

0:00:00.4 Katie Berlin: Hi, welcome back to Central Line. I'm your host, Katie Berlin, and I'm here with a guest, a sort of a redo because, as you may have heard our... What was supposed to be a panel podcast with three guests, ended up having two for most of the interviews because there were some technical difficulties on our guest's end. So, we have Heather Prendergast here to continue where we left off with the conversation about technician retention and I'm really excited that we could do this. Heather is in a hotel room with some technical difficulties even like for this, even though they're not the same technical difficulties. Heather, welcome back. Thank you so much for doing this and for doing everything you can.

0:00:50.0 Heather Prendergast: Thank you for the opportunity.

[laughter]

0:00:52.4 Heather Prendergast: So, I appreciate it, and I'm glad that I can be here.

0:00:56.5 Katie Berlin: Yeah. Sometimes the universe just says like, "Are you sure you want to record a podcast?" And you just have to decide if you do or not. And I'm really glad that you did.

[laughter]

0:01:05.3 Katie Berlin: So, today, I'd like to pick up where we left off. If you, you had given your brief bio at the beginning of that interview but in case people listening haven't heard it, would you mind just saying a few words about yourself and what you're doing right now and how you came to be here?

0:01:24.4 Heather Prendergast: Absolutely. So, my name is Heather Prendergast. I'm a credential technician, a certified veterinary practice manager, and also have my certification in human resources. And I've been in this veterinary industry my whole life since I was young. And so this is my passion. And so many times that's often what I'm told is it's that passion that continues to drive me and gets others excited about this. And I think through my journey, one of the biggest things that I've learned about in keeping our team members, and this was in my own hospital when I was in there and is that I'm consulting now is it is, it's about culture and leadership and creating that great culture in hospitals to keep people happy, to make a great place to work and building the skills that they have and finding their strengths. And so I think that has really driven me and that really drives a lot of what I do in consulting. Of course, I can look at all those other metrics too, and make those things happen, but everything happens when you have a great culture.

0:02:19.0 Katie Berlin: Well, that's so apt that you say that because although you were gone before we really got into the meat of the conversation the other day with Liz Houston and Natalie Busico, we ended up really talking about one theme throughout the entire conversation. I asked them the big question, which is, we're all short staffed and the biggest problem seems to be finding and keeping credential technicians. I mean, it's just so hard. And as we know, the burnout rate for credential techs is so high and so fast, that average of five years in practice before they leave or burnout is really pretty sad. And we ended up talking about culture a lot and specifically leadership. We talked about that a lot too, and how leaders really need to set the culture. So, just right off the bat, do you have thoughts on whether there are other elements that we need to address first or whether it really does start with leadership and culture before we really worry about like where the technicians are hiding and what we need to do like yesterday to keep them from leaving?

0:03:34.0 Heather Prendergast: Absolutely. So I think a couple of different components is we also talk about technician utilization and making sure that our credential technicians are utilized to their fullest capacity and that that should fill their cup and give them a sense of purpose in the hospital. But even if we are being able to utilize all of our skills, but we don't have a safe place to work or feel comfortable or feel like we're contributing to the goals of the overall practice, we're still going to leave. So, it's a component of leadership creating that culture, creating that safe space, creating a collaborative unit in which technicians and doctors communicate and provide the best patient care together. And when you create that dynamic environment for the credential technicians, they're not going to leave. But if they're only being utilized and you don't have that safe place and where they feel like they have that sense of purpose, they are gonna leave and go someplace else and try a different culture.

0:04:33.9 Heather Prendergast: I can look at the number of hospitals that I work with and finding a great culture and having a great leadership team, it can be difficult because we come into this profession, all of us, whether we are really practice managers, veterinarians, technicians, and we come in for the animals, we never think about the people aspect. And while we have the client aspect, when we come in as veterinarians and practice managers and we're gonna be leaders of technicians or assistants, we have to have the people side of that as well and care about our people and grow our people to their fullest capacity, find out what their strengths are, what their passions are, and harness on those areas and put them in the right seats on our bus instead of putting them in a place that they're going to fail or forcing them to use skills or to do things maybe that they don't love doing. And I'm not saying that we don't need to have the skills for things we don't like. We still need to do that. We still need to be back up for that. But if 80% of our job can be fulfilled because we get to do things that we love, the burnout rate drops dramatically.

