SOFTWARE SWITCH | CAT HOSPICE | PAIN MANAGEMENT

AAHA

MARCH 2022
trends.aaha.org

Trends magazine

Feline Lives Reimagined

AmerisourceBergen
MWI Animal Health®

Nothing says love like a preventive care program

Don't know where to start? Let MWI help!

Our Easy Care Program is an end-to-end solution that helps you add the benefits of customizable preventive care plans without the burdens of administration, payment, and marketing.

Wellness exams bring in up to 30% of the revenue at small veterinary practices, according to the AVMA's "2020 Economic State of the Veterinary Profession" report.

Show your clients the love, by helping them afford the care their pets need.

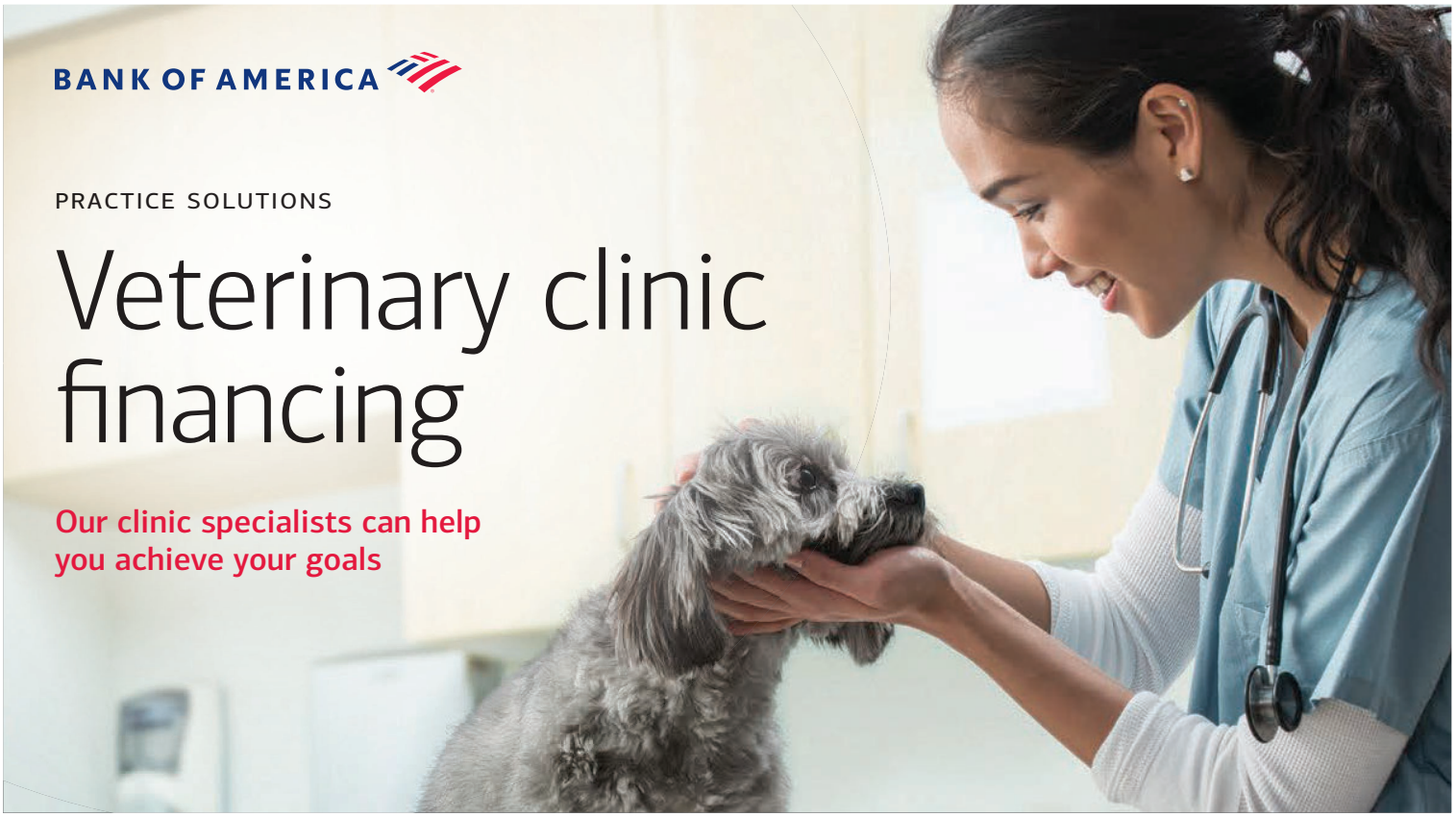
Contact your MWI sales representative or learn more about the MWI Easy Care Program at **mwiah.com/easy-care-program**.

AAHA RECOMMENDED
The Standard of Veterinary Excellence

BANK OF AMERICA

PRACTICE SOLUTIONS

Veterinary clinic financing



Our clinic specialists can help you achieve your goals

We'll work with you to determine the financing solutions that best fit your plans, and help guide you through the process.

New office startups
Get started with up to 100% project financing.[1]

Clinic sales and acquisitions
Benefit from our many years of experience helping clients purchase clinics.

Business debt consolidation[2] — Let us help you restructure your debt and improve your cash flow.

Office improvement and expansion
Enjoy competitive terms when you remodel or expand.

Commercial real estate[3]
Buy, refinance[1] or relocate, with loans up to $5 million.

Equipment financing[1]
Choose from a variety of options and flexible terms tailored to meet your needs.

To learn more, call 800.428.2847 to talk to a clinic specialist, or visit bankofamerica.com/practicesolutions.

Bank of America can also help you with cash management, employer solutions and your personal banking and financial needs.

Proudly endorsed by:

AAHA RECOMMENDED

[1] All programs subject to credit approval and loan amounts are subject to creditworthiness. Some restrictions may apply. The term, amount, interest rate and repayment schedule for your loan, and any product features, including interest rate locks, may vary depending on your creditworthiness and on the type, amount and collateral for your loan.

[2] Bank of America Practice Solutions may prohibit use of an account to pay off or pay down another Bank of America account.

[3] Commercial Real Estate products are subject to product availability and subject to change. Actual loan terms, loan to value requirements, and documentation requirements are subject to product criteria and credit approval. For owner-occupied commercial real estate loans (OOCRE), a loan term of up to 15 years and owner occupancy of 51% or more are required. Small Business Administration (SBA) financing is subject to approval through the SBA 504 and SBA 7(a) programs. Subject to credit approval. Some restrictions may apply.

All promotional and marketing materials are Bank of America Practice Solutions property, as such, cannot be changed, altered or modified, orally or in writing. All questions regarding these materials should be directed or referred to a Bank of America Practice Solutions Sales Associate.

Sponsorship of endorser's products and services is not an expressed opinion or approval by the Bank.

AAHA The Standard of Veterinary Excellence

Trends magazine

Vol. 38, No. 3
MARCH 2022

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

Trends magazine, American Animal Hospital Association
12575 W. Bayaud Ave., Lakewood, CO 80228-2022 • Phone: 800-883-6301 | Fax: 303-986-1700 • Email: trends@aaha.org

Journal Highlights Abstracts of the current issue of *JAAHA, Journal of the American Animal Hospital Association*, are reprinted with permission. For masthead information, editorial review board, authors' guidelines, and subscription information, see the online publication at aaha.org or jaaha.org.

Subscriptions *Trends magazine* is provided to AAHA members as a member benefit (annual membership dues include $60 for a subscription). Annual nonmember subscriptions: $70. Single copies: $20. To subscribe, call 800-883-6301.

Postmaster *Trends magazine*® (ISSN 1062-8266) is published 12 times per year (January, February, March, April, May, June, July, August, September, October, November, December) by the American Animal Hospital Association, at 12575 W. Bayaud Ave., Lakewood, CO 80228. Periodicals postage paid at Denver, Colorado, and at additional mailing offices. Canadian Post Agreement Number 40041253; send change-of-address information and blocks of undeliverable copies to P.O. Box 1051, Fort Erie, ON L2A 6C7. Printed in the USA. Postmaster: Send address changes to *Trends magazine*, 12575 W. Bayaud Ave., Lakewood, CO 80228-2022.

Cover image: Remains/iStock via Getty Images Plus

Over 30 Years of Experience in Diabetes.

Now, Trividia Health provides high quality[1], affordable products to help pet parents manage their pet's diabetes confidently and **generate new revenue and profits** for your practice!

For where to buy, visit
www.healthy-tracks.com

Healthy Tracks® for Pets

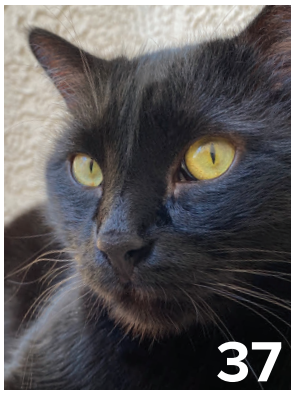
AAHA STRATEGIC ALLIANCE PROGRAM
Bronze Member

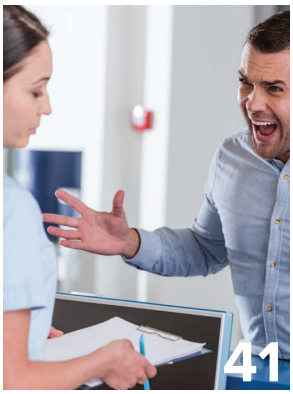
The Test Buddy System and Healthy Tracks for Pets products are intended for use only with dogs and cats. Not For Human Use. 1. Data on file.

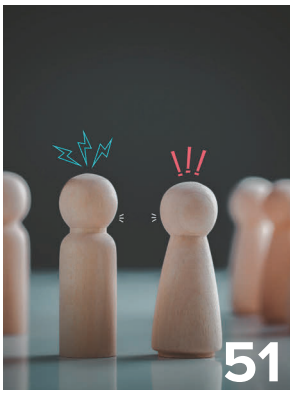
TRIVIDIA HEALTH™

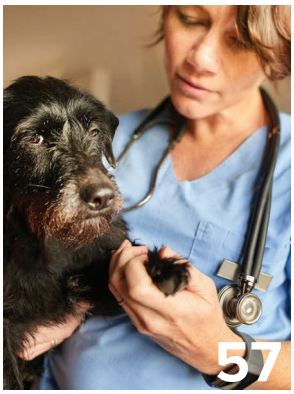
features

departments









the usual

ATMOSPHERE

BRING SMILES TO YOUR WAITING ROOM WITH PAWS TV

Reach out to one of our team members at **512-729-5133**
or visit us at **get.atmosphere.tv/aaha** for more info.

Scan QR code to sign up >

from the editor's desk

SOME CLIENTS STRUGGLE TO GET THEIR CATS INTO THE CAT CARRIER to get to your practice. But others are roaming around the country with their cats in custom travel pods that would make Baby Yoda jealous. In this month's feature story, we invite you to reimagine cats lives—and to educate your clients on opportunities for feline enrichment. So next time a cat owner complains about their cat being aloof, a loner, and a homebody, remind them that their cat may secretly be yearning for a trip to the closest national park—or maybe just a (leashed) walk around the block.

Also this month, BlackDVM Network, which started out as an Instagram page, is now a growing community with hundreds of members across the country. The organization's goal is to create a better experience for Black veterinary professionals, and under the leadership of founder Tierra Price, DVM, the BlackDVM Network is well on its way to that goal.

MEMBER STORIES

We are looking for stories from you! Do you have a good story to tell about something that happened in your practice, or a team member who has become a rock star? We want to hear it and print it in *Trends*. Send your ideas to trends@aaha.org, or contact your practice accreditation specialist for more information. Tell them *Trends* editor Ben Williams sent you!

COMING NEXT MONTH

Coming up in April: Look out for the *2022 Pain Management Guidelines for Dogs and Cats* executive summary coming in April. Also, a guide to whole-team communication, and a look at how technicians are using telehealth as a way to improve client communications.

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

—Ben Williams, Editor

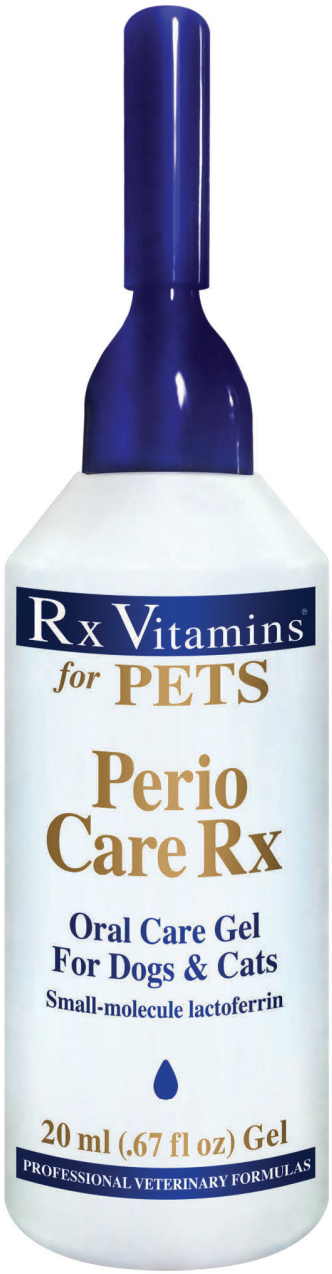
Rx Vitamins for PETS®

Perio Care Rx

NEW

Oral Care Gel For Dogs & Cats

Small-molecule lactoferrin



Perio Care Rx gel helps support normal gum recovery and enhance gum health. It contains small-molecule lactoferrin, a multifunctional protein with antimicrobial and antiviral properties. This formula's unique enzyme processing makes it highly absorbable and effective. It is alcohol free with no irritation.

Ingredients:

High-concentration, small-molecule lactoferrin, whey protein.

Directions for Use:

Squeeze about 2-3 drops into mouth, each side or close to the irritated site, twice daily, or as recommended by your veterinary professional.

To place an order or for additional information about Rx Vitamins formulas, please call or email us at:

800-792-2222 or 914-592-2323

RxVitamins.com **info@RxVitamins.com**

***NASC** certified for compliance with stringent supplement quality standards*

QUALITY SEAL nasc NATIONAL ANIMAL SUPPLEMENT COUNCIL

PROFESSIONAL VETERINARY FORMULAS

View from the Board

Making Strides to Improve Diversity

"Change will not come if we wait for some other person, or if we wait for some other time. We are the ones we've been waiting for. We are the change that we seek."—Barack Obama

Diversity, in its most basic form, means building a group that includes folks of all different origins, races, ethnicities, classes, physical capabilities, gender identifications, and sexual orientations. This word, along with *inclusivity*, is on the mind and tongues of many in today's world. And as Martha Stewart would say, that is a good thing. Some might say it's long overdue, but I'm just really, really relieved to find we are on a better path . . . *finally*.

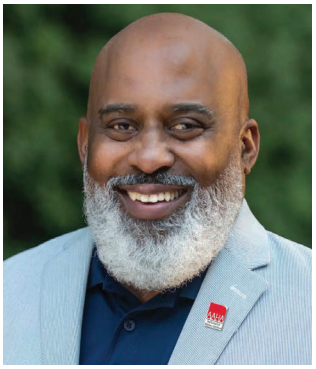
We are fortunately seeing a small wave of diversity in the veterinary profession in recent years. When I applied to the Tuskegee University College of Veterinary Medicine in 1987, it was the only school to which I applied. Like many other young Black pre-vet students at that time, it was understood that Tuskegee's program, the only on an historically Black campus or university (HBCU) campus, was my only realistic shot at acceptance. Back then, when you met another Black veterinarian—be it at a conference, on vacation, or at the local supermarket—you were 99.9% sure that they'd also received their DVM from that same storied institution . . . and you were almost always correct.

But things have improved; we can see and feel it. My youngest daughter (whose mom is my classmate, business partner, and wife—Françoise Tyler, DVM), a freshman at UNC Chapel Hill, plans to follow in our footsteps. However, along with Tuskegee, she will also have a plethora of other options—veterinary schools that will *genuinely* consider including adding her to their student body.

Outside of the classrooms, and unfortunately, specifically in veterinary practices, diversity hasn't caught up. My wife and I have attended several regional and national veterinary functions where we are the only two Black DVMs in the room—no matter if there are 30 or 300 attendees. You can still visit veterinary practice websites where, when clicking the "Meet Our Vets" tab, there can be a glaring consistency of not just race but also gender. For years, this has been the norm. But it's getting better. Some of the recent widely publicized discrimination and unrest, combined with a world pandemic, has opened eyes, minds, and hearts. We are coming to realize that we can all do better. I take a great deal of pride in the diversity in our Atlanta-based practice groups, from the veterinarians to the kennel attendants. My recent appointment to the AAHA Board of Directors is also firm evidence of that growth and change.

There is still more to do. We must make it a conscious and deliberate act to invite diversity, inclusivity, and acceptance into our workspaces. Any qualified individual deserves the same opportunity to sit down for an interview. Applicants need to know—from your employment ad and from your lips—that you welcome anyone to the table that can do the job.

The days of sitting in front of a bulletin board with an Equal Employment Opportunity Commission brochure pinned to it (behind a menu from the local pizza joint) are no longer acceptable. Be direct, honest, and sincere. Then, if they seem a good fit for your team, give them a chance to prove it. It is an "inclusive diversion" that starts at the top, and one that will be noticed and appreciated by your team members, clients, and even colleagues, which can help the trend spread like kudzu.



Will Draper, DVM, is a director on the AAHA board. Draper attended Tuskegee University in Alabama (fourth generation) for both undergraduate and veterinary medical studies. He received his DVM in 1991. He moved to Atlanta in 1992, married Françoise Tyler, DVM, in 1993, and together they founded The Village Vets in Atlanta in 2000. His special veterinary interests include dermatology, internal medicine, and practice management.

AAHA MEETINGS AND EVENTS

MARCH

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

APRIL

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

MAY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

WVC in Las Vegas
AAHA booth #1926

Veterinary Management Institute

To register for a learning program and learn more about AAHA's upcoming events, visit aaha.org.

DEAR AAHA

Dear AAHA,
Do you have any insight on how to deal with angry clients? COVID has our clients on edge and treating our staff badly. Clients are more stressed and emotional than normal—and most don't seem to understand the added stress COVID, curbside and short staffing has on our teams.

—Tired in Toledo

Dear Tired in Toledo,
This is a very difficult time for all of us, and there aren't easy answers. Every practice should have a client-conflict protocol to prepare team members for just these types of scenarios. We recommend looking at the client communication CE offerings in AAHA Learning (aaha.org/learning).

