Hi, welcome back to Central Line. It's a pleasure to be here again. Thank you all for listening. I'm your host, Katie Berlin, and I have two lovely guests with me today, both of whom are named Katherine, just like me. So it is Katherine to the Third Power on today's podcast. Dr. Katie Cutter and Katherine Medina. Welcome to Central Line.

So, you both work together and I wanna get into all of the stuff that you do, and it's super cool. I can't wait to talk about it. But first, would you mind just giving us a little bit of background about yourselves and why you're here?

All right. So, I'm Katherine. I'm a licensed veterinary technician. So I've been in the field for over a decade. I started out as a veterinary assistant and then progressed to getting my license after going to school and passing the state and national exam. I have a variety of experience from shelter to day practice and emergency specialty, which was my most recent prior to coming to BoosterPet.

So you've seen a lot of corners of the profession then.

I've seen a lot of corners of the profession. Yeah, for sure. [chuckle]

That's good. That's good. That'll be relevant, here shortly in a second. So, all right. Dr. Katie is back from answering the door.

So, tell us about yourself, [laughter]

Yeah, so, I miss all the chaos here. So I'm Dr. Katie Cutter. I'm a veterinarian, actually a veterinarian ophthalmologist by training and, have been in all facets of veterinary medicine from specialty practice to, teaching online courses for graduated veterinarians, to helping to run, a special some, conglomerate, boutique specialty practices that my husband and I started up. And through all these years in veterinary medicine, there's a lot of pain points that we've experienced both as clinic owners, and just veterinarians ourselves. And through my career, we're just that seeing a lot of improvement on those pain points. So BoosterPet is the birth child, if you will, of, wanting to do better in the space for those who provide the services, for, for veterinary industry. So that's it in a nutshell.

Yeah, that is definitely a nutshell. Because there's a lot in there. [laughter] I know that's a lot [laughter] from our previous conversation. I know there's a lot inside that little nutshell, but, we'll get to that before we jump in, to talking more about BoosterPet and what it is that you both do and how that, how different that is, I think from the way a lot of people see practice life, I would love to ask you a question. We at Aha have, the guidelines that we put out a few times a year. So, we have, preventive care guidelines and canine vaccination guidelines and diabetes and all that stuff, and they're wonderful documents. But we started making little mascots for them. And so we have, if you've seen us at a conference recently, we were passing out stickers
with these cute little mascots that are designed by, the artist Lily Chin. They're adorable. Okay. So find us at a conference if you want some stickers, but they have a hashtag on them, and it says, "what guides you?" Because I think we all have something different that brought us this profession that keeps us going. So I was wondering, in life or in VetMed, Katherine, if you wanna go first, what guides you?

0:03:44.1 Katherine Medina: I think in life is just like..., it's a hard goal. It seems basic, but it's hard. I just wanna be happy, right? So whether that's in like my personal life, my work life, it's not always gonna be like rainbows and sunshine, puppies and kittens, but, looking at it as a whole, I want to make it as pleasurable as possible with work. I think that being mentally stimulated, feeling like that you're making a difference or that your work matters is really important. And then currently in my position, I started out, working mobile with, BoosterPet. Once we became bigger, I became the LVTBA manager. So I really like, developing people. And popping up, these clinics, having new protocols, making sure that we're doing the best quality medicine, as well as documenting and making sure that the owners have the information that they need to, continue to do good medicine with their pets, is really important. So it's been a pleasure to be a part of that.

0:04:52.4 Katie Berlin: Love that.

0:04:53.5 Katie Cutter: I do too. [laughter]

0:04:56.1 Katie Berlin: Yeah. I mean, that's gotta make you feel good, right? [laughter] too.

0:05:00.1 Katie Cutter: Katherine's awesome.

0:05:01.9 Katherine Medina: Thanks.

0:05:02.7 Katie Berlin: And Dr. Katie, what about you?

0:05:03.5 Katie Cutter: God, that's a hard one. I would say probably what guides me most is I wanna create positive change out in the world. Like when I, check out of this Earth, I want the world to have been a better place because I was in it. And I know that sounds so cliche, but that's one of the guiding principles for what I do professionally and things that I do personally. And it's super stimulating, right? Because you get to a look at, sometimes there's complex problems, but when you break them down in the root, like most complex problems are actually pretty simple. And just looking for creative solutions to, make that world a better place is really what is my true north, my guiding compass.

0:05:51.7 Katie Berlin: Yeah. And I love that, that can be applied on such a macro or micro level, you've created this group of practices that is changing the way that we see how we can practice medicine. Really, the logistics of practicing medicine and that is changing the world that you live in for the better. And then also like you could, buy someone a coffee when they're not expecting it, and they're gonna remember that and that changes their world for the better on that day. So I love that it's a guiding light and a core principle that really you can apply pretty much anywhere and you sleep better at night for sure.

0:06:27.6 Katie Cutter: You do.
Katie Berlin: [chuckle] Yeah. Well, thank you. I love that. I like to learn a little bit about people before we dive into the other stuff. Yeah. But BoosterPet really isn't other stuff for you. It's a key part of who you guys are and what you do now. It seems like, in your role as, a founder and CEO and the manager that you are now, Katherine, you probably spend a lot of time thinking about BoosterPet, so [laughter] [laughter], so.

