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The Training Issue



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- Elevate Customer Service
- Attract Doctors and Staff
- Increase Profitability

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Melanie Rodriguez - Viera East Veterinary Center

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Dr. Christine Newman - Harlingen Veterinary Clinic

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Melanie Rodriguez - Viera East Veterinary Center

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Dr. Ned Trathan - Oakdale Veterinary Group

Increase Profitability

“GeniusVets challenged us to make a lot of changes. The direction of our hospital has changed and our growth in revenue and staff has surprised all of us. I can say without hesitation that the consultation, service and resources from GeniusVets has played a critical role in our transformation.”

John Martin - Advanced Animal Care

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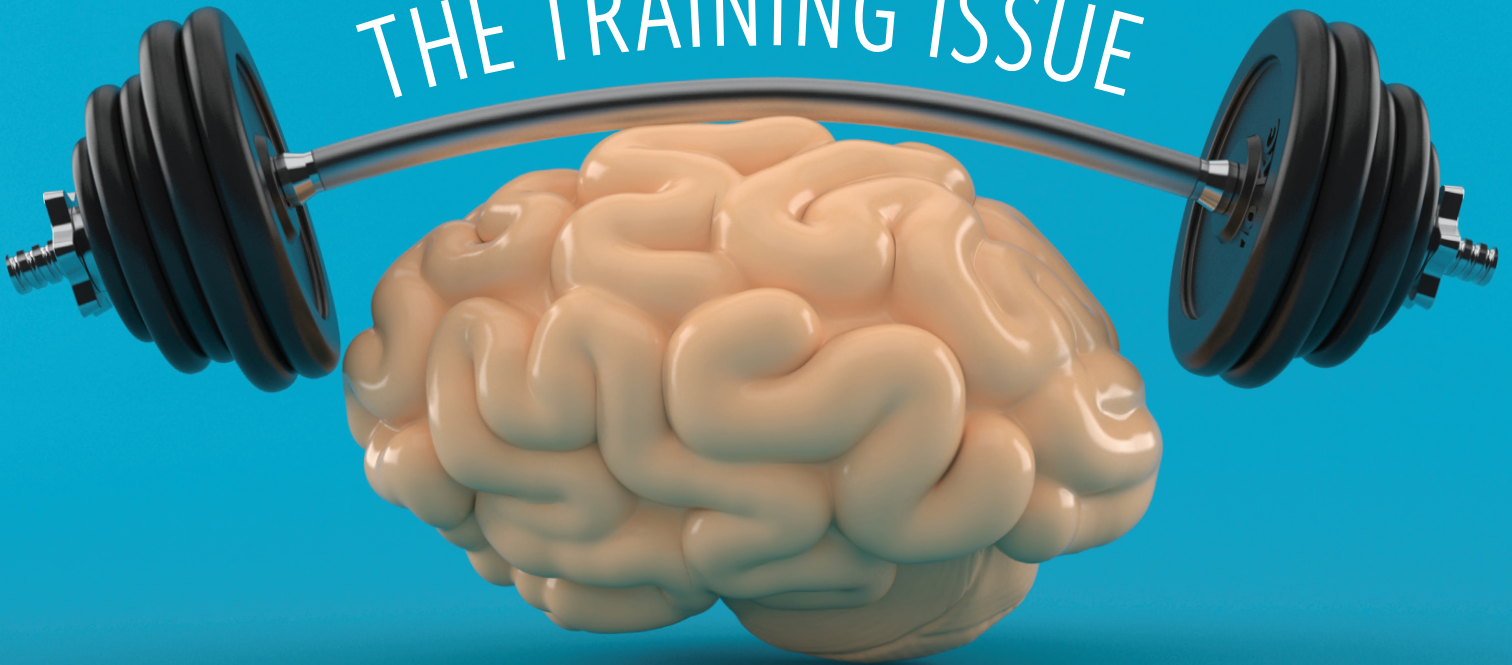
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Trends magazine provides timely perspectives on the art and business of companion animal veterinary practice to all members of the practice team.
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features



23

23 Wound Management for Veterinary Technicians

What you should know about wound care fundamentals
by Heidi Reuss-Lamky, LVT, VTS (Anesthesia/Analgesia), (Surgery)

30 Client Service Communication

How to strengthen emotional intelligence for turbulent times
by Debbie Boone, CVPM



30

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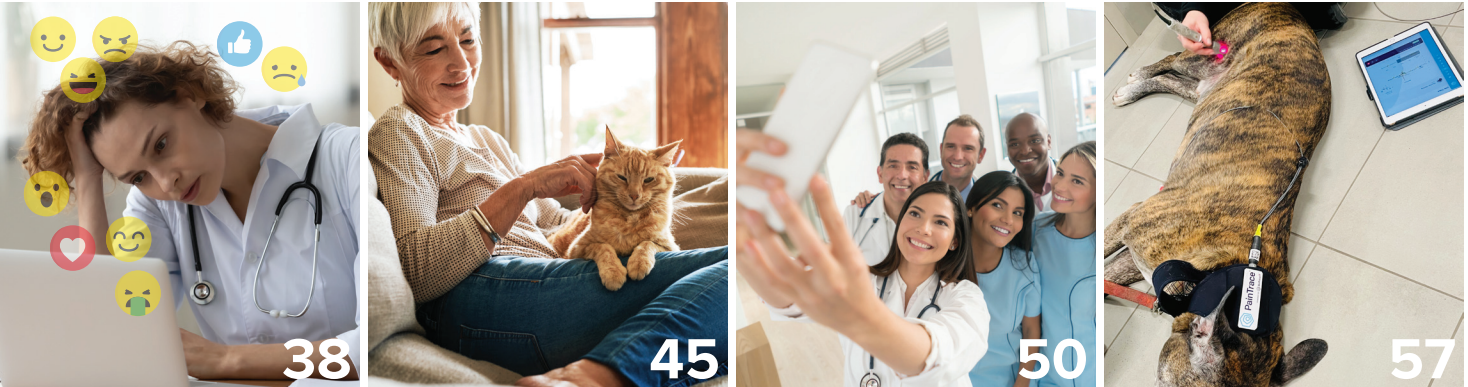
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 **MERCK**
Animal Health

departments



38 Reach Out

Social Media Management Tips

Managed correctly, social media can produce trackable results

45 Client Centric

Serving Seniors

Caring for the individual needs of senior clients and their pets

50 Money Matters

Money Meets Marketing: Happy Together

Train your practice team to produce social media posts that sell

57 Get Smart

Next-Gen Diagnostics

A review of 3 artificial intelligence and algorithm-assisted systems

the usual

8 From the Editor's Desk

11 Inside AAHA

15 Notebook

61 AAHA Marketplace

62 Advertiser Index

64 Employee of the Month

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from the editor's desk

DOES YOUR TEAM HAVE THE TOOLS THEY NEED TO HAVE A GREAT DAY

AT WORK? Every great team needs training, and the training you provide can really make a difference in how everyone performs in the practice. This issue is focused on a few aspects of training that you can start working on right away. From wound care tips for technicians by surgery and anesthesia specialist Heidi Reuss-Lamky, LVT, to customer service representative-focused communication, to facilitating social media marketing brainstorm sessions, this issue covers a lot of ground.

My home state of Maine is the oldest state in the country—not in terms of when it was founded, but the population. But in any community there are many seniors who have pets that may be underserved for a variety of reasons. My parents are in their 80s (and they have pets), so this month's article on catering to senior clients is super relevant for me. Making adjustments for this important sector of pet owners will only become more significant as time goes on and people live longer.

THE AAHA COMMUNITY

If you have not checked out the AAHA Community yet, you may be missing out. Come and be a part of the new platform designed to connect AAHA members online. Try it out today at community.aaha.org.

EMPLOYEE OF THE MONTH, NOW \$500!

Do you know an outstanding veterinary professional who deserves recognition—and 500 bucks? Well, look no further, because the new *Trends* Employee of the Month winner will now receive \$500, thanks to a generous sponsorship from CareCredit. Nominations must be submitted by a staff member at an AAHA-accredited practice, or an individual member of AAHA. Send your nominations by the first of the month to trends@aaha.org.

COMING NEXT MONTH

Coming up in July: We will hear from cannabis expert Stephen Cital, RVT, SRA, RLAT, CVPP, VTS-LAM (Res. Anesthesia), as he discusses various uses of cannabis and CBD therapy in veterinary medicine. We'll also take a look at some of the apps and digital platforms available for practices, and some solutions to some sticky staffing issues.

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

—Ben Williams, Editor

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View from the Board

Communication Versus Information

Are we communicating or distributing information? It is important to do both, and equally important to make sure we understand the difference.

How did we survive in practice before text messaging of client reminders, web-based access to lab results, or online access to our work schedule? The reality is that—not just within our profession, but across our entire lives—technology has streamlined our ability to distribute information to each other, bringing incredible efficiencies. Because we have found such easy ways to distribute information, we now often confuse these technological advances in information distribution with communication. But communication requires more than just efficiency—it needs to be effective. And being effective means it needs to generate connection.

Connection is the linchpin of our daily lives.

Connection is key to our happiness and our sense of belonging as human beings—connection with our coworkers, with our clients, with friends and family. Our ability to nurture workplace connection is a determining factor in our ability to maintain great workplaces for ourselves, and to attract, retain, and grow great people and great clients. As we look at connecting (i.e., effectively communicating), there are a few fundamental elements that have very little to do with distributing information.

- 1. Listen.** We all think about speaking, and so it seems counterintuitive as we discuss communication that the most important tool in communication is effective listening.
- 2. Ask open-ended questions.** The answer is often more revealing than a simple yes or no.
- 3. Understand the impact of your body language.** Facial expressions, eye contact, body posture, and hand gestures all play a major role in communication.

- 4. Adjust for different knowledge bases of those you are connecting with.** Watch out for your use of jargon and technical terms.
- 5. Recognize that we all process information differently.** To effectively communicate it is critical to appreciate and respect our differences.
- 6. Above all, be authentic and transparent.** Trust is at the center of all effective communication.

As we think about our workplace, I encourage us all to continue our push toward freeing up valuable time through the use of technology that helps us efficiently and effectively distribute information in our workplace. At the same time, let's not confuse this information distribution with effective communication.

And so my challenge to you is this: Find a way to use some of this time to train yourself and your teams to connect as human beings on the issues we need to communicate about, whether that is something as simple as client education on pet obesity or more challenging discussions such as resolving a conflict within your team. I suggest the results of such training will have a profound impact on you and all around you.



Dermot Jevens is a board-certified veterinary surgeon and investor who lives in Greenville, South Carolina. He currently serves as secretary/treasurer on the Board of Directors for AAHA.



Research Recap

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. Questions or feedback? Email us at research@aaha.org.

SPOTLIGHT ON TRAINING AND CE

From the OMNIBUS SURVEY



What do you see as your biggest professional challenge in the coming year?

Personal growth, training, and CE were concerns that grew slightly quarter by quarter, as attention began to turn toward post-pandemic needs.

8%

Growth (personal, or of my business)

Q1: 7.3%; Q2: 11.1%; Q3: 7.2%



4%

Training and CE

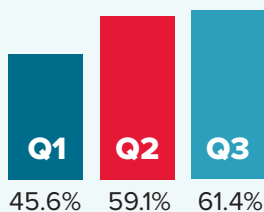
Q1: 3.8%; Q2: 4.3%; Q3: 5.1%

If you personally plan to attend one or more educational/CE events this year, what type of educational event do you plan to attend?

Responses to this question mirror pandemic-related trends, as many professionals have begun to yearn for the in-person connections we've been missing at face-to-face events.

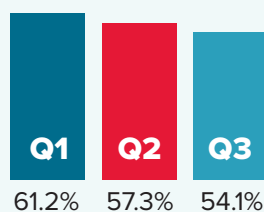
57%

Face to face (in person)



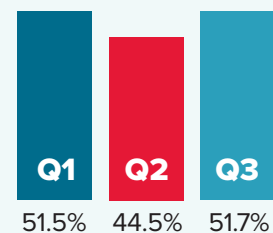
56.8%

Live remote/virtual



57%

On-demand streaming (recorded)



This month in AAHA's Publicity Toolbox . . .

Downloadable social media images available for AAHA-accredited members at aaha.org/publicity this month:

Adopt a Cat Month



International Box Day

June 19



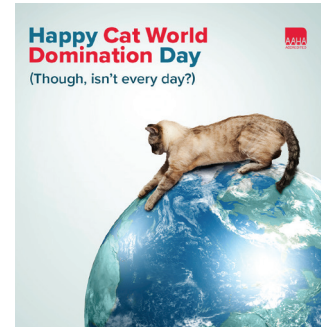
Father's Day

June 19



Cat World Domination Day

June 24



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NAVTA Report Urges “Veterinary Technician” Title Protection

A new report by the National Association of Veterinary Technicians in America (NAVTA) states, “The title of ‘veterinary technician’ is used inconsistently and . . . often incorrectly, and suffers from a lack of clarity and understanding, both within the veterinary world and among consumers.”

In fact, the report reveals, only 10 states have a clear definition of the title “veterinary technician” and restrict the use of that title to those who have formal credentials in that state.

Ashli R. Selke, NAVTA president, comments that NAVTA data indicate that title protection and pay are among the top concerns of veterinary technicians, many of whom think improved title protection will lead to better pay. “Protecting the title of ‘veterinary technician’ is the right thing to do from a legal perspective, helps the consumer better understand who they are working with, and gives the title value,” Selke said. “That, in turn, enhances the profession and creates an incentive for individuals to go to school and earn the right to use that title.”

The NAVTA report addresses the nationwide inconsistencies in titling and credentialing veterinary technicians with detailed recommendations for action by legislatures and regulatory agencies, academic institutions, veterinary medical and technician associations, veterinary practices, and others.

