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Read the full text of the **2023 AAHA Mentoring Guidelines** in this issue!

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

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CLARO® (florfenicol, terbinafine, mometasone furoate) Otic Solution for use in dogs only

Do Not Use in Cats.

Antibacterial, antifungal, and anti-inflammatory
For Otic Use in Dogs Only

See full product insert for complete prescribing information, a summary of which follows.

CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION: CLARO® contains 16.6 mg/mL florfenicol, 14.8 mg/mL terbinafine, 1.8 mg/mL mometasone furoate. Inactive ingredients include purified water, propylene carbonate, propylene glycol, ethyl alcohol, and polyethylene glycol.

INDICATIONS: CLARO® is indicated for the treatment of otitis externa in dogs associated with susceptible strains of yeast (*Malassezia pachydermatis*) and bacteria (*Staphylococcus pseudintermedius*).

DOSE AND ADMINISTRATION:
CLARO® should be administered by veterinary personnel.

Wear eye protection when administering CLARO®.
(see Human Warnings, PRECAUTIONS, POST APPROVAL EXPERIENCE).

Splatter may occur if the dog shakes its head following administration. Persons near the dog during administration should also take steps to avoid ocular exposure.

Shake before use.

Verify the tympanic membrane is intact prior to administration. (see CONTRAINDICATIONS, PRECAUTIONS, POST APPROVAL EXPERIENCE).

Administer one dose (1 dropperette) per affected ear.

- Clean and dry the external ear canal before administering the product.
- Verify the tympanic membrane is intact prior to administration.
- Remove single-dose dropperette from the package.
- While holding the dropperette in an upright position, remove the cap from the dropperette.
- Turn the cap over and push the other end of the cap onto the tip of the dropperette.
- Twist the cap to break the seal and then remove cap from the dropperette.
- Screw the applicator nozzle onto the dropperette.
- Insert the tapered tip of the dropperette into the affected external ear canal and squeeze to instill the entire contents (1 mL) into the affected ear.
- Gently massage the base of the ear to allow distribution of the solution. **Restrain the dog to minimize post application head shaking to reduce potential for splatter of product and accidental eye exposure in people and dogs (see POST APPROVAL EXPERIENCE).**
- Repeat with other ear as prescribed.
- The duration of the effect should last 30 days. Cleaning the ear after dosing may affect product effectiveness.

CONTRAINDICATIONS:

Do not use in dogs with known tympanic membrane perforation (see PRECAUTIONS). CLARO® is contraindicated in dogs with known or suspected hypersensitivity to florfenicol, terbinafine hydrochloride, or mometasone furoate.

WARNINGS:

Human Warnings: CLARO® may cause eye injury and irritation (see PRECAUTIONS, POST APPROVAL EXPERIENCE). If contact with eyes occurs, flush copiously with water for at least 15 minutes. If irritation persists, contact a physician. Humans with known hypersensitivity to any of the active ingredients in CLARO® should not handle this product.

PRECAUTIONS:

For use in dogs only. Do not use in cats (see POST APPROVAL EXPERIENCE).

Wear eye protection when administering CLARO® and restrain the dog to minimize post application head shaking. Reducing the potential for splatter of product will help prevent accidental eye exposure in people and dogs and help to prevent ocular injury (see DOSE AND ADMINISTRATION, Human Warnings, POST APPROVAL EXPERIENCE).

Proper patient selection is important when considering the benefits and risks of using CLARO®. The integrity of the tympanic membrane should be confirmed before administering the product. CLARO® has been associated with rupture of the tympanic membrane. Reevaluate the dog if hearing loss or signs of vestibular dysfunction are observed during treatment. Signs of internal ear disease such as head tilt, vestibular signs, ataxia, nystagmus, facial paralysis, and keratoconjunctivitis sicca have been reported (see POST APPROVAL EXPERIENCE) with the use of CLARO®.

Do not administer orally.

Use of topical oral corticosteroids has been associated with adrenocortical suppression and iatrogenic hyperadrenocorticism in dogs (see ANIMAL SAFETY).

Use with caution in dogs with impaired hepatic function (see ANIMAL SAFETY).

The safe use of CLARO® in dogs used for breeding purposes, during pregnancy, or in lactating bitches, has not been evaluated.