0:05:42.7 Heather Prendergast: And to me, that's the biggest takeaway is when you create that and you find the right place for our people on our buses, the burnout is so much lower. We keep the people, whether they're credential technicians or doctors, because they love what they do. When you love what you do, that burnout significantly decreases. Along with when you are shown for the value that you have, the value you bring to the team, that burnout is dramatically less.

0:06:12.1 Katie Berlin: And as an associate, something that came up in the last conversation too is that associate veterinarians inherently have a little bit more agency in the traditional hierarchy of a vet clinic, which isn't really fair. We don't have that leadership training either, and yet we're sort of in a leadership position and oftentimes uncomfortable in it. But we also do, I think, share some of the struggles with technicians in terms of feeling a bit powerless if we find out that the culture isn't what we wanted it to be. And with technicians in particular, it seems like they're not, a lot of times, I'm generalizing here obviously, but from the friends that I've had, the colleagues that I've met, it seems like technicians are not encouraged to speak up for themselves to advocate for themselves. And I'm wondering if you have thoughts about how we can sort of try to move that needle a little bit faster? Because I think it is moving, but very slowly.

[laughter]

0:07:21.4 Heather Prendergast: I do think it's moving, and I think that so many times our technicians will come into a practice, whether they're just graduating from school or coming from another hospital and maybe that onboarding experience is not great. It's scary, we maybe have some

intimidation in there, and that's the out of the gate, what makes them feel uncomfortable for being able to ask to contribute or ask what goals are. And so, so many times it starts in that first 90 days of somebody's hire. If they're gonna, if it's going to be a right fit, that shoe fits those that first week and people are able to kind of find their niche. And I think of this for our veterinarians as well. And so that first 90 days makes a huge difference. That's part of that onboarding experience and creating that safe zone. But it's the entire team that's responsible for onboarding somebody safely and with excitement and to create that environment then where technicians can say, hey, Dr. Smith, may I please provide some feedback? Or may I please give you some insight on this patient of symptoms they're experiencing or something to that.

0:08:32.2 Heather Prendergast: And even if we just ask permission to share that information, we're opening a conversation versus somebody feeling like we are going to provide them information that is going to belittle them. And just asking for that permission, I think softens the conversation so much more. It just makes it more open.

0:08:52.4 Katie Berlin: Absolutely. Yeah. That's really a great observation about how that feeling of like, Ooh, maybe I shouldn't say anything that psychological safety of feeling like you can ask questions in offer a comment that is going to be taken well, even if it's not absolutely correct. That feeling starts so early. And then once you've lost that sense, or you've realized that that psychological safety isn't there, it's really, really hard to get that back.

0:09:25.8 Heather Prendergast: It is. And may say, because I look at our human resource forums, that that first 90 days is what makes or breaks an employee. If it's not a great experience, if that safety is not created and really, it can be much shorter than that, I think. You know, when you're in a good environment, pretty darn quick. And you're going to be able to survive in it or not. And practices need to make that a priority. And so often, it's a culture and leadership piece is that when we have to work to create that, then we don't have enough time to create it. And then it never gets created.

0:10:00.9 Katie Berlin: Yeah. You know, so fast. It's true. Like, I'm picturing all the scenarios where I've been in a new job and been like, Oh, my gosh.

[laughter]

0:10:06.3 Katie Berlin: What did I get myself into? And but during a walk-in interview which a lot of us do, technicians and doctors, it can seem fine. Or I'm making air quotes like "fine." And I'm wondering what so there's two sides to the question, really, but what practices and particularly leaders in the practice, because they're going to set the tone for how the team interacts during that interview process, how can they convey to an interviewee that they are a place that offers that kind of safety and empowerment and that it's not just like everybody's on their best behavior for a day.

