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The Gender Pay Gap

Why More Women in Vet Med Does Not Equal Gender Equality 26



Virtual Care and Behavior
How Telehealth Can Offer Behavioral Clues 34



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Trends magazine

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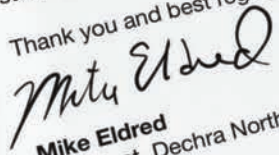
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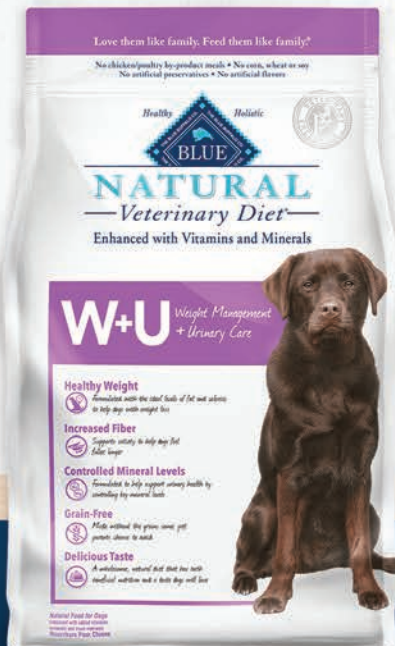


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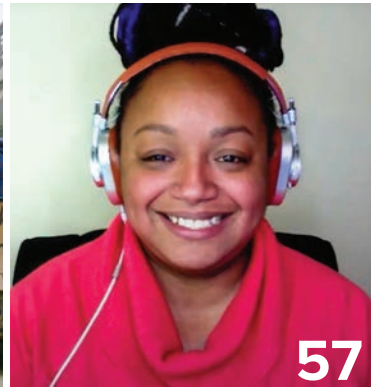
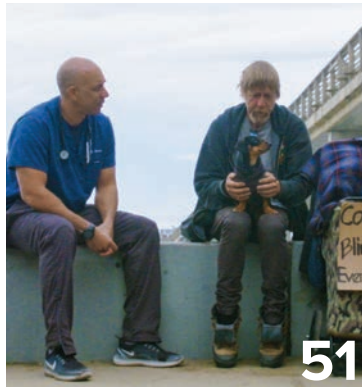
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from the editor's desk

AS AN AVID FAN OF ALL THINGS SPACE-RELATED, one of my heroes is Margaret Hamilton, the lead software designer for NASA's Apollo program. She and her team wrote the software that made the first landing on the moon a success. She was as much a pioneer as the astronauts that got to the moon and walked on its surface.

March is Women's History Month, so we celebrate the achievements of women such as Hamilton and their myriad contributions to our society. One aspect of marking these achievements is to move closer to gender equality, especially in terms of compensation. Vet med is an interesting study in gender equality, since the majority of practicing veterinarians are female, but men in the profession still tend to earn more.

This month's cover story takes aim at this conundrum and explores some possible solutions as well. In the same vein, we have a great article on being a mom in vet med. This article takes a peek into the lives of three technicians who are also moms and some of the challenges they face on a daily basis.

This month also has a great selection of other articles, from the virtues of having a virtual CSR, using video consults to assess behavior issues, and how helping pets of the homeless can help combat burnout.

TRENDS/CARECREDIT EMPLOYEE OF THE MONTH CONTEST

Have you entered our Employee of the Month contest yet? Eligible practices can enter the contest online by filling in a few details about why your employee is the best, and then we will randomly select one winner each month to win a \$500 Amazon gift card, courtesy of our friends at CareCredit. Enter today at aaha.org/EOTM.

COMING NEXT MONTH

In April we will be covering preventive care, communication around parasites, and a look at an innovative piece of equipment used for cancer screening. We will also have some enlightening benchmarking data from our partners at Petabyte Technologies, so be sure to look for that!

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

—Ben Williams, Editor

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View from the Board

Oh, Behave

Do you have favorite and least favorite appointment types? I love or at least really like most appointments but over the past year plus have started to truly dread canine appointments that contain the words anxiety, separation anxiety, fearful, wants medication for all those things, etc., in dogs between the ages of two and three years of age.

These are the pandemic puppies who joined households during the COVID-19 shutdown and now are struggling in a world where their humans are no longer staying home most of the time to snuggle and take them for walks. I feel for both these pups and their owners and am always trying to add resources to attempt to help, but my associates and I are doctors, not certified trainers or veterinary behaviorists.

But we all know how critical behavior is in keeping a pet in a household and not relinquished to a shelter or abandoned. It can feel a little overwhelming to have these conversations. First, you have to let the owner know that there's no easy fix with a magic elixir. Then, you have to try and leave your personal feelings outside the exam room. In my case, I am biased about what all dogs need to know, from walking on a soft leash without pulling to the seven essential commands (sit, stay, down, come, off, heel, and no).

Some of the angst around this topic stems from limited behavior training in our veterinary school curriculum. The rest is frustration with pet owners for not taking the time to train and socialize their dogs during a very critical window of puppyhood and not being accountable for the resulting bad behavior that their dog exhibits when the time was not spent. And it's not from ignoring behavior needs when the puppy first came into us—we have a puppy folder with lots of resources about training that are verbally discussed during visits and referrals to some wonderful local trainers.

We just recently developed a socialization checklist to add to the folder that is not only focused on training, fear

prevention, and socialization but also sound-proofing to urban (sirens, car backfire, trash trucks, fireworks, etc.) and natural (barking dogs, Colorado thunderstorms, etc.) noises.

Like all specialists in our area, the local boarded veterinary behaviorists are super busy and not always financially feasible for a dog owner, nor are they available for more than an abbreviated reply to an emailed question. So, I rely on the *2015 AAHA Canine and Feline Behavior Management Guidelines* and keep trying to build a better behavior consult for our owners and pups. My goal for 2023 is to create a better process or program for my team to use telehealth appointments for some behavior management appointments—as soon as I unlock the secret to creating more minutes and hours in a workday.

My favorite resource for puppy owners is the digital version of *Perfect Puppy in Seven Days* by Sophia Yin, DVM. Peruse this issue's article on behavior and telehealth for more tips and tools. Share yours in the AAHA Community (community.aaha.org) so we can add to resources for future AAHA behavior management guidelines.



Margot K. Vahrenwald, DVM, CVJ, is president of the AAHA Board of Directors. She is the owner of Park Hill Veterinary Medical Center in Denver.

This month in AAHA's Publicity Toolbox . . .

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

Pet Poison Prevention Awareness Month

Daylight Saving Time: Spring forward!

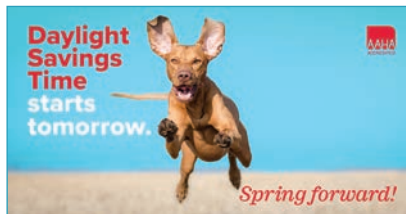
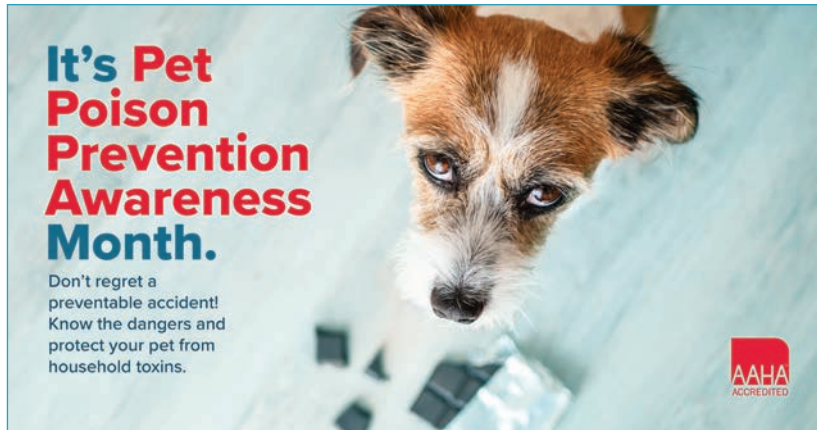
March 12

K-9 Veterans Day

March 13

St. Patrick's Day

March 17



I had a potential client call wanting to know my 50 AAHA mandatory standards of care and explain to her what they are and why AAHA is better. Would you call this client back?



Anthony Merkle, Director of Accreditation at American Animal Hospital Association:

I have run into this question a lot in the field as a consultant and have oftentimes told practices they should feel confident about sharing the mandatory standards, as this is a reflection of the minimum gold standard of care they can expect from an AAHA-accredited hospital.

Our standards are copyrighted, so I usually say that if they want to paraphrase for a client that is fine, as long as they keep the intent of the standard clear. You could also send them to aaha.org/standards for more information.

Now the tricky part of a question like this from a client is the ultimate motivation of why they are asking—and so approaching this should be done with sensitivity to first uncover the motivation to ensure you are not walking yourself into a situation where a client is holding you to a mandatory standard or creating confusion on the general public's interpretation of a standard versus how AAHA and the veterinary community interpret the standard. I hope this helps!



Community

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notebook

Dog's Behavior is a Product of Their Genes

By analyzing DNA samples from over 200 dog breeds along with nearly 50,000 pet-owner surveys, researchers at the National Institutes of Health have pinpointed many of the genes associated with the behaviors of specific dog breeds. Their work appears in the journal *Cell*.

"The largest, most successful genetic experiment that humans have ever done is the creation of 350 dog breeds," said senior author Elaine Ostrander, founder of the Dog Genome Project at the National Human Genome Research Institute. "We needed dogs to herd, we needed them to guard, we needed them to help us hunt, and our survival was intimately dependent on that."

"Identification of the genes behind dog behavior has historically been challenging," said first author Emily Dutrow, postdoctoral fellow at the National Human Genome Research Institute. "The inherent complexity of canine population dynamics features varying degrees of selective pressure for aesthetic and morphological traits, some of which may be linked to behavioral traits, so pinpointing the genetics of canine behavior can be complicated."

Six New Studies Will Focus on Health Issues in Cats

Morris Animal Foundation has announced grants for veterinary researchers at Colorado State University (CSU), University of Wisconsin–Madison, and others. The projects, which are slated to begin in 2023, will focus specifically on feline health issues. "Cats are an important part of so many people's lives," said the foundation's vice president of scientific operations, Kathy Tietje, PhD, MBA. "Investment in research advancing their health and well-being continues to be a priority for the foundation. We're proud to contribute to the science of feline health everywhere by providing financial support for these innovative studies."

Recipients are

- **Anne Avery, VMD, PhD**, of CSU, who will investigate the origin and pathogenesis of feline intestinal lymphoma.
- **Susannah Sample, DVM, MS, PhD, DACVS**, of the University of Wisconsin–Madison, who will investigate the genetic foundation of tooth resorption in cats.
- **Maciej Parys, PhD**, of the UK's University of Edinburgh, who will look at genome-wide CRISPR knockout screening to identify novel therapeutic targets of feline oral squamous cell carcinoma.
- **Gillian McLellan, BVMS, PhD, DACVO, DECVO, DVOPhthal, MRCVS, FARVO**, of the University of Wisconsin–Madison, who will investigate delineating age-related neuropathology and correlations with behavioral abnormalities in feline cognitive dysfunction syndrome.
- **Terza Brostoff, DVM, PhD**, of the University of California, Davis, who will explore foundational steps toward a novel feline infectious peritonitis mRNA vaccine.
- **Shirley Chu, DVM, PhD, DACVIM**, of the University of Missouri, who will begin phase one (of two) of a clinical trial evaluating tolerability, efficacy, and immune modulation with spatially fractionated lattice stereotactic radiation therapy in feline oral squamous cell carcinoma.



PrideVMC Announces Leadership Award Winners

PrideVMC announced two 2022 annual leadership award recipients: **Dane Whitaker, DVM, MPVM**, and **Ewan Wolff, PhD, DVM, DACVIM**.

PrideVMC says this award recognizes individuals who actively support PrideVMC's mission to create a better world for the LGBTQ+ veterinary community and vision of an empowered LGBTQ+ veterinary community that is embraced by society as their authentic selves. PrideVMC President Abby McElroy, DVM, MS, shared, "We received many nominations for talented and inspiring individuals that are working steadfast in support of LGBTQ+ people and their rights. While all the nominees are deserving of accolades, the ultimate decision was clear. In gratitude for the energy, time, and work they have invested in bringing PrideVMC's mission to life, both Dr. Dane Whitaker and Dr. Ewan Wolff are extremely deserving of this leadership award."



Pride VMC award winner
Dane Whitaker



Pride VMC award winner
Ewan Wolff



American Association of Veterinary Medical Colleges Announces 2023 Award Winners

The American Association of Veterinary Medical Colleges (AAVMC) recently announced 2023 award winners, representing significant professional achievement in veterinary medicine through research, diversity, leadership, and teaching.

The award winners are

- **John Pascoe—University of California, Davis**
Billy E. Hooper Award for Distinguished Service
- **Elizabeth Alvarez—University of Wisconsin—Madison**
Distinguished Veterinary Teacher Award, presented by Zoetis
- **Pamela Lein—University of California, Davis**
Excellence in Research Award
- **Rustin Moore—Ohio State University**
Iverson Bell Award



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Webinar Outlines FDA Final Guidance #256

In April 2022, the Food and Drug Administration (FDA) released Guidance for Industry #256 (GFI #256), Compounding Animal Drugs from Bulk Drug Substances, which explained the parameters within which veterinarians may use compounded drugs that are prepared from bulk drug substances.

The FDA plans to begin enforcing through routine inspections in April 2023. In preparation for this, the AVMA is offering a webinar that provides an overview of this guidance. In Compounding: Understanding FDA Final Guidance #256, FDA veterinarian Amber McCoig, DVM, MPH, examines the policies included in the guidance and what they mean for veterinarians and our teams. The AVMA reports that the course is available to all veterinary team members free of charge and offers 0.5 hours of continuing education (CE) credit. A link to the webinar is available on the AVMA website.

FDA Approves Oral Treatment for Cats with Diabetes

The Food and Drug Administration (FDA) announced that the agency has approved the first oral animal drug to improve glycemic control in otherwise healthy cats with diabetes mellitus not previously treated with insulin. Bexacat is an inhibitor of sodium-glucose cotransporter 2, the first SGLT2 inhibitor approved by the FDA for any nonhuman animal species. Bexagliflozin, the active ingredient in Bexacat, prevents a cat's kidneys from reabsorbing glucose into the blood, causing excess glucose to be passed out in the urine and resulting in lowered blood glucose.



QUOTE OF THE MONTH

“Aerodynamically the bumblebee shouldn’t be able to fly, but the bumblebee doesn’t know that, so it goes on flying anyway.”

—Mary Kay Ash, founder of Mary Kay Cosmetics

North American Veterinary Consolidators Market Analysis Released

Animal healthcare services management consulting firm Veterinary Integration Solutions recently published an updated report on the state of corporate consolidation in North America.