ADVERSE REACTIONS:

In a field study conducted in the United States (see EFFECTIVENESS), there were no directly attributable adverse reactions in 146 dogs administered CLARO®. **POST APPROVAL EXPERIENCE (2019):** The following adverse events are based on post-approval adverse drug experience reporting for CLARO®. 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.

In humans, accidental exposure leading to corneal ulcers and other ocular injuries such as eye irritation and redness have been reported. Exposure occurred when the dog shook its head after application of CLARO®. Skin irritation has also been reported. In dogs, the adverse events reported are presented below in decreasing order of reporting frequency: Ear discharge, head shaking, ataxia, internal ear disorder (head tilt and vestibular), deafness, emesis, nystagmus, pinnal irritation and ear pain, keratoconjunctivitis sicca, vocalization, corneal ulcer, cranial nerve disorder (facial paralysis), tympanic membrane rupture.

CLARO® is not approved for use in cats. The adverse events reported following extra-label use in cats are presented below in decreasing order of reporting frequency: Ataxia, anorexia, internal ear disorder (head tilt and vestibular), Horner's syndrome (third eyelid prolapse and miosis), nystagmus, lethargy, anisocoria, head shake, emesis, tympanic rupture, and deafness.

To report suspected adverse drug events and/or obtain a copy of the Safety Data Sheet (SDS) or for technical assistance, contact Elanco at 1-800-422-9874.

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

Information for Dog Owners:

Owners should be aware that adverse reactions may occur following administration of CLARO® and should be instructed to observe the dog for signs such as ear pain and irritation, vomiting, head shaking, head tilt, incoordination, eye pain and ocular discharge (see POST APPROVAL EXPERIENCE). Owners should be advised to contact their veterinarian if any of the above signs are observed. Owners should also be informed that splatter may occur if the dog shakes its head following administration of CLARO® which may lead to ocular exposure. Eye injuries, including corneal ulcers, have been reported in humans and dogs associated with head shaking and splatter following administration. Owners should be careful to avoid ocular exposure (see PRECAUTIONS, POST APPROVAL EXPERIENCE).

Manufactured for

Elanco US Inc

Shawnee, KS 66216

Made in Germany

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CLARO[®]

(florfenicol, terbinafine, mometasone furoate)
Otic Solution

WIN THE FIGHT AGAINST OTITIS EXTERNA

Save your clients from the stress
of OE treatment

Proven Efficacy

Effective against your most common cases of OE¹

One-Dose Convenience

Provides a full course of therapy

Administered by You

Eliminates concerns of missed
or incorrectly applied doses



Choose Claro[®], the trusted market leader in OE treatment.²

Claro[®] is indicated for the treatment of otitis externa in dogs associated with susceptible strains of yeast (*Malassezia pachydermatis*) and bacteria (*Staphylococcus pseudintermedius*).

CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian. **PRECAUTIONS:** For use in dogs only. Do not use in cats. (See **POST-APPROVAL EXPERIENCE**.) CLARO[®] has been associated with rupture of the tympanic membrane. Reevaluate the dog if hearing loss or signs of vestibular dysfunction are observed during treatment. Signs of internal ear disease such as head tilt, vestibular signs, ataxia, nystagmus, facial paralysis, and keratoconjunctivitis sicca have been reported (see **POST-APPROVAL EXPERIENCE**) with the use of CLARO[®]. **Wear eye protection when administering CLARO[®].** (See **Human Warnings, PRECAUTIONS, POST-APPROVAL EXPERIENCE**.)

¹Angus JC. Otic cytology in health and disease. VCSA. 2004;34:411-24.

²Elanco Animal Health. Sales data on file.

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RECOMBINANT VACCINES: How They Differ and Why

Sponsored by Boehringer Ingelheim



Aside from the health and economic devastation brought on by the COVID-19 pandemic, public awareness of infectious disease terms and technologies has escalated over the past 2 years. Consider just a few: herd health, coronavirus, spike proteins, viral variants, mRNA, and recombinant vaccines. The list goes on. There is no question that in both human and veterinary medicine, vaccines and vaccination have taken center stage.

Recent technologic advances in human and veterinary vaccines have introduced enhanced safety and efficacy for an ever-increasing number of pathogenic viruses and bacteria.^{1,2} But, for any veterinarian in clinical practice, the challenge turns to keeping up with these advances and understanding how the technology benefits the individual patient.