[laughter]

0:10:50.3 Katie Berlin: And then on the other side, it's how does an interviewee pick up on the red flags that maybe that's not the case and know what to ask?

0:11:00.9 Heather Prendergast: Yes, great, great questions. And I think that it's, it comes back to the values of the hospital. So, part of what a leader needs to do when they're interviewing somebody

is to talk about the vision of the practice and where we're going and how the team contributes to that. And what values are important to us? What values do we expect all of our team members to show up with every day? It might be integrity, accountability, honesty, ethical, compassion, empathy the values that are important. But what defines those those values? And as a leader when I'm interviewing people, I may say these are the values of our hospital, please tell me how you feel you would fit in on those values and give me your definition of them. So, when we can at least have an interview conversation about what our values are and what our expectations of team members are, then I'm I as a interviewee want to ask, well tell me how your team displays these, because that's what I'm going to look for then when I come for a walk-in interview. And in my opinion, a walk-in interview goes two ways. It is it's somebody interviewing me, but I'm also interviewing to make sure this is a right fit. So, I need to ask a lot of questions about does the team know what the vision is?

0:12:14.9 Heather Prendergast: What is their communication structure like in the practice? How often do they have team meetings? How often do they talk about values and what happens if somebody breaks a value? And when I get to learn those things as a candidate in a hospital and I see other people that also know them and also display them, it's probably not just a one day thing. But most of the time in hospitals, practice or team members don't know what that goal is. They don't know what the vision is. And many don't have values. And therefore, there is no accountability structure in place, except I told you not to do this or a poor performance review that you've done bad in this last year. So, I think it's asking those questions to understand what the process is with leadership when you have the leadership interview. And when you're doing a team interview, then it's asking those same questions of the team members and seeing if that if those messages are the same.

0:13:10.8 Katie Berlin: That's a great point. Start with why, right? And that why really shows even if people don't know that's what they're seeing. They can tell a cohesive team from one that seems splintered. Clients as well can see that.

[chuckle]

0:13:28.1 Heather Prendergast: It's a feeling that you can pick up on. It's warm or it's cold.

0:13:34.2 Katie Berlin: Yeah, exactly. Exactly. Like so many things in life, go towards the warm.

0:13:36.8 Heather Prendergast: Yeah.

0:13:37.0 Katie Berlin: So, I feel a little bit... I think when I think about teams and team leaders, especially listening to this, I can picture them feeling a little bit desperate because they might have just lost a technician and they're like really worried they're going to lose more or they are down to the bare minimum of the number of people they can get by with before they have to make major changes. And they're like what I need to, I can't let anybody leave, like no one can leave. But they're kind of feeling a little uncomfortable that maybe that why isn't clear or that culture isn't there. And it's not for lack of intention almost almost ever. It's like just things life. Life is hard. And is it ever too late? Like can team members and leaders if they really care and they want to fix a culture that doesn't feel warm, is it ever too late to do that? Can they sit down with authenticity and start that process anytime?

0:14:41.6 Heather Prendergast: It is never too late. It is never too late to do it. And I always think of culture as being like a garden. Cultivating that garden never stops. You have to take care of your soil, fertilize your soil. You have to put your seeds in. You have to water. You have to weed. You got to pull your vegetables or your fruit off whatever you may be harvesting. And it's a continuous cycle. And culture is that exact same way in a hospital. We don't stop working on it. But to say we need to have a reset because our culture is not where it needs to be. And this is a leading problem of why we have high turnover is absolutely key. And to start with that authenticity, like you said, and being vulnerable, that's the best way to start it. And to just have a conversation with the team and say, we have likely messed up in the past in the way we have led people. We have been more managers than we have been leaders. And therefore, let's fix it. But we need to have help and fix it together. So, we need your suggestions. What makes a great team? What do you guys see that we need to change?