The analysis collected open data on 49 corporate groups buying or building veterinary hospitals. It provides a breakdown by their source of financing, number of locations and geographical area of operations, practice acquisition eligibility criteria and type of partnership agreement, and other information.

Based on the open-access data, at least 661 veterinary hospitals were consolidated during 2022, including acquisitions of corporately owned practices by other consolidators. Access the free list at <https://links.vetintegrations.com/vetgroups>.



Amie Hesbach, PT, DPT, MS, CCRP, CCRT, NCPT

IAVRPT Veterinary Rehabilitation Professional of the Year Announced

Boston-based **Amie Lamoreaux Hesbach**, physical therapist and certified canine rehabilitation therapist and practitioner, was named the 2022 International Association of Veterinary Rehabilitation and Physical Therapy (IAVRPT) veterinary rehabilitation professional of the year.

Hesbach owns EmpowerPhysio and has provided workshops and lectures in Belgium, Finland, Italy, Japan, the Netherlands, Norway, Sweden, Switzerland, the United States, and the United Kingdom, focusing on the application of practical manual therapy and therapeutic exercise techniques to small animals. She is a member of IAVRPT and the former president of the Animal Rehabilitation Special Interest Group of the American Physical Therapy Association.



Understanding Obesity and Weight Loss in Dogs and Cats

The Morris Animal Foundation reports that recent statistics classify most pets in the United States—about 56% of dogs and 60% of cats—as overweight or obese. They state that a variety of factors play a role in the development and maintenance of obese or overweight body condition in dogs. These include genetics, as a tendency toward obesity might be inherited. Studies suggest that Labrador retrievers have the highest obesity prevalence. Recent research conducted in the United Kingdom found that a genetic mutation was associated with overweight or obese Labrador retrievers as well as flat-coated retrievers. They stated that, interestingly, the mutation was more common in dogs from service dog lineages. Additional studies from the Netherlands showed a strong breed predisposition in both dogs and cats toward being overweight. Researchers proposed that not only genetics but breed standards (ideal characteristics and appearance of a breed) could explain why certain breeds tend to be overweight.

They relate that several studies have linked increased body weight to changes in the gut microbiome, saying that veterinary researchers have documented a difference

between the microbiome composition of obese and overweight dogs and their leaner counterparts. Studies on the cat microbiome also indicate differences between the microbiomes of obese and lean individuals. The question remains as to whether the gut bacteria change occurs before or after a dog or cat gains weight.

Morris reports that researchers found that increasing owner age, decreased weekly exercise hours, and lower owner income levels were all associated with a higher risk for companion animal obesity. The researchers concluded that in their study, owner-related factors were more important in the development of obesity than dog-related factors such as breed, age, or reproductive status.

The report cites a recent review on how to effectively talk to owners about weight loss, which noted that veterinarians feel that they will “offend, upset, anger, or even lose a client” if they bring up the subject of a companion animal’s weight. If the owner or the veterinarian is overweight, the situation is even more strained. The review suggested enlisting the entire veterinary team to deliver consistent and clear messaging regarding weight loss.



Veterinarians at the Charleston Animal Society in South Carolina removed 38 hair ties from the stomach of a cat named Juliet.

Veterinarians Remove 38 Hair Ties from Cat's Stomach

The Charleston Animal Society in South Carolina reported that a cat named Juliet was brought in by a member of the public who said the feline had been left outside a home when the former residents moved out of state. After caregivers noticed the cat was becoming lethargic and not eating, a radiograph revealed she had an unusual blockage in her stomach. Leigh Jamison, associate director of veterinary care for the Charleston Animal Society, said the surgical team was stunned to discover the blockage was 38 hair ties swallowed by the cat. "I've never seen anything like it," Jamison said in a news release. Jamison said Juliet is now recovering, but the blockage led to a liver condition that is now being treated. "We have to make sure that as we feed her, we keep her electrolytes in balance," Jamison said.

Clinical Trial Places Cat's FIP in Remission

Lily, a nine-month-old female Bengal cat, is now in remission from feline infectious peritonitis (FIP) after clinical trials at the University of California (UC), Davis veterinary hospital. Currently enrolling cats, these new clinical trials are focused on improving treatments for FIP. UC Davis reports that Lily's remission shows the great promise these new therapies hold for cats with FIP. All clinical signs related to her previously diagnosed FIP have resolved.

Previous research conducted by UC Davis professor emeritus Niels Pedersen, DVM, PhD, uncovered several promising treatments for this disease, including an antiviral drug, GS-441524, that was found to be safe and efficacious in treating cats with naturally occurring FIP. However, the drug is not readily available in the United States. The current trials expand on Pedersen's research to further improve FIP treatment. The trial Lily participated in investigates the safety and efficacy of remdesivir, which is similar to GS-441524. This study is enrolling two treatment groups: one will receive oral GS-441524 and the other will receive oral remdesivir for comparison.



Krystle Reagan, DVM, PhD, DACVIM, examines Lily at UC Davis.

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Caution:

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

Description:

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

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

Indications:

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

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

Dosage and Administration:

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

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

Bravecto should be administered with food.

Dosage Schedule

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

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

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

Contraindications:

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

Warnings:

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

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

Precautions:

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

Adverse events have been reported following use in breeding females. Before use in breeding female dogs, refer to Post-Approval Experience and Animal Safety sections.

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

Adverse Reactions:

In a well-controlled U.S. field study, which included 294 dogs (224 dogs were administered Bravecto every 12 weeks and 70 dogs were administered an oral active control every 4 weeks and were provided with a tick collar); there were no serious adverse reactions. All potential adverse reactions were recorded in dogs treated with Bravecto over a 182-day period and in dogs treated with the active control over an 84-day period. The most frequently reported adverse reaction in dogs in the Bravecto and active control groups was vomiting.

Percentage of Dogs with Adverse Reactions in the Field Study

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

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

Post-Approval Experience (2022):

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

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

Vomiting, lethargy, diarrhea (with and without blood), anorexia, pruritis, polydipsia, seizure, allergic reactions (including hives, swelling, erythema), dermatitis (including crusts, pustules, rash), tremors and ataxia. In some cases, birth defects (including limb deformities and cleft palate), stillbirth, and abortion have been reported after treatment of breeding females.

Contact Information:

To report suspected adverse events, for technical assistance or to obtain a copy of the Safety Data Sheet (SDS), contact Merck Animal Health at 1-800-224-5318. Additional information can be found at www.bravecto.com.

For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at <http://www.FDA.gov/reportanimalae>.

Clinical Pharmacology:

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

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

Effectiveness:

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

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

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

Animal Safety:

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

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

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

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

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

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

Storage Information:

Do not store above 86°F (30°C).

How Supplied:

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

Approved by FDA under NADA # 141-426

Distributed by:

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

Fluralaner (active ingredient) Made in Japan.

Formulated in Austria

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Rev. 10/2022

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PROTECTION THAT GOES LOOONG

BRAVECTO[®]
(fluralaner)
Chews

We know compliance can be tough for clients. That's why a single dose of **BRAVECTO**[®] Chews lasts nearly 3x longer than a single dose of monthly flea and tick products.¹ Give your clients less to worry about and your patients **more** between doses.*

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MORE CAR RIDES, MORE RACES THROUGH THE PARK, MORE BIRD

WEEKS[†]

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us.bravecto.com

IMPORTANT SAFETY INFORMATION: BRAVECTO (fluralaner) Chews for Dogs: The most commonly reported adverse reactions include vomiting, decreased appetite, diarrhea, lethargy, polydipsia, and flatulence. **BRAVECTO Chews** has not been shown to be effective for 12-weeks' duration in puppies less than 6 months of age. **BRAVECTO Chews** is not effective against lone star ticks beyond 8 weeks of dosing. Fluralaner is a member of the isoxazoline class. This class has been associated with neurologic adverse reactions including tremors, ataxia, and seizures. Seizures have been reported in dogs receiving isoxazoline class drugs, even in dogs without a history of seizures. Use with caution in dogs with a history of seizures or neurologic disorders. Please see full product information on page 20.

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

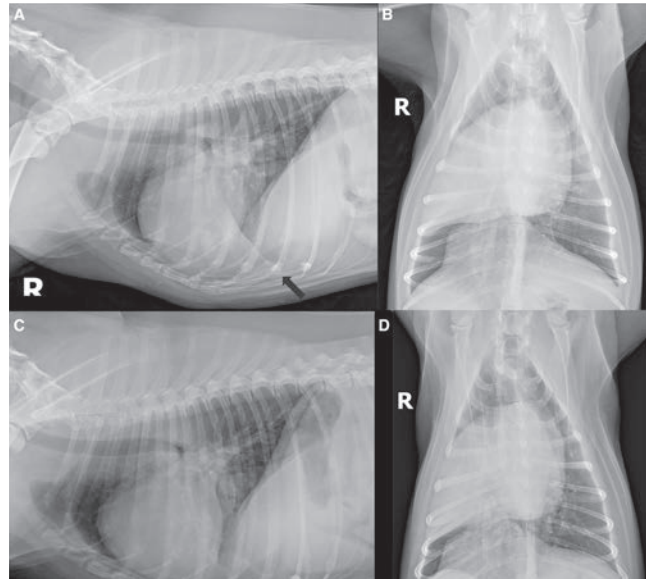
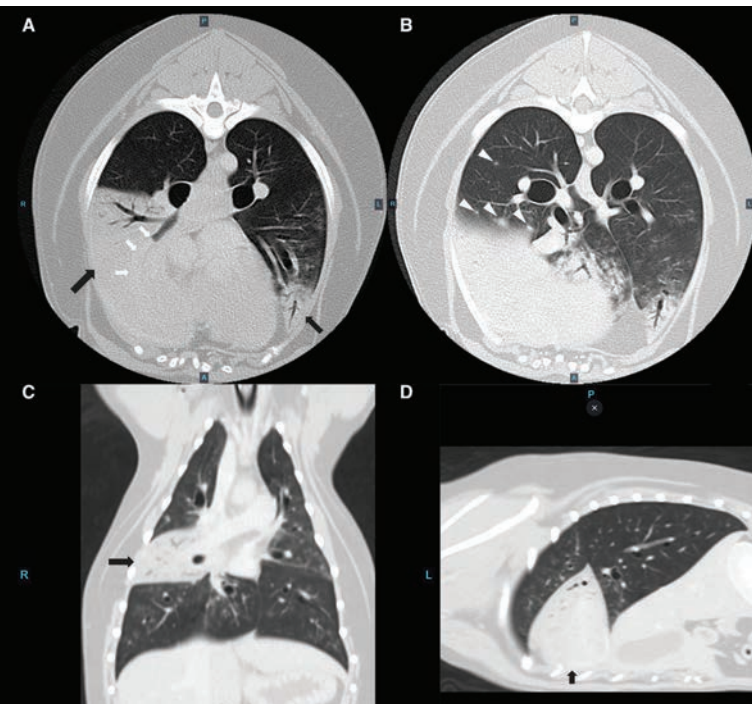
*Compared to monthly products.

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

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ABSTRACTS



CASE REPORTS

Lung Lobectomy as an Adjunctive Treatment for Refractory Pulmonary Coccidioidomycosis in a Dog
Kaylyn McDaniel, Kristen McDaniel, Jared A. Jaffey, Jason D. Struthers, Natasha Walzthöni, Danielle Gordon

A 5 yr old, castrated male, border collie mixed-breed dog was evaluated for cough and subsequently diagnosed with pulmonary coccidioidomycosis. Baseline serum anti-Coccidioides spp. immunoglobulin M and immunoglobulin G antibody titers were negative and 1:8, respectively. Thoracic computed tomography identified marked gravity-dependent pulmonary consolidation of the right middle lung lobe and marked tracheobronchial lymphadenomegaly. First-line antifungals were prescribed without adequate clinical or radiographic improvement, and a right middle lung lobectomy was subsequently performed 5.5 mo after diagnosis. Clinical signs associated with the respiratory tract resolved postoperatively. Fluconazole was discontinued 204 days after surgery because the dog remained subclinical, the thoracic computed tomography revealed near normal imaging with the exception of changes typical following a lung lobectomy, and the serum anti-Coccidioides spp. immunoglobulin G titer was 1:2. The dog remained subclinical >90 days after cessation of fluconazole. This case report describes the successful treatment outcome in a dog with severe Coccidioides spp. pneumonia following lung lobectomy and oral antifungal therapy. Future studies are warranted to determine the utility of adjunctive lung lobectomy in dogs with coccidioidomycosis who have large fungal burdens localized to a single lung lobe and are refractory to standard first-line oral antifungal therapies.

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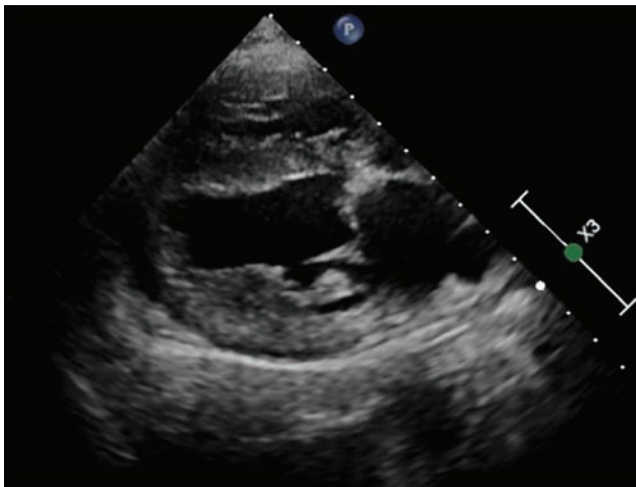
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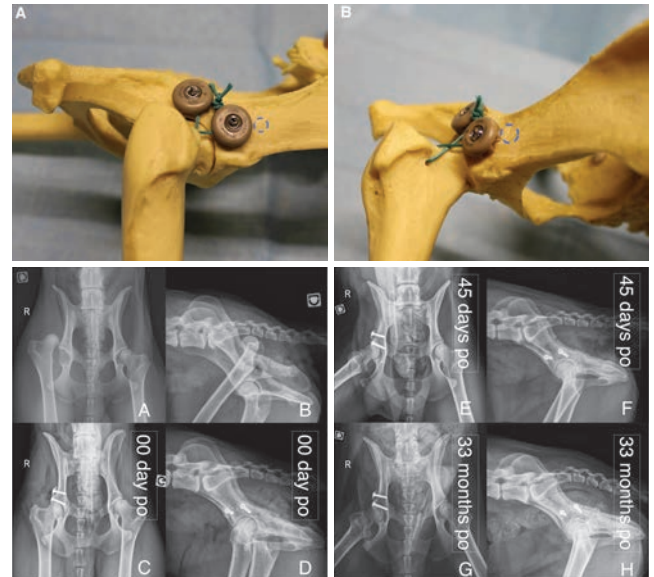
CASE REPORTS**Successful Resuscitation of Neonatal Kittens Delivered by a Perimortem Cesarean Section Following Maternal Cardiopulmonary Arrest***Molly Racette*

A 9 yr old, unknown weight, intact female domestic shorthair presented for evaluation of dystocia with dyspnea. En route to the hospital for treatment, the owners noted the queen stopped breathing. On presentation, cardiopulmonary arrest was confirmed. The exact cause was unknown but suspected to be secondary to acute fulminant congestive heart failure or acute respiratory distress syndrome due to a large volume of serosanguineous fluid within the mouth and nose. Cardiopulmonary resuscitation (CPR) was immediately started. After 2 min of CPR without return of spontaneous circulation, the owners consented to perimortem Cesarean section. Two kittens were removed via emergency hysterotomy within 3–4 min. Both kittens were successfully resuscitated. CPR efforts were continued on the queen for 2 min after delivery of the kittens, at which time the owners elected to stop further resuscitative efforts. Both kittens were discharged from the hospital and were alive at last follow-up, 2 yr and 4 mo after birth. There are no previous reports regarding the use of a perimortem Cesarean section to deliver neonates in small animal medicine. Therefore, this report represents a novel treatment approach that can be considered in the case of maternal arrest during dystocia.