*The helpful article "*How to handle angry clients without losing your cool*" is available by searching the* NEWStat *archives at aaha.org, and there are great resources in the AAHA Press Store (aaha.org/store), including* Exceptional Customer Experience: 80 Tips for Compassionate Care, Clear Communication, *and* Authentic Client Connections. *We wish you luck!*

—AAHA's Member Experience Team

Have a question you'd like AAHA to answer?
Email us at dearaaha@aaha.org.

This month in AAHA's Publicity Toolbox . . .

Here are the downloadable social media images available for AAHA-accredited members at **aaha.org/publicity** this month:

Pet Poison Prevention Awareness Month
Daylight Saving Time March 13
K9 Veterans Day March 13
St. Patrick's Day March 17

AAHA Research Recap

In the past 18 months, the AAHA team has evaluated every program, product, and service we provide to find ways to help veterinary practices. We are excited to announce our new and improved Purpose Statement and Core Values that serve as a filter for us to run our ideas through as we decide how to spend our resources in time, money, and people power over the next few years.

AAHA PURPOSE STATEMENT

Simplifying the journey toward excellence for veterinary practices

AAHA CORE VALUES

Simplicity
Integrity
Collaboration

AAHA RESEARCH GOALS

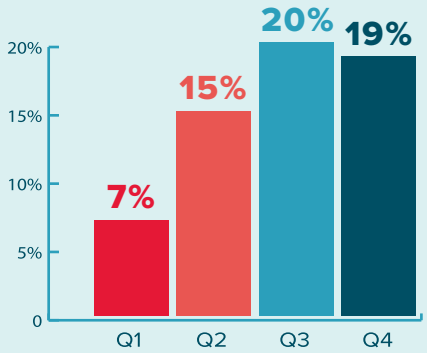
Through surveys, focus groups, interviews, and other channels, we'll be asking for your input as members of the veterinary community. Learn how you can contribute at **aaha.org/research.**

SPOTLIGHT ON **BURNOUT**

From the OMNIBUS SURVEY

Burnout nearly tripled as a concern over the course of 2021, with only 7% of respondents in Q1 of 2021 listing it as their biggest professional challenge, increasing to 15% by Q2, nearly 20% by Q3, and staying steady in Q4.

Percentage of AAHA member respondents who said burnout was their biggest professional challenge in 2021:



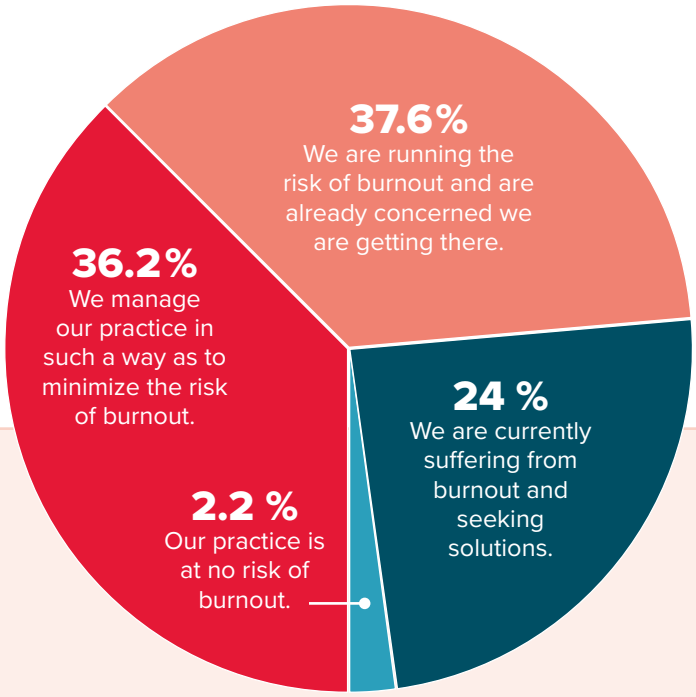
Staffing shortages and burnout

The most recent data from the Omnibus survey shows **staffing** is the biggest challenge for 49% of people, followed by **burnout/mental health/work-life balance** at 19%.

Of course, these issues are connected since a staffing shortage usually leads to a higher workload for the rest of the team, which can lead to burnout.

From the VETERINARY OUTLOOK SURVEY

NEARLY 1 IN 4 RESPONDENTS in the industry-wide Outlook Survey said their practice is suffering from burnout, with almost 12% saying their practice has done nothing to address it.



WHAT STEPS ARE YOU TAKING TO PREVENT OR ELIMINATE BURNOUT?

- **27%** Hiring more
- **19.1%** Limiting appointments
- **11.6%** Nothing
- **8.8%** Incentivizing/offering bonuses
- **7.5%** Setting client parameters

Look for more AAHA Research highlights next month.

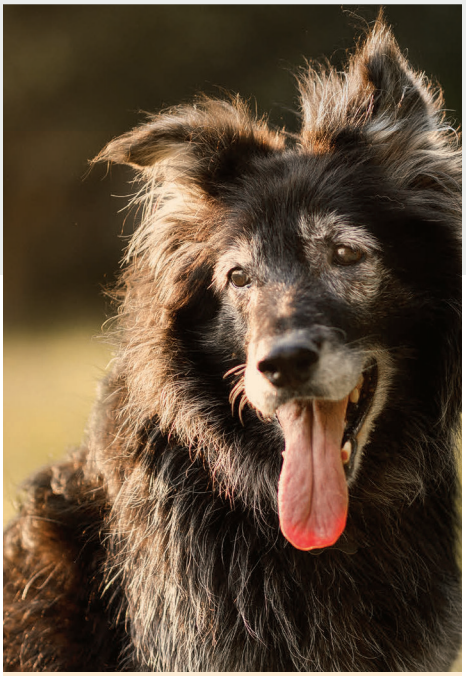
Questions or feedback about the Omnibus or Outlook Survey? Email us at **research@aaha.org.**

AAHA ACCREDITED Practice of the Year

simply BEST

WE KNOW YOU HAVE WHAT IT TAKES TO BE THE AAHA-ACCREDITED PRACTICE OF THE YEAR.

Show us! Finalists are featured in *Trends magazine*, honored at Connexity, and more! Submit your practice's application at **aaha.org/awards.**



notebook

Canine Lymphoma Drug Gets Full Approval

Elanco Animal Health's newly acquired Tanovea has been granted full approval from the U.S. Food and Drug Administration (FDA). Tanovea is the first conditionally approved new animal drug for dogs to achieve full FDA approval under the agency's Minor Use and Minor Species program, Elanco says. The program is intended to make more medications legally available to veterinarians for the treatment of minor animal species as well as uncommon diseases in the major animal species.

"[This] approval shows that drugs to treat rare animal diseases, like canine lymphoma, can go through FDA's conditional approval pathway to reach full approval," says Steven M. Solomon, MPH, DVM, director of the agency's Center for Veterinary Medicine. "This gives veterinarians another important tool to help extend the quality of life for dogs with lymphoma and potentially give them and their owners more time together."

Cats "Read the Room" Better Than One Might Think

A recently published Purina study revealed that cats can "read the room" and adjust their own attention-getting behavior to the attentional state of the person they are trying to seek help from. This is counter to previous assumptions that cats have limited interest or ability to communicate with their people, a trait more often associated with dogs.

In the study, cats easily figured out how to access a hidden treat and did not try to involve the person in the process. However, when cats could not access the treat by themselves, they used behavioral strategies to communicate their intention to the person such as repeatedly looking at the treat and then at the person. Not only did they ask for help, but they also modified their behavior depending on the availability of the person. When the person was looking at them and paying attention, the cats were more engaged; they looked to the person sooner and more often and approached the treat container more often. When people weren't paying attention, the cats adjusted their strategy, presumably having noticed that the person was not engaged. These sophisticated cognitive abilities were previously believed to be used by dogs but not by cats.

"A key part of any relationship is communication, and this study shows that cats are perhaps better communicators than we've given them credit for," said François Martin, MA, PhD, applied behavior and welfare research section leader at Purina, and lead Purina scientist on the project. "The more attentive a cat owner is, the more engaged their cat will be in return, making their relationship stronger."

Capuski/E+ via Getty Images. Nils Jacobi/iStock via Getty Images

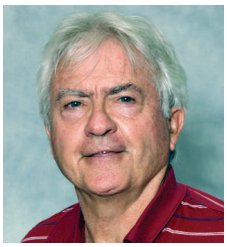
AAVMC Award Winners

The AAVMC has announced the recipients of five awards that recognize professional excellence, achievement, and service in academic veterinary medicine. The professional awards, as well as a student scholarship award, will be presented during the AAVMC's 2022 Annual Conference and Iverson Bell Symposium, which will be held in-person and virtually March 3–5, 2022.

"The AAVMC is proud to recognize these outstanding individuals," said AAVMC Chief Executive Officer Andrew T. Maccabe. "Their contributions inspire colleagues, provide a model for future generations of veterinarians and elevate the overall excellence of our member institutions. We look forward to honoring them during our 2022 annual conference."

The award winners are:

ERIN MALONE
University of Minnesota College of Veterinary Medicine
2021 AAVMC Distinguished Veterinary Teacher Award
Presented by Zoetis



BARRY T. ROUSE
University of Tennessee College of Veterinary Medicine
2022 AAVMC Excellence in Research Award
Sponsored by Elanco

LORRIE GASCHEN
Louisiana State University School of Veterinary Medicine
2022 Iverson Bell Award
Sponsored by Banfield

RON ORCHARD
Kansas State University College of Veterinary Medicine
Patricia M. Lowrie Diversity Leadership Scholarship

DARYL D. BUSS
University of Wisconsin School of Veterinary Medicine and retired editor of the *Journal of Veterinary Medical Education*
2022 AAVMC Billy E. Hooper Award for Distinguished Service
Sponsored by the AAVMC

Another Increase in Veterinary Medical School Applicants

The American Association of Veterinary Medical Colleges (AAVMC) reports that record numbers of applicants continue to seek admission to veterinary medical schools affiliated with the organization. They report that a total of 10,834 qualified applications had been received by colleges and schools throughout the system for the 2021–2022 Veterinary Medical College Application Service admissions cycle. This represents a 5.5% increase over last year's cycle, when a total of 10,273 applicants applied for admission to the class that matriculated this year.

The AAVMC says that 2021–2022 cycle applicants applied to an average of 5.37 different schools. They also report that a series of natural disasters that temporarily shut down some academic institutions impaired applicant ability to finalize their applications. The number of applicants seeking admission to veterinary college has been growing steadily in recent years. Factors influencing the increases remain unclear; however, they may include an extended application cycle and growing awareness and appreciation for the veterinary medical profession.

Photos courtesy of AAVMC. BrianAJackson/iStock via Getty Images.

Rowan University to Offer New Jersey's First Veterinary School

New Jersey's Rowan University reports that, in response to an increased national demand for veterinarians, veterinary specialists, and skilled technicians, it is establishing the first school of veterinary medicine in New Jersey. The Rowan University School of Veterinary Medicine will offer New Jersey's first doctor of veterinary medicine degree, as well as additional degrees and training programs.

In November, the New Jersey legislature approved $75 million in funding to construct the school's primary academic and clinical facility in Sewell. The school plans to welcome its inaugural class of 60 students in fall 2025, pending approval from the American Veterinary Medical Association Council on Education.

"Launching New Jersey's first school of veterinary medicine at Rowan University is just the latest in a series of strides we have made in expanding and improving the quality of medical education and research over the past decade," said Senate President Steve Sweeney. "With this investment, we will be able to keep our best and brightest veterinary students in New Jersey, and we will attract aspiring veterinarians from other states to study here as well."

New $13.8M Center at U of Michigan Will Study Infectious Diseases, Pandemics

The University of Michigan's Biosciences Initiative is awarding $13.8 million over five years to the university's new Michigan Center for Infectious Disease Threats.

"Since 2000, we've had three coronaviruses that are new to humans cause outbreaks or the current pandemic. And we've had three influenza viruses try to make the jump from animals to humans, and one succeeded," said Aubree Gordon, associate professor of epidemiology and an infectious disease expert at the University of Michigan School of Public Health.

The center, led by Gordon, will allow researchers from public health, engineering, medicine, evolutionary biology, and social sciences to work across disciplines on issues key to infectious disease preparedness and response, including public health workforce development, increasing laboratory capacity, expanding protein production for disease-testing capacity, and adding testing of zoonotic pathogens.

"The overall objective of the center is to connect researchers here on campus and better prepare the University of Michigan both locally and globally for pandemic preparedness and response, to create a community here on campus revolving around infectious disease," Gordon said.

QUOTE OF THE MONTH

The secret of change is to focus all your energy not on fighting the old but on building the new.

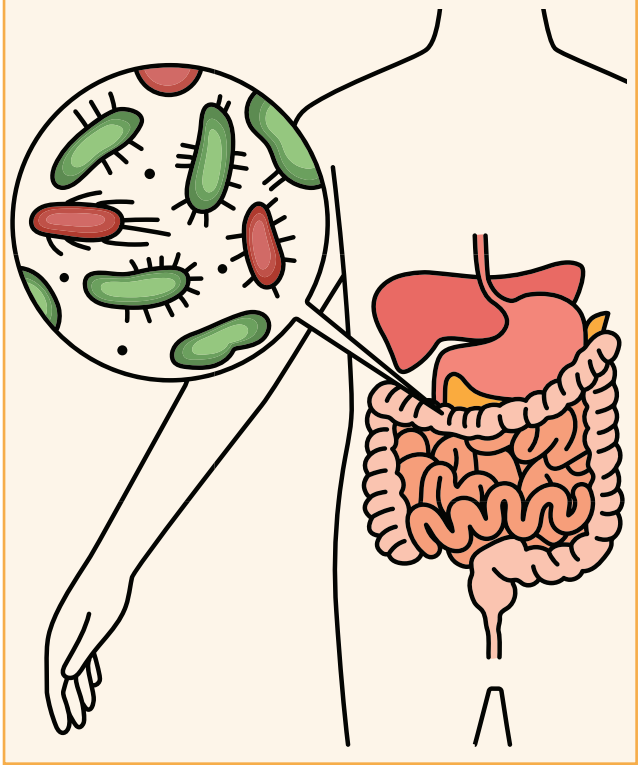
—Socrates

Photo courtesy of Rowan University/Craig Terry. solarseven/iStock.com via Getty Images.

Pets' Impact on Human Gut Microbiome to Be Explored

The Human Animal Bond Research Institute (HABRI) announced it has awarded a new research grant—titled "Sharing is caring: can pets protect their owners against antibiotic-associated disruption of the gut microbiome?"—to the University of Pennsylvania's School of Veterinary Medicine (Penn Vet) to investigate whether pets are a source of microbiota that can help restore deficiencies in their owner's gut microbiome.

"A growing number of studies have documented the ability of animal contact to impact the human microbiome (collection of microbes in the intestines) in ways that may help prevent certain types of disease, such as cardiovascular disease and asthma," said Laurel Redding, VMD, PhD, DACVPM, assistant professor of epidemiology at Penn Vet, the project's principal investigator. "In conducting this study, our goal is to shed light on the microbial exchanges that occur between pets and pet owners and assess whether pets can mitigate disruption of their owner's gut microbiome following antibiotic therapy."



Greenhill Recognized with PrideVMC 2021 Leadership Award

AAVMC Senior Director for Institutional Research and Diversity Lisa M. Greenhill, MPA, EdD, has been awarded the 2021 PrideVMC Leadership Award from PrideVMC. The award recognizes people who actively support PrideVMC's mission to create a better world for the LGBTQIA+ veterinary community.

"Dr. Greenhill has been and continues to be an inspiration for all of us at PrideVMC," said PrideVMC President Dane Whitaker, DVM. "Her leadership on Diversity, Equity, and Inclusion issues in veterinary medicine, and particularly issues that affect LGBTQ+ individuals in our profession, is invaluable. We are so honored to continue this important work with her and look forward to further collaboration on advancing PrideVMC's mission and vision."

"I am humbled and filled with gratitude by this recognition from PrideVMC," said Greenhill. "There continues to be so much to be done in advancing diversity, equity, and inclusion for the LGBTQIA+ populations. I look forward to continuing to collaborate with PrideVMC in advancing the amazing work of the organization. We've still got work to do!"

PrideVMC, which will celebrate its 30th anniversary in 2023, strives to foster acceptance and inclusivity for people of all sexual orientations, gender identities, and gender presentations within the veterinary medical profession and community. PrideVMC fights discrimination, builds collaborative networks, and supports LGBTQIA+ veterinary students through mentorship and scholarship programs. Membership is open to the entire animal health and veterinary community regardless of role, race, color, religion, national origin or citizenship status, sex, gender identity or expression, sexual orientation, age, disability, or military status.

Aleksei Morozov/iStock via Getty Images. Photo of Dr. Greenhill courtesy of AAVMC.

$175K Donation Supports Diversity, Inclusion in Vet Med

Royal Canin announced it is expanding its support of Tuskegee University College of Veterinary Medicine with a five-year financial commitment.

"The Tuskegee University College of Veterinary Medicine (TUCVM) appreciates this intentional and impactful partnership with Royal Canin. Of the thousands of veterinarians in the United States, only 2% are African Americans, and of this number, we are proud that 70% are our graduates. Together, we are positioned to provide meaningful support to TUCVM veterinary students to sustain the legacy of training and educating underrepresented minorities as veterinarians in the veterinary profession," said Ruby L. Perry, DVM, dean of the college.

New Treatment Could Help Cats Suffering from Deadly Head and Neck Cancer

Morris Animal Foundation–funded researchers at Utrecht University in the Netherlands are using light and a tumor cell targeted light-sensitive chemical to precisely trigger cancer cell death.

"There is a great need for treatments of this specific type of cancer, oral squamous cell carcinoma," said Sabrina Santos Oliveira, associate professor at Utrecht University. "Nanobody-targeted photodynamic therapy could provide a new opportunity for treating cats with this cancer."

Morris Animal Foundation reports that oral squamous cell carcinoma is the most common oral cancer in cats, accounting for roughly 8 to 10% of all cancers diagnosed. The cancer spreads locally and imbeds deeply into the oral tissue, and complete surgical removal is rare. The average survival time is a dismal three months for cats diagnosed with this cancer.

Oral squamous cell carcinoma in cats is a cancer that appears amenable to this treatment, and the team is hopeful that the therapy will be a safe, quick, and effective way to help cats suffering from this disease.