RECOMBINANT VACCINE TECHNOLOGY

Recombinant vaccine technology is arguably the most recent significant advancement in veterinary immunology and has been the subject of numerous publications and research for over 40 years. It was in 1997 that the first recombinant vaccine

for canine distemper was licensed—RECOMBITEK® Distemper by Merial (now Boehringer Ingelheim Animal Health). Recombinant vaccines are also available for canine Lyme disease, feline rabies, and feline leukemia virus.

Recombinant vaccine technology differs significantly from conventional inactivated (killed) and attenuated (modified-live) vaccines in that recombinant vaccines do not entail inoculating the patient with whole virus or bacteria to deliver the immunizing antigen. Instead, discrete genetic code(s) within a pathogenic virus or bacteria are isolated and enabled to express one, or more, specific proteins (the immunizing antigens). It is truly a targeted approach to immunization.

IT'S A FACT

Veterinarians today have a growing array of canine and feline vaccines to choose from. Knowledge that different technologies are now employed in manufacturing vaccines for the same disease is fundamental. Understanding what a particular technology does, or does not provide becomes an even more important factor when selecting and using vaccines in practice.

Recombinant vaccine technology enables the patient to produce discrete antibodies that specifically target the most vulnerable components of the infectious pathogen. It does this with a high degree of safety and efficacy. And it achieves sustained protective immunity without the risk of exposure to non-immunizing, potentially reactive proteins associated with whole cell and other conventional virus vaccine preparations. In addition, and unique to the recombinant canine distemper vaccine, is the fact that the canarypox vector virus is not recognized by maternally derived distemper antibody, resulting in protection of young dogs weeks earlier than conventional modified-live virus distemper vaccines.⁵

Richard B. Ford, DVM, MS
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Emeritus Professor of Medicine
North Carolina State University

1. Francis MJ. Recent advances in vaccine technology. *Vet Clin North Am Small Anim Pract.* 2018;48(2):231–41. 2. Day MJ. Companion animal vaccines. In: Ettinger SJ, Feldman EC, eds. *Textbook of veterinary internal medicine.* 8th ed. St. Louis: Elsevier- Saunders; 2017:895. 3. Larson LJ, Schultz RD. Three-year duration of immunity in dogs vaccinated with a canarypox-vectored recombinant canine distemper virus vaccine. *Vet Ther.* 2007;8(2):101–6. 4. Conlon JA, Mather TN, Tanner P, Gallo G, Jacobson RH. Efficacy of a nonadjuvanted, outer surface protein A, recombinant vaccine in dogs after challenge by ticks naturally infected with *Borrelia burgdorferi*. *Vet Ther.* 2000;1(2):96–107. 5. Larson L, Schultz RD. Effect of vaccination with rCDV vaccine immediately before exposure under shelter-like conditions. *Vet Ther.* 2006;7(2):113–8.

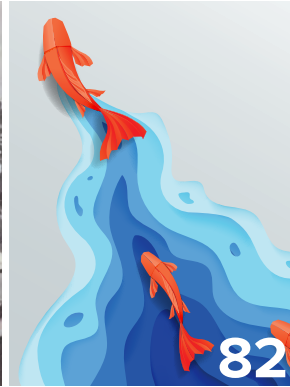
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In veterinary medicine, 2 types of recombinant vaccines are currently in use:

- 1) Viral-vectored vaccines, in which the specific genetic code(s) isolated from the pathogenic virus is recombined with the DNA of a benign transport (vector) virus (eg, canarypox virus). Following vaccination, antigen is expressed, resulting in robust B-cell (antibody) and T-cell (cell-mediated immunity) responses and sustained protection. Example: the RECOMBITEK® Distemper vaccine expresses 2 antigens (fusion and hemagglutinin). The PUREVAX® feline rabies vaccine expresses the glycoprotein G antigen.³
- 2) Sub-unit, DNA-expressed vaccines entail isolating a specific genetic code from a pathogenic bacteria (eg, *Borrelia burgdorferi*). The DNA code is recombined with plasmid DNA where the outer surface protein A (OspA) antigen, the sub-unit, is expressed in vitro, isolated, and made available in pure form as a vaccine. Example: the RECOMBITEK® Lyme vaccine.⁴