Hospital Performs First Middle Ear Ultrasound on Cat

Walnut was rescued and adopted as a feral kitten by Brittany Ray, who early on felt a lump behind one of Walnut’s ears. A veterinarian discovered a bilateral ear infection. The infected right ear recovered, the cyst resolved with antibiotics, but Walnut had frequent recurrent infections in his left ear.

After two years of consultations with specialists and more antibiotics, Walnut’s ear infections persisted. Finally, Ray brought him to Foster Hospital for Small Animals at Tufts University’s Cummings School of Veterinary Medicine.

Ramon Almela, PhD, DVM, DECVD, DEBVS; Tim Chan, BVMS; and the rest of the dermatology team immediately noticed Walnut scratching, shaking, and tilting his head—signs of chronic ear issues that indicated inner ear involvement. Walnut’s ear was filled with fluid, so a computed tomography (CT) scan could not get a clear view of the canal and eardrum.

“Another option is an ultrasound. It doesn’t require general anesthesia and it’s noninvasive, less expensive, and faster,” Almela said. However, the procedure is not widely available because very few radiologists are trained to perform ultrasounds on cats’ middle ears.

“We were lucky,” Almela continued. “Foster Hospital radiologist Agustina Anson Fernandez, DVM, PhD, DECVDI, trained for this type of ultrasound at the University of Veterinary Medicine in Vienna, [Austria]. . . [S]he agreed to perform the procedure on Walnut.”

Walnut was the first cat at Foster Hospital to have an ultrasound of both ears. Dr. Almela diagnosed him with an infection of the middle ear that spread to the inner ear. He was treated with ear drops, a supplemental wash, and two antibiotics. The new treatments showed immediate results. Walnut is now doing fine.

Almela now plans to conduct research about performing ultrasounds in lieu of CT scans on cats in similar situations.





US Issues “Shields Up” Alert for Cyber Security Awareness

The nation’s cyber defense agency, the Cybersecurity and Infrastructure Security Agency (CISA), wants every US organization, large and small, to “adopt a heightened posture” against cyberattacks in 2022. CISA recommends the following steps.

To protect against a cyberattack on your business network:

- Require additional authentication besides a password to access your network. This authentication might be a confirmation text message or email, a code from an authentication app, or a fingerprint or face ID.
- Ensure that your business’s software is up to date. You can check CISA’s website, cisa.gov/known-exploited-vulnerabilities-catalog, for recommended updates to make your network less vulnerable.
- Confirm that your organization’s entire network is protected by antivirus/antimalware software and that these tools are fully updated.
- If you use cloud services, visit CISA’s webpage to see the recommendations for protecting cloud services against attack.
- Sign up for CISA’s free cyber hygiene services, including vulnerability scanning, to help reduce exposure to threats.

To ensure a rapid response to a cyberattack and reduce its effects:

- Designate a crisis-response team with main points of contact for a suspected cybersecurity incident and roles/responsibilities within the organization

(such as technology, communications, legal, and business continuity).

- Assure availability of key personnel and identify means to provide surge support for responding to an incident.
- Conduct a tabletop exercise to ensure that all participants understand their roles during an incident.
- Test backup procedures to ensure that critical data can be rapidly restored if the organization is impacted by ransomware or a destructive cyberattack; ensure that backups are isolated from network connections.
- CISA also recommends organizations visit stopransomware.gov, a centralized government webpage providing ransomware resources and alerts.

4 Steps Individuals Can Take

CISA’s “Shields Up” Alert includes the following four actions that will keep individuals cyber safe.

- Set up multifactor authentication on your accounts, such as email, social media, online shopping, financial services, gaming, and entertainment services. This can make you 99% less likely to get hacked.
- Turn on automatic updates. Hackers exploit flaws that updates often fix. Set up automatic updates for all devices, applications, and operating systems.
- Think before you click. More than 90% of successful cyberattacks start with a phishing email that tricks you into revealing sensitive information and can install malware on your computer. If it’s a link you don’t recognize—do not click.
- Use strong passwords and ideally a password manager to generate and store unique passwords.

5 Strategies for Building Employee Loyalty

According to the Bureau of Labor Statistics, an average of 4 million US workers quit their jobs each month in 2021 and the total number of worker resignations for that year is a record 47.8 million. Writing in the “All Things Work” newsletter of the Society for Human Resource Management (SHRM), Novid Parsi cites these figures to bolster his argument that to stem the flow of workers leaving their jobs, employers need to build employee loyalty. The following are some of his suggestions for doing just that.

1. Provide employees with meaningful work and a sense of purpose.

Employee loyalty is about “being part of a team where you provide meaningful service that enriches the lives of others,” said Fred Reichheldof, founder of management consultancy Bain & Co.’s loyalty practice.

2. Ask employees what they need. Listen to their answers.

Pardi suggests employers establish “a regular process for identifying their people’s needs and acting on them.” Part of IT consulting company CGI’s annual assessment of employee satisfaction is a 14-question survey that helps identify ways that satisfaction can be improved.

3. Introduce or improve work flexibility.

“People have begun to realize that flexible work is not just a benefit,” said Kate Bravery, partner and global practices leader for Mercer, a management and consulting firm. “It’s a new operating model.” Mercer’s survey found that 32% of employees cited flexibility as a major motivation to stay with an employer. For some having more control over their work location and hours was more important than a pay raise.

4. Consider employees’ career goals.

According to Bravery, employees who don’t see long-term futures for themselves may leave a job, even if they are happy at work.

5. Commit to paying people well.

CGI has found that an effective loyalty-building strategy is “a sustained commitment to paying people well.”

The First IDEXX-Tuskegee University College of Veterinary Medicine Scholars Selected

The IDEXX Foundation and Tuskegee University College of Veterinary Medicine (TUCVM) have officially announced the three inaugural recipients of the IDEXX-TUCVM scholarship, one of the first dedicated programs aimed at increasing racial diversity in veterinary medicine. According to 2019 US Bureau of Labor Statistics figures, of the more than 104,000 veterinarians in the nation, more than 90% are White and less than 10% are people of color.

TUCVM, a historically Black college or university (HBCU), has increased access to veterinary medical education, educating 70% of African American veterinarians in the United States.

The multiyear initiative with the IDEXX Foundation includes nine full scholarships, mental health support for veterinary students, emergency funding for students in need, and monies for important capital improvements at the TUCVM facilities.

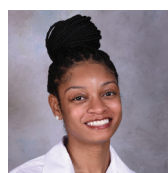
Introducing the Scholars



Brittany Howard is originally from Birmingham, Alabama. Her career aspirations include owning a chain of veterinarian-related businesses including private practices, specialty practices, shelters, pet stores, and more.



Justin Hodrick is interested in small animal orthopedic surgery and large animal theriogenology. He hopes to open a practice in Houston, Texas, his hometown.



Sydney Johnson is from Upper Marlboro, Maryland. Her current interests include veterinary dentistry, orthopedic surgery, sports medicine, and rehabilitation.

“Inspired by these scholars’ stories and ambitions, we are confident that they will have an immensely positive impact on veterinary medicine for decades to come,” said Jay Mazelsky, IDEXX president and chief executive officer.

Companion Animal Parasite Council Releases 2022 Pet Parasite Forecasts

The nonprofit Companion Animal Parasite Council (CAPC) has released its 2022 Pet Parasites Forecasts. CAPC, recognized as the global expert in forecasting the vector-borne diseases of companion animals in the US, warns that in 2022 much of the country faces higher-than-average risks from vector-borne diseases—heartworm, Lyme disease, ehrlichiosis, and anaplasmosis. Reasons for the increased risks include rehoming of pets, changes in “distribution and prevalence” of vectors (such as mosquitos and ticks), spread of wildlife into populated areas, climate change, and changes in wildlife habitats.

CAPC advises veterinarians and pet owners that “annual testing and year-round use of preventive products remains the best means of providing comprehensive internal and external parasite control.” In addition, “a vaccination for Lyme disease should always be considered for pets in high-risk areas.”

Trends created the tables below to show CAPC’s 2022 Forecasts for the geographic risks of two vector-borne diseases, heartworm and Lyme disease. Maps, more details, and other diseases can be found online at capcvet.org/articles/2022-forecasts/

CAPC 2022 Heartworm Forecast*

*For detailed information and maps, see the complete CAPC 2022 Pet Parasite Forecast.

Higher-than-Average Heartworm Risk	Increased Heartworm Risk	Little Change in Heartworm Risk
<ul style="list-style-type: none"> • Along Mississippi River • Southern Midwest • Atlantic Coast • Mid-Atlantic and pushing into dense population areas of Northeast • New Mexico and southern Arizona • Parts of Colorado and Kansas • Northern Great Plains 	<ul style="list-style-type: none"> • Northern California • Idaho • Eastern Montana • Central and southern Florida 	<ul style="list-style-type: none"> • Upper Midwest • Northeast

In its 2022 Forecast, CAPC does not identify any areas of the country that can expect “lower-than-average prevalence” of heartworm.

CAPC 2022 Lyme Disease Forecast*

*For detailed information and maps, see the complete CAPC 2022 Pet Parasite Forecast.

“High-Risk Hot Spots” for Lyme Disease	High Risk of Lyme Disease	Increased Risk of Lyme Disease
<ul style="list-style-type: none"> • Northern and western lower Michigan • Southern and northeastern Ohio 	<ul style="list-style-type: none"> • Northeast • Wisconsin, Minnesota, and the upper peninsula of Michigan • North Dakota • Northeastern South Dakota • Iowa • Illinois • Eastern Kentucky 	<ul style="list-style-type: none"> • Eastern Kentucky • Northeastern Tennessee • Western Michigan • Ohio • Carolinas • Tennessee

In its 2022 Forecast, CAPC states, “The geographic prevalence of Lyme disease continues to expand southward and westward.”



Mystery Solved at Texas A&M's Small Animal Teaching Hospital!

Henry, a seven-year-old schnauzer mix, arrived at the Texas A&M College of Veterinary Medicine & Biomedical Sciences' (CVMB) Small Animal Teaching Hospital (SATH) with a mysterious condition that baffled his local veterinarians and specialists.

At SATH, Henry's care team set out to discover the cause of the fluid collecting in his abdomen (ascites). The hospital's new interventional radiology service, established in 2021, put problem-solving veterinary specialists on the case—Genna Atiee, DVM, clinical assistant professor, and second-year internal medicine residents Jeremy Evans and Michael Hung.

"When I met Henry, I fell in love with him," Atiee said. "His case felt like a roller coaster—highs and lows throughout."

When more tests failed to discover the problem, veterinary cardiologists Ashley Saunders, DVM, DACVIM, and Sonya Wesselowski, DVM, DACVIM, took a more detailed look at Henry's heart and vessels in the hospital's catheterization lab.

They discovered that Henry's inferior/caudal vena cava was compressed, causing fluid to collect in his abdomen. The vein was so narrow that blood was building up in Henry's abdominal organs. Relieving the vein compression was vital for Henry's survival.

Saunders and Wesselowski decided to try using a metal stent spanning from the superior/cranial vena cava, through the heart, and out the inferior vena cava to widen the vein and improve blood flow.

While much of the procedure could be planned in advance, some decisions had to wait until the operation was in progress. "His was a complex case because of the location of his problem," Saunders said. "We . . . made decisions about the best thing to do based on the information we had."

Thanks to the team assembled for Henry's procedure, the stent was successfully deployed and relieved the ascites. Several months later, Henry is active and healthy, with no signs of the ascites returning.

"I was really proud of the team who was in the catheterization lab making intraoperation decisions," Atiee said. "It was a very challenging procedure, but . . . [w]e truly worked as a team with the common goal of helping this dog."

QUOTE OF THE MONTH

"We especially need imagination in science. Question everything."

—MARIA MITCHELL, ASTRONOMER, FIRST AMERICAN SCIENTIST TO DISCOVER A COMET, FIRST WOMAN PROFESSOR OF ASTRONOMY (1818–1889)

ORAL TREATMENT OFFERS ANOTHER OPTION FOR CANINE LYMPHOMA

Treatment for canine lymphoma has never been a one-size-fits-all approach, and some options can be limited for pet owners. In the past, owners have usually had three options after diagnosis: CHOP chemotherapy protocols, palliative care treatment, or foregoing treatment altogether and focusing on quality of life. Affordability and convenience are two of the main factors that drive their decision in which route to pursue. However, now there is another option available that works by killing cancer cells at the nuclear core, while generally sparing healthy ones.

“The first oral tablet conditionally approved by the FDA for the treatment of lymphoma in dogs”

Laverdia™-CA1 (verdinexor tablets) is the first oral tablet conditionally approved by the FDA for the treatment of lymphoma in dogs. Laverdia-CA1 is a SINE (selective inhibitor of nuclear export) that works by blocking Exportin 1 (XP01) leading to selective induction of apoptosis of lymphoma cells. Conditional approval is based on the FDA CVM’s assessment that Laverdia-CA1 has been demonstrated to be safe when used according to the label, that there is a reasonable expectation of effectiveness for the treatment of canine lymphoma, and that the drug is manufactured in accordance with full approval standards. Reasonable expectation of effectiveness means the product is reasonably expected to provide the intended effect when used under the conditions of use described in the labeling.

This option can be used as an interim therapy when a newly diagnosed patient has been referred to

an oncologist for CHOP, but the earliest available appointment may be several weeks away. In this scenario, Laverdia-CA1 may be able to slow the progression of the lymphoma until chemotherapy can begin.

Unfortunately, even with chemotherapy, patients can relapse and due to factors like cost or logistical challenges, owners may opt to discontinue that course of action. In this situation, Laverdia-CA1 offers another treatment option that is both affordable and convenient for the pet owner.

The majority of lymphoma cases are never referred to an oncologist, but Laverdia-CA1 gives the pet owner a treatment option that can be guided by their general practice veterinarian.

The twice weekly at-home administration is both convenient and affordable for owners who may not have the option of pursuing other treatments. Dogs should be frequently monitored for hematologic and serum chemistry abnormalities. The most commonly reported adverse reactions in dogs include anorexia, weight loss, vomiting, diarrhea, lethargy, polyuria, polydipsia, elevated liver enzymes and thrombocytopenia.