Katie Cutter: Definitely consumes a lot of conversations in my...

Katie Berlin: Yeah, I bet.

[laughter]

Katie Berlin: But I was just wondering, we haven't really talked about what BoosterPet is and how it's different. Would you mind sort of painting us a picture, Katie, of what it's like when you go into a BoosterPet hospital? Like what are you gonna see in the various areas of the hospital?

Katie Cutter: Yeah, so I think, one of the importance before we walk through the clinic to distinguish is the why behind BoosterPet right?, Because I don't think everyone necessarily gets it. Certainly people who have worked in the profession before get it. But, we have a relative shortage of veterinarians. And so, that creates an emotional, kerfuffle, but also a logistical kerfuffle with seeing cases, in the vet clinic. On top of that, we have, very skilled, paraprofessionals out there, our licensed veterinary technicians that oftentimes aren't utilized to the highest of their skillset. So what we see is clinics run by staff that are, partly unicorns, in a very inefficient manner. And it creates the worst of all world scenario inside the clinic.

Katie Cutter: A lot of stress, and a lot of turnover. And so the why behind the BoosterPet is if we can create alternatives for the people that work inside the space, and we can create systems that are better and healthier for them, then everyone benefits and we have a more sustainable model of practice going forward. So that's the why behind it. So how we are, are looking to do that and BoosterPet and how we're doing it right now is we divide the lanes of vet care in..., if you think of a general practice, just split it down the middle and say, okay, you have wellness cases on one side and sick cases on the other. Sick cases, of course, are best leverage with, the in-clinic veterinarian there. And that's where their skill set should be utilized is, those sick cases that need immediate veterinary attention boots on ground.

Katie Cutter: The wellness side, we do a little differently. And so we leverage what we call an in-clinic telemedicine model. So you walk in and it's a vet clinic, just like any other vet clinic, and you're greeted by your LVTBA team and, they take you into the exam room, do the history physical exam. We leverage technology like Bluetooth stethoscopes to record heart and lung sounds to make the, EMR as complete cool, living, breathing entity as possible. And when we're ready to consult with a veterinarian, we zoom the veterinarian into the exam room. So the veterinarian can see in the exam room, we have these like little spider cameras that can zoom in on lesions and things like that. But it's a complete conversation, between the veterinarian that, LBTVA team and the owners right there in the exam room to talk about the findings of today's exam and what the treatment plan is going forward. When that discussion's over, we're all on the same page. The veterinarian pieces out hops on virtually into the next exam room and that LBTVA team, carry out the treatment plan. So it's, just an efficient model [chuckle] for what we currently do, with those exams. And keep in mind that these are, wellness cases. They're your, vaccinations, itchy skin, just
very basic stuff.

**0:10:28.4 Katie Berlin:** That's super cool. And I'm just picturing this lifeline, the technician is the lifeline between the actual patient there on the table or the floor and the client sitting there like, okay, I've got my pet here now what? And then the veterinarian who could be anywhere on the zoom call. And that's just such a cool image because it feels like you're all connected by a little chain. And, I love that visual.

**0:11:02.3 Katie Cutter:** Yeah. And I think we are all connected in the clinics. The clinics, all the clinics have morning rounds together. It's like the Brady Bunch Clinic, zoom. [laughter] We all get on and talk about, "Hey, what's going on today? What went well, yesterday, what do we need to change, from things that didn't go well yesterday." So we're constantly evolving and improving, but always leaning on each other and communicating with each other. Even though you're in separate clinics, it doesn't mean that you're not an integral part of the whole team. So yeah. And the LVTs have always been an integral part of the hospital. No veterinarian ever said, I will work alone in a clinic by myself, ever. Right. I mean those skilled LVTs have always been an essential part of making the hospital run really, really well.

**0:11:48.7 Katie Cutter:** And so all we're doing is we're saying, "Okay, you guys are an essential part of how we want run really, really well, and we're gonna, push that to let you practice, to the highest of your license." And so, what it also does is it changes the dynamics in the clinic so that technicians, have more ownership in the clinics as, as well. It becomes... Those wellness cases also become their cases. Right. And it allows us to pay technicians, a higher average, rate than the current national average by a significant amount. And it allows us to leverage a veterinarian for those wellness cases instead of, one veterinarian per hospital trying to see those wellness cases on top of the sick cases. Now we have that wellness veterinarian that's leveraged over multiple hospitals. So right now it's four, but we suspect we can do it over five or six.

**0:12:47.5 Katie Berlin:** Cool. Katherine, how, how has this changed? I know you're in management now too but like how has it changed your perception of the job of a licensed technician? Or is this how you've always seen licensed technicians and finally LVTs are getting to actually work to the top of that license?

**0:13:10.8 Katherine Medina:** It's been a long time since I've been in the veterinary field, and I don't think I've ever imagined me being in a position to where I am today that's like so very much client front and feeling like me and the doctor based off of like the physical examination that I'm completing in the room, end up sending him either pictures, videos, whatever that may be to, help document what's happening with that pet and then working with them of like, this is the best treatment plan moving forward with this pet. And so especially with, yeah, Dr. Kobi Johnson, so he was our first doc that was boots on ground. And we have been working with each other ever since I started, which has been almost a couple of years now, I think.