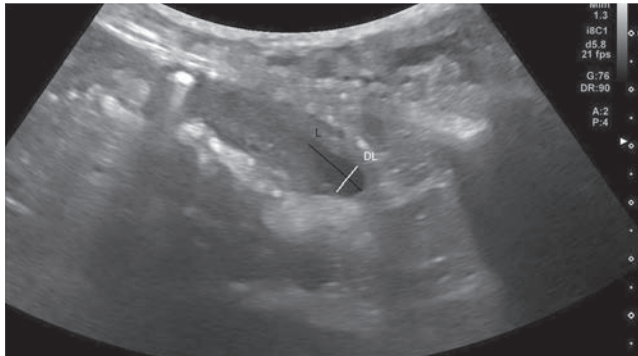
**CASE REPORTS*****Brevundimonas vesicularis* isolation from a Labrador Retriever with Bacteremia, Endocarditis, Spinal Epidural Empyema, and Polyarthrit***Abby Lynn Ostronic, Rebecca Windsor, Amy Dixon-Jimenez*

A 7 yr old spayed female Labrador retriever was evaluated for progressive nonambulatory tetraparesis, obtundation, joint pain, and pyrexia. The dog was diagnosed with spinal epidural empyema, bacteremia, endocarditis, and polyarthrit based on magnetic resonance imaging, echocardiography, joint fluid

analysis, and blood culture. Blood culture isolated a rare and atypical pathogen, *Brevundimonas vesicularis* in conjunction with *Escherchia coli*. The patient was treated with a 10 mo antibiotic course, and clinical signs quickly resolved. This is the first report of *B vesicularis* in association with bacteremia, endocarditis, spinal empyema, and polyarthrit in a dog.

**ORIGINAL STUDIES****Complications and Long-Term Outcomes After Prosthetic Capsule Replacement in 15 Dogs with Traumatic Hip Luxation***Giovanna Redolfi, Jean-Guillaume Grand*

Complications and long-term clinical outcomes for 15 dogs surgically treated for traumatic craniodorsal hip luxation by prosthetic capsule replacement (PCR) with a prosthetic ligament were retrospectively reviewed. A PCR technique with capsulorrhaphy was performed in all dogs using acetabular screws with washers and a femoral tunnel as anchor points for the polyester prosthetic ligament. A non-weight-bearing sling was not placed. Minimum 1 yr follow-up period was required for study inclusion. Two major complications (13.3%) consisting of craniodorsal hip relaxation (n = 1) and capital physeal fracture (n = 1) were observed. Minor complications (superficial skin necrosis) occurred in one case (6.7%). The patient with craniodorsal hip relaxation underwent femoral head and neck ostectomy and was excluded from long-term analysis. In the 11 cases that returned for long-term (median, 3.8 yr; range, 19–75 mo) evaluation at the authors' institution, 10/11 of the dogs were clinically sound. Three dogs did not return for long-term evaluation. However, telephone interview with owners minimum 1 yr after surgery indicated normal limb function and absence of complications in all three cases. These results suggest that PCR with polyester prosthetic ligament can be successful in maintaining hip reduction in dogs with craniodorsal hip luxation.



ORIGINAL STUDIES

Urine Residual Volume in Normal Dogs Determined by Direct Measurement and Comparison to Two-Dimensional Ultrasonographic Measurement

Lisa M. Anderson, Grayson Cole, Laura J. Hammond

Normal urine residual volume (URV) in dogs has not previously been established by direct measurement. Twenty-two client-owned normal healthy dogs (8 female spayed, 12 male castrated, 2 male intact) without history of urinary abnormalities were included. Dogs were walked outside for 5 min to allow for natural voiding, immediately followed by urinary bladder ultrasound and urinary catheterization. The URV was recorded, and the ultrasound images were used to estimate URV for each dog. There was no significant difference between male and female URV; therefore, all data were pooled. With a 90% confidence interval, URV was 0–0.47 mL/kg with a mean URV of 0.21 mL/kg and a median value of 0.175 mL/kg. There was no significant difference between the measured URV and the ultrasound-determined URV. This case series supports previously established normal URV in the dog; however, a reference interval based on a larger population of dogs with further evaluation of body size/weight, sex, and neuter status is recommended to be established for use in clinical setting to differentiate normal urination from urinary retention in patients.

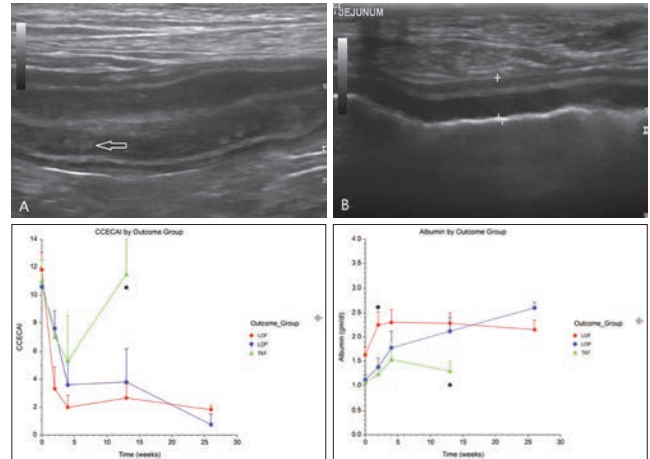
RETROSPECTIVE STUDIES

Retrospective Study Evaluating Surgical Treatment and Outcome in Dogs with Septic Peritonitis Secondary to Neoplasia

Laura E. Selmic, Carolyn L. Chen, Janis Lapsley, Page Yaxley, Megan Brown, Vincent A. Wavreille, Giovanni Tremolada

Septic peritonitis is a life-threatening disease that can be caused by neoplasia, among other disease processes. There is no veterinary literature directly evaluating the outcome of patients with septic peritonitis caused by neoplasia. The objective of this study was to evaluate for differences in survival to discharge and complication rates between septic peritonitis caused by neoplastic and nonneoplastic disease in canine patients. A single-institution retrospective cross-sectional cohort study was performed, identifying dogs who were treated surgically for septic peritonitis between January 1, 2010, and November 1, 2020. A total of 86 patients were included, 12 with a neoplastic

cause for septic peritonitis and 74 with another cause. The most common neoplastic lesions associated with septic peritonitis were gastrointestinal lymphoma and hepatocellular adenoma. Presence of neoplasia was not a significant factor for development of intraoperative or immediate postoperative complications, nor did it decrease chances of survival to discharge ($P < .09$). The diagnosis of a primary, localized, neoplastic lesion alone should not deter clinicians and owners from pursuing treatment for septic peritonitis.



ORIGINAL STUDIES

Prospective Evaluation of Low-Fat Diet Monotherapy in Dogs with Presumptive Protein-Losing Enteropathy

Marc Myers, Stephen A. Martinez, Jonathan T. Shiroma, Adam T. Watson, Roger A. Hostutler

For dogs with protein-losing enteropathy (PLE) and evidence of lymphangiectasia, the efficacy of low-fat diet as monotherapy or combined with prednisone remains poorly characterized. In this prospective, observational cohort study of 14 dogs with presumptive PLE and ultrasonographic evidence of lymphangiectasia, subjects were placed on various low-fat diets as monotherapy and prednisone was added if response was deemed inadequate. Dogs were assessed and scored at four recheck examinations across a 6 mo study period, including a final recheck ultrasound. Clinical and clinicopathologic variables were collected and dogs were divided into three outcome groups: clinical remission on dietary monotherapy (LOF); clinical remission on dietary therapy plus immunosuppressive prednisone (LOP); and treatment failure (TXF). Eleven of 14 dogs were in clinical remission at the study end date (6 mo after enrollment): 6 LOF dogs and 5 LOP dogs. LOF dogs achieved a significant reduction in Canine Chronic Enteropathy Clinical Activity Index score and a significant increase in serum albumin within 2 wk of beginning dietary monotherapy. Four of 11 dogs in remission also had ultrasonographic evidence of resolution of linear striations. Low-fat diet appears to be an effective monotherapy in some dogs with presumptive PLE and ultrasonographic evidence of lymphangiectasia.



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The Gender



Pay Gap

Why More Women in Vet Med Does Not Equal Gender Equality

by Kristen Green Seymour

OFTEN, WHEN GENDER EQUALITY OR GENDER DIVERSITY in the workplace is discussed, the conversation focuses on representation. And moral arguments about the importance of diversity in leadership notwithstanding, the benefits are clear: Companies with women in leadership roles tend to be more profitable.

In veterinary medicine, though, women are certainly represented. More than 60% of practicing veterinarians are female and that figure is rising, according to the Annual Data Report 2021–2022 by the American Association of Veterinary Medical Colleges (AAVMC), which found that 83.7% of the class of 2025 were female (15.9% were male and 0.4% selected a gender not listed) and 87.3% of applicants were female (12% were male and 0.7% selected a gender not listed).

But make no mistake; that doesn't mean we've achieved gender equality. Despite the field skewing strongly female, the average male income is significantly higher; that difference is most prominent with recent graduates and the upper 50% of earners. Men are also more likely to own practices, according to a 2015 special report in the *Journal of the American Veterinary Medical Association*.

The lead author for that special report, Samantha Morello, DVM, DACVS (LA), is a board-certified large animal surgeon who spent over a decade as an academic professor researching gender and veterinary workforce dynamics.

She currently works in management consulting and is an adjunct professor with the Cornell Center for Veterinary Business and Entrepreneurship. While she acknowledged that there's no single reason for the gap, she said, "Researchers have done a good job of starting to pick out some of the larger factors that can contribute to how people earn—and then show how those factors can be different between men and women, and how men and women ultimately earn different amounts of money."

The Impact of Gendered Expectations

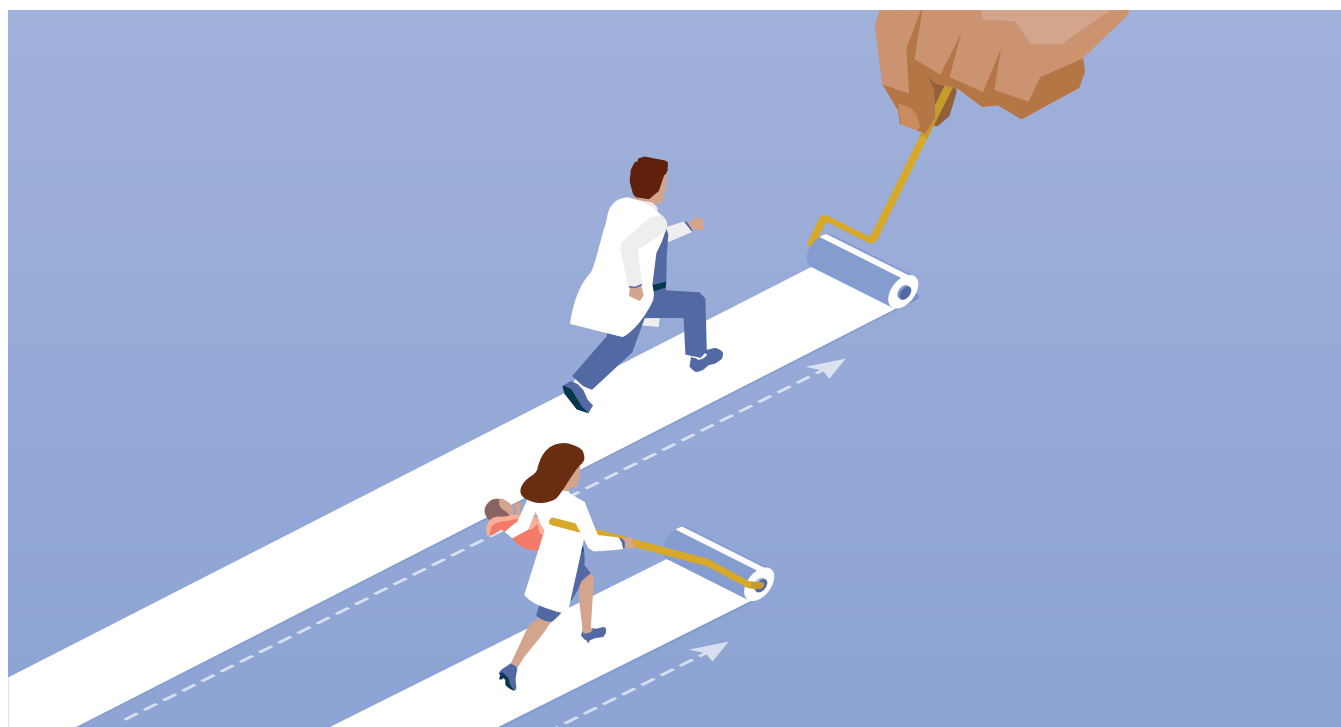
Understanding how traditional workplace systems came to be is the best way to understand how gendered expectations affect women in the workplace, said E. Scott Osborne, gender equality advocate and president of the Florida-based women's rights organization Through Women's Eyes.

"We've got entire industries, professions, and workforces that were designed by men," she said. "Whether it be the physical environment, the corporate hierarchy, the times

they work, the way people advance, the criteria they're promoted on—it was all designed by men. It's simply a statement of fact that, until literally the last half century, men created the systems to meet the needs, goals, priorities, and schedules of men," she said. And this all came to be during a time when many of those men had a wife who did not work outside the home.

We now live in a world where many women (56.6% in 2020 compared to 67.7% of men) are in the labor force, but those systems have largely remained unchanged. So, even though women are conditioned to have certain values traditionally considered feminine, like being humble or caring for others, those are not necessarily qualities that lead women to excel in leadership—not because they aren't valuable qualities, but because they don't fit into those systems.

It's essential to remember that these gendered qualities, like men being profit-motivated and women being caretakers, are just that—arbitrary qualities, which are



"If you're going to get around the motherhood penalty, you have to start paying leave benefits for men and women equally."

—E. SCOTT OSBORNE, PRESIDENT OF THROUGH WOMEN'S EYES

socialized into people. “It’s a cumulative thing that starts very early,” Osborne said. “We get it from media, and we get it from our parents, and we get it from our teachers, and it all accumulates, but it’s not biological.”