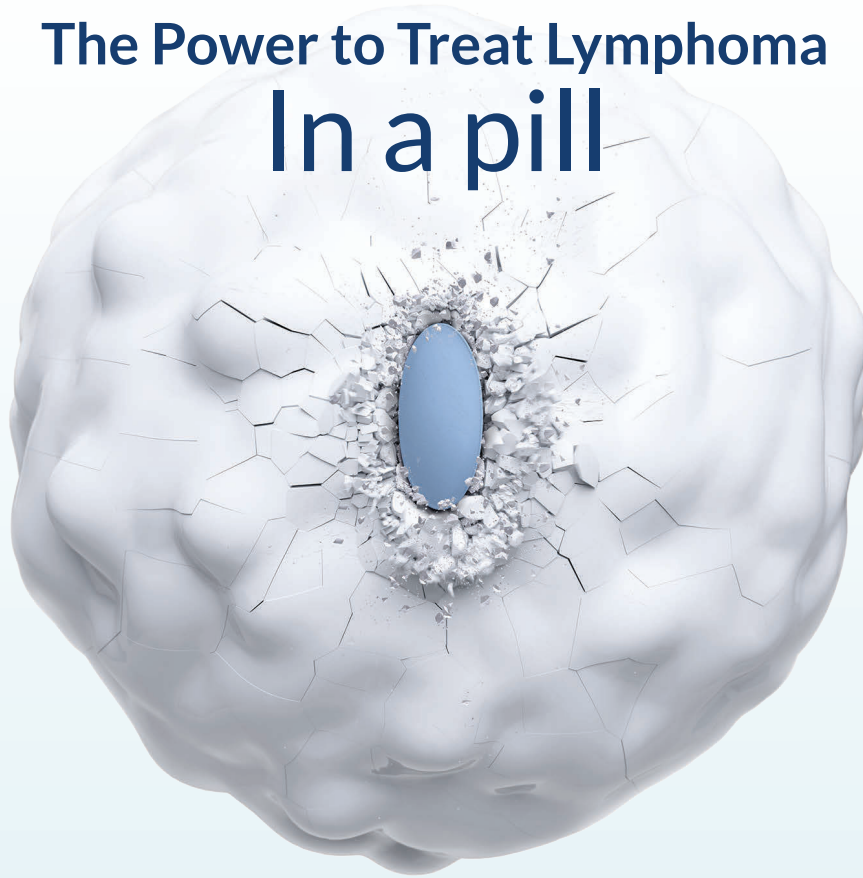




LAVERDIA™-CA1 (verdinexor tablets)

LAVERDIA™-CA1 is conditionally approved by FDA pending a full demonstration of effectiveness under application number 141-526.

The Power to Treat Lymphoma In a pill



A novel treatment option for canine lymphoma patients

Important Safety Information

For use in dogs only. Laverdia™-CA1 (verdinexor tablets) is conditionally approved for the treatment of lymphoma in dogs. **NOT FOR USE IN HUMANS. KEEP THIS AND ALL MEDICATIONS OUT OF THE REACH OF CHILDREN. CHILDREN SHOULD NOT COME INTO CONTACT WITH LAVERDIA-CA1.** Pregnant women, women who may become pregnant, nursing women and children should not handle or administer Laverdia-CA1 or come into contact with the feces, urine, saliva, or vomit of treated dogs for **3 days** following treatment. Laverdia-CA1 can affect male fertility based on animal studies and studies in humans. Wear protective disposable chemotherapy resistant gloves when handling Laverdia-CA1 to avoid direct exposure to moistened, broken or crushed tablets or biological waste from the treated dog (feces, urine, saliva, or vomit). Do not use in dogs that are pregnant, lactating or intended for breeding. Laverdia-CA1 is a possible teratogen and can affect female and male fertility. Dogs should be frequently monitored for hematologic and serum chemistry abnormalities. The most commonly reported adverse reactions in dogs include anorexia, weight loss, vomiting, diarrhea, lethargy, polyuria, polydipsia, elevated liver enzymes and thrombocytopenia. **For product label, including complete safety information, visit go.dechra-us.com/laverdia-pi or scan the QR code below.**



CAUTION: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian. Use only as Directed. It is a violation of Federal Law to use this product other than as directed in the labeling.

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Laverdia™ -CA1

(verdinexor tablets)

Conditionally approved by FDA pending a full demonstration of effectiveness under application number 141-526

Antineoplastic Tablets

For Dogs Only

CAUTION: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian. Use only as directed. **It is a violation of the law to use this product other than as directed in the labeling.**

BRIEF SUMMARY (for full prescribing information, see package insert)

DESCRIPTION: Laverdia-CA1 (verdinexor tablets) is a selective inhibitor of nuclear export (SINE) that blocks chromosome region maintenance 1 (CRM1).

INDICATION: Laverdia-CA1 is indicated for the treatment of lymphoma in dogs.

CONTRAINDICATIONS:

Do not use in dogs that are pregnant, lactating or intended for breeding. Laverdia-CA1 is a possible teratogen and can affect female and male fertility.

WARNINGS: NOT FOR USE IN HUMANS. KEEP THIS AND ALL MEDICATIONS OUT OF THE REACH OF CHILDREN. CHILDREN SHOULD NOT COME INTO CONTACT WITH LAVERDIA-CA1. Children should not come in contact with the feces, urine, vomit, or saliva of treated dogs.

Pregnant women, women who may become pregnant, and nursing women should not handle or administer Laverdia-CA1 or come in contact with the feces, urine, vomit, or saliva from Laverdia-CA1-treated dogs.

Laverdia-CA1 may cause birth defects and can affect female fertility based on animal studies.

Wear protective disposable chemotherapy resistant gloves when handling Laverdia-CA1 to avoid exposure to drug.

Wear protective disposable chemotherapy resistant gloves to prevent direct contact with moistened, broken, or crushed Laverdia-CA1 tablets and prevent direct contact with feces, urine, vomit, and saliva during treatment and for **3 days** after the dog has received the last treatment. Place all waste material in a plastic bag and seal before general disposal. Wash hands immediately and thoroughly with soap and water if contact occurs with the feces, urine, vomit, or saliva from Laverdia-CA1 treated dogs.

Any items that come in contact with feces, urine, vomit, or saliva should not be washed with other laundry during treatment and for **3 days** after the last treatment with Laverdia-CA1.

Wear protective disposable chemotherapy resistant gloves when handling the dog's toys, food bowl, and water bowl. Wash food and water bowls separately from other items during treatment and for **3 days** after the dog has received the last treatment.

If Laverdia-CA1 is accidentally ingested, or if there is significant contact with feces, urine, vomit or saliva of dogs during treatment or within **3 days** after the last treatment without proper precautions, seek medical advice immediately. It is important to show the treating physician a copy of the package insert, label, or client information sheet.

Special instructions for handling and administering the product
It is recommended that Laverdia-CA1 be administered under the supervision of, or in consultation with, a veterinarian experienced in the use of cancer therapeutic agents.

Do not store near food, in or near a food preparation area, or with medications intended for use in humans.

Skin contact

In case of contact with the skin, wash the affected area immediately and thoroughly with soap and water.

Accidental eye exposure

Rinse the eyes with large amounts of tap water (use eyewash station if present) for 10 minutes while holding back the eyelid.

Remove contact lenses.

Seek medical advice immediately and show the package insert or label to the physician.

Accidental oral exposure or ingestion

Seek medical advice immediately and show the package insert or label to the physician.

Animal Safety Warnings

Laverdia-CA1 can cause severe anorexia. Patients should be carefully monitored for inappetence, vomiting, diarrhea and dehydration, and supportive care should be provided as clinically indicated. Keep Laverdia-CA1 in a secure location out of reach of dogs, cats, and other animals to prevent accidental ingestion or overdose.

PRECAUTIONS: Safe use of Laverdia-CA1 has not been evaluated in dogs with concurrent serious infections; concurrent renal, cardiovascular, or hepatic disease; in dogs with diabetes mellitus; in dogs with clinically relevant hypercalcemia; in dogs with concurrent malignancy or dogs younger than 7 months of age.

Laverdia-CA1 can cause hematologic and serum chemistry abnormalities. Dogs should be frequently monitored for evidence of hematologic and serum chemistry abnormalities when initiating and maintaining treatment with Laverdia-CA1 (see ADVERSE REACTIONS).

The safety and effectiveness of Laverdia-CA1 has not been evaluated in conjunction with other chemotherapeutic agents or other treatment modalities for lymphoma.

ADVERSE REACTIONS: The most common adverse events reported during the course of a US field study supporting reasonable expectation of effectiveness were lethargy, fever, weakness, generalized pain, anorexia, vomiting, diarrhea, polyuria, polydipsia, hematuria, proteinuria, elevated liver enzymes, bilirubinuria, cough/dyspnea, weight loss, blood cell abnormalities, subcutaneous edema, and pyoderma. Less common adverse reactions seen were protein losing nephropathy, urinary incontinence, hepatomegaly, elevated bilirubin, icterus, heart murmur, arrhythmia, heart block, blood protein abnormalities, prolonged prothrombin time, seizure, tremor, disorientation, corneal opacity, skin bruising, redness, loss of hair, nasal discharge, epistaxis, lymphadenitis and platelet abnormalities.

To report suspected adverse events, for technical assistance or to obtain a copy of the SDS, contact Dechra Veterinary Products at 1-833-264-8483. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at <http://www.fda.gov/reportanimalae>.

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Figure 1: Mass removal in this patient resulted in a large central defect and incomplete wound closure. This patient was managed with regular bandage changes until primary wound closure was possible.

Wound Management for Veterinary Technicians

What You Should Know About Wound Care Fundamentals

by Heidi Reuss-Lamky, LVT, VTS (Anesthesia/Analgesia), (Surgery)

VETERINARY PATIENTS MAY PRESENT TO THE HOSPITAL with a wide variety of wounds. These may include burns, bite wounds, pressure sores (decubital ulcers), severe dermatitis, or trauma such as gunshot wounds, lacerations, or degloving injuries caused by motor vehicles or other factors (Figure 1).

In this article, we will go over some of the basics of wound care, as well as some best practices for treatment that veterinary technicians can perform in the practice.

Classify and Assess the Wound

Every animal should be stabilized and thoroughly examined to determine extent of damage prior to definitive wound care. Basic wound care begins with appropriate multimodal analgesia, followed by sedation

or general anesthesia as deemed necessary. *Always wear gloves while handling patient wounds.*

Wounds may be classified into one of four different categories:

- **Class I:** “Clean” surgical incisions that do not enter contaminated areas such as the alimentary, urogenital, or respiratory tracts.
- **Class II:** “Clean-contaminated” wounds include surgery of the alimentary, urogenital, or respiratory tracts in a controlled operative environment.
- **Class III:** “Contaminated” wounds encompass recent open wounds such as a gunshot or contamination occurring under controlled circumstances, such as releasing gastrointestinal contents into the abdominal cavity during laparotomy.
- **Class IV:** “Dirty” wounds include chronic or traumatic wounds with necrotic tissues or the presence of infection.

Wound care should commence as soon as possible, while following the principles of debridement, controlling infection or inflammation, and maintaining moisture balance. Additionally, careful record keeping is imperative for wounds undergoing long-term management (Figures 2A and 2B).

The period of time in which wound contamination levels are below 10^5 organisms per gram of tissue is known as the “golden period.” In the 1970s, this period was deemed to be less than six hours. Since then, the golden period has been redefined. In humans, for example, wounds on the head and face are associated with significantly lower infection rates than on other parts of the body and may be successfully closed 24–48 hours after trauma. Regardless, primary closure of heavily contaminated wounds is not advised.

Lavage and Culture

The old adage “the solution to pollution is dilution” is applicable to wound management. Lavage is an effective

means of clearing debris and reducing bacterial loads in wounds. Isotonic saline is the least toxic to healing tissues, but clean water can suffice in a pinch. The recommended pressure for wound lavage is 8 pounds per square inch, which can be achieved using a 35-mL syringe connected to a 19-gauge needle (Figure 3).

Dilute 0.5% chlorhexidine diacetate has sustained residual activity against a broad spectrum of bacteria. Povidone-iodine is an effective antiseptic but has limited residual activity and is inactivated by purulent material. Avoid using hydrogen peroxide or surgical scrub agents as they are toxic to healthy tissue.

A wound culture obtained immediately following lavage will most likely represent remaining bacterial populations. If prior surgery was performed, obtaining cultures before wound lavage will help identify potential hospital-acquired infections. Broad spectrum antibiotics such as a first-generation cephalosporin should be considered for all infected or puncture wounds.



Figure 2A: Wound healing should be meticulously documented to ascertain patient progress. Photographs that include labeled disposable paper rulers are invaluable and help create a timeline with wound dimensions. Wound photographs should be uploaded into the patient’s medical file.

WOUND MANAGEMENT PLAN		PRIMARY DOCTOR:					
Initial Evaluation:							
PLAN:		Bandage type		Frequency of Bandage Change			
Antibiotic Therapy							
NOTES:							
DATE	Wound Size (cm)	Photo Taken (Y/N)	Surgical Debridement (Y/N)	Culture Obtained (O) Submitted (S)	Clip & Clean	Saline Lavage	Doctor Initials
NOTES:							
NOTES:							
NOTES:							
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Figure 2B: (Example wound progress chart) Wound healing charts should include the patient’s name, date, wound dimensions, and progress notes. Listing topical wound treatments and bandage material requirements help eliminate waste when handling patients with multidrug-resistant (MDR) infections.

Table 1: Primary Contact Layers and Their Uses

The purpose of the primary contact layer or wound dressing is to create an environment that promotes wound healing. Specific product selections should be based on the current state of the wound, which may change over time. This layer functions to absorb exudates, debride tissues, deliver medications, and provide an occlusive seal over the wound.