**0:13:58.0 Katherine Medina:** So it's especially with him in the room, I think since we've worked so long together, it feels like we're working together to be like, "All right. Do you think this dog needs some antibiotics to clear the skin up, or do you think like Betagine is like, fine and that'll clear it up," and we'll have a discussion in the room in front of the owner and they can see how we're on the same page and how the doctor really trusts my train of thought as well. So that's been really nice and feeling, yeah, I'm doing something. Like I'm helping to help this pet. So it's been...
Katherine Medina: Crazy. So yes to those people. So, because we've had people who come to us, we've been to, a conference and we've had some doctors being like, "How do you make this work?" And so with the doctors and with owners initially experiencing us for the first time, I just explained "We've been doing this" right? So again, coming from emergency specialty, working overnights or working days, that ER doctor is not looking at your pet every single hour or every couple hours. That is the veterinary technician or the veterinary assistant who's alerting the doctor of, this is what I'm finding on the physical exam. And then here's your information, based off of that, or I think, so and so is declining, can you please come take a look? We need to act like immediately. Those are things that we've have been doing in the background, and so now it's just more forefront.

Katie Berlin: Yeah. I really like that you said that because it's not like this is really a new skill set for technicians in the sense of you've always known how to interact with patients and you have that, especially experienced technicians have that sense, the little alarm bell that goes off when something's not right. And I can't tell you the number of times that technicians that I've been working with have found lumps that I missed, on exam, they're petting the pet or they're prepping it for surgery or something and they're like, "What's this?" And all of a sudden we have a new lump to worry about. I'm like, "Thanks a lot." Yeah. [laughter] But it's actually really good that they did that. And it's because we're not all, we're not perfect. And, it's really, I love the idea of having two sets of eyes there and that open conversation in front of the client that shows how much thought and collective skill goes into even a wellness exam. Sometimes those are the most thorough of all and you're discussing everything about that pet and that client. That's a pretty neat picture.

Katherine Medina: Yeah, it's been... And even with me being in the manager position, I still do work the floor, depending on, needs of the clinics. Like tomorrow I'll be working on the floor. So it's nice to be able to like continue to work the floor 'cause I could continue to be like, all right, there's a better way to do this. As I'm running into stuff, whether that be like we should add a template of, talking about this skin issue and just like having all this really good information for the owner and just giving that to them. So maybe if you don't go like A through Z within the room written you have, so it's nice to still work the floor.

Katie Cutter: And Katherine brings up a really good point too, because I think one of the things that we have lost a little bit in the corporatization of veterinary medicine, there's a lot of benefits to corporate veterinary medicine, but there's some disadvantages for sure. And one of the things that we see is that, some of the people steering the boat, aren't either veterinarians or veterinary technicians at all. They don't have any, experience on what goes on in the clinic, or maybe they did at one point, but they're not actively going into the clinics and seeing what is reality. So decisions are getting made on this presumption of what's going on in the clinic, right? They're fictional fairytale of, "Oh, this is what the clinic's like."
Katie Berlin: Yeah.

Katie Cutter: And building on that when it's not the reality of the situation. So I think it's really important to have leaders in any organization that, get dirty, get in there, get in the clinic, and really know what your team is going through. That's super, super important.

Katie Berlin: It's good for team morale too, to see that and be like, "Okay, they haven't just abandoned me on this ship." I've definitely felt both ways where my managers and bosses have been right there in the trenches with us, and that's just a good feeling, even if they can't be there all the time, because you do feel like, "Okay, they may know the struggle," or they finally fix the piece of equipment that's broken. 'Cause there's always something broken, right?

Katie Berlin: Until it's...

Katie Cutter: There's always something.

Katie Berlin: Yeah, always something.

Katie Cutter: There's always something.

Katie Berlin: So how has staffing and retention been for you since starting BoosterPet? Do you have trouble people to work there? And then when you find them, do they stay?

Katherine Medina: Well, I think it's, in general, it's rough in these streets to find a LVT, right? So that's our first thing is that there isn't a ton of us. But I feel like that when we do find an LVT, I think that we have a pretty good retention rate. I don't have any numbers on me, but the one thing that I feel is that people like working with us, so that's good, right? So if for some reason... I think that we wanna make sure that our SOP's are being followed just because of the way that we are, and that we know that we're gonna have more of a microscope on us because of the way that we roll. So it's really important that, "Yes, our medical notes are done, yes, you did a really thorough exam."

Katherine Medina: So while we're pushing you to the top of your licensure, yeah, it also comes with that extra effort and that extra responsibility, too. So that could be a different challenge, I think sometimes when a technician is hearing it versus experiencing it.

Katie Berlin: Katie, would you agree with that?

Katie Cutter: Yeah, no, I think absolutely. One of the things that we like to ask is, what are your veterinary wishes, hopes and dreams? Because when you're talking to people, a lot of times you can get a sense for like, "Are you gonna be a good fit?" 'Cause this isn't for everybody, right? And there are other options for people. We don't want someone to come and work for us just because we pay more if they're not gonna be a good fit. So really trying to sort out that fit and are they comfortable doing our SOPs, are they more of an urgent care tech versus a wellness tech, things like that. So really trying to put people in the right seat. I think we've done, and Katherine has been amazing at that, done a really good job of that. From the doctor standpoint, we've had great DVM retention. I don't think we're any better at recruiting [laughter] in clinic doctors than anyone else.