The Importance of Negotiation

Data shows that men make more money for every year of experience compared to women. And there’s no denying that money matters—but it’s not everything. There’s also plenty we can do to address gender inequity on the individual, practice, and industry-wide levels.

A good place for women in veterinary medicine to start is by negotiating—beginning with the salary at their first job. But that may not be quite as simple as it sounds.

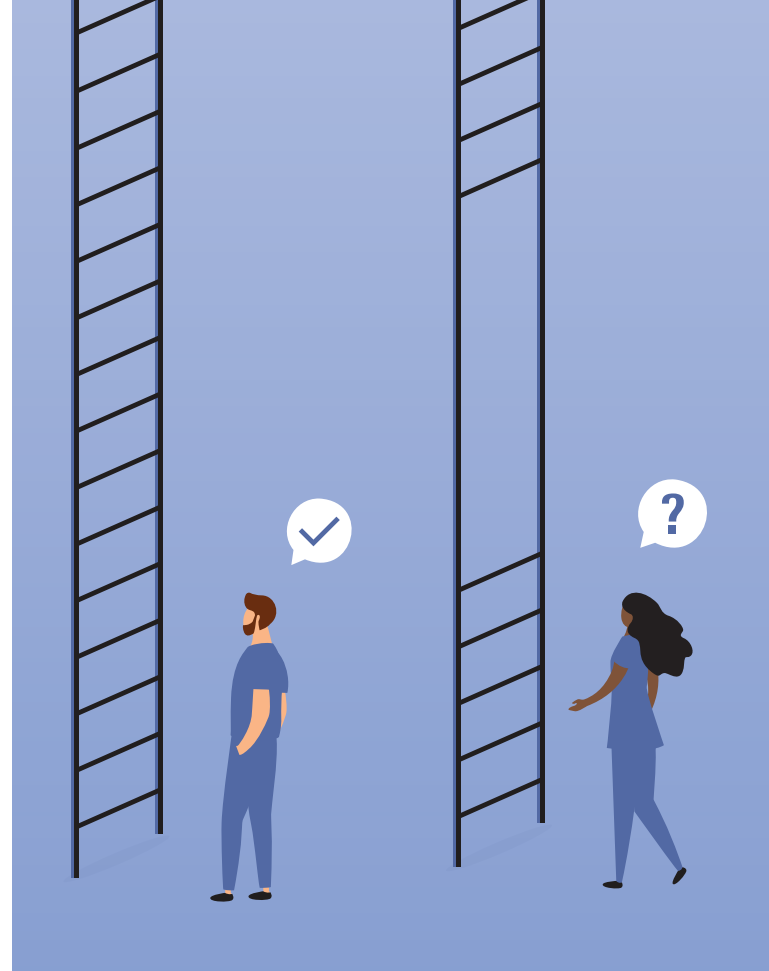
“On a very basic level, I think that women are disadvantaged in negotiation,” Morello said. “Women tend to negotiate less, and when they do negotiate, they may be less successful compared with men because women tend to be viewed more negatively compared with men who are viewed more positively when they ask for a higher salary.”

Rather than being put off by that, suggested Morello, go into a salary negotiation fully prepared, understanding not only what to ask for in terms of salary, but also other benefits like 401(k), healthcare, sign-on bonus, and vacation time. Having a mentor, or at least having peers who can share current numbers, is the best way for women to empower themselves.

The Need for Pay Transparency

That sharing of information and pay transparency can go a long way toward giving a veterinarian at any stage of career the confidence needed to negotiate. But the need for pay transparency goes beyond that, because it also leads to accountability in hiring and management, said Osborne.

Salary transparency and negotiation is especially important for new veterinarians going into their first job. “That sets the tone for your earning trajectory throughout the rest of your life, and if you start off low, you’ll be scrambling to catch up,” Morello said. “This is actually a lot of what fuels the lifetime earning gap between men and women. Women start out lower, or, when they experience some income loss—like when they’re having children—it takes a long time to catch up.”



Abolishing the Motherhood Penalty

For many women, the time away from work to raise a family is a significant enough hurdle that it’s got a name: the motherhood penalty. “If women were never mothers, we would equalate much more rapidly,” Osborne said. The years spent out of the office come at a critical time of potential career growth that most of their male peers need not miss when becoming fathers.

Although offering adequate maternal leave might seem like the best solution, parental leave for all genders must be the goal. “If you’re going to get around the motherhood penalty, you have to start paying leave benefits for men and women equally,” Osborne said. “Then, the woman is not inherently penalized for taking that leave.” This is beneficial for fatherhood and families in general, but, more importantly, it shifts what we’ve traditionally considered motherhood responsibilities to family responsibilities. It can also reduce unconscious biases affecting the hiring process since both male and female employees would have the opportunity to take leave.

Notably, this change isn’t only beneficial for veterinarians, but practices, too, says Laura Javicas,



“Women tend to negotiate less, and when they do negotiate, they may be less successful compared with men because women tend to be viewed more negatively compared with men who are viewed more positively when they ask for a higher salary.”

—SAMANTHA MORELLO, DVM, DACVS (LA)

VMD, DACVIM, and managing partner at Rhinebeck Equine in Rhinebeck, New York. “We started offering two months paid bonding leave about two years ago,” she said, which has helped them attract top talent. And their parental support doesn’t end there; they provide a structure for flexible scheduling, too. “Our ambulatory vets are all working three- to four-day work weeks and rotate on-call,” she said. “We have an assigned ambulatory on-call vet every weekday, which allows people to be done on time on the other days so they can attend their kids’ activities, exercise classes, and more.”

Reconsidering Performance Indicators

“With very few exceptions, [in veterinary medicine] you make more money the more you work,” Morello said, “and both men and women work plenty hard.” Historically, though, men have tended to prioritize working more hours and earning money over other aspects of their lives, whereas (due to those gendered expectations and traditional systems) women have often been motivated by other parts of their lives outside of work, like family.

In a production-based environment like we see in so many veterinary practices, working longer hours not only leads to greater income but also ticks off traditional productivity and profitability performance indicators that may also lead to promotions and recognition. Those indicators are nice and quantifiable—but it goes without saying that they don’t necessarily mean a better client experience or patient care.

Remember, these differences in how genders tend to practice medicine is not because women have the XX chromosome, said Osborne, but because women have been socialized since birth by parents, media, and society in general to have certain cues. “Men could be socialized to have those, too,” she said. “We’re not born with it, but we’ve been socialized to be more able to communicate and be more responsive.”

Valuable as those soft skills are in vet med, they’re less likely to show up as performance indicators when it’s time to hire or promote employees—unless a practice includes those skills in their evaluations, as is the case with VetTriage, said founder, owner, and chief medical officer Shadi Ireifej, DVM, DACVS. Their hiring process focuses on experience first and foremost, but, he said, “The decision to hire is made based on their professional experience and the interview, in which caring and compassionate personalities are the most important to success in our practice.”

Barriers to Advancement

It’s possible that gender bias impacts hiring decisions in certain situations, but Morello noted that the veterinary industry is in a workforce crisis. “I don’t think people are waiting around, hoping for a man to apply for their job when so few men are graduating from veterinary schools,” she said. “This may have been an issue 25 or 30 years ago, but today, I think that’s less likely to happen.”

Still, Osborne said that advancement is a common problem for women, especially in corporate environments due to what's sometimes called the middle manager problem. "Men have historically been at that middle manager level, and research has shown that that's a real bottleneck for women moving up," Osborne said. "They're promoting people most like them and using the kinds of performance indicators that are sometimes called male-oriented."

For that reason, she said, having a couple of women on a board isn't enough: "You have to hold managers accountable for diversity and inclusion."

The Nuances of Practice Ownership

"One of the biggest [wage gap factors] that we end up talking about is that men own practices more frequently than women do, and practice ownership is a great builder of wealth compared to being an associate or being an employee," Morello said.

This data is consistent, but it doesn't show the entire picture. "We know that people who own larger practices, who may only be shareholders, actually earn more money as practice owners than somebody who is a solo practice owner," Morello said. The data does not go into those details, nor does it show duration of practice ownership, which also impacts profitability.

Plus, there's the fact that going into practice ownership isn't always just about income—and it's not for everyone. "It's a job on top of a job," Morello said, adding that most practice owners work more than 60 hours a week. "There are some things that people might not want to take on in their professional lives, given what they want to be doing in their personal lives."

She's seen a number of female equine veterinarians buy out solo and two-person equine practices, and income was not the main motivation. "They did it because they wanted autonomy; they wanted flexibility in how they worked," she said. "It wasn't to work more hours

Data shows that men make more money for every year of experience compared to women.





but to have more control over their schedules so they could spend more time doing the things they wanted to do, and also so they could practice the way they wanted to practice—by their own values and on their own timelines.”

Specialty Medicine as a Gendered Choice

Although Morello’s research found no evidence of gender bias in the Veterinary Internship and Residency Match Program, she said, “We’ve seen men congregate in greater proportions in some of the higher earning specialties, like surgery, for example.” This appears to be due to the students’ choice, with female veterinary graduates seeming less likely to apply for residencies than males—and therefore could conceivably be addressed with recruiting practices.

Beyond the Binary

The higher visibility of trans, nonbinary, and other gender nonconforming kids and young adults leads Morello to believe that, in the coming years, we’ll see substantial representation of those demographics in practicing veterinarians. Data collected by the AAVMC around gender identity of those entering vet school shows that number growing, but currently, it still remains very small, and in Morello’s own research, there simply have not yet been enough data points to report on.

For now, though, Osborne pointed out that working toward gender equality benefits everybody, gender nonconforming individuals included. “Today, these changes affect mostly women because they’re [represented] in the industry,” she said, “but we know that increasingly, there are more and more people who

don’t identify with the gender binary—and making these changes will make it open to all.”

Moving Forward

In 2021, Mars, Incorporated, launched a #HereToBeHeard listening campaign to find out what women believed needed to change in order for them to reach their full potential. More than 10,000 women from around the world responded, and the top three recommendations for businesses were

- to make gender-balanced leadership a priority,
- embrace flexible work,
- and step up parental leave.

Sound familiar?

On an industry level and a practice level, many of the gender diversity challenges listed above would see vast improvements with those changes implemented. But don’t forget that change begins with each of us, and that means not only calling out bias when we see it but challenging the existing workplace systems. “When you realize that the entire structure of our workforce and our economy was made by and for men, it’s worth thinking about what an alternative world, a feminist world, would look like,” Osborne said. “How could we redesign things? Because it doesn’t have to be the way it’s been done all along.” ✨



Kristen Seymour is a freelance writer based in Sarasota, Florida. She’s a frequent contributor to many pet-focused publications including *HealthyPet Magazine*, *USA Today’s Pet Guide*, *Vetstreet.com*, *DailyPaws.com*, *Happy Paws*, and more.

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PROFESSIONAL VETERINARY FORMULAS



Remote Viewing

Using Telehealth Can Help Decipher Behavior Issues

by Sally Foote, DVM

ANIMAL BEHAVIOR IS ONE AREA OF MEDICINE that affects every aspect of care. First, day-to-day behaviors at home can affect appetite, movement, and the ability to exercise. In addition, how easily a patient can tolerate traveling to a clinic or an examination or accept a practitioner into the home determines the ability to assess

the health of the animal. And finally, the relationship between the patient and the pet parent means everything for the success of the home care plan during recovery from illness to injury. When veterinarians are limited to our in-clinic view of the patient, we miss many aspects of behavior that affect complete care.

My background is in general practice ownership with a behavior focus for prevention and low-stress care. In my 30-plus years of practice, I saw how behavior integrated much of the healthcare I provide and how my clients could comply with home care. As I grew in my expertise and limited my scope to behavior consultations and education in low-stress veterinary care, I saw the comparison of in-clinic versus in-home versus telehealth behavior consultation. Each approach has benefits and limitations, yet for behavior assessment and modification plans, telehealth consultations provide me more information in a shorter time than either an in-clinic or home visit.

Why Telehealth Over In-Person Consultations?

Veterinary behavior consultations can be challenging to provide in a clinic setting. The practitioner needs to gather accurate information about the animal's body language, environment, and the severity of the behavior. In my years of providing consultations, I have tried various methods, including for the client to provide videos and history in advance. But in my practice, dogs who were aggressive toward other dogs and people were the most common consultation requested. These dogs were often stressed at the visit due to the aggression triggers of being around unknown people and dogs awaiting general care. These dogs were generally not on medications yet and were too anxious to accept rewards or other low-stress care techniques. They were a risk to myself and my staff and other clients, and in addition, I couldn't get a clear read on what they really needed. So, I tried video call consultations for the most aggressive dogs.

The first video consultation with two dogs proved how effective and efficient the telehealth method was. In just the first three minutes, I could see the triggers to aggression brewing in front of the webcam. The clients dismissed the growling dogs as "just playing." The dogs were standing over a rawhide, staring at each other. I immediately instructed the owners to call the dogs apart, pick up the rawhide, and put it out of sight. The dog's tension dissolved in front of their eyes. In that case, it was clear that resource-guarding was a trigger for housemate aggression. I would not have had this information through any client-provided history, as the clients did not see growling as a problem, only the lunging up to a bite. So, in less than five minutes, a primary trigger was identified, and we came up with a specific plan to manage it.

Feline behavior consultations are another telehealth consultation I offer. This provides me the ability to see the home and the cat in the home. In my first feline telehealth consult, I could see the cat engage in subtle staring and resource guarding as well as analyze the need for enrichment in the home. It was much easier for me and the client to walk around the home and point out exactly where to put additional perches, how to improve the litterbox set up, and then teach the cats to redirect away from each other positively.

How to Use Telehealth Consultations for Behavioral Issues

While live video consultations are great for giving instant feedback, sometimes the behaviors that clients are worried about aren't caught when we're meeting. Because of this, I also encourage clients to send videos of



In just the first three minutes, I could see the triggers to aggression brewing in front of the webcam.

Top Tips for Great Telehealth Consultations

Sally Foote, DVM, offers these tips on how to have a great telehealth experience with your clients.



Flexible scheduling—offer appointments when most of the family can be present, including children.



Record the consultation! The family can review this and save you a lot of time. You can share this recording with the primary veterinarian to also see.



Block out a minimum of one to two hours, to include walking the family through the behavior plan and coaching them on the steps to follow. Charge by the hour to include your after-consultation online support.



Remind the client to plug their phone in—video calls take a lot of battery power!



Tell the client to go to settings and turn on focus—This prevents phone calls from interrupting your consultation.



Enter the client's name, cell phone number, and email in your phone contacts. You will at once see FaceTime, or Google Duo, or WhatsApp in the contact to use as a backup.



Send the video call invite by text as well as email—clients pay more attention to texts.



Have handouts open on your computer—use screen share when you supply the evaluation. Include these with your report and the video call recording.



Be sure your area is quiet and has a strong internet signal.