0:15:48.2 Heather Prendergast: And just listen. Leaders just need to listen and listen actively so that they take that information, put away all defensiveness because it's going to be a team that fixes this. And when it's a team that builds it, the people that are involved in that rebuilding of a culture now become emotionally invested in it. And when you have, I think of emotional investment in a practice versus financial investment, when people are financially, they are money invested. Our team members don't have the money invested in hospitals, but they can be emotionally invested and committed to the success of this practice when they're given that opportunity. So, when they help build something, they get to collaborate, then they start holding themselves accountable and each other accountable in a positive way. And I don't mean in an accountability in a negative way they say that people are going to put forth their best effort, they're going to be vulnerable and they're going to learn from their mistakes and be humble that they have made a mistake and be able to talk about it. And when you create that, now you're creating that safe environment that we're trying to look for.

0:16:51.5 Heather Prendergast: So, if our team is dwindling apart and we are incredibly afraid that we are going to lose more people, this is the best and easiest way to bring people back in. Now, leaders may have to build trust with those team members because they may be hesitant at first and say, Oh, this is just going to be a picture show, they're just trying to keep us. And so this is it's a lot of work on the leadership side to make this a priority. And you have to make culture a priority. You can't not have it. And that just comes through open team communication, open meetings, open planning, problem solving together to get through, to get through those hurdles and to achieve the goals. And when like I said, when you get team members and they build the trust and they're willing to give it a try, then they're all in. And then that's where that base starts. And that is, to me, that's the key. And the more people then you get out on the emotional buy inside of that, the more credibility the leadership team gets, the easier the culture gets to maintain. But with that is leaders also, I'm a big proponent of coaching sessions that we take. We have informal coaching sessions, because I always think about performance reviews.

0:18:05.9 Heather Prendergast: We save all of the things that we need to correct for the end of the year review. And it's like a year in review that of all the bad things that we have employees have forgot about. And as leaders, we should be asking for change on behaviors as soon as they happen, because the employees are not going to remember that those bad behaviors happened or they're going to be bad behaviors that continue patterns.

0:18:29.1 Heather Prendergast: And usually toxic patterns. So as a leader, it's an informal

discussion of having somebody in the exam room saying, Hey, can I talk to you about your interaction with Mrs. Smith today? How did that make you feel? And I'm going to coach through that session of maybe ways we could have talked to Mrs. Smith a little bit better, but it's not gonna come across as I'm asking you to come into my office 'cause you're in trouble. But I'm just catching you on the side and we are having a conversation about it. And those coaching sessions are what build trust in employees. Now when I want to come and have performance reviews or even sit down sessions, now let's focus on what can I do to grow you? How can we create this a almost a strategic personal planning event?

0:19:19.2 Heather Prendergast: And that's gonna be our year looking forward instead of our year looking back. And then what are we gonna do to grow? How can you help us achieve our vision? How can we help you achieve your vision? And where do we mend those goals together? What CE do we need to make that happen? How are we going to implement those things back in the hospital when you go to CE? Now you're creating buy-in for a team member to go to CE, learn something and excited they get to come back and implement it, instead of just going to CE and then nothing happens. So that's kind of a huge summary of building people and coaching people and keeping people in a nutshell.

0:20:05.0 Katie Berlin: But it sounds fun. Like what you're talking about sounds like so much more fun than being like a chaperone and the bad parent when you know the mean parent, and just like scolding people for doing the wrong thing. It's helping to make, it's no different in changing behavior than in helping animals. We're all animals. Like you reward the good behavior. And I feel like, and that immediate feedback is so important for all of us as animals. I feel that so deeply that, that sense of the performance review as not being something to dread, but being something to look forward to because it's like, well, this is gonna be about me and my future and how I can grow and contribute to the practice. And that's exciting.

0:20:52.4 Heather Prendergast: Yes, and in practices currently, leaders hate giving performance reviews.