Katie Berlin: That is so tough.
0:21:16.1 Katie Cutter: I mean, it's a hard field out there, right?

0:21:18.0 Katie Berlin: Yeah.

0:21:18.6 Katie Cutter: So I like to think we do... We are successful for sure, but I've learned not to toot to my own horn, taut my own horn, whatever it is, don't do that with my horn because it's a difficult field out there. I will say the easiest recruitment ever is the telemedicine veterinarian. [laughter] Honestly, people are like, "Sign me up."

0:21:45.6 Katie Berlin: "Me!" Yeah.

0:21:46.8 Katie Cutter: So we literally have more veterinarians in that capacity than we know what to do with. And as we grow, that's a great problem to have. How many veterinary clinics can say that they don't have enough roles for certain types of vets, right? So that part has been hugely successful. But the non-wellness urgent care side of it, I think we're maybe a little bit better than average in recruitment and definitely better than average in retention, but it's a hard field out there for sure.

0:22:20.1 Katie Berlin: Yeah. So do you have vets that... Do your vets typically do both and they spend some of the time on the floor and some of the time telemedicine, or they're pretty much one or the other?

0:22:30.0 Katie Cutter: They're pretty much one or the other. I would say we do have vets that do both, and it really just depends on the vets. And we realize that you are more than just your job, right? So everyone has different work-life balance needs and we are very flexible in accommodating that. So we have some people that work one day a week for us, some people that work a couple of days a month, others that are three days a week, some that are four days a week. And within that skill set, it's, "Okay, do you... Or is urgent care your jam?" 'Cause it's the rare veterinarian where they're like, "I love the urgent care cases and I wanna do healthy puppies and kitten vaccines all day," right? Usually it's one or the other.

0:23:10.9 Katie Cutter: There are some vets out there that really do like both and we utilize them in both capacities. But for the most part, I would say the vets tend to segregate themselves and what they prefer to do. And we also do wellness procedures as well, so spays, neuters, dentistry and things like that. And that's kind of that third segment because not all that's like procedures, right? So really trying to have that open dialogue with our future team members and saying like, "Hey, what is your happy spot when you're in the clinic? 'Cause that's where we want you. That's where all the good stuff is gonna happen. So you don't like doing procedures, why am I gonna stick you on procedures all day? That's kind of ridiculous. If you love doing procedures, why would I not have you doing that, right?" So really trying to have those open conversations with our veterinarians and our staff and just say, "What is it that really, really excites you every day?"

0:24:09.6 Katie Berlin: Love it. Do you guys know StrengthsFinder? The StrengthsFinder assessment?

0:24:13.0 Katie Cutter: We've done StrengthsFinder [laughter] unsuccessfully.
Katie Berlin: Yeah. I mean, it's cool 'cause StrengthsFinder's... So for people listening or watching, StrengthsFinder 2.0, I guess is a book, and the book talks about different types of different strengths that you can manifest in your personality. And there's a test that comes with it when you buy the book, you get a code, and then you take the test online, and then it tells you what your top five strengths are. And you kinda look at that as a way to say, "Okay, these are the things that I naturally gravitate towards or excel at." And the idea is that then you try to play to your strengths and not worry so much about why you don't have, or why are some things like your 20th strength instead of your second? That's how collaboration works, right? And so listening to you... I love StrengthsFinder. We do it at AHAA, too. And one of my top strengths is maximizer, which is kind of like, we're good at sort of putting people in the right positions. And I feel like Katherine, Katie said you were good at that too, is getting the right people in the right spots.

Katie Berlin: And that really plays... It tugs at my heart a little bit to hear you say that. But as a veterinarian, you can do more of what you love and are naturally drawn to and maybe not spend so much time beating yourself up for not being naturally good at something else unless you really want to be good at it. And I thought that a lot myself, 'cause that's we're told, we're supposed to be good at everything, right? Graduate vet school, you're supposed to be able to do everything and that's just not true.

Katie Cutter: Well we're in this kind of crossroads too, I think... And this has been developing for a while, but we have new generations vets that are coming up, which is like, that's great, we need young blood in this space. And with that comes generational transformation right? So it used to be, years ago, the work week was a five-day, sometimes six-day work week, you were on-call, your days were 10, 12 hours, sometimes more, and that was just the job. That's just what you did. And that's not where we should be looking towards for where we go forward. So I think a lot of the friction that we're feeling in the veterinary industry is also a generation of vets who are just like, "Hey dude, I'm tired and I'm sick of... Why would I do that? That's not what I'm signing up for." Right? "And you're giving us... " Kinda giving the industry the hand and saying like, "No, that's not how this is gonna roll."

Katie Cutter: So work weeks are now four days, and for some people, three days shift work and kind of that gig economy in veterinary medicine is becoming increasingly common. And so we have to be an adaptable industry. And certainly, any tools and any collaborations that we can develop to make us more adaptable as an industry is gonna benefit everyone as a whole. And so utilizing the technicians to the top of their skillset is definitely healthier for the technician that we can pay them more, they can have a career path that didn't exist before. But it's healthy for everyone in the industry. They're helping to fill some significant gaps that are there. And by filling those gaps, they're allowing then the veterinarians to drive that work-life balance change that they're seeking too.