Woody's Pet Food Deli Recalls Raw Cornish Hen Pet Food for Salmonella

According to the Food and Drug Administration (FDA), Woody's Pet Food Deli of Minneapolis is recalling their raw Cornish hen with supplements pet food because of a salmonella health risk. The product was distributed in the company's retail stores in Minneapolis, Saint Paul, and Woodbury, Minnesota.

The FDA reports that the company continues their investigation as to the source of the problem and will resume production when the problem is resolved. The recall is a result of FDA sampling due to a consumer complaint on another product, which revealed a sample that contained salmonella.

PeopleImages/iStock via Getty Images. urfinguss/iStock via Getty Images.

Karin Allesnpach, left; Jon Mochel, right; and members of their laboratory are perfecting a means of culturing organoids from patient urine samples on which to test bladder cancer treatments. They say their method has a number of advantages that could lead to better outcomes for patients.

Scientists Studying New Method to Model Bladder Cancer Treatments

Researchers at Iowa State University (ISU) report that bladder cancer presents a number of challenges when choosing a course of treatment; they hope their innovative research might help doctors and patients arrive at an optimal treatment plan faster.

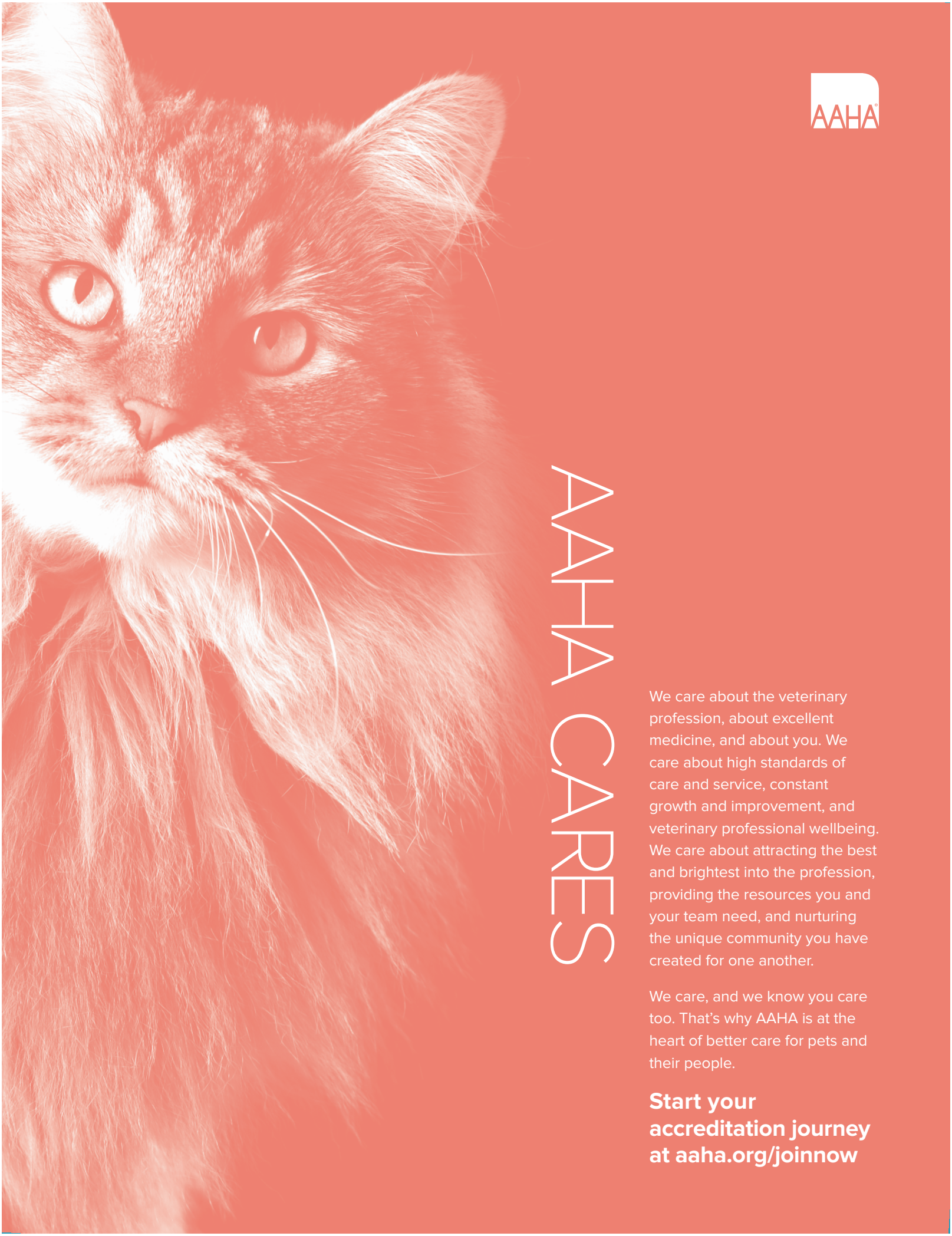
ISU scientists are perfecting a new technique that grows organoids from patients' urine samples on which various treatments can be tested. This approach could allow doctors to tailor therapies to patients without the need for invasive surgeries, which often take significant lengths of time to schedule.

The research group includes Jonathan Mochel, an associate professor of biomedical sciences, and Karin Allenspach, a professor of veterinary clinical sciences. Their team has begun a clinical trial of their method in conjunction with physicians at the Mayo Clinic. Their methods were published in an article in the journal *Cancers*.

They've also partnered with Coralville-based biomedical company NanoMedtrix to test their method in dogs, an effort that received support from the National Institutes of Health (NIH). The NIH grant, awarded through the National Cancer Institute, will fund clinical trials in dogs with bladder cancer. In addition, and through their partnership with NanoMedtrix, a company that specializes in nanomaterials, the researchers aim to enroll 18 dogs over 2 years to receive experimental therapies for bladder cancer.

Using dogs as a model offers insights that could greatly speed up that development of new treatments for humans because many of the diseases dogs suffer, such as bladder cancer, are virtually identical to humans, making them better models than rodents, Mochel said.

Photo courtesy of Christopher Gannon



AAHA CARES

We care about the veterinary profession, about excellent medicine, and about you. We care about high standards of care and service, constant growth and improvement, and veterinary professional wellbeing. We care about attracting the best and brightest into the profession, providing the resources you and your team need, and nurturing the unique community you have created for one another.

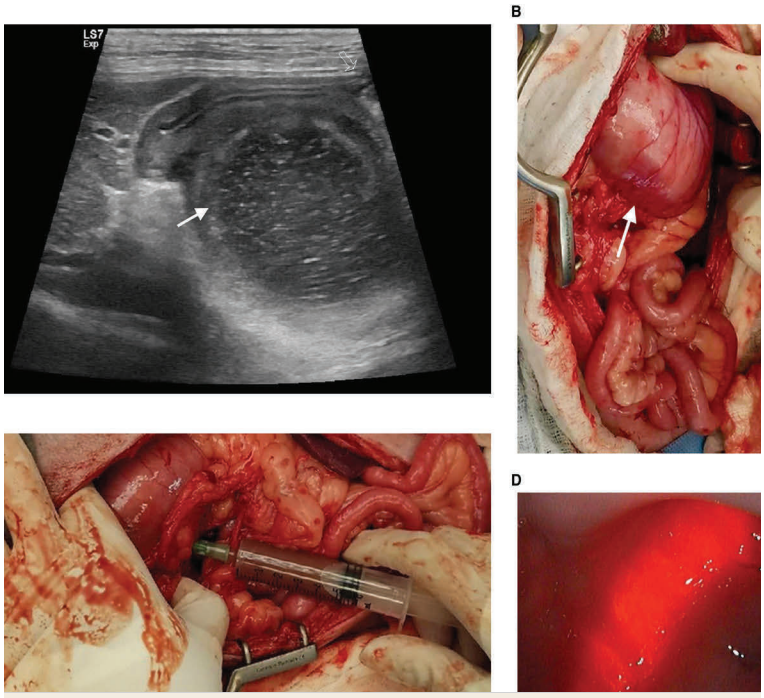
We care, and we know you care too. That's why AAHA is at the heart of better care for pets and their people.

Start your accreditation journey at aaha.org/joinnow

JAAHA

JOURNAL OF THE AMERICAN ANIMAL HOSPITAL ASSOCIATION

ABSTRACTS



58.2 MAR/APR 2022

Editor in Chief Alan H. Rebar, DVM, PhD, DACVP, Purdue University, West Lafayette, Indiana
Associate Editor Linda Ross, DVM, MS, DACVIM (SAIM), Tufts University, North Grafton, Massachusetts
Managing Editor Ben Williams

JAAHA, Journal of the American Animal Hospital Association is published as an official scientific and educational publication of the American Animal Hospital Association. The purpose of the journal is to publish accurate, timely scientific and technical information pertaining to the practice of small animal medicine and surgery. *JAAHA* is available in print and online. Log onto jaaha.org for more information. If you are interested in becoming a reviewer for *JAAHA*, please contact jaaha@aaha.org.

Subscribe online at aaha.org or call 800-883-6301.

jaaha@aaha.org | **jaaha.org**

2022 AAHA PAIN MANAGEMENT GUIDELINES FOR DOGS AND CATS

Margaret E. Gruen, B. Duncan X. Lascelles, Elizabeth Colleran, Alison Gottlieb, Jennifer Johnson, Peter Lotsikas, Denis Marcellin-Little, Bonnie Wright

These updated guidelines present a practical and logical approach to the assessment and management of acute and chronic pain in canine and feline patients. Recognizing pain is fundamental to successful treatment, and diagnostic guides and algorithms are included for assessment of both acute and chronic pain. Particularly for chronic pain, capturing owner evaluation is important, and pain-assessment instruments for pet owners are described. Expert consensus emphasizes proactive, preemptive pain management rather than a reactive, "damage control" approach. The guidelines discuss treatment options centered on preemptive, multimodal analgesic therapies. There is an extensive variety of pharmacologic and nonpharmacologic therapeutic options for the management of acute and chronic pain in cats and dogs. The guidelines include a tiered decision tree that prioritizes the use of the most efficacious therapeutic modalities for the treatment of acute and chronic pain.

ORIGINAL STUDIES

Determination of Mammalian Deoxyribonucleic Acid in Commercial Canine Treats and Supplements

Belen Perez Marquez, Jennifer A. Larsen, Andrea J. Fascetti,

Feeding an elimination diet exclusively is currently the only accurate diagnostic test for an adverse food reaction in dogs and cats. However, owner compliance has been identified as a challenge, and the inability to limit exposure to other items (including treats and supplements) is a remarkable reason for failure. The objective of the current study was to evaluate the presence of declared and undeclared mammalian deoxyribonucleic acid (DNA) in commercially available canine treats and supplements using polymerase chain reaction methodology. Eight treat products and 20 supplement products were analyzed for the DNA of 10 mammalian species (bison, cat, cow, dog, goat, horse, mouse, rat, pig, and sheep). The results showed that 88% (7/8) of treats and 40% (8/20) of supplements were found to contain at least one source of undeclared mammalian DNA. Undeclared pig and cow DNA were the most frequently identified, and there were only two instances of negative results for declared species. Because of the frequent finding of undeclared mammalian DNA in the assessed products, avoiding using treats and supplements during elimination trials is recommended.

RETROSPECTIVE STUDIES

Incidence of Sterile Hemorrhagic Cystitis in Dogs Treated with Cyclophosphamide and Low-Dose Furosemide

Yoshimi Iwaki, Jerome Gagnon, Valerie MacDonald-Dickinson

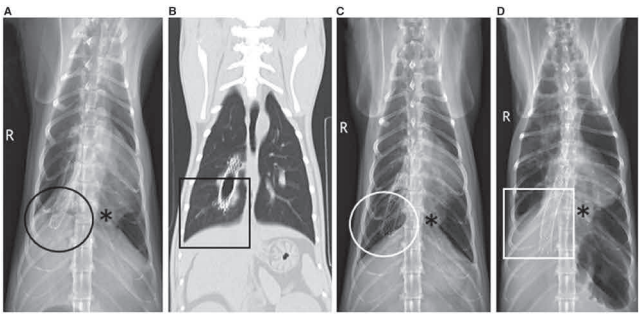
Cyclophosphamide is a commonly used chemotherapy in the treatment of lymphoma. It can cause sterile hemorrhagic cystitis (SHC), and furosemide is used to decrease the incidence of SHC. The aim of this study is to evaluate the incidence of SHC in dogs treated with a bolus maximum tolerated dose of oral cyclophosphamide and oral furosemide at a dose of 1 mg/kg. Medical records were reviewed to determine the incidence of SHC, dose and number of oral cyclophosphamide treatments, and the dose of furosemide. Other side effects from cyclophosphamide were also recorded. Eighty-one client-owned dogs that received a single oral maximum tolerated dose of cyclophosphamide concurrent with oral furosemide as part of a chemotherapy protocol for lymphoma were included in the study. A total of 252 doses of cyclophosphamide were administered to 81 dogs. The median dose of cyclophosphamide was 239.3 mg/m2. The median dose of furosemide was 1.08 mg/kg. SHC was suspected in 2 dogs (2.46%). Concurrent use of furosemide at a dose of 1 mg/kg with cyclophosphamide yields a similar incidence of SHC than using a higher dose of furosemide as previously reported.

CASE REPORTS

Bronchial Stent Placement for Palliative Treatment of Pulmonary Carcinoma with Bronchial Obstruction in a Cat

Jenny Tan, Rachel St. Vincent, Douglas Palma, Allyson Berent, Chick Weisse

A feral, domestic shorthair was evaluated for palliative treatment of a pulmonary mass with secondary pneumonia. Because of the patient's temperament and extent of the mass, tracheobronchoscopy, bronchial stenting, and biopsy were elected, followed by adjuvant radiation therapy. Stent placement across the malignantly obstructed bronchus permitted drainage and recruitment of the infected lung lobe. Uncomplicated radiation therapy, stent extension, and debulking due to tissue ingrowth were subsequently performed. Successful palliation was achieved for 323 days with subsequent progressive pulmonary and liver metastases.

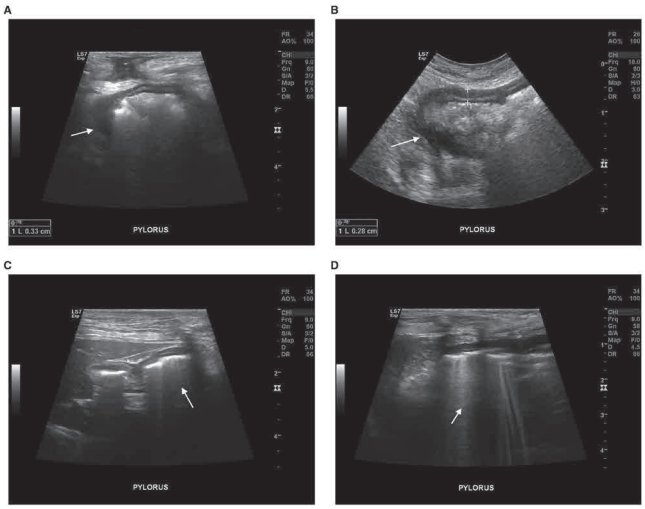


CASE REPORTS

Gastrointestinal Intramural Pancreatic Pseudocysts in a Dog: A Case Report and Human Literature Review

Tiffany A. Johnson, Arathi Vinayak, Jin Y. Heo, Todd A. Green

A 9.5 yr old Yorkshire terrier presented with chronic intermittent vomiting and lethargy of 1.5 yr duration that progressed to generalized weakness. Insulin:glucose ratio was consistent with an insulinoma. Triple-phase computed tomography revealed a mid-body pancreatic nodule. The mid-body pancreatic nodule was enucleated; histopathology was consistent with an insulinoma. Two weeks after the operation, the dog presented for anorexia and diarrhea. Abdominal ultrasound revealed a thick-walled cystic lesion along the dorsal stomach wall. An intramural gastric pseudocyst was diagnosed via exploratory laparotomy and intraoperative gastroscopy. Comparison of amylase and lipase levels of the cystic fluid with that of concurrent blood serum samples confirmed the lesion was of pancreatic pseudocyst origin. The gastric pseudocyst was omentalized. Two weeks after the operation, the dog re-presented for anorexia, regurgitation, and diarrhea. An intramural duodenal pseudocyst was identified and treated with a duodenal resection and anastomosis. The dog has remained asymptomatic and recurrence free based on serial abdominal ultrasounds 22 mo following insulinoma removal. To our knowledge, this phenomenon of pancreatic pseudocysts forming in organs other than the pancreas has not been reported in dogs. This case report and comprehensive human literature review purpose is to raise awareness of this disease process in dogs.



BRAVECTO® (fluralaner) Chews

Flavored chews for dogs.

Caution:
Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

Description:
Each chew is formulated to provide a minimum dose of 11.4 mg/lb (25 mg/kg) body weight.

The chemical name of fluralaner is (±)-4-[5-(3,5-dichlorophenyl)-5-(trifluoromethyl)-4,5-dihydroisoxazol-3-yl]-2-methyl-*N*-[2-oxo-2-(2,2,2-trifluoroethylamino) ethyl]benzamide.

Indications:
Bravecto kills adult fleas and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*), and the treatment and control of tick infestations [*Ixodes scapularis* (black-legged tick), *Dermacentor variabilis* (American dog tick), and *Rhipicephalus sanguineus* (brown dog tick)] for 12 weeks in dogs and puppies 6 months of age and older, and weighing 4.4 pounds or greater.

Bravecto is also indicated for the treatment and control of *Amblyomma americanum* (lone star tick) infestations for 8 weeks in dogs and puppies 6 months of age and older, and weighing 4.4 pounds or greater.

356271 R3

Dosage and Administration:
Bravecto should be administered orally as a single dose every 12 weeks according to the **Dosage Schedule** below to provide a minimum dose of 11.4 mg/lb (25 mg/kg) body weight.

Bravecto may be administered every 8 weeks in case of potential exposure to *Amblyomma americanum* ticks (see **Effectiveness**).

Bravecto should be administered with food.

Dosage Schedule

Body Weight Ranges (lb)	Fluralaner Content (mg)	Chews Administered
4.4 – 9.9	112.5	One
>9.9 – 22.0	250	One
>22.0 – 44.0	500	One
>44.0 – 88.0	1000	One
>88.0 – 123.0*	1400	One

*Dogs over 123.0 lb should be administered the appropriate combination of chews

Treatment with Bravecto may begin at any time of the year and can continue year round without interruption.