Primary Contact Layer	Use
Alginates	Autolytic debridement, heavy exudate draining, infection management
Antimicrobial	Disinfectant, antiseptic, antibiotic, biocide to inhibit or kill microbes
Cadexomer Iodine	Exuding wounds, sloughy wounds, infection management
Cellular Matrix	Porous matrix of bovine tendon collagen and glycosaminoglycan, promotes capillary growth
Charcoal	Odor management
Collagen	Stimulates new tissue growth
Films	Autolytic debridement, light exudate draining
Foams	Autolytic debridement, heavy exudate draining, infection management
Gauze	Mechanical debridement, heavy exudate draining
Gelling Fiber	Absorbs and retains exudate
Honey	Infection management, debrides slough, rehydrates necrosis
Hydrocolloids	High moisture vapor transmission, autolytic debridement, light exudate draining
Hydrofibers	Autolytic debridement, heavy exudate draining, infection management
Hydrogels	Autolytic debridement, light/moderate exudate draining, infection management
Iodine	Infection management
Non Adherent	Dry wound beds, light draining, will not stick to wound bed
NPWT	Negative pressure wound therapy, vacuum dressing, removes exudate
Occlusive	Seals the wound from external contaminants, promotes moist environment
PHMB	Polyhexamethylene biguanide, infection management, antibacterial
Protease	Modulating dressing, absorbs exudate, removes cofactors, releases inhibitors, reduces protease
Saline Gauze	Autolytic debridement, light/moderate exudate draining, infection management
Collagenase	Enzymatic debridement
Silicone	Reduces hypertrophic and keloid scars, less wound trauma from dressing changes
Silver	Infection management, antibacterial
TNP	Topical negative pressure, draws wound edges together, removes exudate, promotes granulation

(Source: VitalityMedical.com)



Figure 3: A simple wound lavage system was created using a 35-mL syringe connected to a 19-gauge needle. Refilling the lavage syringe was simplified by incorporating a 3-way stopcock, saline bag, and IV drip set.



Figure 4: A tie-over bandage may be used to cover anatomic areas considered difficult to bandage. Preplaced surgical suture loops surround the wound. Criss-crossing umbilical tape is used to secure lap sponges or gauze over the wound defect. Ideally, additional protection consisting of a moisture impervious covering (such as loban) should be used over the top of this bandage.

Drainage and Coaptation

Adequate hair removal is imperative and should encompass a large margin surrounding all wounds. An effective means of preventing hair contamination into the wound involves the use of sterile lubricant, such as KY Jelly. Sterile lubricant can be applied directly into the wound to create a barrier over the underlying tissue. Sterile gauze may be combined with the sterile lubricant to prevent shorter hairs from entering the wound.

Wounds with large amounts of dead space may require a Penrose or Jackson-Pratt (JP) drain. Surgical drains should be placed with gravity in mind but should not be incorporated into the incision line. JP drains are considered active as suction is necessary to pull fluid from the wound, whereas Penrose drains are passive and rely on gravity for drainage to occur (fluid emanates from around the edge of a Penrose drain). Drains should be removed as soon as possible, often 5–7 days after wound closure.

Bandages are required for protecting open wounds from environmental contamination. Soft-padded bandages may be used for extremities, whereas tie-over bandages

are ideal for areas considered difficult to bandage (Figures 4 and 5).

Bandages consist of a primary (contact) layer, a thick absorbent secondary (intermediate) layer, and a tertiary (outer) layer. There are many options and products available for the primary contact layer (see Table 1). In cases of highly exudative wounds, the bandage should be changed as soon as strikethrough occurs.

Healing

There are four distinct phases of wound healing (see Table 2). Wound healing can be impacted by advanced age, obesity, certain nutritional deficiencies (carbohydrates, proteins, zinc, and vitamins A, B, and C), dehydration, immune impairment, chronic disease, or radiation therapy. Therefore, adjunct wound therapies may be engaged for managing chronic wounds.

Prior to the widespread use of antibiotics, biotherapies such as medicinal maggots and leeches were used to remove devitalized tissue and reduce wound congestion. Wound vacuums, acellular fish skin grafts, extracorporeal shock wave therapy, and hyperbaric oxygen have also



Figure 5: Preassembled bandage materials using disposable trays increase efficiency and limit waste when treating patients with MDR infections. Any unused bandage supplies are discarded after the procedure. Always wear gloves and other PPE as dictated when handling these patients.

demonstrated good success in dealing with delayed healing or chronic wounds.

Clients should be provided with verbal and written instructions regarding all aspects of bandage or wound care. Clients should understand the importance of preventing the patient from molesting the wound and/or bandage. A properly fitted Elizabethan collar is essential, but physical barriers such as a t-shirts can be employed for wounds on the chest or abdomen.

Veterinary technicians are an integral part of patient wound care. Technicians are the primary source of communication between the client and veterinarian and should be fully utilized in the practice to maximize compliance and client education. ✧



Heidi Reuss-Lamky graduated from Michigan State University's Veterinary Technology Program and has extensive experience as a surgical technician. She is currently affiliated with Oakland Veterinary Referral Services in Bloomfield Hills, Michigan. She is a founding member of the Academy of Veterinary Surgical Technicians, where she sits on the executive board. She serves in many professional roles, including as a member of the NAVTA Committee on Veterinary Technician Specialties and a Fear Free Elite Certified Professional.

Table 2: Phases of Wound Healing

1	Hemostasis phase: Precipitated by vasoconstriction, platelet aggregation, and coagulation. The formation of a thrombus, or blood clot, keeps platelets and blood cells confined to the wound bed.
2	Inflammatory phase: Begins when injured blood vessels leak transudate and cause localized swelling. Inflammation plays a role in controlling bleeding and preventing infection. Pathogens, bacteria, and damaged cells are removed from the wound bed in the inflammatory phase.
3	Proliferative (rebuilding) phase: Wound healing is facilitated by incorporating collagen and extracellular matrix. This phase is associated with myofibroblasts for wound contracture, a new network of blood vessels, and the formation of granulation tissue. Epithelial cells resurface the injury. Moisture is an important factor during epithelialization.
4	Maturation (remodeling) phase: Collagen is remodeled from type III to type I until the wound is closed. Cells previously used for wound repair are removed via apoptosis. Collagen fibers become organized along tension lines and eventually cross-link, reducing scar thickness while improving strength. Remodeling begins about 21 days after injury but may continue for over a year. Nevertheless, scar tissue only maintains 80% tensile strength over unwounded skin.




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Client Service Communication

How to Strengthen Emotional Intelligence for Turbulent Times

by Debbie Boone, CVPM

AS ANYONE WHO HAS BEEN WORKING IN A VETERINARY HOSPITAL over the last two years knows, clients have become exceedingly difficult. Much has been made of the challenges veterinarians and veterinary technicians have faced during the pandemic, but little has been said about the customer service representative (CSR) team members who face a daily onslaught of problematic clients. They are cursed, berated, hung up on, and sometimes physically threatened when clients don't get their way.

Through multiple studies, we know that mental health has taken a serious decline during the COVID-19 pandemic. Humans are meant to be social, and the constraints of isolation, chronic fear of disease, political upheaval, and cyber misinformation has created a population "living on the edge." Add to that universal mental stress veterinarians who are limiting capacity due to overwhelm or overbooking, and you have a client service disaster ready to erupt any moment.

The client service team is charged with navigating the demands of persistent clients, protecting the boundaries of their medical team, and providing opportunity for care for their patients. Their job is much like walking the tightrope over the Grand Canyon—a slight misstep could lead to disaster.

The Emotional Factor

I started my career as a part-time CSR in a two-doctor AAHA-accredited hospital. The practice was walk-in only at that time and clients would get cranky having to wait to be seen. Prior to veterinary medicine I worked as a cashier, hostess, and waitress in my family's restaurant. "Hangry" people are a real thing. So, I grew up dealing with people and learning to manage my emotions and the emotions of others. Years later, I discovered



The constraints of isolation, chronic fear of disease, political upheaval, and cyber misinformation has created a population "living on the edge."

this strategy has a name: emotional intelligence (EI). It is found to be a better indicator of success than the intelligence quotient (IQ).

How do you build emotional intelligence? Obviously, life experience is a good teacher because people learn from communication failures and then rethink their actions the next time that type of situation occurs. But we don't want our clients to have to experience negative communication events just so our staff can learn from their mistakes.

I believe the first step in training CSRs, and all team members, to have better EI is to inform them about how the human brain functions as it pertains to EI and limbic responses. The term "behavior acumen" is the best description of this type of knowledge. The components of behavior acumen are:

1. **Ability to focus and actively listen.** People who have this ability can parse out what the customer is saying, get to what they are "feeling," and then appropriately respond with empathy and finesse.
2. **Understanding the consequences.** With high emotional intelligence, people can understand the consequences of allowing their emotions to hijack their logical thought and have mindful skills to control their reactions.
3. **Affinity for problem solving.** Using the "smart part" of our brain to overcome negative emotion and to "work the problem" for the client will help lead them to an appropriate solution.
4. **Recognizing stakeholder needs.** Consider this adage: "Why do people want to buy a drill? Because they need a hole." The drill is not what we are selling, we are selling the ability to make a hole quickly and easily. Clients need medical education on their level, empathy, information about costs, no surprises, and a guide in fearful times, all provided by someone they can trust.

The challenge in training is how to develop these skills in our CSRs when time is limited.

Training Tips

Without a plan, very important areas can be missed, leading to frustration, failure, and job abandonment. Hiring is a tedious and expensive task; we don't want to waste the effort and lose the employee because of poor planning.

The first step in training is to develop a step-by-step checklist that begins with the simple tasks of orientation (see sidebar “CSR Training Resources”) to the practice and moves up to client conflict resolution. Over the years, I have advised teams to develop these lists by simply placing a notepad or creating a Word document that the experienced staff can access.

Then, have them document what they do all day. No one understands a task like those actually performing the work. Then we take this task list and organize it for beginner, intermediate, and expert levels. Once the list is formulated, the trainer can work with the new employee in a step-by-step manner until proficiency is reached in each level.

In addition to the official trainer, a new employee should also have a mentor. The job of the mentor is to be a “friend in need,” a connector to others on the team or sounding board that the trainee can go to if the trainer is not providing sufficient explanation. They can also help

navigate the many personalities on the team and help the new person avoid any social faux pas. Many studies show that having a mentor during the onboarding and training greatly increases retention and successful skills acquisition.

This does not release the manager from the obligation of checking back regularly with the new hire to confirm they are happy, getting the training they need, and enjoying the work.

Once the employee is trained in the beginning level tasks and the trainer and the employee have signed off on the skills list, it is time to begin the real work of client service. I found that having new staff members wear a button that said “Bear with Me, I Am New” with a picture of a cartoon bear was very helpful.

Everyone who has ever started a job knows the discomfort of being the new kid. Our long-time clients would often guide new employees in tasks because

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- Ricky Walther, DVM



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CSR Training Resources

Never think you have to invent the wheel. There are many great training resources available to utilize for your CSRs. Set up an organized plan for utilizing any of the below resources, and keep in mind that you can't expect employees to learn on their own time. In my practice, I had a notebook for each employee to record the modules they had taken. I scheduled 30 minutes a couple of times a week for them to go to the office and learn.

Make a plan, schedule time, buy the books or courses, and pay them for learning, even if you read a chapter a week together at lunch and discuss the lessons. It is to your great benefit to do so. Having a well-trained team is like driving a well-tuned race car. Just turn them loose, and watch how far and how fast you will go.

Online Programs

Wendy Myers Communication Solutions (csvgets.com): Wendy has been focused on CSR training for a multitude of years and has both free and paid training modules available on her website.

Ignite Training CSR Community (ignitevet.com): Ignite offers training and social support for all areas of practice, but their CSR training comes with a community where CSR team members can reach out for help or mentorship and share stories of their challenges in addition to excellent skills development and communication training.

Communication Workshops—Debbie Boone (conference.iceu.com): These three one-hour online workshops focus on basic communication skills, management of emotions through self-regulation, and dealing with conflict, including communicating with highly reactive people.

ACT Client Services Certificate Program (stafftraining.4act.com/client-service): In addition to their tradition CSR training, ACT has partnered with VHMA to create a certificate program for CSRs. This is a self-paced course.

Books

Nancy Friedman's books: Nancy is a great storyteller, and she makes the lessons stick on how to serve a client.

Crucial Conversations: Tools for Talking When Stakes Are High by Kerry Patterson, Joseph Grenny, Ron McMillan, and Al Switzler: This book is my bible of communication. I recommend it more than any other book I have read. Every person in the practice should read this book and practice these skills.

If Disney Ran Your Hospital: 9½ Things You Would Do Differently by Fred Lee: I highly recommend this book for management and CSRs. Sharing a Disney-like experience with your clients can lead to raving fans. We are on stage at all times.

The Fred Factor: Every Person's Guide to Making the Ordinary Extraordinary! by Mark Sanborn: This book describes how the right attitude can change the most mundane job into something spectacular.

they knew the drill so well. It was really amusing to see, and the clients loved being “insiders” and knowing the routine.

The new employee should be allowed to perform beginner tasks while being monitored by the trainer. Having a phone system like Weave that records calls can be a big help in training call management. It is often the nuance of language that can create a successful encounter or quickly lead to an escalating conflict.

Having the trainee and the trainer listen to recorded calls helps uncover the language being used and train for better communication. For example: A client calls to book an appointment and there is no immediate availability. A typical response to the client is, “Mr. Jones, I am sorry, but we don’t have any appointments until June third.” This sets up a negative tone from the beginning. Instead, try: “Mr. Jones, I am happy to help you—would June third work for your schedule?” The client is getting the same answer, but the tone is very different.

Don't Forget About Experienced Staff

Much effort is focused on new employees, but we can't neglect training for our experienced staff. Much like learning algebra, if we don't continuously practice our skills, we will lose them.