0:20:57.9 Katie Berlin: Yeah it's awful.

0:21:00.5 Heather Prendergast: And then they never do it. And employees dread having employee reviews because they know that they're gonna be beat down and walk away with bad things or they're not gonna have any constructive feedback except, oh yeah, you're doing a great job. Keep doing what you're doing. Well, it doesn't help me grow as an employee either. Great that you think I'm doing good, but what? What's next? Like, I'm, or I'm gonna stall out, I'm gonna plateau. And so this prevents people from plateauing. Practice managers enjoy giving those strategic planning sessions. Team members look forward to it. Now we're all achieving goals together. And to me, that's the icing on the cake to keep our team members with us.

0:21:42.3 Katie Berlin: Do you think all team members and like even if they don't realize it want to grow, or do you think that there are some team members who want to do their job really well and they just wanna keep doing that job really well?

0:21:54.3 Heather Prendergast: I do think that there are some that are happy with status quo that they don't want to maybe take it to the next level. I think a veterinary assistances that are completely happy being a veterinary assistant that don't wanna take it to the next credentialing level. Or maybe

you have some credential technicians that are in level one or two and they don't necessarily want to get to level three. They love what they're doing as an exam room assistant and really building those connections with clients. And that's okay, but it doesn't mean that we can't get better at those skills that we love to do also. And so my role as a leader is say, okay I understand you don't wanna start doing the advanced monitoring and surgery and I can fully appreciate that. So how can we continue to grow our exam room experience and make that an amazing experience for those clients that are coming in? And how can we have clients always ask for you when they are coming in for their appointments? So I think there's still ways to grow people without giving them additional skills or CE that they need to do. But I can still grow them and find their passion and harness that passion to help them love what they do so they don't burn out.

0:23:05.2 Katie Berlin: Just like what you were saying about technician utilization, the, just the question makes people feel invested in and important.

0:23:16.6 Heather Prendergast: Absolutely. And you know, I think about a, one of my a fellow technician that she was really good in surgery. She loved what she did in surgery. She loved, she was great in the exam room, she was great with dentistry. But one of the hardest things for her were the sounds of the drills. And you would put her in an orthopedic surgery and the drills would make her just turn pale white. And you could see her having a really hard time. She's struggling. She didn't have that struggle in general surgery. And so just by asking what's wrong, what can I do to help you? You don't look well today. And when she finally said, the drills are really hard for me, the drills in orthopedic surgery are really hard. The drills for dentistry are really hard for me.

0:24:00.4 Heather Prendergast: They make me nauseous. Oh, okay, well then we, it's okay. Let's pull you out of those surgeries. We know that if we have to have you, that we'll figure it out. But that doesn't mean you have to be the first lead on that. There are so many other things that you can be leading while we're in orthopedic surgery or if we're gonna have to cut some teeth in half, we'll still figure that out. It's okay that that is a, that that is really hard for you. And when we provide that respect for them, but we find another area that they are champions of, it's a win-win situation for us. So many times we are set on, you have to do this and this is the only thing you can do and you have to do it well. And then we set people up for failure both on, we set leadership up for failure in that way. We set those team members up for failure as well. It's a give and take. It's like, it's kind of like a tree. You have branches that blow in the wind and we're gonna go up and down just a little bit. It's okay.

0:25:03.8 Katie Berlin: And that's so, so true. And as a doctor who didn't particularly enjoy surgery, like I was fine with like space and neuter and little mass removals and stuff, but I never wanted to learn anything like super major because it just wasn't my thing. I was better at exam room communication and medicine cases. And it was a big relief to get to a practice where they were okay with that. And first let me cut back on certain things and then let me eventually say like, I don't know that I really need to do this anymore. In fact, it was a big, it was an advantage 'cause we had too many doctors and not enough surgery days. And so I could just give someone else my surgery day and they were happy. And, but I also have been in places of, a few places where people have drawn those boundaries and said, you know what?