Katie Cutter: They go hand-in-hand together.

Katie Berlin: Yeah.

Katherine Medina: Yeah, I think our first, at least four technicians that we hired, we were joking that we were having a little LVT retirement home because a lot of our LVTs were just burned out. They were like at the end of their line and they're just like... I like the sound of that work-life balance of what you guys are preaching and I wanna experience that. And as a manager,
for me, for any of our people, most of the issues are not like, "I'm being overworked," or "You guys are... I don't feel supported," or anything like that. It's mostly other stuff that's... And we're good about making sure that we're troubleshooting. They're open to come to talk to us. And this has been more of like, "I wanna make sure that you're feeling okay" type of job than I've been led to with than more other jobs, if that makes sense.

0:28:41.0 Katie Berlin: Yeah.

0:28:42.4 Katherine Medina: I think that the other jobs have been more like, "This is how it is. I'm sorry about it, but you just gotta deal with it," versus I think that Katie is definitely a lot more open to opinions and how to change things. And it sounds silly, but she's more reasonable than most of the other managers that I've had. So I could be like, "Here's this problem," and she's like, "Yeah, that looks like a problem and let's go ahead and find the solution for that." And it's a really reasonable solution and it's implemented and that's it and that's great versus you feeling like you're never being heard like I've had at other clinics.

0:29:21.2 Katie Berlin: Yeah.

0:29:21.3 Katie Cutter: And I think Katherine has a great point with that too. At least we're not... We know that at BoosterPet, we're definitely imperfect, and we will always be imperfect 'cause there is no such thing as perfection here, but our goal is to always be working on a new problem. [laughter] I think the big part of the problem is [0:29:43.7] care. And so for that, you have to really empower those who are boots on ground. The people who are in the clinics are the ones that are driving this change. They are really the veterinary revolutionaries here. I can have this idea that's like, "Woo-hoo, this is kinda cute," but it's the people that are boots on ground, our vet techs and our veterinarians every day, they are the ones that are driving this change and creating it and really trusting them to point out the flaws in the system and to have the voice that says, "Hey, this is a problem," so we can all come together and say, "What are we gonna do about it?" so then we can focus on the next problem. And that's how evolution happens, right?

0:30:24.8 Katie Berlin: Yeah, absolutely. I love that. We always wanna be working on a new problem. [laughter] There's nothing more frustrating than having a 15th meeting about the same problem.

0:30:35.1 Katie Cutter: Oh my God, yes. Like, "I thought we handled that last meeting and you're... "

0:30:42.9 Katie Berlin: Yeah.

0:30:43.0 Katie Cutter: Right, right.

0:30:43.1 Katie Berlin: No, yeah. So let me ask, I guess there are two aspects to this question because I was wondering about challenges with this and about resistance especially that you might encounter from clients like Katherine, when you or one of your LVTs walks into the room and they're like, "This is what we're gonna do." It doesn't matter how many emails the client's gotten about how it works. There's always gonna be a client who's like, "I don't understand what's going on here." And do you meet resistance ever from that? And if so, how is that addressed in the room?
Katherine Medina: So yes, I've had one person that personally have resistance. So it was an LVT who saw this owner who, like you said, no matter how much we say over the phone, or have them sign these telemedicine consent forms, they're just like, "Oh, what is this? What is happening?"

Katie Berlin: Total surprise, yeah.

Katherine Medina: Right, total surprise. So she saw another LVT for a vaccination, and then seemed she wanted a traditional doctor in the room exam go. And then she seemed upset, although she came back an hour later with her other dog. So I was just like, "We're not too shoddy if you're still coming back to us." And so if I ever deal with an owner that's in the room that seems surprised about the way that we run, I don't wanna force anybody to do what they're not comfortable doing. So we have that conversation, I'm just like, "Look, I can totally do the exam. We can have a doctor come in, we could complete this, but also I want you to feel really comfortable about what's happening with your dog and the care that's with your dog. So you also have the option to schedule with a traditional veterinarian. So it's totally up to you." And once you put it back in their core and they know I'm not trying to push them to do anything that they don't wanna do, so then they could take it from there.

Katie Berlin: It doesn't sound that different from the conversation I've had as an associate vet where I walk in and they were expecting to see my boss, the older gentleman who they've been seeing for a million years and they're like, "Where is he?" I'm like, "Well, you got me." [laughter] But I don't...

Katie Cutter: Surprise!

Katie Berlin: Yeah, surprise, no one's getting us mixed up. But I don't want to force somebody to see a veterinarian they're not comfortable with, and everybody should be able to be comfortable. So I love the answer. And I love also that you have not encountered this a lot and that most people are really open to this idea. 'Cause people just want their pets to get good care, even if it looks a little different.

Katie Cutter: For most people, I think it makes sense to them. They get it. And for most... A lot of pet owners, they've had problems trying to get in to get pet care in general. So a lot of them are just like, "Thank you for seeing me." And then once they discover the model and they realize the kind of why behind it, I think by and large, most of them are just like, "Oh, makes total sense." Yeah, every now and then you get a few old crotchety people that are just like...

Katie Berlin: They'd probably be cranky no matter what. [laughter]

Katie Cutter: Right, right. I can give them a brick of gold and a unicorn and they would...