Contraindications:
There are no known contraindications for the use of the product.

Warnings:
Not for human use. Keep this and all drugs out of the reach of children. Keep the product in the original packaging until use, in order to prevent children from getting direct access to the product. Do not eat, drink or smoke while handling the product. Wash hands thoroughly with soap and water immediately after use of the product.

Keep Bravecto in a secure location out of reach of dogs, cats, and other animals to prevent accidental ingestion or overdose.

Precautions:
Fluralaner is a member of the isoxazoline class. This class has been associated with neurologic adverse reactions including tremors, ataxia, and seizures. Seizures have been reported in dogs receiving isoxazoline class drugs, even in dogs without a history of seizures. Use with caution in dogs with a history of seizures or neurologic disorders.

Bravecto has not been shown to be effective for 12-weeks duration in puppies less than 6 months of age. Bravecto is not effective against *Amblyomma americanum* ticks beyond 8 weeks after dosing (see **Effectiveness**).

Adverse Reactions:
In a well-controlled U.S. field study, which included 294 dogs (224 dogs were administered Bravecto every 12 weeks and 70 dogs were administered an oral active control every 4 weeks and were provided with a tick collar); there were no serious adverse reactions. All potential adverse reactions were recorded in dogs treated with Bravecto over a182-day period and in dogs treated with the active control over an 84-day period. The most frequently reported adverse reaction in dogs in the Bravecto and active control groups was vomiting.

Percentage of Dogs with Adverse Reactions in the Field Study

Adverse Reaction (AR)	Bravecto Group: Percentage of Dogs with the AR During the 182–Day Study (n=224 dogs)	Active Control Group: Percentage of Dogs with the AR During the 84–Day Study (n=70 dogs)
Vomiting	7.1	14.3
Decreased Appetite	6.7	0.0
Diarrhea	4.9	2.9
Lethargy	5.4	7.1
Polydipsia	1.8	4.3
Flatulence	1.3	0.0

In a well-controlled laboratory dose confirmation study, one dog developed edema and hyperemia of the upper lips within one hour of receiving Bravecto. The edema improved progressively through the day and had resolved without medical intervention by the next morning.

Post Approval Experience (2019):
The following adverse events are based on post-approval adverse drug experience reporting. Not all adverse events are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data.

The following adverse events reported for dogs are listed in decreasing order of reporting frequency for fluralaner:

Vomiting, lethargy, diarrhea (with and without blood), anorexia, pruritis, polydipsia, seizure, allergic reactions (including hives, swelling, erythema), dermatitis (including crusts, pustules, rash), tremors and ataxia.

Contact Information:
For a copy of the Safety Data Sheet (SDS) or to report suspected adverse drug events, contact Merck Animal Health at 1-800-224-5318. Additional information can be found at www.bravecto.com.

For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or http://www.fda.gov/AnimalVeterinary/SafetyHealth.

Clinical Pharmacology:
Peak fluralaner concentrations are achieved between 2 hours and 3 days following oral administration, and the elimination half-life ranges between 9.3 to 16.2 days. Quantifiable drug concentrations can be measured (lower than necessary for effectiveness) through 112 days. Due to reduced drug bioavailability in the fasted state, fluralaner should be administered with food.

Mode of Action:
Fluralaner is for systemic use and belongs to the class of isoxazoline-substituted benzamide derivatives. Fluralaner is an inhibitor of the arthropod nervous system. The mode of action of fluralaner is the antagonism of the ligand-gated chloride channels (gamma-aminobutyric acid (GABA)-receptor and glutamate-receptor).

Effectiveness:
Bravecto began to kill fleas within two hours after administration in a well-controlled laboratory study. In a European laboratory study, Bravecto killed fleas and *Ixodes ricinus* ticks and reduced the numbers of live fleas and *Ixodes ricinus* ticks on dogs by > 98% within 12 hours for 12 weeks. In a well-controlled laboratory study, Bravecto demonstrated 100% effectiveness against adult fleas 48 hours post-infestation for 12 weeks. In well-controlled laboratory studies, Bravecto demonstrated ≥ 93% effectiveness against *Dermacentor variabilis, Ixodes scapularis* and *Rhipicephalus sanguineus* ticks 48 hours post-infestation for 12 weeks. Bravecto demonstrated ≥90% effectiveness against *Amblyomma americanum* 72 hours post-infestation for 8 weeks, but failed to demonstrate ≥90% effectiveness beyond 8 weeks.

In a well-controlled U.S. field study, a single dose of Bravecto reduced fleas by ≥ 99.7% for 12 weeks. Dogs with signs of flea allergy dermatitis showed improvement in erythema, alopecia, papules, scales, crusts, and excoriation as a direct result of eliminating flea infestations.

Palatability: In a well-controlled U.S. field study, which included 559 doses administered to 224 dogs, 80.7% of dogs voluntarily consumed Bravecto within 5 minutes, an additional 12.5% voluntarily consumed Bravecto within 5 minutes when offered with food, and 6.8% refused the dose or required forced administration.

Animal Safety:
Margin of Safety Study: In a margin of safety study, Bravecto was administered orally to 8- to 9-week-old puppies at 1, 3, and 5X the maximum label dose of 56 mg/kg at three, 8-week intervals. The dogs in the control group (0X) were untreated.

There were no clinically-relevant, treatment-related effects on physical examinations, body weights, food consumption, clinical pathology (hematology, clinical chemistries, coagulation tests, and urinalysis), gross pathology, histopathology, or organ weights. Diarrhea, mucoid and bloody feces were the most common observations in this study, occurring at a similar incidence in the treated and control groups. Five of the twelve treated dogs that experienced one or more of these signs did so within 6 hours of the first dosing. One dog in the 3X treatment group was observed to be dull, inappetant, with evidence of bloody diarrhea, vomiting, and weight loss beginning five days after the first treatment. One dog in the 1X treatment group vomited food 4 hours following the first treatment.

Reproductive Safety Study: Bravecto was administered orally to intact, reproductively- sound male and female Beagles at a dose of up to 168 mg/kg (equivalent to 3X the maximum label dose) on three to four occasions at 8-week intervals. The dogs in the control group (0X) were untreated.

There were no clinically-relevant, treatment-related effects on the body weights, food consumption, reproductive performance, semen analysis, litter data, gross necropsy (adult dogs) or histopathology findings (adult dogs and puppies). One adult 3X treated dog suffered a seizure during the course of the study (46 days after the third treatment). Abnormal salivation was observed on 17 occasions: in six treated dogs (11 occasions) after dosing and four control dogs (6 occasions).

The following abnormalities were noted in 7 pups from 2 of the 10 dams in only the treated group during gross necropsy examination: limb deformity (4 pups), enlarged heart (2 pups), enlarged spleen (3 pups), and cleft palate (2 pups). During veterinary examination at Week 7, two pups from the control group had inguinal testicles, and two and four pups from the treated group had inguinal and cryptorchid testicles, respectively. No undescended testicles were observed at the time of necropsy (days 50 to 71).

In a well-controlled field study Bravecto was used concurrently with other medications, such as vaccines, anthelmintics, antibiotics, and steroids. No adverse reactions were observed from the concurrent use of Bravecto with other medications.

Storage Information:
Do not store above 86°F (30°C).

How Supplied:
Bravecto is available in five strengths (112.5, 250, 500, 1000, and 1400 mg fluralaner per chew). Each chew is packaged individually into aluminum foil blister packs sealed with a peelable paper backed foil lid stock. Product may be packaged in 1, 2, or 4 chews per package.

Approved by FDA under NADA # 141-426

Distributed by:
Intervet Inc (d/b/a Merck Animal Health)
Madison, NJ 07940

Fluralaner (active ingred.) Made in Japan.
Formulated in Austria

Rev. 04/19

MERCK Animal Health

STRETCH THEIR PROTECTION (nearly 3X longer*[1])

BRAVECTO® (fluralaner) Chews

STRETCH iT!

12 weeks* of continuous flea and tick coverage with BRAVECTO® Chews

See the difference that longer-lasting protection can make.
Talk to your Merck Animal Health representative to learn more. Or, visit us.bravecto.com.

IMPORTANT SAFETY INFORMATION: The most commonly reported adverse reactions include vomiting, decreased appetite, diarrhea, lethargy, polydipsia, and flatulence. **BRAVECTO Chews for Dogs** have not been shown to be effective for 12-weeks' duration in puppies less than 6 months of age. **BRAVECTO Chews** are not effective against lone star ticks beyond 8 weeks of dosing. Fluralaner is a member of the isoxazoline class. This class has been associated with neurologic adverse reactions including tremors, ataxia, and seizures. Seizures have been reported in dogs receiving isoxazoline class drugs, even in dogs without a history of seizures. Use with caution in dogs with a history of seizures or neurologic disorders. Please see full product information on page 24.

Reference: 1. BRAVECTO® Chews [prescribing information]. Madison, NJ: Merck Animal Health; 2019.

* **BRAVECTO Chews for Dogs** kills fleas, prevents flea infestations, and kills ticks (black-legged tick, American dog tick, and brown dog tick) for 12 weeks. **BRAVECTO Chews** also kills lone star ticks for 8 weeks.

MERCK Animal Health

Feline Lives

Remains/iStock via Getty Images

Reimagined

Adventures, Enrichment, Training, and Telemonitoring for Cats

by Roxanne Hawn

PEOPLE—INCLUDING YOUR CLIENTS—MAKE ASSUMPTIONS ABOUT THE NEEDS, personalities, and potential of pet cats. Yet, these stereotypes often limit the opportunities given to felines. Some cat lovers aim to change that by reimagining cats' lives.

Adventure Cats

Take Lauren Modery and Geoff Marslett, who live outside of Denver, with a once-feral cat named FatFace (@life_of_fatface on Instagram). They fed her and a core group of a dozen community cats in Austin, Texas, for several years before adopting her and moving to Colorado.

"One day we noticed she had very few teeth, and the other cats would bully her out of getting food, so we started to feed her separately from the other cats," Modery said. "It took many, many months for her to slowly warm up to us. One day, I opened the front door to see if she wanted to walk in. She did, and then she promptly fell asleep on my bed. I knew from there that she was our new pet. Actually, she's more like our baby."

Estimated to be 12 years old or older, FatFace now frequently travels with Modery and Marslett—30 states, 13 national parks, and counting. People often assume FatFace hates it, but Modery once tweeted, "At home she gets so bored and eats a lot. On the road, she turns into a kitten again, and I believe it's good for her body and mind."

FatFace usually sleeps under the car's front seats in transit, but she isn't stressed by even long car trips. "FatFace is a remarkably adaptable cat. I think that's why she did so well in the wild. She just goes with the flow and has zero ego," Modery said. "She's a dream at the vet. They love her. While she's not giving them kisses or anything, she just chills out. That's how she is on the road. She just kind of goes along for the ride. She *loves* hotel rooms and exploring them. By the second trip, she was like, 'Oh, I've got this!'"

In public, FatFace rides around in a pet backpack since she never took to leash walking. "She loves looking at things when we bring her out of the backpack," Modery

said. “Her favorite place seems to be Santa Fe. We think she likes the smells there.”

While some people post mean comments online, others seem astonished to see FatFace on adventures in real life. Kids especially find it fun and memorable to meet her, which gives them positive exposure and a broader view of what’s possible with pet cats.

“We treat FatFace with respect and so much love, and in return she trusts us and goes along with our crazy adventures,” Modery said. “We never make her do things that would freak her out. Ninety percent of her travel is hanging out on a big hotel bed watching TV. She’s a dream cat. I’ve never had a cat before, and she set the bar high.”

One feline travel warning, though. Modery reported that some pet-friendly hotels don’t allow cats. They did once sneak FatFace into a hotel, something they jokingly called “Mission Contraband Kitty.”

Feline Enrichment at Home

Zazie Todd, PhD, author of the forthcoming *Purr: The Science of Making Your Cat Happy*, earned an Advanced Certificate in Feline Behavior (with distinction) from International Cat Care.

“When we provide cats with what they need, it makes life much better for the cat,” Todd said. “A lot of behavior issues simply come down to the fact that people aren’t providing what cats need.”

Todd hopes to change that with tips and checklists in the book, which will be available May 3, 2022. Broadly speaking, though, Todd outlined these key points:

Training

“Cats can be trained. Not only that, but it’s a really good idea to train them,” Todd said. “Cats can be trained using food as positive reinforcement, just like we do with dogs, although the pieces of food should be much smaller.” Think small pieces of tuna, cooked chicken, cooked shrimp, or wet cat food dispensed from a tube.

Make going into a cat carrier training goal number one, for safe transport and veterinary appointments. *Purr* includes a step-by-step training plan for cat carrier acclimation.

Todd explained, “Research shows that this makes vet visits less stressful for the cat, and the vet visit itself was shorter. As well, if the cats are trained, then the base of the carrier is a safe space for them to be in during the exam, with the top removed to facilitate the exam.”

To give the carrier context beyond veterinary visits, suggest clients keep cat carriers out at home all the time, as a safe space for cats to hide or relax.

Scratching

“Scratching is a natural behavior for cats, which means we need to give them the opportunity to scratch,” Todd said. “But research shows that many people don’t provide the right kind of posts. Cats like scratching posts that let them get a full stretch, and the post needs to be sturdy too. Cats have individual preferences for the material of the post (like wood, sisal, or carpet), and for horizontal and/or vertical scratchers.”

Tips include placing scratching posts around the house, including near the sofa to redirect their attention away from furniture and rewarding the cat with food for using provided scratching posts.

“It’s really about helping people understand that cats need to scratch, and so we have to provide them with good scratching places,” she added.

Enrichment/Engagement

“Cats need things to do, especially if they are indoor cats,” Todd said. “People should make time to play with their cat every day, and a wand toy is a great way to do this. Move the toy as if it is prey. Of course, cats also like to have toys to play with on their own (like toy mice or birds), but it’s still important for the person to play with their cat.”

People often fixate on catnip toys as the only option, but Todd explains that cats also like other plants such as valerian, Tatarian honeysuckle, and silver vine.

Food puzzle toys can also provide enrichment for cats. Examples include treat dispensing toys or DIY versions such as cupcake holders placed around the house with food or treats so that cats can enjoy time trekking around and hunting for food treasures.

Adventure cat, Guinness

Photos courtesy of Kathryn Schmidtberger

Todd also recommended putting outdoor items such as stones, leaves from safe plants, and so on into a cardboard box for cats to explore. This gives cats exposure to outdoor scents and physical sensations.

Cat Training for Fun and Function

Kelly Daniel lives in the Waikato district in New Zealand with five dogs and a two-year-old domestic shorthair cat named Oz. She does dog training for fun on the side of her full-time job as a science teacher.

It started with Oz joining the dogs in the training shed and stealing their treats, so Daniel said, "I decided to see if he would do some work for them." With Oz wary of an actual clicker, Daniel uses a tongue click or verbal marker to let Oz know when he does something correctly, then she rewards with dry pet food.

It's working. Oz earned his novice, intermediate, and advanced trick dog titles—including tricks like spin, hand touches, and even walking across and tipping over a teeter-totter.

"When people see his tricks, they normally are somewhat amazed, think that I'm using some magic food, and then exclaim that he has more tricks than their own dogs," Daniel said.

Kathryn Schmidtberger lives in Los Angeles and trains her adventure cat, Guinness. Much of what Guinness learns focuses on functional things that keep him safe in public and allow him more freedom such as:

- Wearing a harness
- Walking on leash
- Riding in a backpack
- Traveling in an RV and camping in a tent
- Following directions about when/where to move
- Putting his paws up on things
- Coming when called
- Hopping into his cat carrier
- Hanging out in a larger dog kennel with space for a litterbox, etc.
- Climbing onto her shoulders

All of these behaviors are "helpful in managing where he is at when camping and hiking,"she said.

Guinness also visits family and pet-friendly stores. It started, though, with short trips on leash to the front porch. "The first couple of times out he didn't go far and just walked out the door and smelled around right there," Schmidtberger said. "But then one day he followed [her dog] Terra right out into the yard. Now, when I say 'wanna go outside,' he runs merrily to the ottoman, sits down, and waits for me to attach his harness."

Schmidtberger doesn't worry much about Guinness venturing too far to explore, but she does worry about off-leash dogs without proper supervision at campsites or on hiking trails harassing Guinness and potentially ruining his confidence for outdoor adventures. That's when climbing onto her shoulders comes in handy.

Feline Telemonitoring

Redefining what's possible in cats' lives includes clinical advancements too. Imagine receiving validated information from clients' homes about how much your feline patients eat and weigh on a regular basis rather than inaccurate self-reporting or guestimates.

It's possible thanks to telemonitoring from Healthy Pet Connect, a startup cofounded by AAHA member and former AAHA board member Ken Lambrecht, DVM, in Madison, Wisconsin. He also sits on the American Association of Feline Practitioners board, serves as student chapter chair for the American Academy of Veterinary Nutrition, and served on the board of the Pet Nutrition Alliance.

"We're blaming everything on COVID," Lambrecht joked, but moving his annual Pets Reducing for Rescue weight-loss challenge virtual truly did spur the idea for the new company. Other apps and tools lacked accuracy for the metrics they wanted to measure, so they began thinking about a new option.

The startup's team continues to evaluate pet tech for additional applications in veterinary medicine. Currently, though, the company sells at-home food scales and highly accurate baby scales that sync via Bluetooth to a free, open-source app and free veterinary practice dashboard. Through the app, clients also can share relevant updates such as vomiting or diarrhea or behavioral changes indicating pain.

The Healthy Pet Connect team completed and published results of an initial trial that explored the use of tech in feline weight-loss cases. They found that cats monitored through technology experienced a higher weekly weight-loss rate as a percentage of initial body weight (0.694%) than the control group using a traditional approach (0.175%).

Consistent monitoring can uncover and help manage conditions in cats (and dogs) such as:

- Obesity
- Frailty and weight loss
- Osteoarthritis
- Diabetes mellitus
- Hyperthyroidism/hypothyroidism
- Inflammatory bowel disease
- Lymphoma

"We have many cats on the system that are older, where we want to detect weight loss," Lambrecht said.

Feline Myth Busting

It's well past time to retire myths and stereotypes about pet cats as cranky loners that mostly fend for themselves and don't want more engagement or adventures. As intel on the true needs and preferences of cats emerges, veterinary teams can contribute expertise and actionable suggestions:

- Consider busting myths in your client education materials, conversations, and social media content.
- Look for ways to highlight your feline patients whose training and enrichment improves their lives.
- Share stories about happier and more cooperative feline patients.
- Explain how training, especially with the cat carrier, leads to more frequent and better veterinary care and improved case outcomes for cats of all ages.