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CHECK OUT AAHA'S NEW

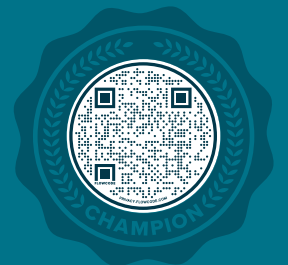
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from the editor's desk

SOMETHING FEELS DIFFERENT THIS ISSUE, RIGHT? It's not your imagination—this issue of *Trends* is 100 pages thick! This is a special issue in a few ways. First, did you know that AAHA is 90 years old this year? That's right, and to mark the occasion, we have a special section on AAHA's history, also featuring the amazing practices that have been accredited for the entire 90 years!

Second, instead of an executive summary, we decided to provide the entire text of the **2023 AAHA Mentoring Guidelines** in the pages of the magazine. So save this issue! Of course, you can always find these and all of our guidelines online at aaha.org/guidelines.

Speaking of mentorship, we also have a great article by Rachel Dufour (who was the student representative on the task force that developed the guidelines) talking about what new grads are looking for in terms of mentorship, or internships, or a combination of both.

And once you have successfully mentored a new hire, you'll need to figure out ways to keep them on board. To that end, Jenn Galvin, one of the founding members of the Uncharted Veterinary Conference, provides 10 tips for retaining staff in these days of high attrition and burnout.

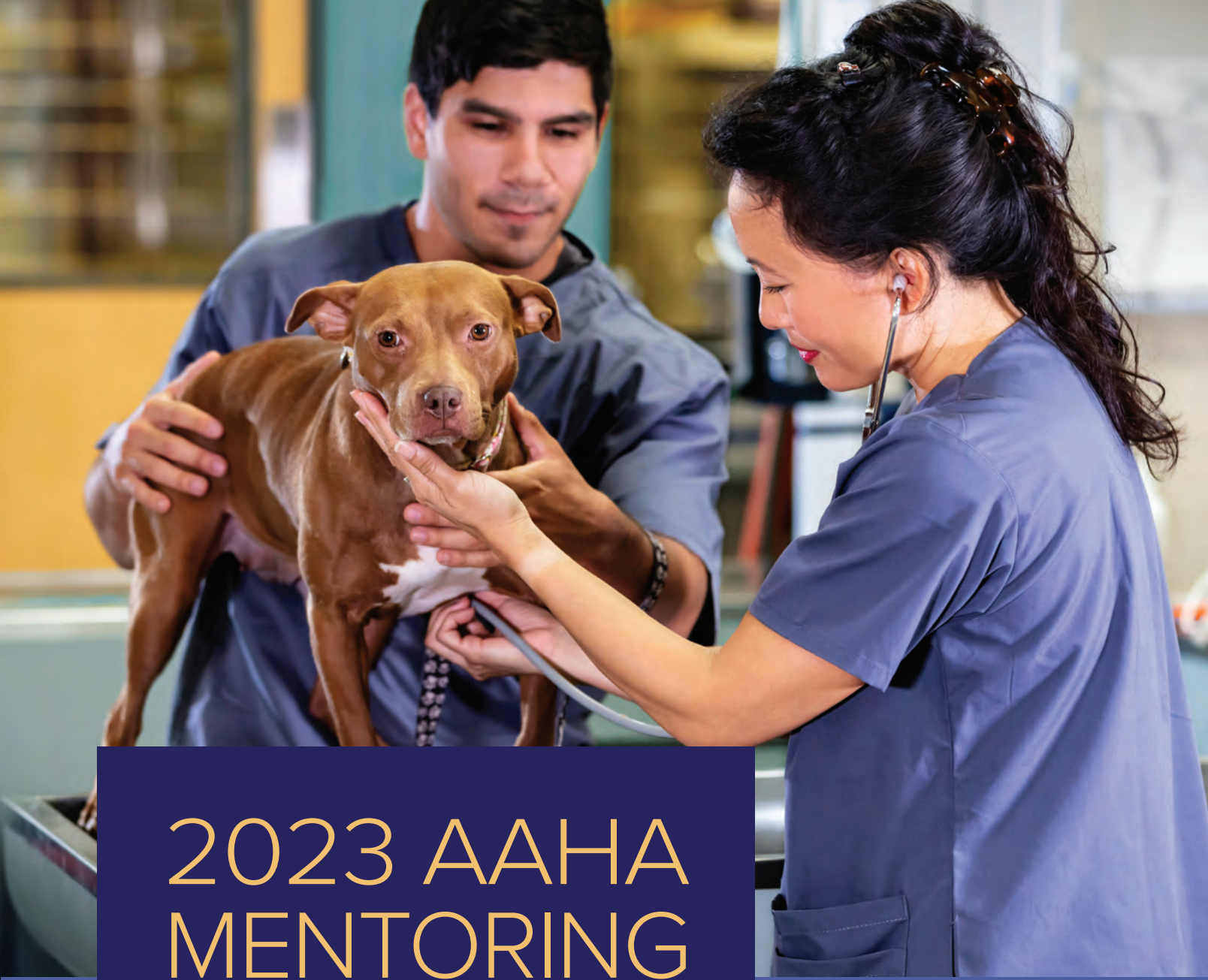
This issue is so packed—it says a lot when I have gotten this far and not even mentioned the cover story yet! We've talked before about social media strategies and which platform is best for you, but this feature has interviews with some high-profile social media influencers who are in the veterinary space. You have to have a certain personality, time, energy, and a great eye for content to get to where they are, but they show it is possible for veterinarians to use the power of TikTok for good.