0:25:52.9 Katie Berlin: This isn't good for me or I can't do this. And they were given that respect, taken outta that situation and treated very respectfully to their faces. And then the...

0:26:06.6 Heather Prendergast: The ramifications behind...

0:26:09.3 Katie Berlin: Behind the scenes. And it wouldn't even necessarily have to be ramifications. It was just like a offhand comment or like a ugh, I don't know how to do this schedule 'cause she won't go in the room with the drill. You know, that kind of thing, and in front of other staff. And to me, that's so damaging because if you're that staff hearing that you're like, what are they saying about me? And I had some serious issues with that in multiple practices that I've been in. And this is something that's kind of insidious because you're not gonna see that in a working interview.

0:26:44.3 Heather Prendergast: You're right.

0:26:50.2 Katie Berlin: I'm wondering like for support team members, whether they're associate veterinarians, technicians, assistants, how, if you notice that happening, is there anything that you can do to try to change that culture? Especially because a lot of this is usually coming from the leadership team.

0:27:04.5 Heather Prendergast: Yes. And I think this comes back to, do you have a safe space to be able to do it? But I would go to our leadership member that has said that and say hi Katie, I have some suggestions from some observations I've had recently on the floor and in the impact it has had on team members. Would you be open to listening to some of the things that I've seen, some of my observations and how it has had a negative impact on our team? I would ask for that permission first because they're not gonna tell you no, but you're setting that stage. And then I would say this is what I have heard you say and I really want to tell you how it has, it's taken Natalie down a couple of levels where she doesn't feel invested in the team and that she's, her trust with our hospital has really dropped.

0:28:02.5 Heather Prendergast: And I'm really worried about her and I'm really worried how that's going to impact her. But I wanted to let you know that I think if we can handle it maybe in a better way as a leader, we can save her. Something to that aspect, I think I... So many times we say things subconsciously, don't realize we've said it or how we've said it, and the tone of voice that has said it or who's around and hears us. And in safe places, we need an accountability partner that can come to us and call us on those actions in the moment. Much like myself as a leader, if I hear somebody having a bad day, I hear that their tone voice has changed with the client, I'm gonna go talk to them right then so that I can help them get better and realize that the way they came across to that client or that team member wasn't the best.

0:28:54.6 Heather Prendergast: And it probably wasn't the way they intended it, but that's what happened. And so let me help you get better at that. And it's the same when we have to lead up. I call it leading up. We have to lead up our leadership and help them get better too. There's gonna be some that are willing to take that constructive criticism and we'll do something with it. There's others that are not. And so when we are associates, we're technicians, we're veterinary assistants in a hospital, it's scary to take that leap of faith and to try it. But if it's not a right fit, it's not a right fit. And that might be our indicator that I need to find a hospital that is gonna be a better fit for me. Again, that we have values. And another conversation I'd have with our leadership is if values were displayed during an interview and then it's broken by a situation like this, I would wrap it back and say, one of our values for our hospital is integrity and honesty. And I feel that that's been broken.

0:29:56.8 Katie Berlin: And if that's...

0:29:57.0 Heather Prendergast: [0:29:58.4] ____ Self reflect.

0:30:01.4 Katie Berlin: If it's not taken well, then that tells you a lot. Especially if you lead into it like that, that asking for permission is so key. I'm really glad that you said that 'cause that's not something I always do. Good note to self. And people are maybe not always in the right place to hear it. So they, that gives them an opening to say, yes, I definitely wanna hear what you have to say, but I'm in this...

0:30:25.7 Heather Prendergast: Maybe, maybe a couple hours.

0:30:27.5 Katie Berlin: Can we talk at the end of the day? 'Cause I'm super stressed right now, or I'm dealing with Mrs. Smith who's upset in room three. It's like not a good idea to just like spring it.