"We treat FatFace with respect and so much love, and in return she trusts us and goes along with our crazy adventures."

—LAUREN MODERY

Rather than finding out weeks or months later about weight changes or compliance gaps such as cats not easily making the switch to a new therapeutic diet, veterinary teams could identify and assist much earlier.

Lambrecht expressed excitement about how the app and technology "help pet parents do a better job at home," adding that "their relationship with their veterinarian stays completely unchanged. All we do is provide validated information."

Such hands-on telemonitoring and related case management establishes a potential new revenue source for practices. "[Veterinarians] definitely should consider charging for this," he said.

For example, let's say you have a high-demand, high-contact cat case, but your schedule and staffing can't easily accommodate seeing the patient in person every week or fielding countless phone calls. Practices could charge for care made possible via the telemonitoring.

Lambrecht explained that Healthy Pet Connect plans to focus on software like the app, but they needed to fill a hardware void for scales and to prove the concept. Then, future outreach efforts include getting Bluetooth-connected scales for dogs into daycares, dog-friendly pubs, and other places dogs and their families frequent. And, he said, "We will be working with the top wearables and video analysis to determine cats (or dogs) that are arthritic." ※

Roxanne is a freelance writer and best-selling author living in Colorado.

Photos courtesy of Lauren Modery

Show off your AAHA PRIDE

AAHA accredited merchandise helps you demonstrate your AAHA pride while educating your clients on the value of AAHA accreditation. It's great for open houses, community events, and more!

Popular items include:

We Are Accredited Brochures

These **FREE** client brochures explain what AAHA accreditation means for your practice, clients, and pets.

Exam Table Mats

With an antimicrobial, nonskid padded bottom, these mats are easy to clean.

$45 each

Pet Food Lids

These three-step lids are sure to fit any size can.

$1 each

Bandanas

A cute giveaway for your next open house!

$5 each

Collapsible Bowls

A great gift for clients, and it travels well.

$5 each

Find these items and more at aaha.org/store; sort by "Accredited Members."

Growth of a Movement

Voices from the BlackDVM Network

by Tierra Price, DVM

THE PANDEMIC HAS POSED CHALLENGES FOR EVERYONE in the veterinary profession. Busier schedules, increased screen time, and mask fatigue seem to plague all of us—working professionals and students alike. BlackDVM Network, an online community for the empowerment of Black veterinary professionals, received an influx of members and supporters throughout this time and has grown exponentially. From our modest start as an Instagram page, we have found a thriving online community to support us through old and new challenges.

Throughout this past year, we've continued to work toward our vision of elevating Black veterinary professionals through events, opportunities, and education. Our directory of Black veterinarians and technicians continues to help pet owners find veterinary care near them, and our job board connects members with new opportunities in veterinary medicine. Our community has grown to over 200 members in just one short year. But most importantly, we have been able to help and provide opportunities to our members in various ways:

- Monthly newsletter spotlights
- Sponsorship to the AVMA Veterinary Leadership Conference
- Pop-up visits around the country
- Facilitating conference speaking opportunities
- Monthly educational events around financial literacy, entrepreneurship, professional development, and medicine

ASphotowed/iStock via Getty Images

Our most notable event, The First but Not the Last, was a collaboration with the Multicultural Veterinary Medical Association. In this presentation, we were able to showcase the first Black veterinary graduates from each veterinary college that elected to participate. As an online event, we were impressed by the more than 200 people that attended. These pioneers, including Lila Miller, DVM, who was among the first Black graduates from Cornell University College of Veterinary Medicine, were gracious enough to share their experiences with us, including the challenges of being the "first" in many of their endeavors.

At BlackDVM Network, we believe that everyone in vet med deserves the opportunity to be successful. We work hard to expose our members to the rest of the world in the hopes that they will inspire the next generation to pursue their dreams. We also believe wholeheartedly in the saying "it takes a village," knowing that having a community to lean on can make all the difference in our physical, mental, and emotional health.

We are extremely humbled by the outpouring of support for our community from this last year. Our members continue to solve tough problems through innovation and authenticity. What are some things we're passionate about? Read a couple excerpts from our members on what they see as big problems in vet med.

Courtney Hale/E+ via Getty Images

At BlackDVM Network, we believe that everyone in vet med deserves the opportunity to be successful.

The Value of Representation in Leadership

Kaylyn Stanton, DVM

The majority of Americans can see themselves represented in almost every capacity in the media. Oftentimes, this includes positions of leadership such as doctors, lawyers, presidents, and CEOs. As a woman of color, I grew up not seeing myself represented similarly to my peers.

We are not commonly taught about powerful or respected Black women in the American educational system. It was not until after college that I learned about the many women and minorities who contributed substantially to science but were not given credit for their work. Although I am blessed to have two extraordinary women in my life that have shown me how to be a compassionate woman and an empowered professional, I did not have women of color in my field to look up to.

During my clinical year, it was important to me that I spent at least one of my externships with a Black female veterinarian. The experience was unique and encouraging for me. The veterinarian was not only treated with reverence directly, but even with her absence from the room, the regard for her remained the same. I vividly remember the Black head technician leading a staff meeting where the entire staff was engaged and respectful. I hold this experience as the first time I witnessed Black professionals leading and managing a space with the same ease that the media had taught me was only reserved for White men.

The veterinary profession has shifted from a primarily male-dominated field to a female-dominated field. However, as is the experience of many female medical professionals, I find that if I am out of the office in uniform, people who inquire about my work scrubs generally ask if I am a nurse. Although I believe human and animal nurses are miracle workers and deserve much appreciation, I am astounded that the public's perception of women in medicine, especially women of color, remains rooted in support roles.

It is imperative that the veterinary profession remembers to be mindful and intentional about the inclusion of minorities in its plans for the future. Young Black and

It is imperative that the veterinary profession remembers to be mindful and intentional about the inclusion of minorities in its plans for the future.

Brown people must be able to see themselves in medicine and roles of leadership with the understanding that their dreams are achievable. I will work to support the female and minority veterinarians that follow my generation as they enter this evolving professional atmosphere.

Kaylyn Stanton, DVM, graduated from Ross University in 2021 and is currently working in Pickerington, Ohio. She has a passion for community outreach as well as diversity and inclusion.

Perspective from a First-Year Veterinary Student

Natasha Welch

Veterinary professionals are currently facing some of the toughest battles in any profession, both seen and unseen. From extreme burnout to high suicide rates to financial burdens due to low salaries, we experience it all. As a first-year veterinary student, one thing that I have noticed among my colleagues is that we are already experiencing some of these battles before even entering the profession. It poses the question: are veterinary colleges doing enough to ensure their future professionals are not exhausted before actually entering the profession?

I believe the conversation around mental health and academia needs to be brought to the table, especially for veterinary students. Veterinary school should be the time when we learn our profession, network with our future colleagues, and learn mental health practices that will sustain not only our future in this profession but also, and most importantly, our lives. This change starts with creating a process in which students will be able to see their feedback and improvements come into fruition as students and not alumni. This change starts with administration providing a listening ear that is ready to initiate change and not perpetuate institutional complacency. This change starts with putting sustainable procedures in place for students experiencing life's adversities to not have to choose between struggling through their curriculum and falling behind.

If there is one piece of advice I could provide to all veterinary institutions: listen to your students. We don't want to make veterinary school easier, but we do want to make it realistic, and we don't feel like that is asking for too much.

Natasha Welch is a first-year veterinary student at Virginia-Maryland College of Veterinary Medicine. She is also the president of her class (2025).

A Word from Tierra Price, DVM

A couple of years ago, I made a commitment to my people in veterinary medicine. That commitment came from heartache, rejection, discrimination, and knowing I was entering a profession that was not designed for me. But that doesn't need to be the case for those that come after me. BlackDVM Network was designed to create a better experience for Black veterinary professionals.

I am completely humbled by the opportunity to lead this community of brilliant and inspirational people. Each and every day I get the chance to brainstorm ideas to continue to elevate a group of people that have been overlooked in this profession for years. Their tenacity, grit, and love for the people and animals they help every day motivate me to continue on my journey as a veterinarian and to continue to build something great for them. They deserve this and so much more. ※

Tierra Price, DVM, is CEO of BlackDVM Network. Find out more at blackdvmnetwork.com.

Fly View Productions/iStock via Getty Images

AAHA'S CAREER CENTER

Connecting talent with opportunity

EMPLOYERS
Reach thousands of technicians, DVMs, and more.

JOB SEEKERS
Get the support you need to further your veterinary career.

Learn more at **careers.aaha.org**

Discounted pricing for all AAHA members

Cherishing the Final Days

What I Learned About Hospice from Caring for My Terminal Cat

by Ingrid Taylor, DVM

Photo courtesy of Ingrid L. Taylor

Cole was a ten-year-old black cat whom I had adopted from a local rescue after he'd been found locked in an abandoned apartment. When I brought him home, we instantly bonded. As my constant companion over the past two years, his daily activities included sitting on my keyboard at the most inconvenient moments and randomly typing messages into the Zoom chat during meetings. Cole was FIV positive with a history of brief bouts of inappetence and diarrhea, but he was well maintained on daily interferon and probiotics. Except for his short-lived low periods, he was a robust eater who harassed me with relentless meows around mealtimes.

Just before Christmas last year, when he started showing less interest in his food, I chalked it up to one of his normal periods of inappetence. But when he didn't bounce back in a day or two, and I noticed I was filling his water bowl at an alarming rate, I knew something was wrong. I scheduled him for blood work and radiographs. I desperately hoped whatever was ailing him was treatable, but the night before his appointment as I was petting his side, I palpated a misshapen mass in the area of his kidney and feared the worst.

> The first lesson I learned was that blaming myself only impeded care and did nothing to help Cole.

As veterinarians, we're often faced with the difficult task of telling a client that their beloved pet has terminal cancer. This will hopefully lead to a frank discussion about what is best for

the pet—chemotherapy, palliative care, hospice, or euthanasia—as we assist our clients and patients in navigating a difficult time. This process is no easier when it's your own pet.

As veterinarians caring for our own cherished animal companions, we can sometimes find it hard to put aside feelings of guilt and self-blame about not catching the condition sooner or choosing hospice over aggressive palliative treatment. When Cole became terminally ill, I battled feelings of grief, recrimination, and helplessness as his condition worsened while also striving to give him a good hospice experience and, finally, a peaceful passing. During our last days together, I learned some valuable lessons that helped me care for him and address his physical, emotional, and social needs.

1. Self-Blame Doesn't Help Anyone

The first lesson I learned was that blaming myself only impeded care and did nothing to help Cole. Rather, it took my attention off him and focused it on myself at a time when he needed me the most.

At the clinic, Cole's radiographs confirmed bilaterally enlarged kidneys, and his blood work showed concerning elevations in BUN and creatinine. His white blood cells, always borderline low, had dropped precipitously as well. A presumptive diagnosis of renal lymphoma was made—a guarded, ultimately deadly prognosis even without the added complication of FIV infection. I made the heart-wrenching decision to take him home for hospice care. On the drive home, I mentally berated myself for not noticing the signs of his illness sooner.

Over the next few days, it was impossible not to let thoughts of blame creep in as I wondered whether I had made the right call to forgo chemotherapy for hospice care or why I hadn't noticed his polyuria/polydipsia sooner. For many people who live with pets, these types of thoughts are not uncommon, although they may take on an added dimension for veterinarians. We have the knowledge, training, and tools to make the right decisions for animals, and when we feel we don't, it haunts us.

I adopted some strategies that helped me break the cycle of self-blame and be wholly present for Cole in his final days. First, I realized that blaming myself was a way of deflecting the pain of the situation, by engaging in "what if" scenarios instead of dealing with my beloved cat's imminent death. In order to properly care for Cole, I had to let go of these thought patterns and embrace the reality of losing him. I had to be fully engaged in the moment.

Second, I centered his experience rather than my own. I realized that the guilt and recrimination I was caught up in were self-involved behaviors that did not benefit Cole in any way. Instead, I chose to prioritize his comfort and feelings over my need to dissect every decision I had made.

2. Prioritize Comfort with Medications

Cole's medication regimen on hospice included Cerenia for nausea and vomiting and mirtazapine for appetite stimulation, but it quickly became not enough. He soon stopped eating entirely. When he

Photo courtesy of Ingrid L. Taylor

> Humans experiencing end-stage cancer often report pain, and animals are no exception.

was presented with food, he would lick his lips and gag. Ondansetron and famotidine were added to his medications, and he started eating again shortly after the first doses.

I realized I had to relinquish perfection and prioritize comfort. As Cole became increasingly resistant to taking pills, I had to decide which medications were doing him the most good and forgo the rest.

3. Don't Forget Pain Management

Humans experiencing end-stage cancer often report pain, and animals are no exception. To control his pain, Cole received buprenorphine twice daily. Though it became evident that he felt worse as he neared the time of his euthanasia, I realized it was important not to let consistent pain management be overshadowed by other issues like nausea and weakness. I also discovered a renewed understanding of the importance of regular reassessment, as Cole's condition and attitude changed rapidly from day to day or even over a period of hours.

4. Fluids, Fluids, Fluids

Although he was known as a somewhat feisty cat in the clinic, Cole tolerated subcutaneous fluids well at home, and I gave them twice daily for the duration of his hospice care. I noticed a marked improvement in his demeanor after fluid administration. While not all cats may tolerate receiving subcutaneous fluids, this treatment was an important aspect of Cole's care and subjectively seemed to improve his overall hospice experience. Cole had received a new laser pointer for Christmas (he loved playing with them), and he found some energy to briefly play chase with the laser after a couple of fluid sessions.

And that's another lesson learned—don't be afraid to offer your pet a treasured toy or game. I didn't want to pressure Cole to do anything that would sap his energy or make him feel worse, but he was interested and engaged in his laser pointer game and was able to choose when he wanted to start and stop play.

6. Pause, Breathe, Cherish the Moment

The final lesson I learned was not to neglect my own self-care. Take a moment. Meditate. Stand in the fresh air and sunlight. Drink water and eat healthy food. To be a good caregiver for Cole, I had to be calm and healthy. I didn't want to our final days together to be any more stressful than they had to be. I wanted to be the best version of myself for Cole's sake, so when he decided he wanted to rest in my lap on the kitchen floor for over an hour, I could be there fully and unquestionably for him. ※

Ingrid L. Taylor, DVM, is a veterinarian who has worked in general and emergency clinical practice and public health. She is the technical content specialist at AAHA.

Collaborate

GREAT MINDS ~~THINK ALIKE~~

AAHA-Accredited Veterinary Management Groups (VMGs) work together to help one another attain greater success.

Collaborate with the best of the best to ensure your practice achieves its full potential.

AAHA

VMG
veterinary management groups

Learn more at **aaha.org/vmg**

Firing Clients: A Part of Clinic Strategy

Many Clinics Report an Increase of Toxic Clients, Contributing to Staff Turnover

by Kerri Fivecoat-Campbell

It's happening in veterinary hospitals across the country: Clients are becoming exceptionally rude by harassing, berating, and sometimes even threatening staff. As a result, clinics are reporting they are "firing" more clients than ever before.

At Metropolitan Animal Specialty Hospital (MASH) in Los Angeles, California, Rebecca Baker, LCSW, lead veterinary social worker, described an incident that led to a client's firing. Baker said the new client scheduled a sonogram for her pet, showed up a half hour early, and got into the line for emergency curbside service.

"She began yelling, swearing, and honking her horn at the other clients and staff," remembered Baker. "We explained she needed to get out of the emergency line and go to the parking lot. She became even more angry and hit another client's car trying to get out of the line. She went to the parking lot, got out of her car, and tried to bust down the clinic door, which was locked due to COVID protocols."

Baker says they told the woman the clinic would not serve her at all and asked her to leave. "We told her we didn't feel safe treating her pet or any others she may have."

Elizabeth Maimon, DVM, MPH at AAHA certified Hills and Dales Veterinary Clinic in Kettering, Ohio,

> "There is a line. You and your staff are there to help and support the client. We, as vets, have also been taught that the client is always right, and that's just wrong. The client isn't always right. It's always easier to find a new client than it is to find a new staff member."
>
> —IVAN ZAKHARENKOV, DVM, PRESIDENT/CEO OF GALAXY VETS IN ST. JOHN, NEW BRUNSWICK, CANADA

LightFieldStudios/iStock via Getty Images

described a similar incident in which an angry client tried to intentionally run over a vet tech in the parking lot during a curbside service. “It was a client we worked into our schedule, and she was mad that she had to wait,” said Maimon. “When she was told we couldn’t see her right away, she tried to follow the vet tech into the building. When that didn’t work, she waited until she came back out, then tried to hit her in the parking lot and sped away.”

Maimon said the clinic sent the camera footage to the local police, but they declined to prosecute as the tech wasn’t harmed. Of course, the client was fired from further services at the clinic.

These are two examples of the extremely toxic clients that clinics are seeing more routinely in their practices. Marybeth Cline, DVM and owner of AAHA accredited Riverside Veterinary Hospital in Elizabeth, Pennsylvania, has been in business for 31 years and said rude, aggressive clients have always been a part of the business, but they are becoming more common. “There have always been those types of clients,” she noted. “Prior to the pandemic, I fired one or two clients per year. In the past two years, I’ve fired at least a dozen.”

Richard Glassberg, DVM, at Sunnycrest Animal Care Center in Fullerton, California, said toxic clients are in the minority, but they are becoming more prevalent, which has forced him to fire three in the past two years. Glassberg has been in business since 1968, and when asked the last time he fired a client prior to the pandemic, replied. “I think I fired one sometime in the ‘70s or ‘80s.” Glassberg added he fired a client last year just before the holidays. “She had my daughter-in-law in tears,” he said. “I didn’t fire her just because she was abusing my family, I just heard about it faster because she is family.”

DjelicS/E+ via Getty Images

> “It is absolutely due to the pandemic; we are in a collective mental health crisis and it’s worse than it has ever been. People are experiencing waves of trauma with this pandemic, and they are at their wits end.”
>
> —FRANK ANDERSON, MD

Reasons for More Toxic Clients Are Many, but Center Around Pandemic

Alicia Artman, CVPM, a former practice manager with more than eight years’ experience, says there are many reasons clinics are seeing more toxic clients. “There were many situations of us getting yelled or cussed at for curbside service protocol, being booked out and unable to offer same day appointments or having to refer to emergency care, and periods of time when we were only scheduling essential services and not accepting new clients,” said Artman.