Katie Berlin: Yeah, they'd be like, "Where's the rest?" Yeah. [laughter] Okay, so the other part of the resistance question that I was gonna ask you, because... And I'm inserting myself into this situation because you don't have any trouble finding veterinarians for telehealth, you're inundated with applications for people who want to work remotely, and I would imagine that not every veterinarian feels the same way about that, like the veterinarians that work boots on the
ground sometimes may not see telehealth the same way. Do you ever encounter resistance from other veterinarians about this model and saying, "That's not possible to do a good exam that way," or "I would never let a technician do my exam for me"?

0:34:45.2 Katie Cutter: Are you talking about within BoosterPet or kind of outside of BoosterPet?

0:34:48.5 Katie Berlin: Either one. I mean, I would guess that you try not to...

0:34:51.4 Katie Cutter: Right. [laughter]

0:34:52.5 Katie Berlin: Try not to have that in the clinic who don't like what's going on in the clinic, but I also know that certain things don't get told to you personally, right? And so...

0:35:00.8 Katie Cutter: That's for sure.

0:35:01.9 Katie Berlin: And they sneak in. [chuckle]

0:35:03.2 Katie Cutter: Yeah, I would say within BoosterPet, people work there that have bought into the model. And our boots-on-ground veterinarians are an integral part of actually the wellness exam process and seeing new patients and things like that. So they literally like our part... They do urgent care, but they're part of the process with our in-clinic telemedicine as well. So by nature, they...

0:35:32.0 Katie Berlin: It's a collaborative effort.

0:35:34.8 Katie Cutter: Yeah, there's a collaboration, boots on ground. Certainly, I think most of the resistance for creating innovative change comes from veterinarians. As a whole, and I hate to say this, but veterinarians don't trust other veterinarians. And it's a shame. And it's not a collaborative industry for sure. And it's very much protectionism. You can have someone who's like, "Oh my God, I worked like 87 hours a week and I'm so tired," but you give them an option, "Hey, here's this creative way where you could work less like in AHAA, but someone else might take some money in order to give you that," and all of a sudden it's like the world's on fire. And how do you do that, right? So yeah, I would say that we have veterinarians that are outside of BoosterPet that are huge proponents of the model and are doing creative things in their own clinics that are awesome and similar, or sometimes awesome and different.

0:36:38.3 Katie Cutter: And then there are veterinarians that don't wanna see really any change in veterinary medicine that are happy with the status quo and have a more protectionist standpoint.

0:36:51.9 Katie Berlin: It almost gets a little competitive there as far as who could be the busiest and who can suffer the most. I've seen those threads online of like the...

0:37:00.3 Katie Cutter: For sure.

0:37:01.3 Katie Berlin: "What do you mean... " "What's lunch" threads where somebody's like, "Do you get your scheduled lunch break? 'Cause I'm just wondering," And everyone's like "Lunch?" and it's like all the comments are about how you don't get lunch, and they haven't gotten a lunch in 20 years. I'm like, "I don't really think we should be competing over who doesn't get to eat lunch
most."

0:37:18.2 Katie Cutter: Right, right.

0:37:19.7 Katie Berlin: Something's broken there.

0:37:20.6 Katie Cutter: And...

0:37:21.0 Katie Cutter: And I think what we forget is that right now, veterinarians hold a lot of the cards, but who ultimately holds the cards are the pet parents, right? And so we have got to come up with really creative, innovative solutions fairly quickly in order to serve the growing number of pet parents that are out there. And in order to serve this younger generation of veterinarians, and sometimes it's not younger, sometimes it's just older veterinarians who have come to their senses that want to maintain that work-life balance and work more efficiently in their veterinary career. Highlight the sweet spots that really makes them wanna come to work every day and balance that with who they are outside of the veterinary profession, so... Yeah, there's naysayers, but I'm like Taylor Swift, they can... [laughter]

0:38:17.0 Katie Berlin: They don't have to work there...

0:38:21.1 Katherine Medina: Right.

0:38:22.6 Katie Berlin: Yeah, definitely change is tough. Change is tough for some people.

0:38:26.1 Katie Cutter: Yeah, but we have to be the Gandhi. We have to be the change that we want to see in the world, right? We can talk all day long about what change is needed in the vet space, but until people are willing to put innovation into reality, into the clinical space and really push that forward, that change isn't gonna happen. So we need progressives out there, we need... I'm so, so proud of our LVTs, our VAs, and our veterinarians at BoosterPet because they are... They're just doing so much good out there, and I wish we had more people that were willing to innovate alongside us.

0:39:09.9 Katie Berlin: Katherine, before we finish up here, I just wanted to ask you, as a manager now, this is kind of a question that I feel like we see a lot of people getting promoted into management in the field who don't necessarily have a lot of management training. They've just been there the longest, or they've had their license the longest, or they are the ones who speak up at meetings. [laughter] And are not afraid to have opinion. And those are all good reasons to... But they don't make a manager. And so I was wondering, just out of curiosity, your management journey. Like did you want to be in a management role originally and you... This was something you were always kind of aspiring to do? Did it kind of sneak up on you? And how have you gotten that management training and support that you need for that job?