0:30:38.3 Heather Prendergast: You know, and the other piece that I have for both leaders and potential leaders in the hospital or associates that want to be able to help address these things is, we all have to look at ourselves in the mirror first. What am I displaying? What behaviors am I displaying? What is my tone of voice like? Because I can't make corrections for others if I'm displaying those behaviors. And so many times, when I see a team that is struggling, is procrastinators or is making excuses or when I see the behaviors I don't wanna see in a team, I often look at leadership 'cause they're the ones demonstrating the behaviors that their team follows. And so as leaders, one of the first things that we have to do, even before we try to correct that culture, is let's take a look at ourselves. Let's see what we are doing in the mirror and what can we do to first work on ourselves before we start working on our team? Because the team is likely carrying out those behaviors good or bad, in a positive or negative way.

0:31:37.5 Katie Berlin: Yeah, so true. I think there are a lot of people who sort of get branded as not great employees, and maybe they aren't doing a fantastic job at that time, but there are a lot of factors contributing to that. Whether it's that they're acting a little bit toxic or they're maybe not living up to what they would, what would actually be their potential as employees. And so much of that can start with the culture. And it's really, it's upsetting to see that, and I've lost so many friends, technician friends who have just left because they're, I remember one saying I'm basically a volunteer when she left, and she was one of the best technicians that I've ever worked with. It was over a decade ago now. And I still think about that because she really was, and she was not given the respect that her credentials deserved and wasn't allowed to use them to the top of her ability.

0:32:45.1 Katie Berlin: And that brings me to technician utilization, which we're gonna get into more on other podcasts, I'm sure because this is, so this is gonna come out later this year. And you were one of the co-chairs of our technician utilization guidelines, which is super exciting. Very first tech utilization guidelines that AAHA has ever made. And I'm just wondering a little bit before we close out, I was just wondering a little bit about how that experience was for you. What it means to you to be able to be part of guidelines like this, which I feel like are much needed. And I also have one follow-up question about the name of the guidelines, so we'll get to in a minute.

0:33:32.1 Heather Prendergast: Okay. The experience of writing with my colleagues AAHA utilization guidelines was amazing. It was collaborative. It was, it was enthusiastic. It had so much passion, it had so much content. And trying to scale down the content to put it into digestible format

was probably the hardest part. There are so many usable tools in it to be able to implement. And one of our biggest goals out of creating that document was we can talk utilization all day and how to be efficient in the hospital and ways to be efficient and ways to assess your practice. But the harder part is getting from talking about it to making it happen and making that shift happen and getting your entire team on board in order to get technician utilization. There's gonna be roadblocks. Absolutely. There's gonna be hurdles that you have to overcome. There's gonna be training that you have to do, there's gonna be gaps that you're gonna find, but that's all easy.

0:34:27.9 Heather Prendergast: That's, those are things that you can put in place, you can fix, you can get your team into that maximal utilization. And it's definitely credential technician utilization, but it's also utilizing the veterinary assistance to their fullest skill as well in ways that they can help make everybody else efficient. But it's also the receptionist team and making sure that they're fully utilized because it's a reception team that sets up the medical team for success. And then the medical team sets up the receptionist for success, ultimately leaning to the best patient care and decreasing that barrier we have to patient care. And so the more efficient we can get, even if we are saving just three minutes on an exam in the exam room, but we are saving five minutes through technology and being efficient in the hospital overall, now we have eight minutes saved that at the end of the day, we probably get to see three or four or five more clients in a day because we are efficient.

0:35:25.7 Heather Prendergast: And the key with it is when you're efficient and you're working together as a collaborative team instead of against each other, the team doesn't get burned out. Maybe you're adding in five more clients in a day. That's why we came here for our patient care, but we don't feel exhausted at the end of the day because everything flows so well. And that is, to me, that's the success. People still get out on time. They get to have their lunch breaks. We don't feel like we're running around like with our heads cut off. And we...

0:35:57.8 Katie Berlin: Yes. I'm having anxiety just thinking about it...