The pandemic has also caused a lot of financial stress on people who have lost jobs. “I think the most common issue is people arguing about their bill, especially if their pet passed away,” said Alyssa Pepe, LCSW, a veterinary social worker for AAHA-accredited Orchard Park Veterinary Medical Center in Buffalo, New York.

Frank Anderson, MD, a psychiatrist in private practice specializing in trauma in Boston, Massachusetts, said all service sectors are seeing an increase in toxic customers and clients since the pandemic began in 2019. “It is absolutely due to the pandemic; we are in a collective mental health crisis and it’s worse than it has ever been,” explained Anderson. “People are experiencing waves of trauma with this pandemic, and they are at their wits’ end.” Anderson noted he doesn’t personally know a mental health professional who isn’t completely booked.

Anderson said society has ridden the wave of the initial pandemic panic, waves of variants, the promise of

the vaccine, deaths of people close to them, and then more waves that are currently infecting more people than in 2020. "It's physiologically unsustainable," said Anderson. "Our cortisol levels cannot tolerate chronic high levels of trauma and stress. There haven't been enough breaks in this pandemic to allow recovery before the next trauma hits. Adrenal fatigue sets in, and people are just drained and fatigued."

As a result, Anderson said, people take their frustrations, grief, and anger out on people in all service industries. Specifically speaking to the veterinary industry, he says pandemic isolation has also caused many people to become even more bonded to their pets. "Pets are the salvation for many people," said Anderson. "If they are not getting attended to as owners think they should, it's not surprising they're lashing out."

Setting Boundaries

Anderson is quick to point out that although he understands the reasons people are lashing out, it doesn't make it right. "It's perfectly fine to set boundaries and tell the clients it's not OK to treat you or your staff this way," said Anderson. "Setting a boundary is taking care of yourself and your staff and brings more power to the situation."

Baker agreed that while she understands the stress and trauma clients are experiencing, "verbal abuse, threats, and hate speech should never be tolerated, especially in such a vulnerable population with vet staff having extremely high rates of suicide and exposure to primary and secondary trauma."

Her clinic has contemplated several avenues to inform customers of the hospital's boundaries, including requiring new clients to read and sign a code of conduct. "That was vetoed, but we are in the process of having a sign approved that will be posted at the door and in the clinic."

The proposed sign that is in the approval process reads, *"Welcome to MASH. We remain dedicated to providing excellent care for the dogs and cats of Los Angeles during the ongoing COVID-19 pandemic. During these extraordinary times, our staff are working harder than ever amidst unprecedented caseload and staffing shortages. We appreciate your patience and kindness. We reserve the right to refuse service to anyone."*

When Setting Boundaries Isn't Enough, Training May Help

Artman, who left her job last summer due to the stress and resulting health issues that stress caused, said her previous employer did set boundaries, but there were enough abusive clients to wear on everyone. "Any client that uses profanity or yells at the staff was not allowed to receive services any further," said Artman. "We had some very understanding and nice clients, but it was often overshadowed by those that weren't so understanding."

Cline noted that it is important to talk about and train the staff to deal with difficult clients. "They usually always go after the staff, not the vet," she said. "When I walk in, they are typically calm and collected."

Cline says they discuss incidents in their regular staff meetings. "We talk about what happened, how it was handled, and how we might improve," said Cline. "There are a lot of reasons things like this happen."

Glassberg said he has seasoned techs mentor new techs, and one of their functions is to show them how to deal with clients in a positive way.

Many times when a situation does arise, Baker said, a conversation gets out of hand as a result of a stressed or grieving client and also due to stressed, overworked staff. "Communication isn't something that's focused on in veterinary or vet tech schools," noted Baker. "If a client is stressed and maybe grieving, they are emotional and the exchange between the two escalates."

Tips for De-escalation and Firing a Client

Anderson gives some tips in de-escalating tense situations:

- Don't take it personally. Always keep in mind it isn't about you. It's about them.
- Try to validate their concerns. Saying, "I hear you," is a good validation technique. It doesn't mean you can fix it, but sometimes this calms them down.
- Validate the importance of their pet, as well as them as a client.
- Recognize their issue. Once they are validated and they understand you care, they may de-escalate and even apologize.

Photographer/collection via Getty Images

Tips from a Certified Veterinary Practice Manager

Sample Language for Firing Toxic Clients

by Debbie Boone, CVPM

Over my career in veterinary medicine, I had to fire a total of four clients. I managed for 23 years before beginning my consulting practice, and my largest hospital had 11 veterinarians. Lots of clients of all socioeconomic levels, varying emotional attachment to their pets, and a spectrum of levels of emotional intelligence (EI) walked through those doors. Yet only four behaved in such a manner that we asked them to not return.

In today's world, managers are releasing clients to torment others at the rate of four or more a month! There seems to be a literal tsunami of bad behavior walking in the doors in practices all over the country. In addition, this phenomenon is not limited to the US; practices in the UK are reporting similar circumstances. WHY?

As someone fascinated by human behavior, I understand that two years of constant stress from major life changes, fear of illness, and societal disruption are taking a toll on the human psyche. Veterinary teams are working shorthanded and being forced to shift and change workflows that in the past were almost automatic. Our brains are exhausted and running on a short fuse.

Unless they are a sociopath, no one is enjoying this agitated state. So, when you have two stressed and twitchy humans confronted with a situation that does not meet the expectation of the client, chances are good that we are going to face an explosion. For those with high EI, these situations typically don't get out of control. But when even those with high EI can't manage these clients, it is time to say goodbye.

The first rule is always BE SAFE! Our bodies are designed to sense danger, and if you feel this person is going to possibly harm someone, it is time to call the police. You may state, "Mr. Jones, your behavior is making me very uncomfortable. I am asking you to leave our premises or I will be forced to call the police." If the client does not comply, make the call and disengage.

If the client has been verbally abusive, you may ask them to filter their language. If they do not comply, it is time to send them on. "Mrs. Jones, we understand that you are unhappy and we would like to help you. However, since you continue to use harsh language, we are preparing your pet's records and will ask you to seek care at a practice better suited to your needs."

This same language can be used if clients are on the phone.

Other times clients should be fired because they insist on inappropriate care or on allowing a dangerous pet to be out of control to the point of harming other animals or people. In these situations, you may say, "Mr. Smith, although we are happy to help your pet, we must insist you follow our instructions. If we no longer have your trust, we understand but will have to prepare your pet's records so you can seek another provider."

Firing clients is never fun. But hopefully by training the team to have advanced EI, you can avoid incidents of client meltdowns. Sometimes we inadvertently say things that escalate situations rather than calming them. My favorite tip is to remember that humans are just animals at the top of the food chain. Most bad behavior is based in limbic brain fear-based reactions. Often these reactions come on the heels of a negative surprise. Blindsiding people is never a good plan, so push information out to clients beforehand. If we start to look at fractious people the same way we view a fearful animal, we may begin to give folks some grace.

Debbie Boone, CVPM, Fear FreeSM Certified, has worked for the veterinary profession for more than 30 years. After earning her bachelor's degree in animal science from North Carolina State University, she began as a client care representative and quickly moved into hospital administration. Debbie has experience in the management of small animal, mixed animal, specialty, and emergency practices.

> "That level of disrespect goes further than just being rude. We don't play around."
>
> —MARYBETH CLINE, DVM AND OWNER OF AAHA ACCREDITED RIVERSIDE VETERINARY HOSPITAL

Part of Baker's job as a veterinary social worker is to take the time to listen to the client, which many veterinarians and techs may not have time to do.

Baker's hospital has also allowed her to provide continuing education in communication and de-escalation techniques. She is there to provide support to the staff as well as the clients. "I may be able to help bridge the gap in communication if a situation arises. I'm the conduit that allows staff to do their jobs effectively."

Maimon doesn't have a veterinary social worker on staff but said prior to the pandemic, she had a licensed therapist come in to conduct workshops in communication and de-escalation. She said she is also lucky to now have a licensed therapist as part of her staff who helps in such situations.

When the Situation Cannot Be De-escalated

There are times when a client's behavior is so egregious that it simply cannot be handled. That's when it is appropriate to fire a client.

"There is a line," said Ivan Zakharenkov, DVM, president/CEO of Galaxy Vets in St. John, New Brunswick, Canada, a new company focused on helping the industry deal with compassion fatigue and burnout. "You and your staff are there to help and support the client. We, as vets, have also been taught that the client is always right, and that's just wrong. The client isn't always right. It's always easier to find a new client than it is to find a new staff member."

Pepe said her clinic has empowered staff the autonomy to walk away from clients. "We want them to feel comfortable in walking away, to call the police if they feel threatened, and do what's necessary to feel safe," said Pepe.

Other clinics escalates the situation to leadership staff on site or, in the cases of firing, to corporate offices.

Cline said she doesn't feel it's her staff's responsibility to handle such clients. "It's not their fight, so they are told to bring it to me or the office manager immediately, not after the client leaves," she said. "Sometimes they just want to vent, and a person in authority can de-escalate by telling them, 'We're here to help you, we're all on the same team, but you're going to have to lower your tone.'"

However, if that doesn't work, Cline said even as the owner of a small, rural clinic with a finite number of potential clients, she doesn't have a problem asking a client not to return. "I might take more than I ask my team to take from them, but it's all about protecting my team and making sure everyone feels comfortable and safe."

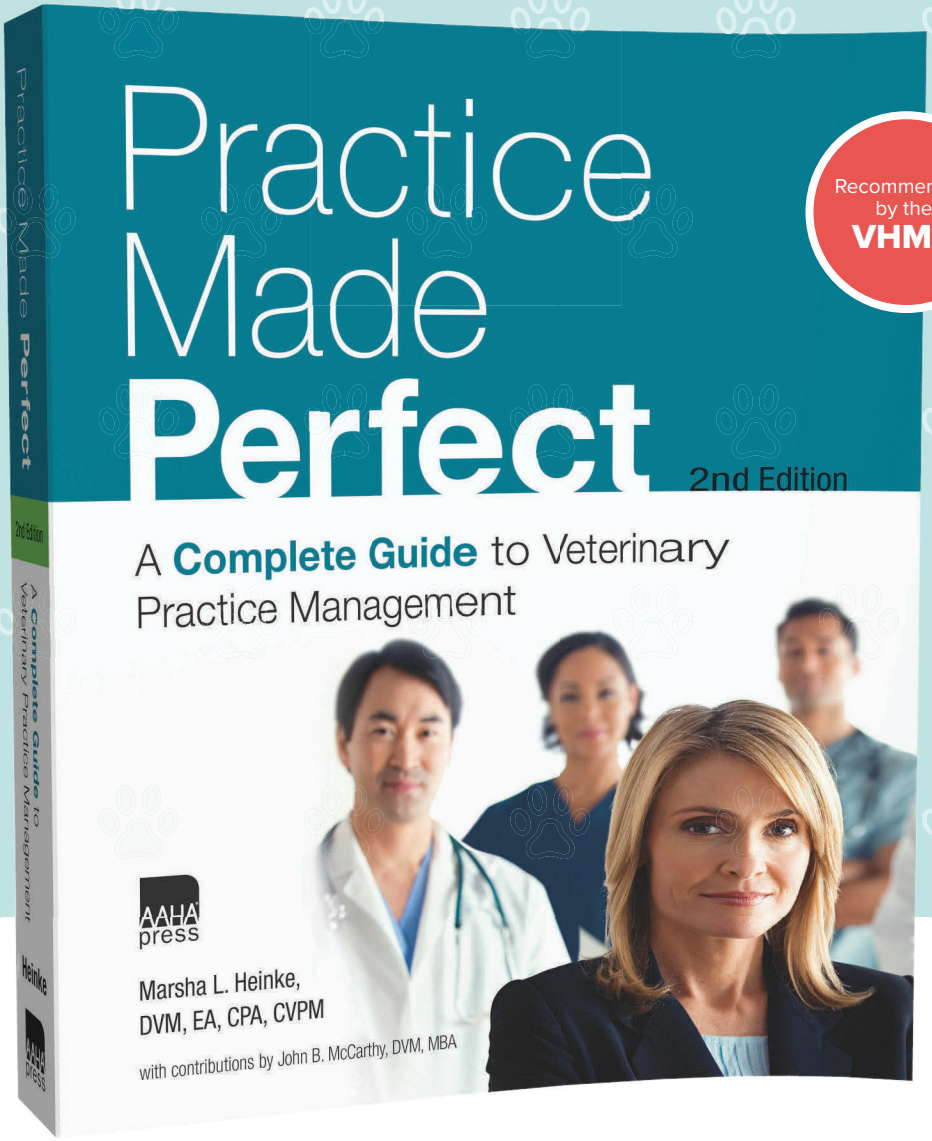
Cline noted when a client is fired, they are never allowed to return. "One of the first clients I ever fired when I first opened tried to come back, and I told her she still wasn't welcome, even decades later."

It's important to send a written notification that the client is no longer welcome, as well as a copy of the client's medical records. Cline's clinic sends both by regular and certified mail. "It is documented, and they can't come back and say we didn't send their records," Cline explained.

When a client is fired, Cline said she is confident she's made the right decision. "That level of disrespect goes further than just being rude," said Cline. "We don't play around." ※

Kerri Fivecoat-Campbell is a writer living her dream life in a small cabin in the Ozark Mountains. She shares her life with her rescued pack of dogs. She is the author of *Living Large in Our Little House: Thriving in 480 Square Feet with Six Dogs, a Husband, and One Remote*. You can see more of her work at kerrifivecoatcampbell.com.

Jevtic/iStock via Getty Images



Good management doesn't happen by accident.

Master the management and leadership skills needed to lead a thriving practice with the bestselling ***Practice Made Perfect***. Covering everything from human resources and bookkeeping to medical record management and marketing, this comprehensive guide offers step-by-step advice to make immediate and real improvements in your hospital.

AAHA press

Shop today at **press.aaha.org**!

The Softer Side of a Software Switch

uniquepixel/iStock via Getty Images

A People-Focused Approach to Changing Practice Information Management Software

by Katie Berlin, DVM, CVA

I remember when I was a kid and my dad helped my grandparents—both brilliant, literary people born before 1920—set up their first Windows computer. My grandpa, whom I knew only as the man who told me stories featuring characters with ridiculous names and danced around the living room humming "The Merry Widow Waltz" while I stood on his feet and chortled, now frequently asked my dad for technical assistance in a very serious tone I had not heard before.

Since then, that same tone (with some additional colorful phrases) has come out of my mouth on many occasions, like when I was trying to cobble together telehealth appointments over Zoom at the start of the pandemic or when our Dish Network dropped out repeatedly during Michael Phelps' last Olympics. But I don't believe I had an appropriate level of appreciation for the situation my poor grandpa was facing back then until last fall, when our practice changed from our trusty on-premise practice information management software (PIMS) to a cloud-based program. (See sidebar.)

> Although an upgrade will undoubtedly benefit your practice over time, it will immediately change your team's daily experience in ways that range from inconvenient to rage-inducing.

As much as it's possible in the ever-evolving world of tech, I had grown up with that on-premise platform. The practice where I worked summers as an assistant during

school used it (we diligently backed up all the data every night on a disk). Ten of my twelve years as an associate vet were spent using the same program. It was what veterinary medicine looked like to me.

I've often heard our profession described as resistant to change and sluggish to embrace new technology. But if there's one thing COVID-19 proved to everyone, it's that veterinary teams can adapt quickly and creatively. In the past two years, we have pivoted constantly, sometimes in a matter of hours, to keep our doors open and our teams, clients, and patients happy and healthy. But just because we've adapted doesn't mean we haven't mourned the loss of the "old way." Resistance to change isn't always about logistics—it can also be emotionally hard to let go of systems that have served us well for a long time.

A familiar PIMS is more than a file cabinet on a server. It's our connection to our clients, from email addresses to which doctors they prefer, and it's the best tool our teams have to avoid drug reactions, know if that heart murmur is new, or prescribe the correct dose of antianxiety medication that took three tries to get right. Its screens are burned onto our retinas after too many late nights making calls and typing records. We curse it forever when it goes down and almost cry with relief when it's back up. After a chaotic shift, it waits expectantly for us to sit down and get to work. When we are faced with a mistake we made, an irate pet owner, or terrible news to deliver, it's where we go to document, sometimes with trembling hands, the conversation we just had.

A software switch may be a purely practical decision, but it carries its share of emotional weight.

I know the decision to change PIMS isn't an easy one. If it were, I probably wouldn't have been using the same software at three different hospitals from 2004 to 2021. As an associate veterinarian, I wasn't part of the conversations that led up to the decision to switch, nor was I involved in choosing a software, figuring out how integrations would work, or planning the onboarding process for our team of more than 60 people over two locations. As a team, we heard some buzz about going cloud-based, and then we found out it was happening—and soon. I expect this is how it plays out for most team members at most hospitals, and that's understandable. It also might make many of us feel a little panicky, which isn't the best mindset with which to approach a big change.

Although an upgrade will undoubtedly benefit your practice over time, it will immediately change your team's daily experience in ways that range from inconvenient to rage-inducing. After weathering the first three months with our outstanding and resilient team, I wanted to share some things that, from an associate's perspective, can help keep spirits up, attitudes positive, and clients happy.

Make Sure the Team Knows the WHY—Then Set Them Up for Success

Change is hard, but it helps to know why it's happening. As we all probably know well, clients are more likely to take our recommendations if we give them a good reason. So first, have a conversation, well in advance, about why you are considering a switch. Your team is in the trenches all day with your current software. An open discussion at a staff meeting can help you gather feedback about what's working with the current system and what they wish could be different. It may help guide your search and, most importantly, can make your team feel more involved and invested in the switch.

Assemble a team of "change champions" who will help you continue to talk with the team about the process. Some people may respond better to information from peers than from leadership. This is a great place to empower your younger team members who grew up

On-Premise Vs. Cloud

On-premise software refers to software that is installed locally on your business's computers and servers (if you have them). *Example: You installed Microsoft Word on your computer and can use it even when offline.*

Cloud software is hosted on the vendor's servers in another location and is accessed over the internet. *Example: Your Gmail account, which you need internet access to use.*

> A software switch may be a purely practical decision, but it carries its share of emotional weight.

entirely digital—they may not be able to identify a floppy disk in a lineup, but they can learn new software and integrations fast and talk about them positively. Priceless!