COMING NEXT MONTH

August is our Cat Issue, and we will have articles on how to improve cat visits, feline dermatology, and a feature on some cat-only veterinary practices.

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

—Ben Williams, Editor



2023 AAHA MENTORING GUIDELINES

Mentoring is vital for all veterinary practice team members, regardless of their current role, stage of training, or level of experience.

Check out the *2023 AAHA Mentoring Guidelines* for a roadmap to effective mentoring and resources for starting your own mentorship program. Available now at aaha.org/mentoring!

The *2023 AAHA Mentoring Guidelines* are generously supported by Merck.



Guidelines

aaha.org/mentoring

View from the Board

Invest in Your Team

Many practices have experienced challenges with staffing throughout the past few years. Demand for veterinary services continues to remain strong, and finding veterinarians, credentialed technicians, and support staff continues to be a high priority. While it will likely be some time before we will find a surplus of team members, there are strategies to consider when focusing on staff retention. Making changes within your practice and how your leadership team operates can help improve employee retention and morale. While multifaceted, considering these few steps can get you on the road to encouraging tenure within your team.

Create a culture that brings together the practice's mission with each person's reason for working. Start with scheduling a team meeting for each person in the practice to share their reason for choosing veterinary medicine. Using this, you can develop a list of goals and opinions of the team and help them connect this to their personal reason for working in veterinary medicine. Finding ways to connect their "why" with the mission and then focusing on individual strengths promotes a greater purpose for work and reduces burnout. This could be someone who loves social media and starts managing the practice Facebook and Instagram or someone who is passionate about preventive care and wants to develop a program. They can educate others and help them see how this aligns with their reason for working in the veterinary field, therefore improving both care for our patients and enjoyment while working.

Evaluate how your leadership team operates in your practice. According to some reports, as many as 50% of employees leave a job because of a bad manager or leader. A good manager or leader does not dictate every action or micromanage every part of a team member's job. Great leaders guide by coaching employees in the right direction through support, advice, and setting goals that bring the mission of the practice and an individual's reason for working in veterinary medicine together. This

encourages both autonomy and a culture of collaboration, and improves care for pets.

Consider mentorship and opportunities for personal and professional development. A great culture starts with a strong onboarding process; however, continued opportunities for learning are key to strengthening a practice. Monthly meetings can be an opportunity to bring in experts and presenters who focus on topics such as communication, stress management, and medicine, therefore strengthening both the soft skills and technical skills. Simply providing access to continued education and training must be followed with a culture that encourages the utilization of these resources. Continued improvements and opportunities for growth with team members not only supports the practice's mission but also helps them in their lives outside the office.

As you consider your next investment in recruiting new team members, take a retrospective look at your practice and ask yourself if you could be investing more to retain rather than recruit new team members. You may keep someone from becoming another statistic and leaving our amazing profession.