Veterinary behavior consultations can be challenging to provide in a clinic setting.

behavior concerns. This way, I can provide asynchronous consultations and chat services, leveraging technical staff for common issues like puppy socialization problems, early litter box difficulties, and fear-based behaviors. After viewing videos, I can send the client an email with my suggested plan, including handouts or video demonstrations. It is important to make sure that work like assessing videos, photos, or behavior histories still has a set fee; often, this kind of work goes unnoticed even though it takes a lot of time.

I also always record consultations. It saves time with report writing, and you can send the video to the client so they can reference it as needed or share it with family members who couldn't attend the consultation. This is also helpful when collaborating with the primary care veterinarian. When I see gait affected by possible pain or difficulty of the animal in rising, managing stairs, or getting onto perches, I can tell the primary veterinarian. Then, they have a more complete view of the animal's home and ability to function so they can discuss medications, diagnostics, and other therapies to improve health and behavior.

Lastly, one more use of telehealth services is to support low-stress home care and help the client prepare for any in-person veterinary visits. This service can be a live video call or video assessment of client home care. I coach the client directly about setting up a care area and exactly how to go about the care, such as using muzzles with rewards or the proper approach for eye drops, ear drops, insulin injections, and physical therapy. For pre-exam preparation, the client can email a video of the pet loading into the car or carrier and how they react as they travel to the veterinary clinic. I use this to provide a specific plan to decrease stress, and then the veterinarian can assess for the right medication and rewards to create calm travel and good outcomes at the veterinary clinic.

Saving and sharing the recorded consultation is easy with certain platforms. You can use a program like GoToMeeting where your recordings are saved in your



While live video consultations are great for giving instant feedback, sometimes the behaviors that clients are worried about aren't caught when we're meeting.

account with a link that is open for a year—no downloads or uploads and the storage is included in a reasonable monthly fee. Zoom offers a similar program. You could download and then upload the video to a private YouTube channel, Google Drive, or other cloud storage option. The main point is recording the consultation and sharing it.

Pros and Cons

Everything in life has a good side and a not-so-good side. Telehealth is no different. Here is the list of the good versus the not-so-good to consider when providing telehealth behavior consultations.

Benefits

1. The access to see the home as it really is: Clutter, household noises, child activity, and human interactions are how they really are day to day.
2. Subtle brewing aggression and anxiety becomes obvious. Triggers are evident, which allows you to create a customized behavior plan on the spot.
3. The advantage of demonstrating what the client should do or literally walking them through the process, then allowing them to try it out and get instant feedback.
4. The capability to assess how feasible the behavior modification plan is for this home, this animal, and this client, making adjustments as needed for personalized care.
5. The ability to help more clients from varied backgrounds.

Drawbacks

1. No access to provide medications. Behavior consultations only provide a management plan to help decrease frequency of the behavior.
2. Some clients may have a technology barrier, whether they are intimidated by using the platform or downloading new apps, making them reluctant to schedule. In this case, ask a tech savvy family member to do the consultation with them.
3. Slow responses from the primary care veterinarian for prescribing needed medication or medical workup will delay effective treatment. Find out the best way to communicate with the veterinarian—phone or email?—and be to-the-point and available for timely responses.

How to Provide an Efficient Behavior Telehealth Consultation

1. Use a video call platform that you are accustomed to and has the capacity to store recorded calls in your account. I use GoToMeeting, which costs around \$20 per month. I can set as many appointments as I want for as long as I want and store unlimited video calls for one year, though long uploads or downloads tend to slow it down. Be prepared to switch to FaceTime, WhatsApp, Google Duo, or Facebook Messenger if the platform is having streaming difficulty. Ask your client what ways they video call, and use what is easy for them.
2. Use an online history form that must be filled out before the consultation. Have the link on your

Telehealth Behavior Consultations Scheduling Checklist

- Send link to online history form for the client to fill out ahead of the consultation
- Require a nonrefundable deposit to secure the appointment and email/text deposit link
- Schedule a consultation time
- Send the video call invite by email and text. Advise to use a smartphone for flexibility and connectivity
- Advise turning off Nest cameras, other online devices used by the family, and other drains on bandwidth—the same for your property where you are using the internet
- Ask what secondary phone platform your client is familiar with in case there is difficulty using the platform
- Call/email the primary veterinarian and ask for medical summary and veterinary exam behavior

- website page or send a text or email. Enter the client's name, phone, and email into your phone contacts.
3. Contact the primary veterinary clinic, and ask for the medical summary. If you see complex medical problems, do the behavioral consultation, and then set up a separate meeting to discuss medical conditions with the vet. Keep it easy for the primary veterinarian.
 4. Email or text an online invoice for a nonrefundable deposit to secure the appointment. This avoids no-shows. Square or PayPal are two good options.
 5. Email and text the video call invite. People do not always pay attention to email, so I recommend doing both. Be sure to instruct clients to download the app in advance. For the meeting, it is useful to have them shut off home streaming devices to spare bandwidth and have phones set to do not disturb or focus to prevent video call interruption.
 6. Open a Word document or other place to take notes and divide your screen between the video call and the document. Type any notes, evaluation, and ideas for the management plan as you listen and talk. This saves a lot of time.
 7. Use screen share for handouts to educate about body language or other points. Include these handouts as attachments with your emailed report.

8. Encourage the client to use a Google Drive or iCloud folder for photos, videos, and updates. Video files are often too large to attach to emails, so these cloud-based services are easy to open and share with the primary veterinarian.

I encourage you to try telehealth for behavior consultations. I have a free on demand webinar, “Telehealth Made Easy” with Shawna Garner, DVM, at my shop: www.dr.sallyjfoote.com/shop/webinar/vet-professional/telehealth-behavior-consults-recording-with-handouts.

I would love to hear from you about how you use Telehealth in your practice—email me at dr.sally@mchsi.com, or find me on Facebook at FooteandFriends, or via LinkedIn. ✨



Sally Foote, DVM, CABC-IAABC, is a veterinary behavior consultant, writer, and speaker. She has presented at national conferences including the AVMA, VMX, and Midwest Veterinary Conference and is a guest lecturer at many of the veterinary colleges in the United States. After 34 years in general practice, with 30 years as owner of Okaw Veterinary Clinic, Foote focuses her time creating content, speaking, and online education publications building the discipline of low-stress animal care.

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The Virtual CSR

Moving Client Services into the Future

by Kate Boatright, VMD

In the lobby of the Anywhere Veterinary Clinic, a client is checking in for their appointment with a bouncing Labrador retriever at the end of the leash. Another client is waiting to check out with their very stressed cat in a carrier growling at the exuberant Labrador, and a third client has just walked in to pick up their dog's monthly preventive products. Two overwhelmed client service representatives (CSRs) are trying to help the clients in front of them while being interrupted by a frequently ringing phone and knowing more clients are waiting on hold with questions about their own pets. Sound familiar? Is there a better way to deliver customer service to our veterinary clients—both in the clinic and over the phone?

A New Delivery Model for Client Services

Imagine if we could simply remove the ringing phone from the equation. Client conversations with CSRs would no longer be interrupted, while in-person clients—as well as those on the phones—would have shorter wait times.

Some hospitals have done just that by embracing virtual CSRs. “I don’t know where we’d be without our remote team,” said Summer Burke-Irmiter, president of Adobe Animal Hospitals. She began employing remote team members in 2013. The hospital was inspired to explore a new model of service delivery



Utilizing remote team members allows for improved customer service; it also benefits veterinary teams and businesses.

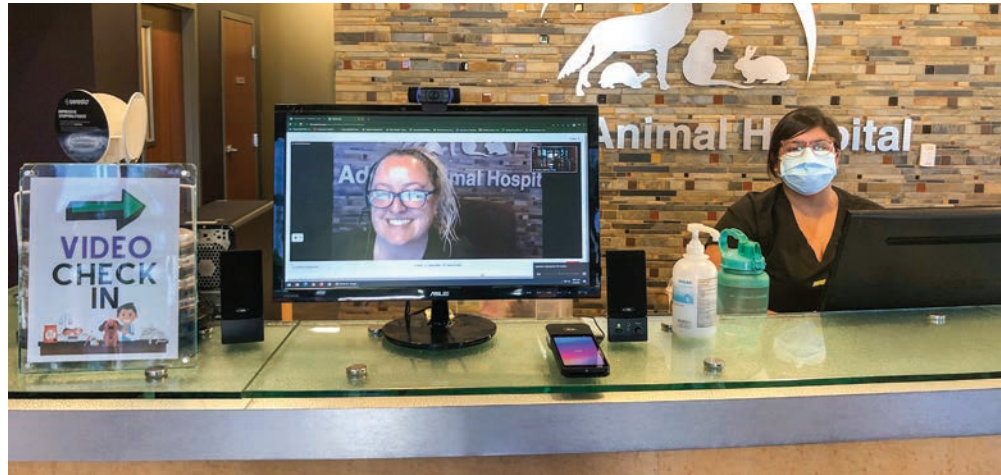
by “not wanting to lose good staff members,” said Burke-Irmiter. Now, nine years later, the remote team at the two Adobe Animal Hospital locations has expanded to include several members.

Phil Zeltzman, DVM, DACVS, CVJ, Fear Free Certified, cofounder of Chronos, began employing remote CSRs in late 2019 at a general practice in Brodheadsville, Pennsylvania, that he cofounded with Jeremy Wetz, VMD. Their goal was to decrease stress for their front desk staff members. “Results were visible overnight,” shared Zeltzman.

Zeltzman and Wetz’s work grew into Chronos, a company that employs and provides remote CSRs and veterinary technicians for veterinary hospitals around the United States. “We started the process to lower the stress at the front desk because we genuinely care about our team’s wellness,” said Zeltzman. “When we saw the benefits, we felt that we just had to share the concept with our colleagues.”

The types of work a remote CSR can perform are quite broad. These employees can answer client phone calls, emails, texts, and web chats. This allows them to schedule appointments, provide general advice, and take messages for doctor and technician call backs. Additionally, remote employees can help with organizing the clinic’s doctor or staff schedules or other administrative tasks.

Adobe Animal Hospitals takes their remote team one step further and actually brings them back into the clinic as Virtual Client Representatives



“I don’t know where we’d be without our remote team.”

—SUMMER BURKE-IRMITER, PRESIDENT OF ADOBE ANIMAL HOSPITALS

(VCRs). These team members are available to speak in real time to clients at the front desk and in examination rooms through video conferencing. At the Los Altos location, one to two live CSRs work alongside VCRs daily to provide client services, while at the Los Gatos location, the entire front desk staff are currently VCRs. Seven years ago, Adobe Animal Hospital had 15 in-person CSRs on staff. Now, they have three in-person CSRs with the rest of their client service team working remotely.

Having consistent remote employees allows virtual CSRs to engage and build relationships with clients over time, keeping the personal touch that your clients are used to from in-person team members. Clients who are calling into the hospital won’t know—or care—if their call is being answered at the front desk of the clinic or from a home office as long as they are getting an exceptional level of customer service. In fact, their perception of the service is likely to improve when they don’t have to be

placed on hold while team members speak to the customer standing in front of them.

In addition to remote CSRs, virtual technicians and nurses can help to reduce call backs from the in-clinic team, provide medical advice, review client photographs, schedule surgeries, and even provide technician telehealth appointments to instruct clients on how to brush teeth, clip nails, and administer subcutaneous fluids. With a computer, phone, camera, and internet connection, virtual veterinary technicians can continue to use their medical knowledge and skills to serve clients and patients and support their colleagues in the clinic.

Benefits for Veterinary Hospitals

While utilizing remote team members allows for improved customer service, it also benefits veterinary teams and businesses. In-hospital team members are more efficient and less stressed when some of the phone calls are removed from their plate.

They can focus on the clients and patients in front of them knowing that clients calling in are in capable hands. Appointments and surgical procedures are scheduled more efficiently when dedicated remote team members can handle the process. At Adobe Animal Hospital, surgical scheduling that previously took several days can now be done in a matter of hours by a remote team member.

“Even before COVID, our industry was having issues with staffing,” said Burke-Irmiter. Utilizing remote employees allows clinics to hire from a wider talent pool since commute times and cost of living in the area are no longer limiting factors. Contracting with a company such as Chronos has the added advantage of reducing the cost of hiring, onboarding, and training, since Chronos provides these services. “When ‘remote’ became cool [because of COVID], we

already had the technology and the protocols in place,” said Zeltzman. “When colleagues’ teams got ravaged by COVID, we were able to help them continue to function, despite the increased demand in services.”

Additionally, offering flexibility to existing workers by providing a remote option can improve staff retention. Burke-Irmiter shared her success in keeping “a 12-year CSR manager by letting her go remote.” This prevented the clinic from losing the “knowledge, trust, and team training” that the individual provided, which improves clinic morale and maintains the culture that is so important to the team.

One of the benefits Zeltzman hadn’t anticipated was increased revenue. In the first month of using virtual CSRs, his clinic saw a 10% increase in revenue. They later realized this “was because of improved compliance.

Suddenly, in-house receptionists had time to educate clients and improve the bond with them because they weren’t interrupted by phone calls every 30 seconds,” he shared.

Advantages for Remote Team Members

Individuals may pursue remote work opportunities in the veterinary field for a variety of reasons. “We routinely receive thank you notes from our remote receptionists and nurses,” Zeltzman stated. “They explain that without Chronos, they would have left the field. There are multiple reasons for that: burnout, aches and pains, taking care of a child with special needs or aging parents, frequent moves to a new state when the spouse is in the military, and a variety of medical conditions.”

For Katie Brothers, CSR manager at Adobe Animal Hospital, cost of living in the Bay Area prompted her to move from an in-person position with the clinic to remote work. “I had been living on a sailboat for 10 years to make things work,” she shared. “I am lucky to work for a company who was willing and able to find a solution that worked for everyone. If remote work weren’t an option, I would not have left my job, but I would still be stuck on a boat.” Instead, Brothers now owns a home on dry land, while still remaining an employee of Adobe.

“I like being able to support my team by going where I am most needed at any given time,” said Brothers. She enjoys the variety of tasks she can do as a remote employee, working with team members and clients as a VCR. She even gets to still see the pets when clients hold them up to the camera.



“If remote work weren’t an option, I would not have left my job, but I would still be stuck on a boat.”

—KATIE BROTHERS, CSR MANAGER



Many virtual employees find that they have improved work-life balance, reduced stress, and improved productivity with the ability to work from home. While many miss having hands-on time with the patients, they do enjoy working with their own pets by their sides and are glad to have the opportunity to stay in the field in a new way.

Challenges of the Virtual World

Remote work is not without its challenges—for both the clinic and the individuals working remotely. Burke-Irmiter noted that just as there can be conflicts within different areas of the in-hospital team, conflicts can arise between the remote and in-hospital teams. The key to solving this is ensuring clear, constant communication and making sure all team members feel like they are part of the team, whether they work in the clinic or from their own home.