Have a plan in place for the transition period. Many software platforms offer on-site onboarding with their own team, which is a really, really good idea. In addition, overestimate the amount of time your team will need for each appointment during the first two weeks. It will take a lot longer to do mundane things like checking patients in, typing up histories and physical exams, and entering medications and charges. Hiccups are inevitable. Seeing fewer appointments might seem scary during these busy times, but no one learns well when they're already feeling frazzled.

Take care of your team during the transition—with more than just pizza (but pizza helps). There are a few things to consider here. Hourly employees should be paid for all training that occurs on their own time or when they're not scheduled to work. Associates paid with production-based compensation (ProSal) with negative accrual will lose production if you scale appointments back as you should. Negative accrual during this time may make them feel resentful about helping to lead the team through the transition.

Manage Client Expectations

Most clients are nice people who have jobs, too. So chances are that they will put up with almost anything if you explain that it's because you're changing software. It's basically a universal human experience at this point. The key is to be transparent with your clients up front rather than explaining after they are already angry.

None of us would want to wait a long time, receive an unexpected bill for missed charges, or hear that our pet's records are inaccessible. It's understandable that clients won't like that either, but all of these things are possible bumps in the PIMS-transition road. Here are a few ways to manage client expectations for a good outcome.

Make sure your clients know what's coming. Send an email, post on social media, put a banner on your website, and change your hold message and voicemail. Put little signs in your exam rooms if you're having clients come inside for appointments. Do whatever you can to make sure everyone who calls or arrives at your hospital hears more than once that you are preparing for a software switch.

Apologize and be honest when mistakes get made, but take every opportunity to talk about how amazing you think your team is. If you lose a client because you couldn't make a major operations change invisible to them, they weren't going to stick around forever anyway. A team who feels supported and appreciated is with you for the long haul.

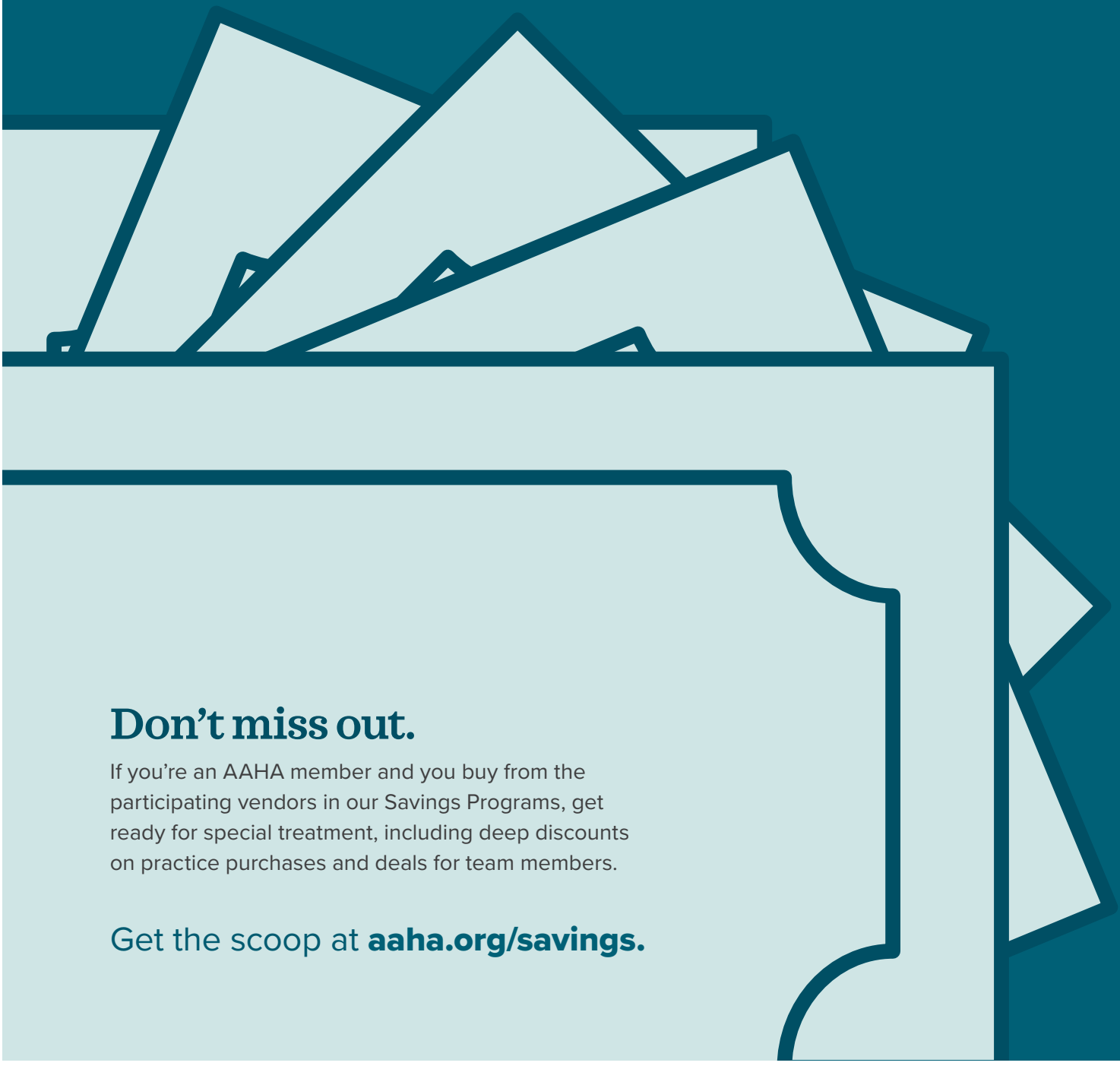
I can hear my team laughing at Captain Feelings (me) for talking about switching PIMS as if it's losing an old friend, but the truth is, we are creatures of habit. And we are also highly empathetic, caring people who pour everything we are into what we do for a living. Approaching a big change as a united team that includes staff and clients goes a long way toward making sure as much of that energy as possible stays focused on what really matters. ※

Katie Berlin, DVM, CVA, spent 12 years in small animal practice as an associate veterinarian, developing special interests in pain management, preventive and senior pet care, and acupuncture. She is a group fitness instructor, certified running coach, and creator of The Vet Reset Podcast, where she talks to colleagues both in and outside of the veterinary field about mental and physical wellness, career diversity, and how they are finding a sustainable path to happiness in work and life. She now works full-time for AAHA as the Veterinary Content Strategist.

uniquepixel/iStock via Getty Images

AAHA members

SAVE *big bucks!*



Don't miss out.

If you're an AAHA member and you buy from the participating vendors in our Savings Programs, get ready for special treatment, including deep discounts on practice purchases and deals for team members.

Get the scoop at **aaha.org/savings.**

The Stories We Tell Ourselves

What to Do About Emotional Constructs That Drive Workplace Drama

by M. Carolyn Miller

KTStock/iStock via Getty Images

Too often, the focus is on the actual drama—"he did this" or "she said that"—rather than what caused the drama.

"Can you send that document to me?"

Mary, the receptionist at the vet clinic, looked up at the new veterinarian, John, standing over her desk. "I sent it to you last week."

"No, you didn't."

"Yes, I did. Check your email."

John sighed. "I did. It isn't there."

"I specifically remember sending it to you last Wednesday because the report is due today. Did you check your trash or spam?"

"Of course I did." John was annoyed now, and his voice was getting louder. "Can you just send it again? I don't have time for this. I've got too much else going on."

Mary raised a hand in surrender. "Okay, okay. I'll send it again."

"What's going on here?" It was Gale, the practice manager. She had been standing in the hallway and witnessed the interaction.

"Nothing," said Mary and turned to her computer.

"John," Gale said, turning to the new veterinarian. "How about we go over some of that new hire paperwork now?"

In this hypothetical situation, the potential conflict is abated, for now. But the tension between Mary and John was not resolved. Indeed, it will invariably crop up the next time they have a similar interaction. And, again, it won't be comfortable for either of them, or anyone else who happens to be around.

Such interactions happen more often than we care to admit. And although it's easy to shrug such interactions off as dramas created by emotionally unhealthy individuals, the truth is more universal. Everyday dramas, and the stories we tell ourselves about them, punctuate our lives more often than most of us care to admit.

For instance, you offer an idea and someone shoots it down. So you make up a story that says your idea—and by extension you—are not valuable. You also stop offering any more ideas. A work buddy inadvertently excludes you from an after-hours activity, so you tell yourself she snubbed you on purpose; that you're not likeable. You minimize your interactions with her in the future.

Such incidents don't feel good emotionally. They trigger our insecurities. But rather than speak up and say, "That hurt and here's why," we brush them off, or worse, avoid the other person. In life, but especially in the workplace where you have to interact with people all day, that takes a lot of energy.

It's also costly to a clinic. It can result in reduced productivity and employee engagement. It can also demand additional management time and resources. For instance, if John, as a new hire, doesn't work out at the practice, Gale will have to recruit, hire, train, and onboard his replacement.

Why do such dramas keep happening? Because, too often, the focus is on the actual drama—"he did this" or "she said that"—rather than what caused the drama. Indeed, employee development training programs and performance management coaching sessions tend to treat the behavior rather than the cause of the behavior. It's like treating heartburn with antacids rather than changing your diet. You can be assured that the drama—and the heartburn—will repeat itself until you address the source. In the case of the stories we create around such situations, that source is the underlying emotional construct you add to the actual event.

What Is an Emotional Construct?

So often, we don't see situations as they are but instead through the emotions we have constructed on top of the actual event. For instance, consider a coworker who is late for a meeting with you at a coffee shop. There are several stories you could make up about the situation:

"I'm not important enough for him to be on time," or

"He's telling me who the boss is here, and it's not me," or

"He probably got stuck in a traffic jam."

These stories we create, and their underlying emotional pull, may

Many of us carry the Critic around in our heads. This is the part of each of us that makes up all the stories.

BlackSalmon/iStock via Getty Images

or may not be true. And although later—when the coworker arrives and blames the traffic for his tardiness—we may realize this, in the moment it feels real.

The goal, then, is to pull back the emotion you have constructed over each interaction. When you do this, not only are you able to see the facts of the event, but you are also able to separate the event from the emotions and then transform both.

This is easy to say but not so easy to do. That's because these stories and emotional constructs are deeply embedded in our psyches. And although the characters and scenery may change, the underlying story does not. In fact, it magnetizes similar dramas to us.

Are we doomed to play out these dramas? Not at all. Indeed, the human psyche is built for growth and healing. It presents these opportunities for just that. Our task is to use these challenges as opportunities to change the story and derail any similar dramas that pop up in the future.

Where Our Stories Come from

Many of us carry the Critic around in our heads. This is the part of each of us that makes up all the stories, such as, "You're not doing a good job," or "You're a failure." This Critic is a direct result of the level of self-esteem we have, note psychologist Matthew McKay, PhD, and Patrick Fanning in their book *Self-Esteem*.

Self-esteem has two components, according to McKay and Fanning. The first component is situational, that is, based on your current life situation. Needless to say, this is changeable. For instance, in the opening anecdote, John is new to the clinic, so he may not be as confident as he normally is and reacts more aggressively than usual. The second component of self-esteem—its bedrock—is set early in life. Indeed, the first three to four years of childhood determine the level of self-esteem you start out with, note McKay and Fanning. If you grew up in a loving home, your level of self-esteem will probably be higher than someone who grew up in a more challenging early-life environment.

But the stories we tell ourselves are the great equalizer. You can't change your childhood. But you can change how you think about it. Indeed, your thoughts are all you can control, McKay and Fanning say. The problem is that we get stuck in what narrative therapists call "old stories" that we made up when we were kids.

Going back to the anecdote at the beginning, consider that Mary's belief that conflict is bad and best avoided worked well for her as a kid. It kept her physically and emotionally safe growing up. But now, it's making it difficult for her to speak up for herself.

John's need to be perfect may have kept him safe from his dad's anger and judgment. But as an adult, it can be emotionally debilitating. It also can result in him lashing out, just as his father did to hide his own imperfection.

Both John and Mary are adults now. Their "old stories" are hungry to be remade with adult maturity. That's why the pattern keeps showing up. It is begging for a makeover.

Why Rewriting the Stories Isn't Easy

Who we are intrinsically is part of our early stories, be it an introverted nature or artistic talent. Our families and the culture we were born into also have a hand in shaping our early stories. And while it's easy to think that who we are intrinsically trumps who others expect us to be, the opposite is often true. In addition, the two are more interrelated than you might think.

First, our parents and ancestors pass generational beliefs to us through their stories and actions. If your mother avoided conflict as her mother did, you learned how to do that by watching her with your dad. If your grandmother, who grew up during the Great Depression, learned that "money doesn't grow on trees," you may have absorbed that belief as well.

Next, the expectations parents and caregivers have for us, along with their own unfulfilled dreams and fears, also have a role in our stories. Marion Woodman, a Jungian analyst, called this "the power principle," and it's the idea that we become who we think others want us to be so that we won't face their rejection. And it is this fear of rejection, of not being loveable, that fuels our stories and makes them difficult to escape.

Finally, the culture we live in passes its beliefs on to us through stories shared in school, journalistic and social media, literature and movies, and more. Without even realizing it, we absorb those stories and their lessons on how to be accepted in society. They become the soup we swim in and we often take on those beliefs without ever questioning them.

> Many scientists, psychologists, and spiritual teachers offer similar solutions to change these negative stories, and it all comes down to controlling your mind.

For instance, the idea that men were the breadwinners and that the woman's place was as a homemaker is a common belief that was not widely challenged until women began fighting for suffrage. Our own race and class—and how we think about the race and class of others—also play a huge role. So, too, do religious beliefs and where in the world you grew up.

All of these elements factor into the stories we tell ourselves as well as our emotional reactions to them. It can be difficult to rewrite such deeply embedded ideas about the way the world works and our place in it, but this kind of self-exploration has a lot of benefits for all aspects of our lives.

How to Change the Stories: Where to Start

Many scientists, psychologists, and spiritual teachers offer similar solutions to change these negative stories, and it all comes down to controlling your mind—the place where the Critic lives.

Mindfulness and meditation, whether within a spiritual tradition or not, both have a long history of offering mind taming and training abilities. Therapeutic modalities like cognitive behavioral therapy offer ideas such as taking a negative belief and saying the reverse repeatedly until you believe it. Traditional talk therapy often focuses on discussing early life experiences to help people see the patterns they've developed and reframe them.

All of these paths are valid and worth exploring. But sometimes, it's as simple as being honest. The truth is that we all have emotional vulnerabilities. Most people also have positive intentions and aren't trying to hurt anyone. They are merely protecting themselves emotionally.

To jump-start the process for changing your own emotional reaction to a story, try these steps with a current situation.

Step 1: Replay the situation.
You can do this by mentally going over the situation in your head or by writing it down in a notebook or journal. What happened and how did it make you feel?

Step 2: Feel the feelings and identify the pattern.
Once you identify how the situation made you feel, see if you can understand why you felt that way. It can help to journal about this. Did it remind you of other similar situations? Which ones? How?

Step 3: Share your experience and feelings.
Once you understand the "why" of your feeling and can articulate it, talk with the other person privately. Share how the experience made you feel. It is difficult for people to argue with feelings, so stay away from accusatory statements.In review of the opening anecdote, Mary might say to John, "You know, John, when we had that exchange yesterday, I felt like a little kid being reprimanded by my dad and it hurt. I know that wasn't your intention, but that's how it made me feel."

Step 4: Reward yourself for taking the first steps to disrupt the old story.
You can't control the other person's reaction to your honesty. But that doesn't matter. What does matter is that you spoke up for yourself and began to disrupt that old story and belief with mature and conscious authorship. Acknowledge this and realize you have done an admirable job of caring for your own emotional wellbeing. ※

M. Carolyn Miller, MA, called the Story Lady by her clients, has worked with story for 30 years as a professional writer, narrative instructional designer. and personal mythologist. Find her online at cultureshape.com.

Elevate End-of-Life Care

New End-of-Life Care accreditation model from AAHA

AAHA ACCREDITED END-OF-LIFE CARE
The Standard of Veterinary Excellence

> 40% of pet owners wouldn't return to a veterinary hospital where they had an unsatisfactory pet euthanasia experience.

AAHA's new **End-of-Life Care accreditation** model is designed to help you elevate these services, so patients and clients receive appropriate supportive and emotional care at the end of life.

Learn more and apply: **aaha.org/eolc**
Questions? Email **eolcaccreditation@aaha.org**


AAHA
— THE HEART OF —
better care
FOR PETS
AND THEIR PEOPLE
AAHA accreditation provides veterinary practices with unique resources and a supportive community while driving excellent medicine, thriving teams, and successful practices.
Drop by **AAHA's WVC booth (1926)** March 7-9 to learn more (and save on AAHA Press products!)
aaha.org

Effective Use of Pain Metrics

AJ_Watt/E+ via Getty Images

Quantitative assessment is vital in recognizing pain, suffering, and changes in the quality of life.