Today many practices utilize monthly paid wellness plans. The success or failure of these plans is greatly dependent on the comfort and skill level of the CSRs to present and sell them. In 2015, Wendy Hauser, DVM, and I wrote a book on implementing monthly paid preventive care plans. In the appendix of this book, we developed a step-by-step roleplay along with a list of the typical components and the client-friendly explanations of those services for the team to learn.

This training helped many CSRs understand the reason behind the services and guided them to the language needed so they didn't feel like a pushy salesman. This same principle works for dental care, flea and parasite prevention, and all the other maintenance-type care

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that practices provide. Knowledge is power, and it manifests in confidence. Confidence shines through our conversations, and clients trust those who easily share their knowledge with conviction.

When I managed practices, my staff was required to take four training modules. Gold star customer service, common telephone questions and answers, preventive care, and the employee manual (because no one ever really reads it). They then took a 50-question, multiple-choice test on each module, which they had to pass with 90% or above. If they didn't make the grade, they were given one more month to study and then they took an essay test.

Once they passed all four tests, they were given a \$1.00 per hour raise. This was the best investment I ever made as a manager. The team was all on the same page, solid in their recommendations, and proud of their knowledge—and clients felt it. Our hospital had a 90% compliance rate on preventive care as measured by an outside company. Training pays off for the pet, the owners, the team, and the practice.

One of the constant pushbacks I get when it comes to training is, "We are too busy, we don't have time." No—we make time for what we believe is important. We will squeeze in one more appointment or one more surgery because we believe it is necessary for the health of a patient.

Training your team is just as important for your patients' health. Training is an investment! Some of the most successful hospitals I have encountered as a consultant will close down and take the team offsite for training. In larger hospitals, this can be a \$20,000 or more investment. Yet they do it. Those hospitals have good retention, positive culture, great compliance, and positive cash flow and profit.

People will always be your wisest investment. ✖



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.



Many studies show that having a mentor during the onboarding and training greatly increases retention and successful skills acquisition.

AAHA Communication Standards

AAHA has many standards related to effective communication. Here are a few examples:

- The practice should utilize a documented training program to effectively communicate with clients, including:
 - Initial greeting (acknowledgment)
 - Patient's health status
 - Treatment plan and cost
- The practice should utilize a training system to enable practice team members to perform telephone-related functions such as answering the phone, using the intercom, transferring calls, and taking messages.
- Client feedback should be actively solicited. Such feedback might include focus groups, client surveys and evaluations, and client input discussed during client service meetings.
- The practice should utilize a written client conflict protocol to help effectively address upset and unhappy clients. Topics include client communication and how the conflict and follow-up will be handled.

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Episodes








 Empowering Veterinary Technicians to Advocate for Their Patients—and Themselves, with **Tasha McNerney, BS, CVT, CVPP, VTS**



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Social Media Management Tips

Managed Correctly, Social Media Can Produce Trackable Results

by Kerri Fivecoat-Campbell

Brian Bourquin, DVM, managing partner at AAHA-accredited Boston Veterinary Clinic in Boston, Massachusetts, opened the first of his three practices eight years ago. He considered starting up and managing social media accounts just as important as any other part of the new clinic's marketing programs.

"When we started from square one, we didn't have a lot of money for marketing and [social media] was an inexpensive way to get the word out," said Bourquin. "We created our brand and branded a lot of merchandise to give out at community events and lectures and 'social media-ed the heck out of it'—that's a social media term," he laughed.

Bourquin said the clinic's social media accounts, which include Facebook, Instagram, and most recently TikTok, has allowed his clinics to reach its demographic, which he describes as "younger, hipper, and technology-minded."

While Bourquin has found success with his social media plan, many clinics think they can delegate the task to someone with no marketing plan, think they don't have time for it, or simply don't understand the platforms and how they can assist clinics.

"Clinic owners or managers tend to assign social media to younger folks within the clinic and expect



"Hospitals are struggling because veterinarians would rather do anything but marketing. The psychological resistance to marketing, which includes social media, is very real."

—KELLY BALTZELL, CEO AND OWNER OF BEYOND INDIGO PETS

them to know how to use social media for business,” said Kelly Baltzell, CEO and owner of Beyond Indigo Pets, a marketing company located in Hanover, Minnesota, that specializes in helping companies in the veterinary space. Baltzell has a master’s degree in psychology and counseling and said her experience within the industry has taught her one thing: “Hospitals are struggling because veterinarians would rather do anything but marketing. The psychological resistance to marketing, which includes social media, is very real.”

Baltzell added that there are generally three levels in every clinic: the veterinarian(s), the implementor (generally the practice or office manager), and everyone else. “Those three levels don’t talk to each other and none of them have a tendency to have the skillsets necessary for social media for business,” said Baltzell.

Creating Social Media Marketing Begins with Identification of Your Brand

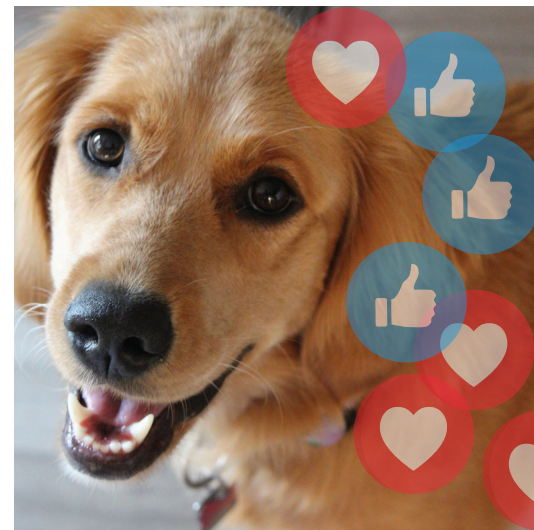
When someone mentions “branding,” one may typically think of logos. But according to the experts, while logos and identifying colors for any business are important, branding means so much more. “Branding is more than just visuals,” said Cheyanne Flerx, social media coach and educator for Hey Cheyanne, LLC, a marketing company in Port Orchard, Washington, that specializes in digital content. “Branding includes messaging and interacting. It’s experiential and more than just your identity, which is a different understanding of branding than it was even a couple of decades ago.”

So, in order to create social media content that will produce a return on investment for your clinic, you must first have a deeper understanding of your brand. Danielle Lambert, branding and marketing consultant for The Snout Group, a company that works in the veterinary industry in Worcester, Massachusetts, explained, “Branding is about how it feels for your staff in your practice and how your clients feel there. You really must address your branding strategy before you know what to do with social media.”

Lambert said there are four key things you must do before embarking on a successful social media marketing campaign:

1. Identify your core values as a brand. “I always have my clients choose four,” said Lambert. “Who are you serving and who are your employees?” As examples, Lambert said this may include being community service minded; a passion for cutting edge technology; or a focus on diversity, equity, and inclusion.
2. Identify how you want to be recognized. Cutting-edge medicine? Special services? Low cost? Awesome employees?
3. Identify your overall goal. What is most important for you to achieve?
4. Identify how you want to start communicating. After you’ve done the above three, you can survey your clients and learn what social media platforms they use.

Robert Stern, CEO and founder of The Social Leader in Livingston, New Jersey, said the basics of creating an effective social media



“It’s really easy to post pictures of puppies and kittens and get ‘likes,’ but ‘likes’ don’t pay the bills. Instead, point out the big smile a dog is showing by talking about dental care. You can then post a link to your website to book a dental evaluation for their pet.”

—ADAM GREENBAUM, CEO OF WHISKERCLOUD

marketing campaign is the same across any industry, but adds three factors—knowledge, likeability, and trustworthiness—are especially important for veterinary clinics to establish.

Of course, traditional branding remains an important part of your social media campaign. Boston Veterinary Clinics use the clinic’s logo as the profile photo on its social media pages as well as the colors clients see inside the clinic, which helps them associate the page with their hospital. They also post as many photos as possible showing

their branding colors. “Our carpet is goldenrod and dogs sit there like they’re on the ‘red carpet’ and clients or staff snap their photos and post them,” explained Bourquin.

Who, Where, What

Who

Once you’ve identified how you want your clinic to feel—your branding—you’re ready to identify **who** in the clinic should be your social media manager.

“I advocate for someone within the practice who not only understands social media but understand your practice culture and where your practice is going,” said Flex.

Baltzell added, “It should be someone who has a high level of trust with management, decent writing skills, and some knowledge of photo software.”

Baltzell also pointed out it is very important you don’t give “keys to the building” to only one person. “If that person walks away from your practice, you want to have access to your social media,” she said. “If you buy a clinic, make sure you have access to the social media they had. You don’t want to have to start all over.”

Perhaps most important, noted Bourquin, is to get someone who thinks social media is fun. “I started on social media with Myspace and gravitated to Facebook. I taught myself through videos and webinars,” said Bourquin. “The person who does it should like social media.”

Finally, social media experts all agree that social media responsibilities should be part of the person’s job description and hours should be

allotted for it each week (generally 4–8). In addition, because they will likely be addressing questions and responding to messages before or after working hours, their pay should reflect that.

Where

There is a dizzying array of social media platforms with more added all the time. Here are the top three that experts say you should consider:

- 1. Facebook:** Social media experts agree Facebook has become cumbersome for businesses and doesn’t have the organic growth possibilities it once had as it now focuses on making money in ads. Still, it isn’t in its last days. “Facebook is just as strong as ever,” said Stern. “What’s difficult is making sure you’re consistent in using it and creating timely content.” Angie Davidson, lead RVT for AAHA-accredited Hillside Animal Hospital in St. Louis, Missouri, handles social media for her clinic. “Facebook works best and has the most interaction for us by far,” she said. One thing many clinics forget to do on their Facebook page is to make sure all the information is accurate and current, said Adam Greenbaum, CEO of WhiskerCloud, a veterinary focused marketing company in Newport Beach, California. “Make sure your link to your website is on your Facebook page, your hours are current, and location is correct,” said Greenbaum. “Your Facebook page is an extension of your website and should be treated as such.” Don’t forget frequenting and joining local and neighborhood pages on Facebook, which allow you to

interact and educate people about pet care, as well as responding when someone is looking for a new veterinarian.

- 2. Instagram:** Bourquin, whose targeted demographic is a younger crowd, said that while Facebook serves a purpose for his more mature clients, Instagram is his winning social media platform now. “We have very few people saying, ‘we found you on Facebook’ anymore; it’s usually Instagram.” Instagram also has a lot of features that allows you to tag local, so your demographic sees your posts.
- 3. TikTok:** TikTok is one of the fastest growing platforms and allows users to share short videos. Bourquin is on the platform and says the videos showing his Fear Free clinic’s practices have been a big hit. “TikTok is also a great place for recruiting new staff members,” said Lambert.

Other social media platforms include YouTube, where you can create videos that educate pet owners, and Nextdoor, a hyper-local app that serves a similar purpose as local Facebook pages and groups. Blogs on your website are also great. You can create educational content and share it on social media and also add Search Engine Optimization (SEO) terms, which Google rewards with higher page rankings.

One platform that isn’t working as well for clinics is Twitter. “We have a Twitter account, but I don’t use it much,” said Bourquin. “I think it’s become much more for political purposes.”

What

In determining what you post, it should not only reflect your brand—your culture and the feel of your practice—but also serve a purpose. Flerx advised creating a targeted goal that blends with your other marketing for your social media. “Your posts should be something more than bringing in new clients. It could be a goal of expanding heartworm prevention awareness, for example,” Flerx noted. “Make it a specific, measurable, achievable, and time-bound goal within a certain timeframe. You can then come up with a posting plan.”

“It’s really easy to post pictures of puppies and kittens and get ‘likes,’ but ‘likes’ don’t pay the bills,” said Greenbaum. “Instead, point out the big smile a dog is showing by talking about dental care. You can then post a link to your website to book a dental evaluation for their pet.”

However, you must be careful about doing too much direct marketing. “I post for a hospital that runs a special every Monday,” said Greenbaum. “That’s okay. Rule of thumb is to do no more than 50% direct marketing and 50% indirect marketing.”

A great form of direct marketing is special offers or discounts, which also help you track the results of your social media reach. Greenbaum points out that special offers on social media also draws new customers, citing a statistic that 66% of new customers come in as a response to special offers.

Indirect marketing could be a photo showing the difficulty of trimming nails of a dog or cat. It might be two vet techs with the caption reading,



“Empower your social media person to be the best and make ways for it to work for them. Find a system that works for them and even allows them to have a little fun, and it will bring in the results.”

—KELLY, BALTZELL, CEO AND OWNER OF BEYOND INDIGO PETS

“Ever wonder why we charge for a nail trim?”

The key is the three Es, said Stern. “Every piece of content should either be educational or entertaining, and if they’re one or both of those things, then you will get engagement.”

You should also keep it positive. “No one wants to talk about death,” said Laura Kee, DVM and owner of Compassionate In-Home Euthanasia in St. Louis, Missouri. “I post about local pet-friendly festivals and education on dog health, and every one of my clients has an opportunity to post a pet eulogy and photo, which are very popular.”

Susan Wollschlager, marketing and communications manager for the Connecticut Humane Society and Fox Memorial Clinic in Newington, Connecticut, says heart-warming

behind-the-scenes stories of survival, such as how the vet team jumped into action to save a stuck puppy and its mother, also do very well.

Dos:

- Post daily, if possible, including weekends and holidays. At minimum, schedule posts 3–4 times per week. Use the scheduler in Facebook or an outside service such as Hootsuite to preschedule and save time. Allow for cute photos or heartwarming stories to be added as they happen.
- Use seasons to post about seasonal pet problems such as spring and summer posts about toxic plants, allergies, heartworm, and fleas/ticks.
- Ask staff to get involved by reminding them to send the administrator(s) photos and client stories. Track the social media

Brief Summary: Cats and Dogs - This information is not comprehensive. Before using PROZINC, please consult the product insert, a summary of which follows. The product insert may be obtained from your veterinarian or by visiting www.prozinc.us.

ProZinc® (protamine zinc recombinant human insulin)

40 IU/mL

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

Description: PROZINC® is a sterile aqueous protamine zinc suspension of recombinant human insulin.