0:40:05.3 Katherine Medina: So I'm trying to think of when I first got my first supervisor position... So I think my first supervisor position was within a day practice. It was day practice as well as emergency. And so I was the day practice lead, but also the surgery tech. So that was my first position.

0:40:26.7 Katherine Medina: And I think they saw just a natural... Like I'm leading my day, I'm
helping to get people to do those things, so they're like, "Yeah, we need this position and we think that you'd be a good fit here." So, at my last position, I was managing a emergency specialty center, which was overseeing maybe fluctuating 40-ish people prior to coming to BoosterPet. With that last position, they did send us to CEs, like the tech manager to CEs of how to become a better manager. How to have those conversations. And the goals of the company and all that good stuff.

**0:41:10.5 Katherine Medina:** I think when becoming a manager, it's important to, one, be honest with whoever your upper is, whether that's the practice manager, a CEO, whatever... The nice thing about Katie, again, is that she's very reasonable with her thing. So even if I'm really frustrated in a situation, I could come and be really candid and be like, "This is my emotions about this situation," and... That's okay for her.

**0:41:36.4 Katherine Medina:** I feel comfortable being candid with her and she allows me to do that, and so then we're able to have a conversation of "How do we troubleshoot this?" and in a calm manner, to make sure that everybody feels heard in the position and that we get the problem solved. So I think that if you're gonna become manager is that... Look for those CEs to better communicate with people. Communication is always something that someone's gonna have to work on, especially... I can be very direct, and I know that, and so when typing out emails, I know that this is something I'm gonna have to proofread to make sure that the tone of the email comes off okay to somebody else. I'm like, "That's okay." Again, everybody has something to work on. As long as you recognize that... Perfect, great, work on that. But if you're going into a management position being like, "I'm rainbows and sunshine and I'm perfect," then I would highly seek out some CEs...

**0:42:37.2 Katie Berlin:** Yeah, some feedback. [laughter] Some constructive feedback, yeah.

**0:42:42.9 Katie Cutter:** And I think that Katherine kind of unique as well as she does have a natural... She sees... Can see chaos and break it down into structure, and she can do that with an individual as well, like, "Okay, let me help you, I see where you're struggling and let's help give some structure there." 'Cause we certainly have... I've worked with amazing technicians before who should always stay on the floor. That's what they're good at, and that's their sweet spot, and in years past, I've made the mistake of elevating... That Peter Principle of elevation where, "Oh, you're really good at this job. So we're gonna move you up here," and then you took them away from their happy spot. And then you put them in all these direct human overseeing interactions. And it's super stressful. Very rarely does Katherine get the phone call like, "Oh, everything's going great, thank you so much, I just want... You're amazing and then hang up," right? She's usually dealing with the fire of the moment, right? So you've gotta want to hold that space a little bit... And that's not for everybody, right?

**0:43:56.9 Katherine Medina:** Yeah, you have to be lenient with things and your opinions. You're not always gonna get whatever you think is right, but I think that if you can be able to look at the bigger picture and have somebody to bounce off ideas with. I don't think that I could flourish as much as I can without having someone to bounce ideas off of, or, How did that conversation go? How could I have improved that conversation? Those really need to be had to continue to improve and grow and do all those good things.

**0:44:31.5 Katie Berlin:** Totally agree. Yeah, it's very important to have that kind of relationship with colleagues as well as with your supervisor, or people can give you honest feedback and you can give it back. And that sounds so simple. And again, it's one of those things, right? You wanna
put... It's like being happy, right? Yeah, feedback is like being happy. It sounds so easy. You can say it in two seconds, and also it takes a lifetime probably to get really comfortable with...

0:45:00.5 Katie Cutter: Well, I think as an organization too, you have to go and actively seek feedback. I think... Organizations can get super lazy one, they don't really wanna know the negative feedback 'cause that's another problem I have to add to my list. And it might actually distort my reality filter that I have going on up here.

0:45:18.7 Katie Berlin: Yeah.

0:45:19.2 Katie Cutter: And you're gonna have to change this whole process of things. But also we forget that giving feedback is uncomfortable for a lot of people, a lot of people don't wanna just sit there and call you up and kind of complain about something, but that's actually... Those are your biggest growth opportunities as a company. So embrace the feedback, look at it as this person cares enough about this organization that they want to see the change, and those are our biggest opportunities for growth. But as a company, you have to go and seek that, right And you have to create environments where people feel comfortable giving you that feedback too, so it's always a work in progress, but I think it's really critical for veterinary clinics to set those environments up so that their staff doesn't feel like they don't have a say, right?

0:46:12.4 Katie Berlin: Love it. Okay, well, I think we're ready to wrap up, and I have one fun question for us to wrap up with, 'cause we've talked about a lot of deep stuff, which is very important, and now I want to know... Do you guys have an embarrassing vet med story? This is one of the most ripe fields with ways to embarrass ourselves, especially in front of clients, but I was just wondering...

0:46:38.5 Katherine Medina: God, okay, so I was working overnight with one of the overnight crew just because we were understaffed. And then a code happened, right? So she brings out the code and starts CPR, it's a cat, and I'm like, "I'm gonna help," so I run around the wet table and totally fall on my face, twist my ankle and everything, and my co-worker who's still doing compression, she's like her like... Looking over like, "Great now I have to worry about you too? What are you doing?"