P. Adam Hechko, DVM, is AAHA's immediate past president. He grew up in Columbia Station, Ohio, and went on to the University of Findlay to complete his undergraduate degree in preveterinary medicine. He is a proud graduate of The Ohio State University College of Veterinary Medicine and an avid Buckeye fan. He owns a seven-doctor veterinary practice just south of Cleveland Ohio. His practice was named AAHA Practice of the Year among North American hospitals in 2015. Hechko has three children, Alexander, Benjamin, and Catherine. His wife, Dr. Jen, is a pediatric dentist.



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:

National Lost Pet Prevention Month Independence Day

July 4

Pet Fire Safety Day

July 15

AAHA-Accredited Hospital Day

July 22

National Mutt Day

July 31



“How do you handle a scared or skittish patient?”

Does anyone have any tips or advice for alleviating stress for both owner and animal during appointments? We have had a few nervous patients lately, which ultimately creates more anxiety for owners while also leaving our staff more susceptible to unpredictability and potential injury.

A: We follow many of the Fear Free tricks like snacks and warm towels. But if we have one that we know is going to have issues, we stop and send the client with a “Fear of Veterinary Visits” handout. It goes over many different things we can try. It also has a spreadsheet for our “Chill” Protocol. The spreadsheet is made so that when we go to print it out we can adjust the patient’s weight and it will calculate the doses of medications. Also having a confident Dr./tech team is great as they will know how to work together to get the job done.

A: Better living through chemistry! Number one reason for “fractious” behavior is fear (give anxiolytics) and number two reason is pain (give pain relief) and have them come back another day. If it’s an emergency, sedate for care. Make it safer for everyone, even if you have to comp the sedation. Sedating a pet is cheaper than a worker’s comp hospital bill for an injured staff member.



AAHA members, add to the conversation at community.aaha.org. For help, email community@aaha.org.

The Shared Journey Toward Excellence

Change is inevitable. But excellence, growth, and continuous improvement? Those are choices.

Change can feel like it happens to you, without you, and even despite you. But taking a path of continuous improvement is a personal decision.

For 90 years, AAHA has been a partner and a helping hand to those who embark on the journey of continuous improvement, and it all starts with your earnest desire to provide the best care possible.

AAHA doesn't exist because of the standards or guidelines we make.

AAHA exists because of your dedication to a journey toward excellence.

And that means we must change—so you aren't on the path alone while the world changes around you. Yes, we've been a partner to veterinary practices for 90 years. The next 90 will require our own dedication to continuous improvement, just like you.

We're making strides—some obvious, and some behind the scenes—to ensure AAHA simplifies your journey toward excellence, whenever you decide to reach out for that helping hand. A few examples include:

People: We are people-first and are building our team to support yours. Not only are we hiring new people and structuring our teams to be better for you, but we've designed and dedicated ourselves to a team-based culture that has improved our own employee Net Promoter Score by almost 100 points in the last three years. Our teams are the foundation of our collective journey toward excellence.

IT: We're building a completely new IT infrastructure to improve your experience with the process of accreditation, using and applying the AAHA standards, and the online learning and content we offer you and your team.

Guidelines: AAHA's guidelines are the most downloaded content on our website. That's only one of several telling statistics, so we've invested significantly in our capacity to

create new guidelines, update existing ones, and develop toolkits that help you implement them in your practice.

Certificates: We've launched the first AAHA Guidelines Certificate programs, with many more on the way, to empower and encourage your teams to grow and develop in areas they're passionate about.

AAHA Benchmarking+: Our intention is to democratize access to the insights that help you continuously improve. So we've invested in AAHA Benchmarking+ to create a live, safe, easy to use and apply, and low-to-no-cost benchmarking service for members. We believe that when you contribute your data to any benchmark product like AAHA Benchmarking+, you should get something of significant value in return. At AAHA, our goal with benchmarking is solely to simplify your journey of continuous improvement.

Those are just a few of our improvements. We're also creating a curriculum to support the process of accreditation, investing in a new-and-improved annual conference called AAHA Con, and delivering accreditation for groups of practices so they can learn from each other while they experience the process.

We're here for you. We're here because of you. On your journey toward excellence, just reach out. We're here.



Garth Jordan, AAHA CEO

INTRODUCING

Rx Colostrum

May Reduce Effects of Environmental Allergens

NEW

Rx Colostrum is whole, bovine, first milking colostrum containing over 100 bioactive components of which immunoglobulins, cytokines and leukocytes are predominant. Rx Colostrum modulates the gastrointestinal and immune systems therefore helping to mitigate allergy symptoms. Companion animals benefit both prophylactically and therapeutically while enjoying the tasty, efficient powder delivery format.