Each mL contains: recombinant human insulin 40 International Units (IU), protamine sulfate 0.466 mg, zinc oxide 0.088 mg, glycerin 16.00 mg, dibasic sodium phosphate, heptahydrate 3.78 mg, phenol (added as preservative) 2.50 mg, hydrochloric acid 1.63 mg, water for injection (maximum) 1005 mg, pH is adjusted with hydrochloric acid and/or sodium hydroxide.

Indication: PROZINC (protamine zinc recombinant human insulin) is indicated for the reduction of hyperglycemia and hyperglycemia-associated clinical signs in cats and dogs with diabetes mellitus.

Contraindications: PROZINC is contraindicated in cats and dogs sensitive to protamine zinc recombinant human insulin or any other ingredients in PROZINC. PROZINC is contraindicated during episodes of hypoglycemia.

Warnings:

User Safety: For use in cats and dogs only. Keep out of the reach of children. Avoid contact with eyes. In case of contact, immediately flush eyes with running water for at least 15 minutes. Accidental injection may cause hypoglycemia. In case of accidental injection, seek medical attention immediately. Exposure to product may induce a local or systemic allergic reaction in sensitized individuals.

Animal Safety: Owners should be advised to observe for signs of hypoglycemia. Use of this product, even at established doses, has been associated with hypoglycemia. A dog or cat with signs of hypoglycemia should be treated immediately. Glucose should be given orally or intravenously as dictated by clinical signs. Insulin should be temporarily withheld and, if indicated, the dosage adjusted.

Any change in insulin should be made cautiously and only under a veterinarian's supervision. Changes in insulin strength, manufacturer, type, species (human, animal) or method of manufacture (rDNA versus animal-source insulin) may result in the need for a change in dosage.

Appropriate diagnostic tests should be performed to rule out other endocrinopathies in diabetic dogs and cats that are difficult to regulate.

Precautions: Cats and dogs presenting with severe ketoacidosis, anorexia, lethargy, and/or vomiting should be stabilized with short-acting insulin and appropriate supportive therapy until their condition is stabilized. As with all insulin products, careful patient monitoring for hypoglycemia and hyperglycemia is essential to attain and maintain adequate glycemic control and to prevent associated complications. Overdose can result in profound hypoglycemia and death.

Glucocorticoids, progestogens, and certain endocrinopathies can have an antagonistic effect on insulin activity. Glucocorticoid and progestogen use should be avoided.

The safety and effectiveness of PROZINC in breeding, pregnant, and lactating cats and dogs has not been evaluated.

The safety and effectiveness of PROZINC in kittens and puppies has not been evaluated.

Adverse Reactions - Cats: In a 45-day effectiveness field study, 176 cats received PROZINC. Hypoglycemia (low blood sugar) was the most common reported adverse event. Clinical signs of hypoglycemia were generally mild in nature (described as lethargic, sluggish, weak, trembling, uncoordinated, groggy, glassy-eyed or dazed).

In severe cases of hypoglycemia, seizures and coma can occur. Hypoglycemia can be fatal if an affected cat does not receive prompt treatment.

Local transient injection site reactions may occur.

Dogs: In a 182-day field study, 276 dogs received PROZINC. The most common adverse reactions were lethargy, anorexia, hypoglycemia (low blood sugar), vomiting, seizures, shaking, diarrhea, and ataxia.

Clinical signs of hypoglycemia varied and included seizure, collapse, ataxia, staggering, trembling, twitching, shaking, disorientation, lethargy, weakness, and vocalization.

Information for Cat Owners: PROZINC, like other insulin products, is not free from adverse reactions. Owners should be advised of the potential for adverse reactions and be informed of the associated clinical signs.

The most common adverse reaction observed is hypoglycemia (low blood sugar). Signs may include: weakness, depression, behavioral changes, muscle twitching, and anxiety. In severe cases of hypoglycemia, seizures and coma can occur. Hypoglycemia can be fatal if an affected cat does not receive prompt treatment.

Local transient injection site reactions may occur.

Appropriate veterinary monitoring of blood glucose, adjustment of insulin dose and regimen as needed, and stabilization of diet and activity help minimize the risk of hypoglycemic episodes. The attending veterinarian should evaluate other adverse reactions on a case-by-case basis to determine if an adjustment in therapy is appropriate, or if alternative therapy should be considered.

Information for Dog Owners: PROZINC, like other insulin products, is not free from adverse reactions. Owners should be advised of the potential for adverse reactions and be informed of the associated clinical signs.

The most common adverse reaction observed is hypoglycemia. Signs may include weakness, depression, behavioral changes, muscle twitching, and anxiety. In severe cases of hypoglycemia, seizures and coma can occur. Hypoglycemia can be fatal if an affected dog does not receive prompt treatment.

Appropriate veterinary monitoring of blood glucose, adjustment of insulin dose and regimen as needed, and stabilization of diet and activity help minimize the risk of hypoglycemic episodes. The attending veterinarian should evaluate other adverse reactions on a case-by-case basis to determine if an adjustment in therapy is appropriate, or if alternative therapy should be considered.

Effectiveness - Cats: A total of 187 client-owned cats were enrolled in a 45-day field study, with 176 receiving PROZINC. One hundred and fifty-one cats were included in the effectiveness analysis. The patients included various purebred and mixed breed cats ranging in age from 3 to 19 years and in weight from 4.6 to 20.8 pounds.

Effectiveness was based on successful control of diabetes which was defined as improvement in at least one blood glucose variable (glucose curve mean, nadir, or fructosamine) and at least one clinical sign (polyuria, polydipsia, or body weight). Based on this definition, 115 of 151 cases (76.2%) were considered successful.

Dogs: A total of 276 client-owned dogs were enrolled in an 84-day field study followed by a 98-day extended-use phase with 276 dogs receiving PROZINC. The dogs included various purebred and mixed breed dogs ranging in age from 2 to 16 years and in weight from 3.3 to 123 pounds.

Effectiveness was based on successful control of diabetes which was defined as improvement in at least one laboratory variable (blood glucose curve mean, blood glucose curve nadir, or fructosamine) and at least one clinical sign (polyuria, polydipsia, or weight loss). Based on this definition, 162 of 224 cases (72%) were considered successful.

Approved by FDA under NADA # 141-297

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reports and give staff access to all the reports showing what is drawing most engagement. "Social media works best as a collaborative event, and that makes it more fun for everyone," said Baltzell.

- Have clients sign a social media release the first time they visit your clinic. "If you're going to post something sensitive, check with your client first. It may have been a long time since they signed the release and they may have forgotten," advised Wollschlager.
- Respond to every comment and question in a timely manner, even if it's a positive one. It could be something as simple as thanking them and telling them how great it was to see their pet again.

Don'ts:

- Don't make posts robotic. Even if using a scheduler, tailor it to your practice. Don't use stock photos.
- Don't post scary or gory photos. You can show your practice talents or tell a story without shocking your clients.
- Don't take bad comments personally. Never argue with clients who've left a negative comment. Always pick up the phone and try to reach the client and try to de-escalate the situation offline. They may even remove the comment.

Finally, when assigning social media tasks, if you know you or your team cannot handle it, be realistic about that. "A lot of hospitals get into trouble and think they can do it all themselves," said Baltzell. "They just don't have the bandwidth to handle any more stuff, get frustrated, and the social media train goes off the tracks and doesn't work because it isn't consistent."

Baltzell said you can instead work with a marketing company to handle the mechanics while you take the photos and just do the "fun stuff." However, if you feel someone on your team can do it and you're prepared to make it a part of their job, give it your all. "Empower your social media person to be the best and make ways for it to work for them," she said. "Find a system that works for them and even allows them to have a little fun, and it will bring in the results." ✖



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.



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IMPORTANT SAFETY INFORMATION: PROZINC® (protamine zinc recombinant human insulin) is for use in dogs and cats only. Keep out of the reach of children. Owners should be advised to observe for signs of hypoglycemia (low blood sugar). Signs may include weakness, depression, behavioral changes, muscle twitching, and anxiety. In severe cases of hypoglycemia, seizures and coma can occur. Hypoglycemia can be fatal if an affected animal does not receive prompt treatment. PROZINC should not be used during episodes of hypoglycemia (low blood sugar). Appropriate veterinary monitoring of blood glucose, adjustment of insulin dose and regimen as needed, and stabilization of diet and activity help minimize the risk of hypoglycemic episodes. The attending veterinarian should evaluate other adverse reactions on a case-by-case basis to determine if an adjustment in therapy is appropriate, or if alternative therapy should be considered. The safety and effectiveness of PROZINC in puppies, kittens, or breeding, pregnant, and lactating animals has not been evaluated. **For more information, see full prescribing information.**

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Serving Seniors



While many older Americans enjoy having pets and reap the health benefits of companion animals, the reality is that caring for a pet can become more challenging with age.

Caring for the Individual Needs of Senior Clients and Their Pets

by Linda Childers

Pets are becoming increasingly popular with older Americans, and for good reason. According to Pets for the Elderly, a nonprofit that provides companionship to seniors through pet ownership, numerous studies have shown that pets provide health benefits to seniors including increased physical activity and a decreased risk of heart disease and loneliness.



Emma Grigg, MA, PhD

“Companion animals can be very important to a senior citizen’s quality of life,” said Emma Grigg, MA, PhD, a certified applied animal behaviorist and

lecturer and research associate in the Department of Population Health and Reproduction, at the University of California, Davis, School of Veterinary Medicine. “Our pets provide companionship, a sense of security, and motivation to exercise and can facilitate social interactions with neighbors and others.”

Pet ownership among seniors is also on the rise. According to the National Poll on Healthy Aging, 59% of those ages 50 to 90 that completed the poll are pet owners and 10% of pet owners between 50 and 80 got a new pet during the pandemic. In addition, by the year 2050, 22% of the American population will be 65 or older. Since

senior citizens are the fastest growing population in this country, the number of senior pet owners is also expected to rise significantly.

Yet while many older Americans enjoy having pets and reap the health benefits of compassion animals, the reality is that caring for a pet can become more challenging with age.

“With the growing number of older pet owners, veterinarians need to take under consideration both the health of the pet and their aging

owner,” said Kimberly Pope-Robinson, DVM, owner of 1 Life Connected.

As an example, Pope-Robinson cautions against making assumptions.



Kimberly
Pope-Robinson,
DVM

“If a senior client needs to give their cat medication twice a day, vet staff should ensure the client can open the pill bottle,” she said. “Or if a dog needs to have their ears

cleaned on a regular basis, it’s important to determine if the owner is capable of doing that task or if they’ll need help.”

Pope-Robinson recommends that vet staff first demonstrate a procedure such as ear-cleaning to their senior clients and then observe the client completing the procedure.

“If the pet owner needs help caring for their pet, the vet staff might arrange a pet taxi that brings the client’s dog or cat to the clinic on

Ways to Help Make Pet Care Affordable for Seniors

There’s no question that dogs, cats, and other animals can provide positive health benefits and companionship to seniors. Veterinary practices can help to support this bond by ensuring seniors have access to affordable pet care.

In addition to veterinary care, low-income seniors need food, medicine, and supplies for their pets. Here are some cost-effective ideas to share with clients:

Discounted Medications: If a pet has a chronic health condition or requires several preventive medications, the cost can be prohibitive for many low-income seniors. Consider writing your client a prescription they can fill at an online discount pharmacy such as 1-800-PetMeds or PetCareRx. Bonus: in addition to saving money, the prescriptions offer the convenience of being shipped directly to the client’s home.

Safety: While studies have shown the numerous health benefits of seniors having pets in their life, some research has shown that injuries linked to dog walking are common and can lead to life-changing fractures in older adults. Veterinary staff can recommend ways for their senior clients to walk their dogs safely including using a cane or walking stick in their other hand for increased stability and ensuring they have a proper leash and collar for their dog to prevent pulling. Many shelters also offer behavior training classes for dogs at discounted prices.

Food: Many churches and animal shelters offer free pet food pantries to low-income seniors and their pets. A guide to pet pantries in each state can be found at resources.bestfriends.org/article/financial-aid-pets.

Vaccinations: If a senior client has a pet that needs vaccinations, consider referring them to a local Pet Food Express or Petco as many locations hold low-cost vaccination clinics on a regular basis.

Microchipping: Many animal shelters offer discounted prices on microchipping for pets, a service that can offer seniors peace of mind in the event that their pet gets lost.

a regular basis for ear-cleaning,” Pope-Robinson said. “Another option is mobile veterinary services that provide ear-cleaning and other pet care services at the client’s home.”

Pope-Robinson, who gave a talk on the special needs of elderly animal owners at the 2018 AVMA Convention, said she sees a lot of opportunities for veterinarians to improve care to senior pet owners and their companion animals.

“Senior pet owners are a rapidly growing demographic, and we need to talk more about how to best offer them veterinary services while also preserving the bond between older pet owners and their companion animals,” she noted.

For April Rogers, DVM, owner of Dr. April’s Hollywood Mobile Vet in Los Angeles, California, seeing senior clients is a regular part of her day. Rogers said those who no longer drive or who don’t live close to a veterinary office appreciate the convenience of having a mobile vet make house calls.



April Rogers,
DVM

After working in both an emergency and traditional veterinary care setting, Rogers decided to launch her own mobile business. She said visiting pets in their home also allows

her the opportunity to assess how pet care is going and serves to reduce stress among both pet owners and their companion animals.

“Convenience is a huge factor for my senior clients,” Rogers said. “Mobility

issues can be an issue for both pets and their owners and seniors may no longer be able to lift or transport their pet safely.”

Rogers said it’s good business for veterinarians to either consider adding a mobile aspect to their practice or partner with a local mobile vet.

“It’s a win-win for both brick-and-mortar vet clinics and mobile vets,” Rogers explained. “I can’t offer services such as X-rays or surgery, but I have veterinarians I refer to my clients. In addition, if these vet clinics have senior patients who would prefer to have someone come to their home for a wellness exam or to perform euthanasia services, they refer them to me.”