0:47:10.9 Katie Berlin: Oh no.

0:47:11.0 Katherine Medina: Luckily I was able to limp and we got the cat back, but I was just like, "I'm super helpful. [laughter] If it weren't for me..."

0:47:19.8 Katie Berlin: Let me help you focus on that very important job.

0:47:23.2 Katherine Medina: [0:47:23.2] ____ so sorry. It was so...

0:47:26.6 Katie Berlin: Oh man.

0:47:27.3 Katherine Medina: Yeah, I really jacked up my ankle that day... Yeah, I had to take... I had to spend multiple days...

0:47:34.4 Katie Cutter: That's awesome. Yeah, I'm not gonna let you let that down, you know
that? [laughter]

0:47:41.1 Katie Berlin: Remember that time...

0:47:41.2 Katherine Medina: Yeah, it's those clog shoes. I never wore those again.

0:47:45.7 Katie Berlin: Oh, yeah, no. The dance go...

0:47:47.9 Katherine Medina: Right.

0:47:49.7 Katie Berlin: Yeah. No.

0:47:51.9 Katherine Medina: They did. My other co-worker who was telling me she was like, "You're gonna fall." And I'm like, "No, it's fine [0:47:55.2] ____". Right, and then I... Messed myself up. Yeah.

0:48:02.2 Katie Berlin: Okay, Katie.

0:48:04.5 Katie Cutter: Oh my God, too numerous to count, the number of times I've put my foot in my mouth or done something inappropriate that I shouldn't have done, but I remember one of the experiences during my internship... Because I was on the surgery rotation, and we had this older gentleman from the city come up from New York City who took a cab ride up... It was like four and a half hours up to Ithaca where the vet school is. And for his 20-something-year-old dog that had... I can't even remember the problem it had, and this guy was known in the school. He periodically did this and wasn't necessarily the most stable of personalities, right? And so they're like, "Dr. Cutter, this is a great one for you." And so I get my little lab coat on and open the door, and the gentleman, he's like, I don't know, 80-something years old, and he has his pants pulled down, right? And I'm just like... [laughter] They did not go over this in vet school. I do not know what to do here. So I looked to make sure the dog was away from the owner. I'm like, "I don't know what's going on here, and I just..."

0:49:16.4 Katie Cutter: I was like, "I'm gonna be back in about three minutes," and I just left the room... Came back in three minutes, pants were back on, but my...

0:49:27.0 Katie Berlin: Don't mention that.

0:49:28.6 Katie Cutter: Exactly. Just, it didn't happen. We're just gonna pretend it didn't happen. But my overseeing resident, who was a guy named Dan Martins. He's so funny. So I came out and I was like, "Dude, you're not gonna believe what just happened," and he was like, "Well... Did you pull your pants down?" And he was like, "Rule number one is establish a common bond with the client," and I was like... [laughter] Yeah.

0:49:53.5 Katie Berlin: Fail. [laughter] Oh my gosh, yeah, that's a good one. That's a good one.

0:50:00.7 Katie Cutter: Yeah, but there's... I feel like every day. And that's working in a service industry where you get to work with so many different people every day. There's something that happens where you're like, "You just can't make this up. This is like... It's crazy town."
0:50:16.1 **Katie Berlin:** Yeah, especially with animals...

0:50:17.6 **Katie Cutter:** And you gotta be able to laugh. Right, exactly.

0:50:21.2 **Katie Berlin:** Yeah. 'Cause the animal... Just when you think you're on top of your game, you know an animal will stick their foot down the back of your pants while you're standing up.

0:50:26.9 **Katie Cutter:** I've had anal glands on the face and even just... On the mask. Those are the nastiest.

0:50:32.4 **Katie Berlin:** Yes. There's so many gross stories too, I should make that a question one day... Alright, tell me your grossest vet med story. Anyway, I can...

0:50:43.1 **Katie Cutter:** But they can get pretty gory, so...

0:50:44.4 **Katie Berlin:** Vet audiences can handle it. It won't be good for a pet owner podcast if we ever record that. [laughter]

0:50:49.7 **Katie Cutter:** No.

0:50:51.2 **Katie Berlin:** Anyway. Well, thank you for sharing. Yeah, that just brought back all sorts of other stories that I had blocked into my memory. Things that I had chosen not to remember that I remember now, but thanks. Thanks both of you for bringing those back...

0:51:07.8 **Katie Cutter:** Really, shouldn't speak, right?

0:51:11.0 **Katie Berlin:** Well, but thank you both, seriously for your time, for trying again, 'cause this is try number two with tech issues intervening in try number one, so I appreciate you hanging in there and sharing your experience and all of the amazing ways that you're changing... Changing the way you work and the way maybe the whole industry will work one day, we just don't know. And we never know until we try.

0:51:37.0 **Katie Cutter:** Well, we're not stopping until we do, so...

0:51:40.3 **Katie Berlin:** Yeah. I love that, I love that. So we'll put a link to BoosterPet's website in the show notes so people can find out more about what you're doing and where your clinics are. But I really, really appreciate your time today. It's been super fun.

0:52:00.6 **Katie Cutter:** Well, thanks for having us, Katie. It's been awesome.

0:52:01.7 **Katie Berlin:** And thanks to all of you for listening, we'll catch you next time on Central Line.