She noted that some employees were “nervous about working with someone who had never worked physically in our hospital,” as the new employees wouldn’t know the specific clinic protocols and culture of the clinic. Adobe now contracts with Chronos to provide most of their remote employees, and Chronos helps to find the right people for each individual hospital.

For some employees, the transition from in-clinic work to remote work can be challenging. “A lot of people haven’t worked remotely before,” noted Burke-Irmiter. She has watched some employees struggle with isolation when not having coworkers nearby during the workday. Additionally, there are some misconceptions about remote work, most notably that it is “easier.” Her remote team members are often completing a variety of tasks within a day and stay busy providing customer service and support to the in-clinic team.

Brothers noted that “when you get busy, it is very easy to sit for too long,” and remote employees should make a point to move around regularly to maintain their physical and mental health. Additionally, while work-life balance may be improved by eliminating commuting time, some remote workers find it hard to leave their work to working hours since their office is right down the hall. With support from colleagues, even if in a virtual format, many of these challenges can be overcome.

Utilizing remote workers also increases costs and technology-associated challenges. Both remote workers and clinics must have the right equipment, with the right cybersecurity features,

and a reliable internet connection. Burke-Irmiter shared that the cost to set up a new remote worker was around \$10,000 per person when they started. Before making this investment, she wanted to be sure that the employee was committed to remote work and Adobe Animal Hospital. One of the advantages of working with Chronos is that they provide the necessary equipment and IT support to keep the remote team running smoothly and safely, which reduces technology costs for the clinic.

Is a Virtual Team for You?

According to Zeltzman, virtual team members are “the ultimate win-win-win-win. In-house team members are less stressed, remote team-members can work from home, customer service improves, and patients are better taken care of. That combination is hard to beat!”

While the concept may not be for everyone, Burke-Irmiter expressed her hope that “more hospitals will embrace this idea to help supplement in-house teams.” For those who are interested in adding remote team members or allowing some of their existing team members to move to remote work, “contracting [with a company] is a great way to get started,” shared Burke-Irmiter. ✨

Kate Boatright, VMD, has been in small animal practice since graduating from the University of Pennsylvania in 2013. After nearly 8 years of working full-time in both general practice and emergency clinics, she moved to part-time work to pursue her passion for educating veterinary professionals as a freelance speaker and author.





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Guidelines

Creativity and Priorities

How 3 Tech Moms Are Doing It All

by Emily Singler, VMD

One of the most talked about topics among working professionals today is work-life balance. For veterinary professionals who give so much of themselves and who have such a demanding workload placed upon them, it can be hard to understand how anyone would have the time or energy to add being a parent into the mix. Yet, our field is full of working parents who find a way to make it happen and to thrive, both personally and professionally.

Veterinary support professionals, including veterinary technicians, assistants, client service representatives, and hospital managers, give their all to their patients and clients, and then some of them go home and give their all to their families. Here, three working mothers share their insights as to how they have navigated pregnancy and working in small animal veterinary practice.

Christinne Huggins

Christinne Huggins is a veterinary technician in Florida and a mom of one. She remembers that when she announced her pregnancy at work, her manager seemed more excited than she was! She felt very supported by her co-workers. She continued with most of her job duties apart from surgical and anesthesia duties, taking radiographs, and lifting dogs over 50 pounds. When she started noticing some swelling toward the end of her pregnancy, she transitioned to more managerial responsibilities that did not require her to be on her feet as





Since Christinne's current schedule has her working three days a week, she tries to pick up shifts on other days if another employee needs time off.

much. She worked on inventory and food orders while sitting at a desk and then came back out on the floor as needed to draw blood, run lab work, and place IV catheters.

When thinking back to her maternity leave, she doesn't remember exactly how much time to which she would have been entitled. "I do remember," she remarked, "that it wasn't long enough for me." She wanted to stay home with her son for at least one year, so she resigned before going on leave. She ended up staying

home with her son until he was four years old. Partly, she said, this was a financial decision. It didn't make sense for her to work just to pay for childcare, and there was not a family member available to care for her son while she worked.

When her son started prekindergarten, Christinne went back to work part-time, but for a different practice. She reached out to a veterinarian for whom she had worked previously and was hired on the spot for a position as a veterinary technician.

When negotiating her new schedule, she made sure to be clear that she would only work as her son's school schedule would allow. "I am very lucky to be off when he is out of school," she pointed out.

She also works with the expectation that she will stay home if her son is sick and cannot go to school. Additionally, she feels empowered to ask for time off if there is a field trip or other special school event that she doesn't want to miss. Since her current schedule has her working three days a week, she tries to pick up shifts on other days if another employee needs time off.

She still reported that calling out of work when her son is sick can be "tricky." While she receives no negative feedback from her employer or manager, she finds that some coworkers don't seem to be able to empathize with her. She'll receive comments such as, "I just didn't work when my kids were that little."

When asked about the challenges and benefits to being a working mom, Christinne identified balance as being her primary challenge. She sometimes worries, as many working mothers do, that she doesn't get enough done either at home or at work. She does, however, feel that working part time brings her balance and peace, which she struggled to find during the years she stayed home with her son. When reflecting on her current role, she shared that "being able to do something I am passionate about and get away from the mundane, everyday household and motherly duties does wonders for my mental health. Because of that, I can be a better mother."

Nicole Tumbry

Nicole Tumbry is an ICU veterinary technician in Texas and a mom of two. She has also worked in veterinary medicine as a client services representative, a kennel technician, and in human resources. Her ICU schedule, however, works best for her to “tuck the babies into bed,” so that’s where she has decided to stay. She recalled that during her two pregnancies, most of her coworkers did not have children to care for. As a result, they didn’t understand what it was like to “have a career that you pour so much passion into and then go home and have to take care of your family.” She experienced some resentment from co-workers for needing to leave work on time to get home to her children and for asking for more holidays off.

During her pregnancies, she stated she was “strong-willed” and “headstrong” and that she refused any help. This included offers to lift things for her, to help her get up off the floor, and to walk dogs for her. She does report that she got “stronger and tougher” during her pregnancies, but she understands now that she should have accepted the help that was offered. She described being worried about appearing to be weak, since she had seen other pregnant women work right up until their due date. She also felt that her patients needed her.

During one of her pregnancies, she had a role working in radiation oncology. She felt “intimidated” because she didn’t understand very much about the technology. She did ask a lot of questions, and she found that her employer was great about answering any questions. Because

her patients were typically sedated or anesthetized, she was able to stand behind a lead barrier to avoid any exposure. She did participate in taking diagnostic radiographs during her pregnancies, but with a second radiation monitoring badge worn at the level of her belly to monitor any potential exposure to her baby.

Her two pregnancies were different in terms of how she approached announcing them at work. To conceive initially, Nicole underwent fertility treatments. She experienced two miscarriages, one of which happened while she was 12 weeks

pregnant and working in the clinic. Most of her coworkers had no idea that she was pregnant. As she processed what had happened, she found it helpful to hear others’ stories, including those of some of her co-workers. Since many miscarriages are not always discussed openly, she did not realize how many of those around her had experienced something similar.

During her second pregnancy, she decided to tell everyone right away. She let them know about the possibility of another miscarriage and what that might look like. She felt



Nicole experienced two miscarriages, one of which happened while she 12 weeks pregnant and working in the clinic.

that the whole team bonded with her and supported her throughout that experience. In fact, when she gave birth to her second child, she had a home birth attended by 15 people, including some of her co-workers.

While her work environment was mostly supportive, she did have a few negative experiences. She was criticized by one individual for complaining about her 12-week unpaid maternity leave. Once, when she needed to pump breastmilk after returning to work, she was met with resistance when she asked to use a co-worker's office to have some privacy. She was also dismayed to learn that her health insurance did not cover the pelvic floor therapy that she needed.

As a working mom, she faces challenges surrounding missing out and guilt. She described herself as a "PTO mom" and a "homeroom mom." As such, she wants to go on field trips and be present for all the events at school. But inevitably, sometimes

she misses things because she must work. On the other hand, she now works fewer holidays so that she can spend that time with her children. She feels the guilt of juggling several plates at a time.

To help combat this pervasive working mother guilt, Nicole has some great strategies. She tries to remind herself of her strengths: "I am involved, I am present, I am here, I am supportive." She also touts the importance of taking 10 minutes a day alone with each child with no distractions to talk and play with them. This allows her to be present and to connect with each of them.

Like Christinne, Nicole has also adjusted her schedule and her hours to better accommodate her desire to spend time with her children.

Whereas she previously would work 60 hours a week and many holidays, she went down to 20 hours a week for a while, and now has come up to full time at 32 hours a week, still with not as many holidays as previously. She and her partner have been able

to arrange their schedules so that one of them is always home and available for the kids, meaning they have never needed another childcare provider. The downside to this, of course, is the lack of time together as a couple.

When asked if being a mom has made her better at her job, she feels that she is less emotionally triggered by social interactions at work since she has become a mom. She is able to remain very calm, and she treats other adults as she treats her children: as "emotional human beings" in need of acknowledgment.

Sarah Erber, LVT

Sarah Erber is a licensed veterinary technician, an assistant hospital manager, and a single mom of one. She has also worked as an animal care assistant, a kennel technician, and an overnight ICU technician. She found announcing her pregnancy at work to be easy. Her manager and coworkers were supportive and responsive. She avoided taking radiographs and assisting with CT scans, and she did not lift anything over 25 pounds. She was able to take time off as needed to attend doctors' appointments and was met with no resistance.

Sarah took seven weeks of maternity leave, which was unpaid except for whatever saved up vacation and sick time she had. She did not qualify for short-term disability coverage since she had not had the policy for a full year before needing to use it. She reported that her employer now provides short-term disability coverage for all employees and provides four weeks of paid leave.

When it was time to return to work, she remembers feeling sad.





The challenges Sarah faces as a working mom center around getting out of work on time so that she can see her son.

She didn't want to take her baby to daycare, and she wished she could spend every minute with him. However, she felt supported by all her coworkers, and she was able to return to the same role she had held previously.

The challenges Sarah faces as a working mom center around getting out of work on time so that she can see her son. She reported needing to carefully set boundaries and then forcing herself to stick to them. "It is okay to say no," she advised. She also negotiated a schedule change to accommodate her son's schedule and went from working four days a week to working five shorter days. This

allows her to align her schedule more with her son's school hours.

Sarah was able to find an in-home daycare near her workplace. For the first year and a half, she went to see her son and breastfeed him on her lunch break. This helped her break up the day and spend fewer hours without seeing him. When asked about having to call out of work when her son is sick, she remarked that it was not a cause of stress for her. "It is the reality of having kids that attend daycare or school," she explained. "They will get sick. I am a single mother, and I just do it. I am in great communication with my employer."

Sarah feels that being a mom has made her very "compassionate" and "protective" over her team, especially other first-time moms. She now knows their struggles and wants to help them succeed. Working in veterinary medicine has also taken away any squeamishness she might have otherwise had when dealing with vomit, diarrhea, and other bodily fluids that children so often share with their parents. She also has a much better sense of when an illness or injury requires urgent care versus waiting to see the pediatrician the next day.

These three women (and many others) have found what works for them and their families. What's more, each role they have—as a mother and as a veterinary professional—has informed and enhanced the other. These working moms have found creative solutions to make the work they love fit into their lives while still being able to prioritize their own needs and the needs of their children. It is certainly not easy, and there is much work to be done to better support working moms and working parents in general. Hopefully, our profession will continue to learn from working parents as we find creative solutions to improve the quality of life for all members of the team. ✨

Emily Singler, VMD, is a 2001 graduate of Penn State University and a 2005 graduate of University of Pennsylvania School of Veterinary Medicine. She currently works as a veterinary writer and



consultant and enjoys writing for both pet owners and veterinary professionals. She has her own blog, www.vetmedbaby.com, and is currently working on a book for veterinary team members who are navigating pregnancy and postpartum life.



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A Radical Act of Self-Care

Is the Cure to Burnout Helping Pets of the Homeless?

by Jen Reeder

A dozen years ago, Kwane Stewart, DVM, was feeling burned out from his work as a veterinarian in shelter medicine in California. He felt depressed dealing with so much euthanasia and was considering leaving the profession altogether.

Then a chance encounter with a homeless man and his dog outside a 7-Eleven changed everything.

Stewart stopped and asked the man about his dog, who was suffering from a bad skin condition. The next day, he returned to treat the dog.

“It was three dollars out of my pocket, two minutes of my time, and the dog was transformed,” Stewart recalled. “I saw the same dog 10 days later, and she was happy. The infection was gone, her hair was growing back, and the man just said with tears in his eyes, ‘Thank you for not ignoring me.’”

From that moment on, Stewart started keeping a medical bag handy. He stops to offer help whenever he sees pets of people living unhoused and even actively seeks them out, garnering renown as “the Street Vet.”

Since he was still paying off his student loans, a few years ago he launched a crowdfunding campaign to help finance his volunteer work. He was named a GoFundMe Hero in 2020 around the time he launched the nonprofit Project Street Vet.



“One small act of kindness can change someone’s day, but a gesture of kindness can also change someone’s life.”

—KWANE STEWART, DVM

Now Project Street Vet has volunteer veterinary teams in Atlanta, Washington, DC, Los Angeles, San Diego, and San Francisco—and it continues to grow.

“In big urban areas, there’s always pockets of homeless communities where you’ll see a small tent city. So we go directly to the people,” he said.

Stewart, who is also chief medical officer of HoliPet, is moved by the unique bond between the pets and people he meets on the street since they spend every minute of every day together. He’s had people tell him they’ve gotten clean and sober because they needed to be able to care for their pets.

Caring for pets “for passion, not for pay” has revitalized Stewart’s outlook.

“One small act of kindness can change someone’s day, but a gesture of kindness can also change someone’s life,” he said. “I get caught up complaining about the stupidest things, but when I go out and talk to these people, I realize I have the best life. So in many ways, it’s saved me, too.”

Antidote to Burnout

Volunteering to help pets of people experiencing homelessness might seem like an impossibility to veterinary professionals who are already stretched thin due to the heightened challenges of the pandemic. But some find that this rewarding work counteracts burnout and compassion fatigue and offers a welcome respite from awkward cost-of-care conversations in animal hospitals.

Plus, the need is great, according to Genevieve Frederick, founder and president of the nonprofit Feeding Pets of the Homeless, a national nonprofit that offers free pet food and veterinary care to people experiencing homelessness and gives pet crates to homeless shelters.

Frederick noted that of the approximately 3.5 million Americans living unhoused, 5–10% have dogs or cats—a number that reaches as high as 24% in some areas. In the past 15 years, the nonprofit has received calls for help in over 1,000 cities and every single state.

“We have three full-time case managers handling over 100 cases a week,” Frederick said. “It’s crazy how many people are reaching out to us. We are finding a lot of elderly people being pushed out of their homes because of past-due taxes, past-due rent, foreclosures. All it takes is one major medical problem, and these people are thrown right into homelessness. And there are not enough homeless shelters that allow pets, so these people are on the streets.”