Since Rogers runs a paperless clinic, she can also easily forward an animal’s medical records in the event they need to be seen in an emergency. If the owner isn’t able to drive their pet to an emergency vet, Rogers can arrange for a transport via a pet taxi.

Taking Vet Care Directly to Senior Citizens and Their Pets



Lori Teller,
DVM

In Texas, under the supervision of Lori Teller, DVM, clinical associate professor in the CVMBS’ Small Animal Clinical Sciences (VSCS) department, veterinary students

at Texas A&M University’s College of Veterinary Medicine and Biomedical Sciences (CVMBS) are taking veterinary care directly to senior citizens who live in rural Bastrop County.

The project, launched in January, hopes to ease some of the financial and access issues faced by senior pet owners. Teller says the project is funded by a grant from Petco Love and allows veterinary students to visit seniors and their pets in the rural community once a month.

“We can schedule telemedicine rechecks in between for those comfortable with that modality,” Teller said. “We also provide wellness services and can treat minor conditions such as skin, ear, and eye problems as well as some chronic conditions such as osteoarthritis, allergies, behavioral problems, and obesity.”

Teller said the project doesn’t provide in-patient pet care, dental care, or treatment for more advanced medical problems. They do partner with another organization to provide low-cost spays and neuters to seniors and their pets.

“Because this is a population with very limited financial means, providing a way to minimize their costs is important,” Teller said.

She recommended that veterinary practices consider offering their senior clients a variety of treatment choices and explaining the benefits and limitations of each. Some veterinary clinics also offer their senior clients a 10–20% discount on services.

“A stepwise approach to providing care is very important,” Teller said. “Some are not capable of driving and rely on family or friends for transportation. For clients who are comfortable with using their smartphones or who have a



“Because this is a population with very limited financial means, providing a way to minimize their costs is important.”

—LORI TELLER, DVM

computer, utilizing telemedicine in some cases can be very helpful for follow-up visits.”

Teller said the project places a strong emphasis on patient education, with veterinary students reviewing wellness and preventive care with each pet owner.

“Every dog gets tested for heartworm disease and every cat is tested for feline leukemia and FIV unless the owner declines,” Teller said. “We discuss heartworms, other internal parasites, and external parasites and review diet and weight problems and address other questions or concerns a pet owner might have.”

Since cost is a major concern for many senior pet owners, Grigg recommended informing clients about assistance programs that can help pay for vet care, food supplies, and even grooming and dog walkers.

“Many shelters offer free vaccine clinics and/or free behavior counseling and reduced adoption fees for seniors,” Grigg said.

“Some organizations, including the Sacramento SPCA, offer free seminars on estate planning and pet trusts to help seniors determine who will care for their companion animal if they can no longer care for them.”

To make a veterinary clinic more accommodating for seniors, Grigg suggested:

- Making physical access easier via handrails on steps and walls, avoiding trip hazards, creating high-contrast signage, and providing chairs with armrests to make getting in and out of them easier.
- Scheduling appointments at quieter times of the day to allow for patience and time for discussion and/or providing appointment windows instead

of exact times as transportation can be challenging and public transportation is not always reliable.

- Providing handouts and instructions in large, bold, and high-contrast fonts on brightly colored paper and asking the client to post any instructions prominently in their home (such as on the refrigerator).
- Making sure printing on prescription labels is large enough to be read and followed correctly by the client.
- Using easy-open containers as joint problems can make opening child-proof containers challenging.
- Securing a secondary contact for communications about the pet (a spouse, family member, caregiver, etc.). This person can assist the client in caring for their pet, providing accurate medical history, etc.
- Making a calendar for the client to take home with dates when medicines and/or upcoming recheck visits are due.

Grigg also encouraged veterinary staff to have relevant resources on hand if a senior client expresses anxiety about what will happen to their pet if they can no longer care for them. Petfinder offers an extensive list of resources and options for pet owners to consider. ✨



Linda Childers is a freelance writer whose work has been published in *The Washington Post*, *AARP*, *The Rheumatologist*, *Allure*, *Arthritis Today*, *AKC Family Dog*, and other national media outlets.

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Money Meets Marketing: Happy Together

Train Your Practice Team to Produce Social Media Posts That Sell

by Constance Hardesty

Money and marketing. They look different, but their deep-down goals are the same: to make your practice profitable, to increase revenue, and to maintain cash flow.

Practices win when key team members understand the relationship between finance and marketing. The good news is, “most practices are small enough that managers don’t need an MBA in marketing to be effective,” said Bash Halow, CVPM, LVT, owner of Halow Consulting.

And, while everyone benefits from understanding the relationship between marketing and money, one training program doesn’t fit all. Staff who are hands-on with social media may benefit most from having time to stay in touch with trends, new or updated platforms, and reports (like time-of-day studies) on what works.

Managers, meanwhile, might get the most out of self-study, like a case study that asks them to apply to social media marketing what they already know about budgeting, strategy, conflict management, and staff development. And for the practice team in general?

“The best marketing meetings with your team don’t have to be instructional; they can be conversational,” Halow said. “What do your employees think will work? What



“Managers don’t need an MBA in marketing to be effective.”

—BASH HALOW, CVPM, LVT, OWNER, HALOW CONSULTING

do they want to see your company do? Throw something at the wall and see what sticks. Whatever you lose in terms of marketing success, you'll gain in employee engagement.”

Halow also added that “high-functioning team members are proud of what they do and the company they work for. They don't just want to punch in and go through the motions; they want to participate! They want to contribute!”

Give your team a chance to contribute with the following training exercises.

Training Exercise 1

Money Meets Marketing

This training introduces and reinforces the idea that social media marketing is goal oriented. After this training, each team member can guide their own brainstorming to generate fresh ideas and then evaluate each idea for its value to the practice.

Learning outcomes:

1. The team understands that marketing is not an end in itself but a means to an end—that is, to make the practice profitable, generate revenue, and manage cash flow.
2. Team members adopt the perspective that an important goal of social media marketing is to sell products and services or to inspire new behaviors and habits that lead to purchases.
3. Team members develop a simple, durable skill set for generating fresh ideas that serve the marketing purpose.

Application outcomes:

1. Team members use brainstorming to generate fresh, productive ideas for social media posts.
2. The social media team uses a simple algorithm to quickly distinguish between a clever idea and a clever idea that also serves marketing purposes.

3. The session produces provocative examples from team members' own experiences, which the social media team can use as jumping-off points to develop posts that promote your practice's products and services.

Training Tools

This game uses three training tools.

Lightning Rounds are brainstorming games lasting only one to three minutes. Use encouragement and direction to limit team members' responses to five words or fewer. Use a note-taker to capture the team's ideas.

Guided Conversations stimulate thinking, direct attention to points you wish to emphasize, and keep the conversation on topic. To help team members transition from high-energy Lightning Rounds to thoughtful Guided Conversation, write the topic on a whiteboard and allow for a moment of silence to let everyone think about it before launching the conversation.



The **Facilitator's Script** appears in italics. This is only a suggestion, of course. It is assumed that the trainer has experience in facilitation and time management and can guide the conversation as needed.

Our Social Media

(Guided Conversation, 2–3 minutes)

Money and marketing. They look different, but deep down, their goals are the same: to make our practice profitable, to increase revenue, and to maintain cash flow. Today we're looking at social media and how we can make it work for us. Let's start by recognizing all the good things we've already done!

Consider:

- Who has contributed to your practice's social media and what did they contribute?
- What benefits have the team seen from a social media post, like a dental promotion?
- Which social media promotion in the past six months earned the best results in terms of client visits and/or new revenue? (You will need to do your homework for this.)
- Applaud everyone who helps out with social media!

Make It Work

(Lightning Rounds, 6–10 minutes total)

This is the most important component of the training exercise. It demonstrates from team members' own experiences that effective social media marketing leads to purchases or to adopting new behaviors that often lead to purchases. This is obvious, but it is easy to overlook.

1. With a timer set for one minute, ask team members to name things they have promoted or sold on social media. Offer prompts if team members are slow to get started:

- Fundraisers
- Concerts
- Clothing
- Fitness equipment

2. With a timer set for one minute, ask team members what they have bought or acquired on social media. You'll need no prompts, but if no one mentions it, suggest:

- Wellness items
- Clothing
- Electronics



“The best marketing meetings with your team don't have to be instructional; they can be conversational.”

—BASH HALOW, CVPM, LVT, OWNER, HALOW CONSULTING

3. With a timer set to two minutes, ask what new behaviors they adopted from social media. Offer prompts:
 - Tasted a new food or tried a new recipe
 - Took up a new sport
 - Changed passwords
 - Adopted a healthy habit
4. With a timer set to two minutes, ask what products or services they purchased because of their new behavior or habit. Acknowledge expensive products like fitness equipment or closet organizers, but also suggest smaller recurring purchases: a monthly gym membership, annual park pass, internet security subscription, new cooking equipment or ingredients, a journal, apps or books, etc.

What Works For Us?

(Guided Conversation, 5 minutes)

Today, we looked at results-driven social media marketing. We've just seen that social media can lead us to make purchases or adopt new behaviors. And that new behaviors lead to new purchases and new habits lead to regular, recurring purchases.

Here, simply pause for five full seconds. If no one breaks the silence, ask: *Any thoughts? Are we seeing any patterns here? What can we apply from the social media that we use?*

Point out parallels between examples of actions team members have taken in their own lives and actions you would like clients to take, for example:

- What does promoting your child's school event have to do with promoting our veterinary practice? Can we craft a message around caring, family, and parental pride?

Training Exercise 2

Social Media Marketing Case Study: How Would You Fix It?

Hollis Family Veterinary Hospital is a rural-suburban, one-doctor practice. All the benchmarks say it's wildly successful. The team is close-knit and truly high functioning, except for the occasional blip. Read through this example situation and consider the questions below in a group conversation or self-study session.

CASE STUDY

Mike Olson, lead tech: I'm crushing it on social media. You don't need to go to college for this; you just look at what everyone else is doing and go for it. Weird diagnoses. Wellness tips. Gross teeth pictures. Cat videos (I know . . . but they work!).

I've got all this benchmarking data that tells me how I'm doing compared with other practices. Hollis Family Veterinary Hospital is at the top of one-doctor practices when it comes to the percentage of clients with pet insurance (so we can sell more treatments!), full utilization of wellness plans, and number of dental appointments booked per year.

It's because of me that we got to expand our Saturday hours this year. My performance eval is coming up. I'll be asking for a new job title, digital marketing manager, a \$5,000 raise, and a video camera with microphone so we can start making videos and podcasts.

Stephanie Pereira, DVM: I'm maxed out. My new client list has grown 10% over the past three years.

When the Animal Friends Clinic over in Bayview shut down in 2020, things got so busy. I'd like to think people are driving the extra 20 miles to my practice because I'm a great vet, but, actually, I'm the only clinic around. I know I need every new client I can get, but we really need one more doctor and two technicians. Problem is, I can't find anyone who will move here. When I mention our patient load, expanded Saturday hours, and 24/7 on-call, they're out.

Kris Thompson, lab tech: Are you kidding me? Mike gets a half-hour break every day to sit around and post cat videos. Meanwhile, the rest of us are running—running!—to stay on schedule.

J.T. Iliffe, receptionist: And you want to know the worst part? I bet if we actually paid Dr. Pereira and our vet techs for all the hours they actually worked, we'd be broke.



QUESTIONS TO CONSIDER

After reading the case study, whether you are working alone or with other team members, ask yourself:

- What's wrong with this picture? List the mistakes or problems in order of priority, based on the problem or threat they pose to the practice.
- Who is making the mistakes? Are they mistakes of perception, planning, or implementation?
- What personnel issues are affecting the team?
- Which team members might benefit from skills training and which from coaching?
- Which problem would you tackle first? How would you fix it?

Sample Response

We asked Bash Halow, CVPM, LVT, owner of Halow Consulting, to respond to this case study. A positive approach to team building is his trademark. So, it's no surprise that he approached this case study not with the mindset of solving "the team problem" but by relating thoughtfully and compassionately to each person. Here is Halow's response, from the perspective of a manager at the practice:

Mike

I love Mike. He's impassioned and ambitious. Still, I'll bet his confidence invites a lot of efforts by others to "bring him down to earth." Don't be that leader! This boasting of his is probably just cover for insecurity. When talking to him, I would acknowledge his gains and try to incite thoughtfulness on how he can improve.

Let's schedule him some time to work from home on social media. Three to five hours every two weeks is probably enough. If he says he needs more time, ask him to map out why and give his proposal some consideration.

As far as a raise goes, we can pay him a different rate for the work that he does when marketing, which should even out the fairness of our pay scale. Having the work done at home when no one is worrying about how busy they are compared with Mike should mitigate intraoffice sniping. In addition, we're going to hold off on the additional camera purchase until we're sure that our measurements of return on investment (ROI) are accurate. After all, we want to be responsible with our spending.

Stephanie

I'm not going to lie to you and tell Stephanie that the exposure Mike is garnering online is going to capture the attention of a wayward vet and get them to apply for a job. That said, stranger things have happened.

Stephanie should support Mike in his efforts. With a recession looming on the horizon, there may come a day soon when she'll be thankful that Mike is doing such a great job at getting the practice's name out there.

J.T. and Kris

They sound upset. Let's fix that right now.

I would ask them: Why are you so mad about Mike? Are you not feeling valued or as valued as he is? Because that's not the case. You're both very important to the practice.

If you have wage concerns, recognition concerns, or fairness concerns, I want to hear them! Those are all legitimate worries. As your manager, I can't think of anything more important to our success than your belief that you are working for someone who likes you, is fair to you, and wants to see you excel at our work together.

- What does gym membership have in common with a pet wellness plan? Can we craft a message about health and enjoying life?
- What does changing your password have in common with vaccinations? Can we craft a message around safety and security?
- What does adopting a healthy habit have to do with applying flea/tick preventive? Can we craft a message around “That is hard, this is easy”?