NASC certified
for compliance with
stringent supplement
quality standards



- Sourced from Grade A dairies located in the upper Midwest and Great Lakes region
 - Whole, intact, bovine colostrum – nothing removed
 - First milking therefore highest concentration of bioactives
 - Raw material processing developed by practicing veterinarian beginning in 1979 and continually refined
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How much water should your cat drink?

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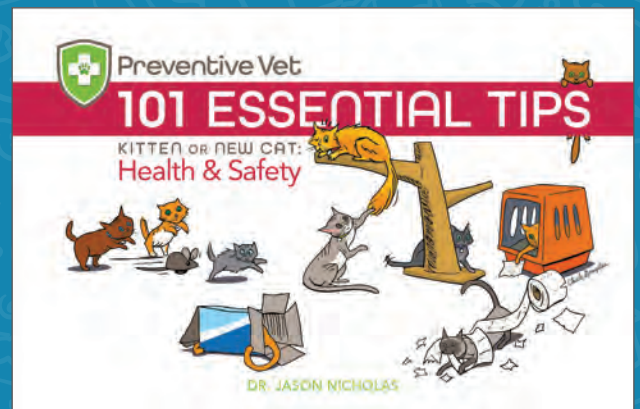
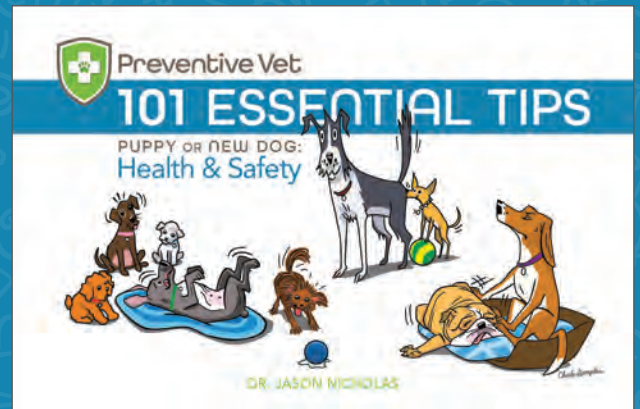
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notebook

Pulse Ingredients in Dog Food Not Linked to Heart Problems

Researchers from the Ontario, Canada University of Guelph report that ingredients such as lentils, beans, and field peas typically used in grain-free dog foods are safe for healthy dogs.

They say that these diets have been under scrutiny after “pulses”—the collective term used for peas, lentils, and beans—became associated with dilated cardiomyopathy in dogs. The research, which appears in *The Journal of Nutrition*, found that dogs fed diets containing up to 45% whole pulse ingredients and no grains over 20 weeks showed no indications of heart issues. Researchers also stated that the dogs’ body composition altered less than 0.1% from baseline no matter which diet they were on, suggesting they also maintained lean body mass.

“This study is the longest controlled feeding study to date to assess cardiometabolic health in healthy adult dogs fed pulse-inclusive diets,” said lead author Kate Shoveller, PhD, professor in the Department of Animal Biosciences in the Ontario Agricultural College and Champion Petfoods Chair in Canine and Feline Nutrition, Physiology, and Metabolism.