Feeding Pets of the Homeless will also pay some costs of emergency veterinary care once verification from a social worker, police officer, or other advocate proves that the client is unhoused. Over 1,400 animal hospitals have offered discounted care to treat pets for issues ranging from ear infections and tooth extractions to gunshot wounds or being hit by a car.

“We ask them to give us a 20% discount, and we pay at time of



Of the approximately 3.5 million Americans living unhoused, 5–10% have dogs or cats—a number that reaches as high as 25% in some areas.

service,” she said. “Our great hospitals are so generous.”

Sometimes a veterinarian or technician is so moved after helping with an emergency case for Feeding Pets of the Homeless that they want to do more, like host a free wellness clinic at a local food bank or another place where people with low incomes congregate. Veterinarians offer exams, vaccinations, ear cleanings, and other basic care. Some partner with other nonprofits to give spay/neuter vouchers or with the city to provide dog licenses.

Frederick recognizes burnout is high in the veterinary profession, but often hears from volunteers that it’s rewarding to help this population while also promoting public health by offering vaccinations and parasite protection. Parvo cases in homeless encampments skyrocketed in 2022, she noted, as well as the cost to treat it.

If an unhoused individual comes to an animal hospital requesting emergency care, she suggested sharing the phone number for Feeding Pets of the Homeless (775-841-7463) so they can call to talk to a case manager. After an intake interview, the nonprofit can step in with financial assistance.

“There are so many reasons why people become homeless: spousal abuse, a bad decision, they lost their job and went into a depression and now they’re in a spiral,” she shared. “We get a lot of testimonials from homeless people saying, ‘You have given me hope because you answered the phone and helped my animal.’”

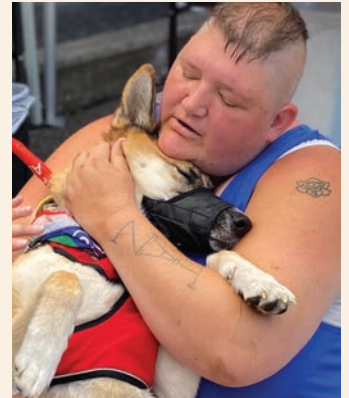
Photo courtesy of Seattle Veterinary Outreach, Photos courtesy of Feeding Pets of the Homeless

Should People Experiencing Homelessness Have Pets?

We’ve all heard someone express the sentiment that homeless people shouldn’t have pets. But veterinary professionals who work with people experiencing homelessness have a completely different mindset based on their experiences:

“It’s so easy for us to judge and say, ‘You shouldn’t have an animal if you can’t afford to take care of it.’ But that’s such a flawed way of thinking because we all know the human-animal bond is so incredible and important, and everyone deserves to have that.”

—HILARY WHEELER, DVM



“In my 25 years of doing this as a vet in clinic, you just rarely see this type of bond. These people rely on their pets in ways that we don’t: for hope, companionship, love, inspiration. I hear often, ‘I get up every morning because I know I have to take care of him. If I’m not around, no one else is going to look after him.’”

—KWANE STEWART, DVM



“I didn’t anticipate how truly remarkable the people are. They’re so resilient and so determined to care for their pet. I think that that the human-animal bond is stronger for people living homeless and low-income even than it is in housed communities.”

—HANNA EKSTROM, DVM



Rewards and Challenges

Hanna Ekstrom, DVM, founder and executive director of the nonprofit Seattle Veterinary Outreach in Seattle, Washington, has been a veterinarian for over 30 years and feels working with people experiencing homelessness is the most rewarding work she's ever done.

"When you remove the barrier of cost, it allows you to connect in another way to people as human beings and honor their love for their pet," she said.

To that end, she takes a One Health approach and partners with other agencies to provide referrals for social services. In 2022, Seattle Veterinary Outreach cared for over 2,600 pets and distributed over 4,000 referrals for services, including dental, vision, and medical care and insurance; substance use;

basic needs like housing, water, and transportation; legal assistance; help getting identification cards, government phones, and mailing addresses; and domestic violence and family support centers. The group also facilitates COVID vaccinations.

"We care for the pet, and it builds trust with the person, and then that improves the uptake of social services," she explained. "It's really a win-win-win (for the pet, person, and community)."

All services are mobile since clients can't travel far for various reasons, including the risk of their tent being robbed while they're gone; one client lost his mother's ashes that way. Ekstrom and the other veterinarian on her team—as well as volunteers—use AAHA standards when practicing medicine to treat pets, just as she'd treat a pet of a paying client.

(In fact, she plans to start offering mobile pet services to paying clients next spring to help cover the cost of helping pets of people experiencing homelessness.)

Still, she enjoys the challenge of being like "MacGyver" to serve clients. For instance, when she first started the nonprofit in 2018, around 80% of clients couldn't read the paperwork because they didn't have reading glasses. So she started bringing a few pairs along.

Records like proof of vaccination are another issue. Some clients don't have access to electronics, so emailing a record is out. So she explores alternatives, like handwritten records or uploading a photo of a document to a record and keeping copies in case a client's paperwork gets stolen or wet.

"There's a lot of what people would consider banal practicalities that are absolutely critical to people's lives," Ekstrom said. "If they don't have verification that the dog is spayed or neutered and vaccinated, they can't get into housing."

One Health is also a key tenet for The Street Dog Coalition, a national nonprofit founded by Jon Geller, DVM, DABVP (emeritus), that provides free veterinary care to pets of people at risk of or experiencing homelessness. The Street Dog Coalition is also offering ongoing veterinary care to pets affected by the invasion of Ukraine; the ASPCA awarded Geller a 2022 Humane Award for his efforts overseas and at home.

Geller, an emergency veterinarian, felt inspired to start his nonprofit



"When you remove the barrier of cost, it allows you to connect in another way to people as human beings and honor their love for their pet."

—HANNA EKSTROM, DVM



“There are not enough homeless shelters that allow pets, so these people are on the streets.”

—GENEVIEVE FREDERICK

while attending AAHA’s 2014 annual conference in Nashville, Tennessee. While visiting the city, he noticed a person who was homeless and his dog both gazing at him.

“The message I thought I received was, ‘Can you do something—not just for me and my dog, but all the people that have no money?’” he recalled.

He started a pilot program in Fort Collins, Colorado, that involves veterinarians and veterinary students providing One Health mobile outreach to take care of “both ends of the leash.”

Now there are veterinarian-led volunteer teams in over 50 US cities offering care and partnering with homeless shelters and social service providers to offer haircuts, dental care, meals, mobile showers, Wi-Fi hotspots with computers, spay/neuter vouchers, and other services. Merck Animal Health donates preventive medications and will supply around \$500,000 of products in 2023.

Geller is grateful for all the collaboration to help people in need, including military veterans.

“There are 38,000 homeless veterans in the United States. And 20–22 veterans commit suicide every day. They’re overrepresented in incidents of suicide, just like veterinarians are,” he said. “I really appreciate when I get to work with a veteran that’s struggling—most of them have PTSD. I look at it as an opportunity to engage in a more meaningful way with the world.”

The “Helping High”

Hilary Wheeler, DVM, a partner and founder of The Whole Pet Vet Hospital and Wellness Center in Los Gatos, California, and west regional medical director for The Street Dog Coalition, credits volunteering for the nonprofit with getting her through the pandemic.

“I call it ‘the helping high,’” she said. “The level of gratitude is so striking for doing sometimes the simplest

thing for their pets. It’s so different from what we do on a regular basis at our day jobs. And it’s so fulfilling.”

Many clients are women whose pets provide joy as well as protection. One recent client fled an abusive partner with her two children; their dogs help the kids feel happy and safe despite their circumstances.

“They have these dogs to remind them that there’s a reason to keep going and to give them purpose by caring for them,” she said.

Her advice to veterinary professionals who feel like they’re too burned out to volunteer in this work is simple.

“Just show up once and see what it’s like,” she said. “I promise that anyone who does it is going to go home feeling recharged and refueled.” ✨

Links for More Information:

- Project Street Vet: ProjectStreetVet.org
- Feeding Pets of the Homeless: PetsOfTheHomeless.org
- Seattle Veterinary Outreach: SeattleVet.org
- The Street Dog Coalition: TheStreetDogCoalition.org



Award-winning journalist Jen Reeder is former president of the Dog Writers Association of America.



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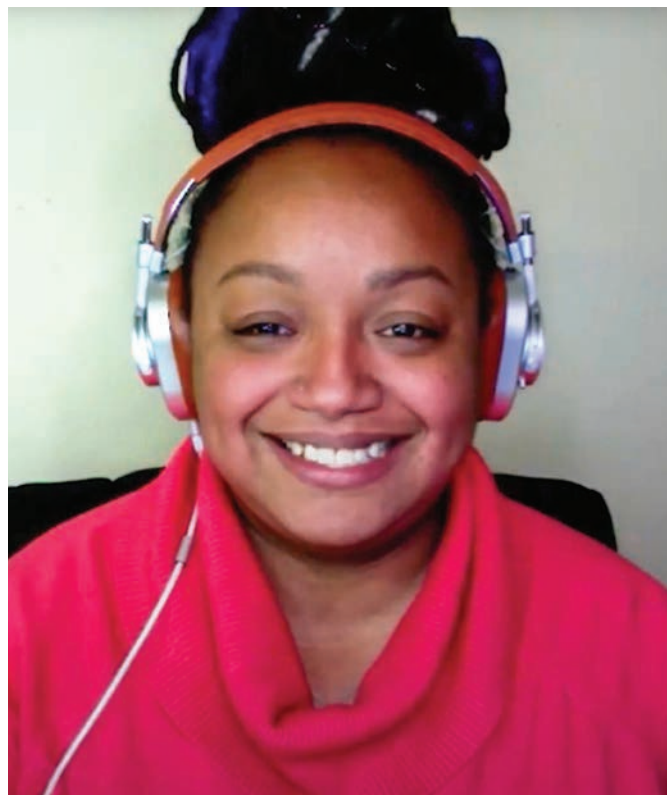
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Telehealth Increases Accessibility— and Visibility—of Veterinary Care

A Conversation with Cherice Roth, DVM, MS

Interview by Katie Berlin, DVM

Telehealth had its place in veterinary medicine prior to COVID-19, but it was after the world went into quarantine that most practices realized they needed to find creative ways to reach their clients when they couldn't be in the same room. Since then, debates have simmered over how we can best and most responsibly use telehealth, what constitutes a valid veterinary-client-patient relationship (VCPR), and whether our overstretched teams can handle juggling one more thing.

Cherice Roth, DVM, MS, chief veterinary officer of Fuzzy Pet Health, talks about telehealth in a way that just might give us all reason to rethink how we've previously seen it. In Roth's words, "This is where we get to turn the page and start a new chapter in veterinary medicine, and I think the very first line of that chapter absolutely has to be about this being accessible to everybody—and the way that you start that is by telehealth."

Cherice Roth: [COVID] was kind of the forcing function, but for telehealth in general, we've talked about it as a way of expanding practices and offering this as a nice-to-have in certain populations of people, but I think it can be so much more than that.

Katie Berlin: Everybody jumped on the [telehealth] bandwagon as soon as the pandemic hit, and we were doing consults over Zoom and FaceTime and Skype, and whatever

I've had pet parents in video consults where I get on the screen, and they're like, "Are you the doctor?" And I'm like, "I'm the doctor." And they just light up.

CHERICE ROTH, DVM, MS

platform we could get our hands on that our clients would use, and scraping together a telemedicine program because we had to.

CR: The part that was missing, and why I think we started to see it start to drift away, is that so much of telehealth is communication, and the training of those clinicians or of the veterinary [technicians and assistants needs to be] not just in the art of medicine, but in the art of being able to communicate the value of what you're doing. We had great clinicians that [could] talk to you about a CBC, no problem. But being able to explain that remotely through a screen while relaying that you actually care is much more of an art form than we gave it credit for.

KB: Any holes that we had in our exam room communication could be swept under the rug because clients expect a certain experience when they're in an exam room. But so much of it gets concentrated in that little screen when suddenly cues you didn't even know you were giving become really important. Like, oh wait, I do that with my face when I'm listening?

CR: Oh, my God. That's me.

KB: Yeah, same. It's very difficult for me to hide what I'm thinking. Masks were a gift in that way. But we never got that escape over telemedicine. So we were masked in the exam room, masked with our friends, and then on the screen with this near

stranger, potentially trying to get them to believe that we care, and there's nowhere to hide.

CR: I think that the part that's so cool about it is we started seeing clients that we've never seen before. Suddenly, people that may have to ride the bus to get their pet to a vet clinic could now show up for an appointment. Or people that can't take time off work [...] still could get care for their pets. It opened this small glimpse into a population of pet parents that care so deeply about their pets, and now they can also access the care that their pets deserve.

KB: One thing you had started to allude to before is that a lot of the higher touch practices who have continued to use telehealth are using it sort of as a concierge service. Their clients expect a certain level of service, and they're providing it as a differentiating factor from the clinic down the road. But I haven't heard many people talking about telehealth as an access-to-care tool. That maybe other practices, who don't have that type of clientele, can benefit from telehealth also.

CR: We get this beautiful cross section of pet parents that come through Fuzzy; it's all layers. We have pet parents that use us that are homeless, and we have pet parents that use us on a daily basis when their pet's going through chemotherapy, which we know is not cheap.





And there are things that are nonnegotiable. Every single one of them, regardless of where they are socioeconomically, deeply cares for their pet. I think that there's a layer there that we can tap into, with several aspects. The first is definitely making this more affordable. There is economically less overhead to running a telehealth practice than there is for an in-person practice. Now, it doesn't get you out of having to have good partnerships, running great diagnostics, or doing the work medically. But what it does is it allows you to open the door to educating these pet parents that may not know the value of flea and tick prevention and how it keeps not just their pet safe, but also their family, and also the kids and the other animals that may be on their property. And then it can become more of a priority.

We're running 24/7, so we get to see this as something that fits into the life of every pet parent, regardless of whether or not they make a ton of money. Maybe they're night shift, and that's the one time they're awake. A lot of practices that aren't doing

that are missing out on that portion of it. That being said, it's difficult to suddenly decide you're going to run your practice 24/7. There's a practical side to that too. And so that's where really [it pays to partner] with a telehealth partner or use telehealth groups to help offset some of that—not just the operational costs aspects of it, but the life costs. I mean, who wants to be up 24/7?

Using that way to expand also gives you an ability to have different clinicians interface with different types of pet parents. I grew up a different way than most veterinarians, and I can identify and feel deeply for the families that are struggling to make ends meet and struggling to make sure that their pet is healthy. And it helps you to understand that care looks different from family to family.

KB: As you were talking about that, I was just thinking about how curbside totally separated us. You had no idea who was at the other end of the phone: what they looked like, where they'd been, what their environment was like, and even their

facial expressions while you were talking to them if you were talking on the phone. And this is sort of the opposite—you can be so personal with a client who may not be used to seeing a person who looks like them or a person who they feel like can identify with their situation.