Don't expect immediate results. It takes time for things to percolate. Today you have created a goal and a durable skill set for generating insightful, creative, and

attention-getting social media posts that sell.

Closing

We started today by celebrating our social media successes. We explored the idea that the goal of marketing is to make our practice profitable, to increase revenue, and to maintain cash flow. And we looked at ways we all personally respond to social media by purchasing things or services or by adopting new behaviors and developing new habits. Finally, we saw how we can use our experiences with social media to craft messages for our own practice!

As we go forward, let's all keep on dreaming up creative social media posts. And let's make our ideas work

for us—so they are creative, clever, silly, and productive!

Plan to revisit the learning outcomes in future staff meetings or trainings. And be sure to celebrate team members whose ideas for social media reflect what they learned today. ✨

Constance Hardesty is owner of Hardesty Communications, which specializes in marketing, advertising, promotion, and communications. Her clients have ranged from Adobe, Brother, and Scholastic to Argonne National Laboratory, Hallmarq Veterinary Imaging, and leading organizations in the companion animal health industry.



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Next-Gen Diagnostics



A dog receiving laser therapy during real-time monitoring of pain signals with the PainTrace device. (Photo courtesy of BioTraceIT)

A Review of 3 Artificial Intelligence and Algorithm-Assisted Systems

by Michael C. Petty, DVM

Is there any one of us who didn't know, suspect, or even fear that someday artificial intelligence (AI) would play a role in veterinary medicine? Like it or not, we are at that point. After having worked with three different systems, I am happy to report that in my opinion AI is not here to replace us, only to assist us.

I have reviewed three different systems for the purpose of this article: a system that reads radiographs, one that diagnoses pain, and another that diagnoses internal medicine problems.

There are many more in the works, and we can expect AI assistance in areas such as anesthesia and rate calculations as well as oncology. In the discussion that follows, I am going to list what I liked and didn't like about each of the three systems.

Radiology

You may already be using the system out there for reading radiographs by SignalPET. Basically, how it works is that you choose the suspect areas as you normally would, upload the radiographs and then receive a report. The report lists all areas looked at and they are diagnosed as normal or abnormal.

Additionally, each abnormal result then generically describes why it was listed as abnormal and gives

a few differentials to consider and maybe some suggested follow-up diagnostics such as an ultrasound. See the boxed area below for an example of an abnormal finding from the system of Urinary Bladder Calculi:

Urinary Bladder Calculi:

An abnormal test indicates that an abnormal/mineral opacity has been detected over the outline of the bladder. The most likely diagnosis being urolithiasis, other causes can be ruled out with additional diagnostics such as additional radiographic images, contrast study, abdominal ultrasound, etc. DDX: Urolithiasis, other

As you can see by the description, all bases are covered with reasonable additional diagnostics suggested.

What I liked about SignalPET

I have been reading radiographs for over 40 years, but I still have the tunnel vision of looking at the main area of interest and using it for confirmation of what I suspected. If I am in a hurry, I sometimes do not go back and look at every structure at the edge of the radiographic field and important observations are sometimes missed. This program looks at absolutely everything, and I am humbled to say that a few things like stifle effusion were picked up even though there was no stifle pain, the main source being the hips and pelvis and where I focused my observation. This program gives you a second set of eyes.

What I disliked about SignalPET

Sometimes it is just wrong. In the

above example of the Urinary Bladder Calculi, it was actually a piece of radiopaque stool that was superimposed on the bladder. It was obvious in the other view that this same density was nowhere near the bladder.

The other issue is that it does not diagnose everything. The user is provided a list of things the AI looks for, but it is up to us to look for other issues. In other words, it could be very easy to become complacent and not make your own observations.

Conclusion

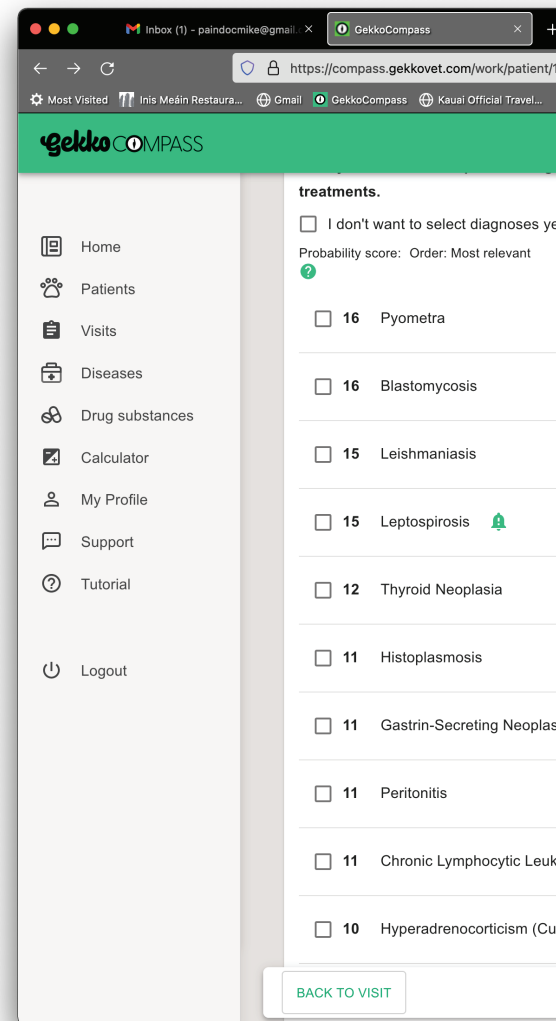
Maybe someday the AI will be able to compare one film with the other. And when talking to the software developers, they assure me, and I believe them, that it will only get better with time, both in finding mistakes it might make and in diagnosing additional problems.

Pain Diagnostics

In the PainTrace system, produced by BioTraceIT, an animal is monitored through a variety of joint manipulations, such as flexion and extension of a shoulder or hip, while connected to a wearable device by electrodes.

The system has the ability to monitor abnormal nociceptor activity and report it on a screen with a real-time visual. This actually works two ways: it shows pain both in a resting state and during movement or manipulation.

For example: If an animal has pain issues, and it is connected to PainTrace, it may show a chronic level of pain, even at a resting state. This does not tell us where the pain is. In order to do that, each joint needs to



Gekko 7: A screenshot of the GekkoVet system, showing a list of differentials for an unspayed female golden retriever with polyuria and leukocytosis. Photo courtesy of Michael Petty, DVM

be manipulated to register a reading on the device and diagnose it as pain, and it also provides the degree of pain based on the amplitude of the response.

What I like about PainTrace

It is very good at detecting pain. I have even used it on anesthetized animals and gotten positive pain readings. On awake animals, it has found areas of pain that I knew

existed. Unlike a pain metrology survey, it cannot be fooled by an owner that doesn't want to answer the survey correctly, or a veterinarian that does not have the skill set (or patience) to do and interpret a complete pain exam.

What I don't like about PainTrace

There is a learning curve to attach and use the device properly.

There is also a minor delay, one to two seconds, between a painful manipulation and the readout on the iPad, and the user must have the patience to move a suspected joint.

Conclusion

I see this device as a very helpful tool not only for the hard-to-diagnose cases but also for the stoic animals that do not show outward signs of pain as well as for the practitioner who is not confident in their pain diagnostic skills. Additionally, clients appreciate the visual ability to locate painful anatomy and track treatment effectiveness overtime; it is a great communication tool.

Internal Medicine Diagnostics

GekkoVet is probably the most advanced player in the realm of internal medicine diagnostics. In full disclosure, I was a beta tester two years ago and made suggestions to improve the system.

Basically, you can either enter findings in a generic mode (male neutered cat, for example) or set up a case study by entering breed, age, geographic location and other parameters. Then you enter your findings, which can include client history, physical exam findings, lab results, and radiographic findings. The

AI then searches a database of tens of thousands of pages of articles and lists diagnoses in order of probability. It does this in about a second.

You can then look at each possible diagnosis and the software will list rule-in/rule-out testing. Once you have chosen a diagnosis, it will then give you up-to-date treatments and even includes a drug formulary.

What I like about GekkoVet

We all have "those" cases. When you have practiced as long as I have, there are not as many as there are for new graduates. Even so, sometimes I am surprised by the list of possible diagnoses, which is the problem of practicing so long. Sometimes we start to get tunnel vision based on certain sets of signs and history and forget about some of the outliers that need to be on the list should our initial thoughts be wrong.

Additionally, "casting a wide net" and running too many tests because you know "something ain't right" can quickly alienate a client because of time and money spent. Having a defined list of rule-outs from a software program like this to present to the owner makes them part of the diagnostic team, and you are less likely to chase a diagnostic red herring.

What I don't like about GekkoVet

Too much information put in can give possible diagnoses in the hundreds. You have to pick and choose what you decide is important. For example, if an animal is severely dehydrated, then adding tachycardia and poor capillary refill is not necessary, but the program doesn't know that and will start looking at tachycardia and poor capillary refill as primary issues

and increase the diagnostic list. In other words, you need to trust and wade through your own clinical observations as well as decide what history from the owner is pertinent in order to narrow your list down.

Conclusion

The judicious use of diagnosis assistance can not only help shape our diagnostic acumen for future cases but also relieve the stress associated with those difficult case presentations while educating us and making us better diagnosticians.

Summary

I don't foresee a future wherein the veterinarian is going to be replaced. The subtleties of diagnostics *vis-à-vis* taking a proper history, doing a thorough exam, ordering the right lab work or radiographs, and so on are too complex for any AI to make that decision on its own.

I do see a future in which our workload can be reduced: not stressing about hard cases, streamlining the rule-in/rule-out process, and spending time we might not have for looking up the latest therapies will become a thing of the past. It is up to the individual practitioner to decide when and how much to embrace AI, but the future *is* here and we are going to have to change with the times sooner or later. ✨

Michael C. Petty, DVM, CCRT, CVPP, DAAPM, is in private practice in Canton, Michigan. He is a frequent national and international lecturer on topics related to pain management. Petty offers commentary on each Pain Case of the Month (and occasionally writes one himself). He was also a member of the task force for the 2015 AAHA/AAFP Pain Management Guidelines for Dogs and Cats.





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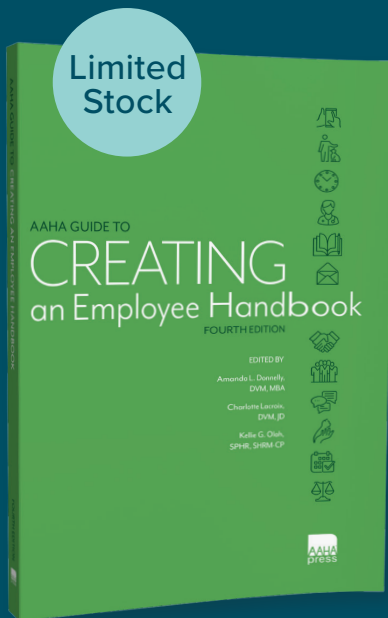


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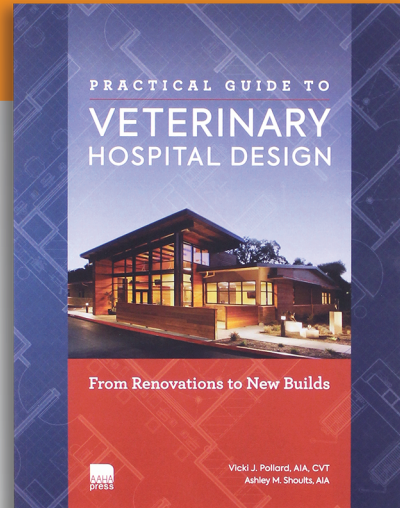


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AAHA Press	61	Merck Animal Health	5
aaha.org/press		https://www.merck-animal-health-usa.com/nobivac	
AAHA Savings Program	49	MWI Animal Health	Inside Front Cover
aaha.org/savings		allydvm.as.me/MWIDemo	
Animal Arts	61	Pawlicy Advisor	32
www.animalarts.com		pawlicy.com/aaha-trends	
Arthrex Vet System	Back Cover	Rx Vitamins	7
ArthrexVetSystems.com		rxvitamins.com	
AtmosphereTV	60	Veterinary Management Institute	36
get.atmosphere.tv/aaha		aaha.org/vmi	
Boehringer Ingelheim Animal Health	10, 42, 43		
www.prozinc.us			
CareCredit	1		
carecredit.com/mycustomlink			
Connexity	9		
aaha.org/connexity			
Dechra Veterinary Products	20-21, 22		
go.dechra-us.com/laverdia-pi			

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Becky Clowers, CVT

Veterinary Technician

**Hawthorne Animal Hospital
Glen Carbon, Illinois**

Specialties/Certifications:
Certified Veterinary Technician (CVT)

Year started in vet medicine: 1999

Years with practice: 12

AAHA MEMBER

Employee of the Month



Why Is Becky So Awesome?

She is who our employees aspire to be. She knows how to do anything and everything, and her patient care level is like no other.

How Does Becky Go Above and Beyond?

She is always calm in the face of chaos. She is the definition of our motto "We take exceptional care of pets." And she does it all with an inviting smile on her face!

In Her Own Words

Why do you love your job: I love the ICU patient care aspect. I find some of the cases completely fascinating! I love that we can discover what is wrong with a pet and treat it while supporting the pet and owner along the way.

Pets at home: An 8-year-old Plott hound mix: Tilly; an 18-year-old domestic shorthair: Stella; two rats: Colby and Gouda; and a gecko: Godzilla

What brought you to the profession: Initially, it was my love of animals. After working in the animal hospital for a short while, I discovered I loved the medicine associated with it.

Hobbies outside of work: Spending time with my family, gardening, walking in the woods

Favorite book/TV show: Yellowstone

Each month *Trends* spotlights an AAHA member, with generous support from CareCredit*. If you want to nominate someone, email us at trends@aaaha.org and they will be entered for a chance to win \$500!

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

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