Pain Scales Help Give Animals a Voice

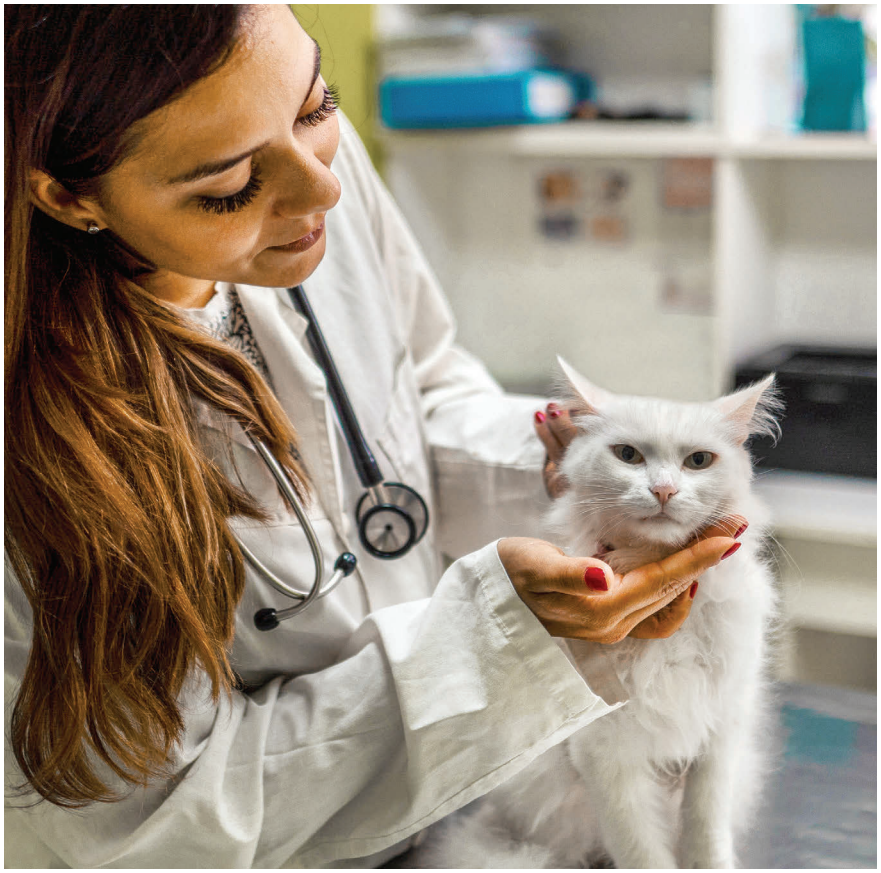
by Ralph C. Harvey, DVM, MS, DACVAA

"Dying is nothing, but pain is a very serious matter."
—Henry Jacob Bigelow, 1871

Our foremost medical responsibility is to relieve suffering. Pain is at the forefront of clinical presentations for human patients and presumably would be for nonhuman animals if our patients could speak for themselves. But of course, they cannot. In extreme situations, pain alleviation is more important than maintaining life itself.

Pain that goes beyond the essential warning of the injured individual becomes deleterious. Maladaptive pain is a more meaningful contemporary term for chronic pain, which is any pain that lasts longer than the underlying pathology or is manifest in excess proportion to the injury. Maladaptive pain becomes a self-supporting deleterious syndrome and is more difficult to alleviate than initial, acute, or adaptive pain.

One of AAHA's pain management–related standards mandates that "pain assessment using a standardized scale or scoring system is to be recorded in the medical record for every patient evaluation." Among the approaches utilized are traditional physiologic measurements like temperature, pulse, and respiration (TPR); other physiological parameters; quantitative sensitivity measurements (pin algometer or von Frey filaments); and a wide variety of pain scales. Currently, these pain scales are



Repeated evaluations by the same person, if possible, are most valuable while following a course of therapy.

based primarily on subjective observer-rated scoring of changes in specific behaviors.

The Role of Pain Scales

Using validated metrics, the assessment of pain provides a window for recognition of pain and more effective pain management, providing better quality data for the benefit of our patients and addressing the need for evidence-based advancement of veterinary medicine. Pain is recognized to be a "vital sign." Patient evaluation based on vital signs in veterinary medicine usually includes temperature, pulse rate or heart rate, respiratory rate, and pain. Occasionally, arterial blood pressure is included, usually in anesthesia and critical care. These physiologic parameters and several biochemical and neurochemical markers—including epinephrine, norepinephrine, beta-endorphins, and cortisol—are better correlated to stress than to pain, but they can be helpful in scoring based primarily on changes in specific behaviors.

As medical providers, our obligation to relieve pain and suffering is paramount, yet often we are in the dark. Veterinary personnel and animal owners are notoriously inaccurate in recognizing signs of pain in animals. Animals presented to veterinary hospitals are most often fearful, stressed, and anxious, and they usually will not display the specific behaviors signaling pain that they would in their typical home environment. Our clients often mistake pain for what they believe is just a progression of normal aging changes. Animal owners are often ignorant because they just don't know what to look for as behavioral signs of pain. But, because they know the normal behavior, they can learn to identify specific changes and share relevant observations with us. With the provision of compassionate education on the several behavioral changes indicative of pain, our clients can become our most essential partners in recognizing and managing pain in their animals.

Scientific principles teach us that we cannot understand until we can measure. We must have some metrics, especially validated metrics, to guide our patient care. Quantitative assessment is vital in recognizing pain, suffering, and changes in the quality of life. Assessment guides analgesic therapies in that clinical providers can follow the success or failure of treatment plans through changes in the validated metrics over time. Assessment metrics are also essential in developing and validating new analgesic therapies.

Pain is a highly individual experience, influenced by many intrinsic and extrinsic factors. The gold standard for assessing pain in humans is the self-report, most often using a numeric rating scale, which, of course, animals are not capable of providing. Many pain scales and scoring systems have been developed and validated for our subjective observer-rated assessment of acute and chronic pain in animals; these are called clinical metrology instruments. This short article mentions a few of the pain scales and pain-scoring systems used in veterinary medicine and suggests readily available resources to aid in assessing pain.

Tools and Best Practices

Repeated evaluations by the same person, if possible, are most valuable while following a course of therapy.

Conducting an interactive pain evaluation and establishing a pain score before and after treatment helps develop and refine the best pain management plan. Assessment and scoring are especially helpful in determining the choices of analgesics, dosage levels, routes of administration, and treatment intervals. Behavioral assessment and pain scoring are best completed by those most familiar with the patient's normal behavior—the owners—in the home environment.

Assessments of pain in animals should include an interactive component. Many subjects will hide signs of pain or remain atypically inactive until stimulated by interaction with other animals or human evaluators. A cautious and graded approach and interaction are required. Increasing or exacerbating existing pain can inadvertently increase fear, anxiety, stress, and aggression, compounding the impact of pain. The patient's temperament may influence our scores, as may our inherent human bias in recognizing and ascribing significance to vocalization over nonverbal communication. Caution and respect for the potential of painful animals to respond to even gentle interactive examination with aggression are essential for the benefit of both patients and veterinary personnel. If our patient interaction and evaluation in conducting pain assessment inadvertently cause or exacerbate pain, our patients may bite, scratch, or otherwise share the pain with us!

Among several essential references, the *2015 AAHA/AAFP Pain Management Guidelines* (and the soon-to-be-released *2022 AAHA Pain Management Guidelines for Dogs and Cats*) emphasize the value of behavioral indices for the observer-rated assessment of animal pain. The 2022 International Society of Feline Medicine Consensus Guidelines on the Management of Acute Pain in Cats focus attention on pain assessment, with due emphasis on the importance of our client's role in observation and evaluation. In addition, the World Small Animal Veterinary Association issued "Guidelines for Recognition, Assessment, and Treatment of Pain."

Resources from Zoetis include detailed instruction in the diagnosis and assessment of osteoarthritis pain along with graphics, animations, and video clips. NewMetrica produced and provided the widely used Glasgow and Short Form Glasgow Composite Pain Scale. Their partner organization, VetMetrica, provides vital resources for training and implementation. Together, they have added the Health-Related Quality of Life (HRQL) scale. Their HRQL instrument adopts a more holistic approach, assessing emotional and physical wellbeing. The computer-based scoring algorithm generates a relatively nonbiased decision.

Specific Behavioral Changes

There are a variety of behavioral changes associated with pain in animals. Vocalization is a dramatic sign because humans are a vocal species, and it is therefore a source of potential bias. But some animals, such as cats, will rarely use vocalization as a sign of pain. In assessing pain, observers should guard against discounting other, more subtle behavioral signs and nonverbal communication.

Sudden or dramatic changes in behavior are significant but may also be over-emphasized in scoring pain behavior. These include vocalizations: crying, barking, hissing; aggression: biting, kicking, pawing, scratching; and non-responsiveness: hiding, motionlessness, silence.

Acute Pain Behaviors in Cats:

- Poor or lack of grooming
- Hissing or aggression upon manipulation
- A tendency to hide the painful part and look normal
- Dissociation from the environment

Acute Pain Behaviors in Dogs:

- Hunched or prayer position
- Glazed facial expression
- Attention-seeking
- Whining
- Licking the painful area

Assessing Chronic Pain

The following outlines several pain scales and examination techniques that practitioners can utilize to assess maladaptive pain in animals. Many of these assessment scales are available online; see Recommended Resources for more information.

Lameness Examination:
Lameness examination at its best is an advanced skill, often best developed by experts in orthopedics and rehabilitation. All clinicians should recognize the most common clinical signs of lameness. Those most familiar with gait analysis can best recognize more subtle but meaningful changes in locomotion. All clinicians can and should appreciate more gross alterations. These include reduced speed, abnormal gait, non-weight bearing, reluctance to move, walking on toes or hocks, dragging a leg, lack of coordination, hopping or lunging gait, difficulty in ambulation, failure to climb, excessive or awkward movements, running, escaping, limited movement, and hiding.

Unidimensional Pain Scales:
An evaluation of global behavioral changes may and should be based on recognition of species-specific collections or suites of behaviors indicative of pain, as listed above. The Numeric Rating Scale and the Visual Analog Scale are typically used as nonvalidated unidimensional assessments. By definition, there is no attempt to ascribe a range of points and then derive a composite score. There is also no specified threshold for action at which the analgesic treatment or modification action is to be triggered by a specific composite score. Unidimensional scoring systems are more subject to bias and variability across evaluators, with the influence of evaluator age, training, and gender recognized as several significant variables.

Descriptor Differential Multidimensional Composite Scales:
Composite pain scales utilizing a more complex contribution of behavioral, physiologic, and occasionally neurochemical markers have been developed, validated, and extensively employed in research on pain and analgesia. The multidimensional composite metrics are based on separate ratings of severity of deviation from normal for a specified collection of behaviors. The individual scores for each behavior of parameter rated are typically summed to calculate a composite score. A specified threshold (number of total points) at which a therapeutic action is triggered is incorporated in these pain scales. Analgesic therapy is indicated once that threshold is crossed.

These assessment tools deserve our close consideration. In early versions, some were too cumbersome for practical clinical application. Implementing the best clinical metrology instruments in a busy clinical environment requires practicality and simplicity in their design and the necessary knowledge and training. Some of the standard multidimensional scoring systems, for instance, the Glasgow Composite Measures of Pain Scale (GCMPS) and the University of Melbourne Pain Scale, have been modified and customized as “short form” instruments that more practically meet typical veterinary clinical requirements, while retaining validity. The definitive Glasgow acute pain scale for cats, the Glasgow Composite Measure Pain Scale—Feline (CMPS-F), is a combined composite behavior and facial grimace scale.

Specific Multidimensional Composite Scales:
Facial Grimace Scales: The Wong-Baker Faces Scale or Facial Grimace Scale is a well-known and respected tool for assessment in humans, even in very young children. Recognition of changes from many animal patient’s normal facial appearance is powerful in pain metrics and is validated through appropriate research in many species.

Species-Specific Chronic Pain Behaviors

Dogs—decreased mobility; however, eating behavior is rarely affected

Cats—isolation from others in the household, decreased grooming, and cessation of eating

Horses—inappetence, severe weight loss, dull expression, glazed eyes, and base-wide stance

Ruminants—weight loss and isolation from the herd

Pigs—reluctance to rise, reduced social interaction, and little appetite change

> Conducting an interactive pain evaluation and establishing a pain score before and after treatment helps develop and refine the best pain management plan.

However, this does not work for dogs owing to the widely varied facial and skull morphology. In cats, pain is revealed in squinting eyes, whiskers diverted downward, ears back, and the head lowered relative to the thorax. The deviation from normal for each facial indicator is scored in a relative range, and the individual scores are summed to obtain the composite facial grimace score. Scoring systems have been revised to include the facial grimace evaluation as an added component in an interactive, multiparameter, composite behavioral evaluation.

UNESP BOTACATU Acute Postoperative Pain in Cats Scoring in Cats: The BOTACTU pain scoring system for acute pain in cats was developed by Brondani, supported through European and North American research, and validated for postovariohysterectomy (OHE) pain in cats. The original form was time-consuming. The revised short-form of the instrument (UFEPS-SF) incorporates validation for responsiveness, extends coverage of the metric to include orthopedic procedures and a variety of soft tissue surgeries rather than just the initial OHE pain, and streamlines the scale. It remains a highly respected scoring tool for acute feline postoperative pain.

Colorado State Canine and Feline Acute Pain Scales: Although not entirely validated and currently presented for educational use rather than to guide medical decisions, these straightforward graphic instruments for assessing postoperative pain in cats and dogs have gained wide acceptance in many veterinary hospitals. They are convenient, relatively simple to understand and employ, and realistic for many veterinary hospitals.

Canine Brief Pain Inventory (CBPI): This scale, adapted from human metrics of chronic pain, is the evaluation tool used by the US Food and Drug Administration in their evaluation and approval of new medications for the management of osteoarthritis (OA) pain in dogs. It is also practical and proven in clinical situations as a validated composite instrument for the recognition of OA pain, grading the severity of pain, and assessing response to treatment. The CBPI includes three categories for multidimensional evaluation: severity of pain, interference with activities, and quality of life.

Feline Musculoskeletal Pain Index: This is a client-directed questionnaire developed for owner assessment of the severity and impact of musculoskeletal pain in cats. It is available for download (see link below) from North Carolina State University. Further validation and streamlining of the instrument are under development.

Recommended Resources

The ready availability of training modules supporting specific scoring instruments for both acute and chronic pain increases their practicality and improves their uniformity in application. Fortunately, we have many such resources available for training about and implementation of several of the best pain scales. These resources help care teams select the best clinical metrology instruments to meet their needs. The many resources available through these sites also provide information to share with clients so that together we will make valid and useful assessments. ※

Short Form GCMPS: www.isvra.org/PDF/SF-GCPS%20eng%20owner.pdf

UMPS: researchgate.net/figure/University-of-Melbourne-pain-scale- UMPS_tbl1_271445502

NewMetrica VetMetrica: newmetrica.com acute-pain-measurement

Feline Grimace Scale: felinegrimacescale.com

Zoetis resources on chronic OA pain in dogs and cats: www.TheNewScienceOfOAPain.com

FMPI: cvm.ncsu.edu/research/labs/clinical-sciences/comparative-pain-research/labs-comparative-pain-research-clinical-metrology-instruments-subjective-nighttime-restlessness-evaluation-snore

CBPI: vet.upenn.edu/research/clinical-trials-vcic/our-services/pennchart/cbpi-tool

CMPS-Feline: bvajournals.onlinelibrary.wiley.com/doi/abs/10.1136/vr.104208; wsava.org/wp-content/uploads/2020/01/Feline-CMPS-SF.pdf

UFEPS-SF: *peerj.com/articles/11225/*

Ralph Harvey, DVM, MS, DACVAA, is chair of the Veterinary Advisory Board for the BioTraceIT Corporation, with a focus on the objective assessment of pain. He retired from the faculty of the University of Tennessee College of Veterinary Medicine in 2018, where he taught anesthesia, pain management, and related topics for 33 years.

Advertiser Index

Trends magazine is not responsible for contact information not specifically provided by an advertiser for use in the Advertiser Index or for other company contact information not listed in this index. Please contact the advertiser directly for all product information.

Employee of the Month

NAME:
Kelley Davis

PRACTICE NAME:
Rockledge Animal Clinic, Rockledge, Florida

OCCUPATION:
Office Manager, Customer Service Representative (CSR)

YEAR STARTED IN VET MEDICINE: **2018**

YEARS WITH PRACTICE: **FOUR YEARS**

Each month in *Trends*, we will spotlight a team member from an accredited practice.

Does your team boast an outstanding veterinarian, veterinary technician, customer service representative, or kennel worker?

Let us know at trends@aaha.org and you can win $100!

Why Is Kelley So Awesome?

Kelley is one of those rare unicorns! Her contagious positivity, collaborative attitude, and love for our clients and patients make her the "sunshine" of the practice. She is always wearing a smile, reminding the crew that there is a light at the end of the tunnel, and willing to lend a hand—even with burnout from COVID-19 affecting the team and our clients too. Kelley's drive and desire to grow as a CSR have led to her becoming a well-rounded office manager who supports our practice culture and fosters a team-building, patient-advocating practice. Our team, clients, and patients absolutely adore Kelley!

How Does She Go Above and Beyond?

Kelley's plate is full, yet she always identifies when others are overwhelmed and offers assistance with a kind, positive outlook. She deals with the most challenging clients with grace and poise, never discounting their concerns and diffusing any conflict quickly and efficiently. Her ability to build client/patient bonds is impeccable.

In Her Own Words

Why do you love your job? I have a passion for people and animals. I feel so grateful to work with our clients and build wonderful relationships with them as well as bond with their fur babies. There is no other job like it, and I could not imagine doing anything else.

Favorite celebrity: Leonardo DiCaprio

Pets at home: Leila the Weimaraner and Bambi the two-pound Chihuahua

What brought you to the profession: I moved to Florida a few years ago and when I was looking for potential job opportunities, I found an ad for Rockledge Animal Clinic and immediately knew that it was is exactly what my soul needed.

Hobbies outside of work: I love to be outside, especially near the ocean. I am also a food lover; I love trying new restaurants in the area.

Favorite book/show: *Where the Sidewalk Ends* by Shel Silverstein. It may be a children's book, but it brings a smile to my face every time I open it. ※

Photo courtesy of Kelley Davis

Clickable *just send a link to the client*
Shareable *by email, text or website*
Accessible *from their smart device*

Loveable? *Everywhere we go!*

The budget-friendly solution for veterinary care is now friendlier than ever.

CareCredit's **flexible financing now has a super easy experience**. Clients simply use their device to scan your custom QR code or **click a link** to learn about financing, apply and pay,* all on their own. **It works curbside, homeside, exam side, even virtual care side.**

Enroll now with CareCredit. The one-time fee is only $59 if you apply to enroll by April 30, 2022. Call ***844-812-8111.***

Already enrolled? Go to ***carecredit.com/mycustomlink.***

Watch how CareCredit *can put the flow in your workflows.*

AAHA RECOMMENDED

CareCredit®
Making care possible...today.

*Subject to credit approval.

midmark®

Designing better care.

Midmark transforms care environments for the benefit of all.

We make high-quality equipment that's easy to use, designed to fit your customer's needs and helps create better care experiences for everyone—from staff to patients to clients.

Midmark meets the needs and opportunities of today's veterinarians through a combination of fully-integrated product lines, superior quality, online and in-clinic training, technical support and client educational tools.

- Anesthesia
- Boarding and Containment
- Cabinetry
- Dental Delivery and X-ray
- Exam, Treatment and Surgery Tables
- Instrument Processing
- Lighting and Scales
- Monitoring
- Scrub Sinks and Grooming Tubs
- Seating

To learn more, call 1.800.MIDMARK or visit **midmark.com**.

Designing better care.