CR: I've had pet parents in video consults where I get on the screen, and they're like, "Are you the doctor?" And I'm like, "I'm the doctor." And they just light up. And not only that, their children get to see this level of interaction that they can have with a veterinarian, and say, "I remember when we talked to a veterinarian, and she looked like me."

KB: That's such an important thing that's so often overlooked when we talk about this subject.

CR: There are 100 million pets right now in the US without care. Our definition of care—that is, walking into a clinic, getting hands put on the pet—there's 100 million critters. And those families are all going to look different. They're going to have all different backgrounds. And by opening the door to telehealth, you're allowing those families to fit veterinary medicine into their life. And when you do that, you're able to interact and say, "Hey, here's the value a veterinarian could provide."

My very first dog died in my backyard when I was little. I'm the oldest of five kids. The dog was not short on love. We absolutely loved Ebony. We did not know how sick she was. We did not know that she couldn't wait until the weekend for my mom to be able to take off work. We were fully intending to find her a doctor. She



still have this beautiful mind and this deep heart that are willing to care for patients. Those are our people. [Telehealth is] how you extend into other homes and into other families, and so in the future, there's a clinical experience where maybe you're a doctor two days a week in clinic, and maybe you're a doctor two days at home in your PJs.

I'm so freaking excited to be a veterinarian right now because the people that I surround myself with get a chance to not just let it survive, but to really have veterinary medicine blossom into something that we want it to be and that works for everybody that's in the industry.

KB: Am I correct in understanding that what you've been talking about is often like a teletriage service where you don't necessarily have a veterinary-client-patient relationship, but are able to provide at least some guidance via an online channel?

CR: I am absolutely on a mission for us to be more thoughtful in how we assign veterinary-client-patient relationship, and the value behind the knowledge that we're able to bring and get from pet families, and so yes, for now, in a lot of states, it is limited to that teletriage aspect of it. I do foresee a future though, where we've got to do better. Our patients deserve better. The previous model in veterinary medicine that really hasn't changed, arguably in 100, 150 years, has to shift. We know more, we can do better.

As that VCPR starts to shift, we'll start to see these very real studies around how to assess a patient remotely. My entire last lecture was strictly how to

didn't make it. There are moments in these telehealth conversations, and it happens every day, that my team gets to be that voice for that pet in that moment: "Hey, I see you, you care so deeply for this dog, you've found us. Here we are, let's meet you where you are, and then let's get that pet to where they need to go, if they need to go somewhere."

[We can also use telehealth] as a way to recruit more people to veterinary medicine: "Oh my gosh, that's a thing? I can be an animal doctor? Let me go do that. Let me start now." As we continue to build this field into what it is going to be in the future—I'm so stoked. This is the moment. This is where we get to turn the page and start a new chapter in veterinary medicine, and I think that the very first line of that chapter absolutely has to be about this being accessible to everybody, and the way that you start that is by telehealth.

KB: I think the first time you and I had a conversation, you said

something like, "Veterinary medicine is an amazing place to be right now because there's so much opportunity for change."

CR: Absolutely.

KB: I feel like I learned a lot about you in that sentence, and that's how I feel about being at AAHA right now. This is a time where we have the ability to make changes that really matter and that are going to affect the profession for the rest of time. And this is such a big one: how do we get out of our ivory tower bubble and make sure that we are providing the care that we can provide to as many pets and people as possible? But I don't often hear about telehealth as a key factor in that.

CR: There's [also] this whole other side to work-life harmony that telehealth can provide for the people in the field. We have this huge bank of doctors and [support team members] that have been physically fatigued, physically broken down, injured, that

The previous model in veterinary medicine that really hasn't changed, arguably in 100, 150 years, has to shift.

CHERICE ROTH, DVM, MS

do a digital physical exam. How do you get the information that you need to be able to make clinical decisions about a patient without your hands on them, knowing that you can segue into in-person care if you need to?

We've made progress..., but I think we really have to push to have these conversations at the highest level of veterinary medicine and [be] absolutely willing to not just have the conversation, but act on what we learn.

KB: Are there ways that people, regardless of [their] role in their hospital, can make moves toward increasing access to care or to changing attitudes of the hospital where they work?

CR: I love this question. I'm all about empowering people to do the thing. My CEO of Fuzzy, Zubin, will tell you, "I am a huge fan of managing up." What that means is speaking up for the culture that you see around you, for the needs of your fellow coworkers. And he listens, but there are definitely clinics where it can be difficult.

I routinely hear, "Oh, I don't think my technicians or my receptionist will want to do one more thing." But here's what I know about CSRs and

technicians and veterinary assistants: they will do anything for their patients, absolutely anything, even if that means one more thing. And that's the part I think they can help to relay: "If you're willing to pay for it, I'm willing to learn it." And I think that's the conversation that has to start happening for telehealth to take hold in all of these individual practices.

A lot of the push back is, "Dr. Roth, we're so busy." And it is so true. But I also know the hearts and the minds of the support staff and the veterinarians that serve these pet families. We took an oath, and we will make it happen for these families [and] these pets. You have to verbalize that you're willing to make it happen. ✖

Catch a new episode of Central Line: The AAHA Podcast every Tuesday on all major podcast platforms, YouTube, and aaha.org/podcast. Send us feedback or questions anytime at podcast@aaha.org.



Cherice Roth, DVM, MS, is a graduate of Texas A&M College of Veterinary Medicine. Before veterinary school, she earned a master's degree from the University of North Texas Health Science Center in Biochemistry. She is currently the Chief Veterinary Officer of Fuzzy Pet Health as well as an advisory board member for Multicultural Veterinary Medical Association (MCMVA) & Veterinary Professionals Instilling Black Excellence (VIBE). Roth is also the author of children's books *What's a REAL Doctor?* and *What does a REAL Doctor look like?*



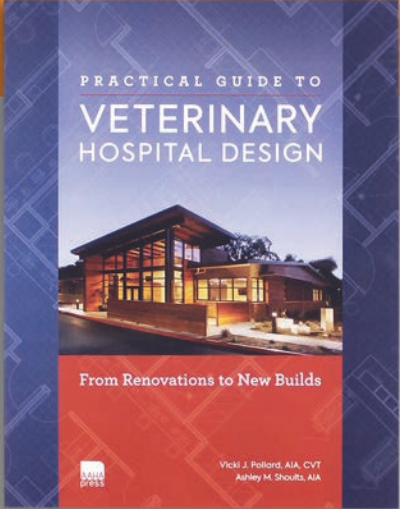
Katie Berlin, DVM, CVA, is AAHA's Director of Content Strategy.

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Kelsie Reider, CVT

Certified Veterinary Technician

Hawthorne Animal Hospital, Glen Carbon, Illinois

Year started in vet medicine: **2015**

Years with practice: **7**

Nominated by: **Hawthorne Animal Hospital staff**

AAHA MEMBER

Employee of the Month



Why is Kelsie So Awesome?

Kelsie started working at Hawthorne seven years ago as a receptionist and was quickly promoted to technician assistant. Since then, she has gone to tech school and obtained her CVT credentials, passing the VTNE on the first try. She was in school while working full time and raising her two children. She is always willing to pick up extra shifts. She has also agreed to work one day a week as a surgery technician to further advance her skills. She always looks on the brighter side of things, finds solutions for problems, is constantly wanting to learn and be better for her patients. She also picks up shifts when we are shorthanded and is an overall hard worker and a voice for people.

How Does She Go Above and Beyond?

Kelsie always goes above and beyond and takes exceptional care of her patients. It is obvious that veterinary medicine is her passion. She is the hardest worker that we know. Additionally, Kelsie is always a ray of sunshine. She has one of the best attitudes and is always positive. Everyone enjoys the days they get to work with her. She took the time to go to school and get certified even though she already had the job here at Hawthorne.

In Her Own Words

Why do you love your job: I love my job because it allows for the opportunity to grow and learn on a daily basis. Working in a 24-hour emergency clinic that also provides wellness care, we get to see everything. We see the extremely critical and difficult cases that other clinics are not equipped to see. I love my job because we save lives every day.

Pets at home: 2 dogs, one husky named Dakota (9 years old) and one mutt named Sammy (7 years old)

What brought you to the profession: I graduated college with a BA in psychology and was not quite sure what to do next. I imagined I would become an animal-assisted therapist but was not ready to enter into a graduate program. I started working at an animal hospital to gain some experience working with animals. I never imagined I would fall in love with vet med, but after seeing what the technicians do, I decided that was God's path for me.

Hobbies outside of work: I am a mom to two beautiful children. My hobbies include wrangling my children, doing all the mom things, CrossFit, and Jiu Jitsu.

Each month *Trends* spotlights an AAHA member, with generous support from CareCredit.* If you want to nominate someone, visit aaha.org/publications/trends-magazine/employee-of-the-month and enter them for a chance to win \$500!


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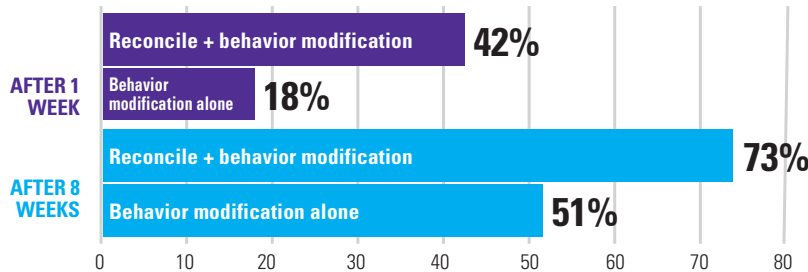
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Observe a 6-week washout interval following discontinuation of therapy with RECONCILE chewable tablets prior to the administration of any drug that may adversely interact with fluoxetine or its metabolite, norfluoxetine. **Human Warnings:** Not for use in humans. Keep out of reach of children. In case of accidental ingestion seek medical attention immediately. **Precautions:** RECONCILE chewable tablets are not recommended for the treatment of aggression and have not been clinically tested for the treatment of other behavioral disorders. Studies in breeding, pregnant or lactating dogs and in patients less than 6 months of age have not been conducted. Seizures may occur in dogs treated with RECONCILE chewable tablets, even in dogs without a history of epilepsy or seizures (see **Adverse Reactions**). Before prescribing RECONCILE chewable tablets, a comprehensive physical examination should be conducted to rule out causes of inappropriate behavior unrelated to separation anxiety. RECONCILE chewable tablets have not been evaluated with drugs that affect the cytochrome P450 enzyme system and should be used with caution when co-administered with any drug that affects this system. Studies to assess the interaction of RECONCILE chewable tablets with tricyclic antidepressants (TCAs) (e.g., amitriptyline, clomipramine) have not been conducted. The minimum washout period to transition dogs from TCAs to RECONCILE chewable tablets has not been evaluated. Data demonstrate that TCAs are cleared 4 days following discontinuation.^{1,2} **Adverse Reactions:** In two North American field studies involving 427 dogs, the following adverse reactions were observed at a rate of $\geq 1\%$ in dogs treated with RECONCILE chewable tablets (n=216): calm/lethargy/depression (32.9%), decreased appetite (26.9%), vomiting (17.1%), shaking/shivering/tremor (11.1%), diarrhea (9.7%), restlessness (7.4%), excessive vocalization (including whining) (6.0%), aggression (4.2%), otitis externa (2.8%), disorientation (2.3%), incoordination (2.3%), constipation (1.4%) and excessive salivation (1.4%). **Other adverse reactions: Seizures:** One of 112 dogs in the control group and three of 117 dogs that received RECONCILE chewable tablets experienced the serious adverse reaction of seizures during or after the end of the treatment period. One dog that was treated with RECONCILE chewable tablets experienced two seizures 10 days after the end of therapy and, despite escalating phenobarbital doses, died in status epilepticus approximately six months after the first seizure. In the second study, one of 99 dogs treated with RECONCILE chewable tablets and one of 99 dogs treated with the control tablet experienced the serious adverse reaction of seizures. Lastly, in a European multi-site study, one dog treated with a daily dose of 0.4 mg/kg for one month experienced one seizure one week after discontinuing therapy. **Weight loss:** In field studies, a weight loss $\geq 5\%$ (relative to pre-study body weight) was observed in 58 (29.6%) of dogs treated with RECONCILE chewable tablets and 24 (13.0%) of control dogs. No dogs were withdrawn from clinical studies due to weight loss alone. **Dose reduction:** Twenty dogs in the RECONCILE chewable tablet group and five control dogs required a dose reduction due to unacceptable adverse reactions, the majority intermittent and mild, generally anorexia, vomiting, shaking and depression. Lowering the dose eliminated or reduced the severity of these reactions in the RECONCILE chewable tablet group only, while resumption of the full dose resulted in a return of the initial adverse reactions in approximately half the affected dogs. One dog experienced recurrence of severe adverse reactions, which necessitated withdrawal from the study. Additionally, two dogs required a second dose reduction of RECONCILE chewable tablets. **Post Approval Experience (Rev. 2010):** The following adverse events are based on post-approval adverse drug experience reporting with RECONCILE® chewable tablets. Not all adverse reactions are reported to FDA CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using this data. The following adverse events are listed in decreasing order of reported frequency: decreased appetite, depression/lethargy, shaking/shivering/tremor, vomiting, restlessness and anxiety, seizures, aggression, diarrhea, mydriasis, vocalization, weight loss, panting, confusion, incoordination and hypersalivation. For a copy of the Safety Data Sheet (SDS) or to report suspected adverse drug events, contact Pegasus Laboratories at 1-800-874-9764. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or www.fda.gov/reportanimalad. **Effectiveness:** In one randomized multi-centered, double-blinded, vehicle-controlled study of 8 weeks' duration, 229 dogs were evaluated at 34 investigative sites in the United States and Canada. One hundred seventeen dogs were randomized to 1-2 mg/kg/day of RECONCILE chewable tablets and 112 dogs were randomized to the control group. Both groups underwent concurrent behavior modification. In seven of the eight weeks, the percentage of dogs with improved overall separation anxiety scores was significantly higher ($p < 0.05$) among dogs treated with RECONCILE chewable tablets compared to dogs that received the control tablet. At the end of the study, 73% of dogs treated with RECONCILE chewable tablets showed significant improvement ($p=0.010$) as compared to 51% of dogs treated with behavior modification alone. Dogs treated with RECONCILE chewable tablets also showed improvement in destructive behavior, excessive vocalization and restlessness over dogs that received the control tablet. In addition, dogs in both groups experienced improvement in inappropriate urination, inappropriate defecation, excessive salivation, excessive licking/grooming, shaking/shivering and depression. 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¹Plumb DC. Amitriptyline. Veterinary Drug Handbook 5th Edition (Pocket Edition). Iowa State Press. Ames, IA. Page 39, 2002. ²Hewson CJ, et al. The pharmacokinetics of clomipramine and desmethylclomipramine in dogs: parameter estimates following a single oral dose and 28 consecutive daily doses of clomipramine. J Vet Pharmacol Therap 21:214-222, 1998.