0:36:03.4 Heather Prendergast: We get to do the things we love and at the end of the day, we still all leave happy and as if we are a family union. And to me, that is the most rewarding part of it. So it was really fun writing those guidelines. It's fun putting those tools in there that practices can utilize, assess themselves. There's examples of a gap analysis in there to identify where you're at today, how to get to that future. It is doing smart goals with your team. It's doing the self-assessment, who's doing what in the hospital. So completely useful tools as a sneak peek to be able to utilize and implement efficiency out of the gate.

0:36:40.0 Katie Berlin: I love it. And the anxiety I was feeling when you were talking was thinking about all the times when I didn't have that support as a veterinarian, you know? The technicians that I worked with at my last job were so capable. Like we had I think 13 credentialed technicians between two hospitals and they were, I mean, they're the bomb. And, but it would, what really stressed me out was the days when I would get out of the room and there was no one for whatever reason they were all helping another doctor or we were short staffed that day or whatever. And suddenly I was like, oh gosh, so I have three rooms here. I have to like read this ear cytology and somehow get blood on the patient and make sure that the client gets this information and then get into the next room before that client throws a fit about me being late.

0:37:32.7 Katie Berlin: And it was like all the things, and none of them were doctor things. You

know, they were all things that a technician probably would've done better than me, and there just wasn't anybody to do it for whatever reason. And that was the stuff that stressed me out and made my adrenaline just like stay high a lot of the day. It wasn't the decisions, it wasn't the clients. It for the most part was feeling like I had 12 things to do before, and three rooms to do them in all at once for instance. And that adrenaline kick can be alleviated because technicians can do all of that stuff. And like I said, probably better in a lot of cases than I can. Clients didn't want me drawing blood in the room. I'm not the one you want drawing your blood. So it was definitely enlightening to work with so many capable technicians and that taught me a lot because there technicians left that practice like any practice, but they didn't leave 'cause they couldn't do enough. And that was very, very important. Eye-opening. I'd never worked with that many since vet school, so...

0:38:37.5 Heather Prendergast: Wow.

0:38:38.0 Katie Berlin: Shout out to Shiloh Veterinary Hospital.

0:38:42.4 Heather Prendergast: And when doctors can diagnose, prescribe, and do surgery, like if those are your key, three key things and you have a skilled team that is able to do all the other things, client education, reading your cytologies, and really you have somebody as an air traffic controller and you get to go from one room to the next, but your air traffic controller says, all right, this lab, this cytology's up for you to take a quick glance. We can see yeast on it. Would you confirm? And we also have what we know you recommend. Here's say otomax ear cleaner, if this is what you want it's ready, we can put labels on it. So when you have somebody that directs all of that for you, now you feel confident that you can go to the next room because things aren't gonna get forgotten. And you love your job, your medical records get done, you still have great client interactions for the short time you're in there and the clients value that. There's just so much up to, to utilizing the technicians to their maximal capacity and it makes everybody happy. At the end of the day, our patients win.

0:39:45.9 Katie Berlin: Mic drop. I think that's the bottom line for sure. And that's, that's a good place for us to wrap up. The technician utilization guidelines are out. Well, they will be out by the time this airs in October of 2023. And I cannot wait for that. And we'll be spending most of October featuring technicians on the podcast and technicians and in trends and technicians in news stat. And we try to do that anyway. But October definitely is a month where I feel like we really want to make sure people are hearing the right voices and understanding the technician perspective. So I really appreciate you sharing yours today, Heather.

0:40:24.3 Heather Prendergast: Super exciting. Thank you so much. I just appreciate you taking the opportunity and for me to be able to be here for our redo or additional recording.

0:40:34.7 Katie Berlin: I know, I'm so glad this worked out and you're 25 minutes away from me right now. So hopefully I'll get to see you in person this weekend at AVMA convention. But Heather Prendergast, again, thanks so much and thanks to all of you for listening. Support your technicians. Let us know if you have thoughts or feedback on the technician guidelines. You can email me at podcast@aaha.org. We're just super excited and we hope everybody loves them as much as we do.