, that's very personal for everybody, and so we are asking people for their stories. And there's nothing I like more than stories. If you know me, that's sort of my jam. And so in veterinary medicine, I tell people this all the time. We have such dramatic stories, and you forget that other people in other professions don't have that. There is so much deep pathos in the work that we do, and we don't acknowledge that and give ourselves permission to say what we do is really hard, and it takes a lot out of you, but I continue to do it because of this.

0:37:37.4 Jessica Vogelsang: And so hearing from every individual person, and we invite everybody to participate in this and share your stories. You can record them and upload them, and we're gonna be doing stuff with it all year. I can tell you what I think in my stories all day long, but that's not consensus. That doesn't move needles. Having everybody collectively put their voices and stories together is what is powerful, and so that's what we're aiming to do with our Visionaries events this year.

0:38:07.4 Katie Berlin: Yeah. And we're trying to make it as easy as possible logistically for you to share your story, but we also know sharing stories is hard, and sometimes there's a lot of heavy emotion behind that, and we understand that. And I honestly believe, and I know Jessica, just from

knowing you for a while, that you feel this way too, that that honesty and vulnerability and authenticity is what makes stories powerful, and that's what makes this more powerful than a survey or a bar graph with data showing what somebody said when someone asks them a question. These stories are you and me, and they're powerful and they reflect real experience. And sometimes in order to affect change, which we know this industry has some areas where we really do need to affect some serious change, and sometimes that's gonna be the thing that pushes us over the edge to really making a difference, is hearing someone else's lived experience and realizing that we can't do things that way anymore.

0:39:09.2 Jessica Vogelsang: There's nothing more powerful than a story. You see that in every day in the news around you. You can hear about something over and over, but it's that one image, that one story that really changes the world. So we know you probably have one in your heart right now.

0:39:26.0 Katie Berlin: Exhibit A, Subaru commercials. They're very good at using the story. We all remember the bucket list commercial, right? Subaru with the dog. Anyway. Well, so Veterinary Visionaries, I'll just tell you right now, it's February 14th when this airs, and Western Vet is right around the corner this week, and so we will be at Western. So if you're gonna be there, come by the AAHA booth and see us, and we can actually help you record your story right there. We will, thanks to our big supporters and friends at Care Credit, have some Pillow Pets to give away if you share your story. And at VMX they were Eeyore, and he was super cute, and at Western, they are going to be Dory, and I can't even handle how cute they're gonna be. So if you want your own...

0:40:21.4 Jessica Vogelsang: Yeah, what is it about us and plushies?

0:40:23.3 Katie Berlin: I don't know.

0:40:24.1 Jessica Vogelsang: I don't collect them, but I still want one.

0:40:28.2 Katie Berlin: I mean, it's not that much of a stretch, right? We are in the business of helping small fluffy beings feel better. So it's not a stretch to know that we are all plushy people, and you can get yours if you're one of the first 50 people to come tell your story at Western. So look us up, and if you see me walking around, I may be wearing a mint green sweatshirt with a QR code on the back and you can scan me and I'll help you upload your story too. The guard will probably be wearing one too. So if you see a tall bald guy in a green sweatshirt, it's a body guard. [chuckle]

0:40:58.9 Jessica Vogelsang: Multi-talented.

0:41:00.7 Katie Berlin: Yeah. [laughter]

0:41:01.6 Jessica Vogelsang: Podcaster, billboard.

0:41:05.9 Katie Berlin: Anyway, well, I'm super excited about this year. I am so excited to go to work every day and try to make these things happen because I really do love this profession so much, and I know you do too. This is our people.

0:41:19.9 Jessica Vogelsang: Yeah, I keep coming back. [laughter] I just really can't imagine anything else, and that is our blessing and our curse in this profession.

0:41:33.4 Katie Berlin: Right. Absolutely. So let's make it as beautiful as we can. Jessica, thank you so much for finally joining me on Central Line, and actually we'll be hearing more from you this year, too, possibly with a guest, so stay tuned for more from Jessica. And thank you all for listening. We'll have lots more guests talking about team-based medicine. We will have so much great content coming your way this year from AAHA, and we wanna hear your feedback on all of it. So don't forget, you can always email at podcast@aaaha.org. Thanks for listening. We'll catch you next time.