New Study Examines Health of PTSD Support Dogs

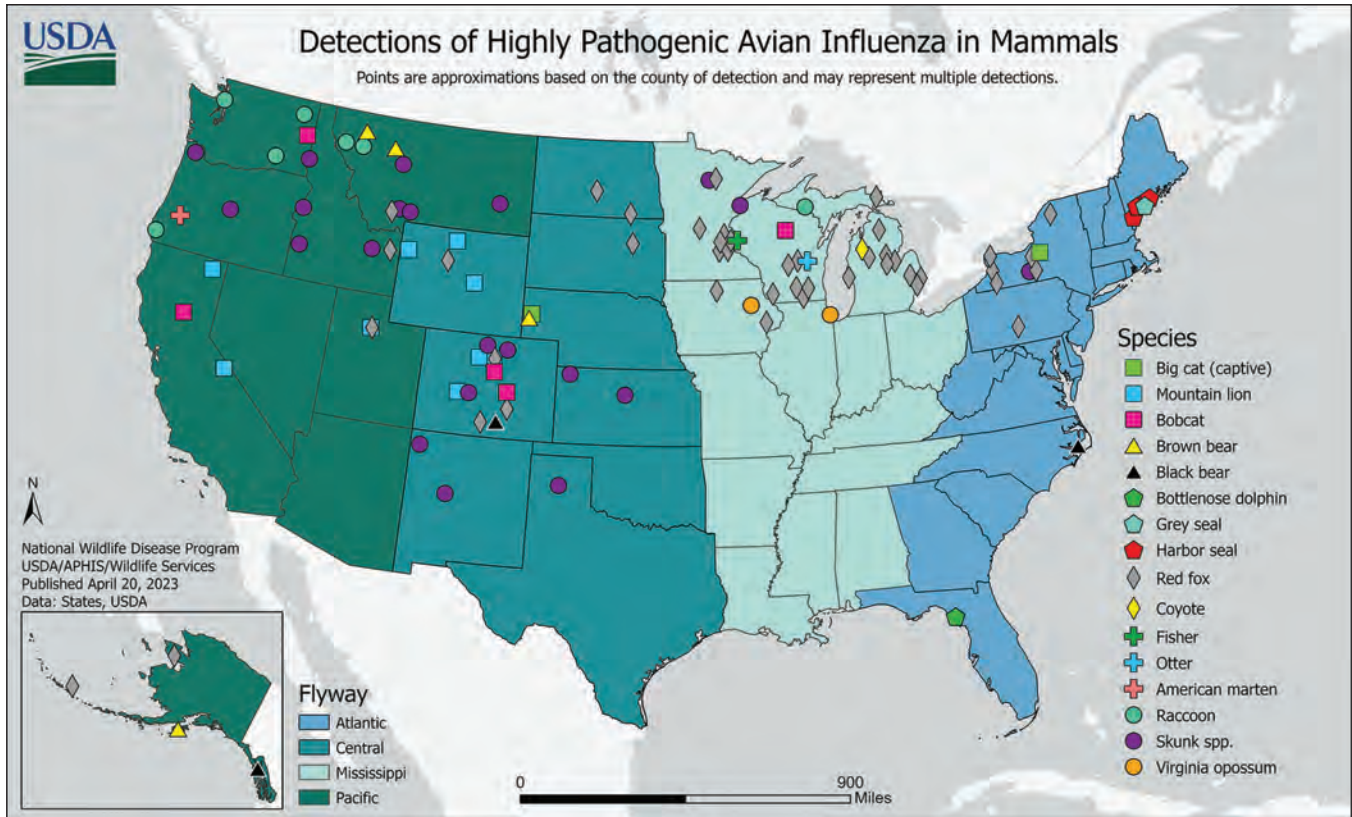
A research team based at the University of Denver Graduate School of Social Work is studying how service dogs are impacted over time when paired with people diagnosed with posttraumatic stress disorder (PTSD). The study is funded by the Morris Animal Foundation.

Led by Kevin Morris, PhD, research professor and American Humane Endowed Chair in the Graduate School of Social Work and its Institute for Human-Animal Connection’s executive director, the team will examine active service dogs’ genetic makeup, physiology, and behaviors over time to learn if and how pairing them with veterans diagnosed with PTSD impacts the dogs’ health and wellbeing.

PTSD impacts nearly one-third of military veterans who have experienced combat. “There is growing evidence that pairing military veterans with trained psychiatric service dogs can reduce PTSD symptoms,” said Morris. “What we don’t know is how service dogs are impacted. We hope the findings of our study will result in recommendations that can improve the health and wellbeing of the dogs engaged in this important work.”

This research is part of a larger study that will follow veterans with PTSD before and after receiving a service dog.





The US Department of Agriculture published its data on cases of highly pathogenic avian influenza infections in mammals from 2022 to late March 2023.

USDA Tracking Bird Flu Spillover Events in Mammals

The AVMA recently reported on the US Department of Agriculture’s (USDA) tracking of cases of highly pathogenic avian influenza (HPAI) infection in mammals. They relate that the United States is in the midst of the worst HPAI epizootic in the nation’s history. Infections in wild, commercial, and backyard birds have been identified in all but one US state, Hawaii, and roughly 60 million chickens and turkeys have died as a result.

No known human-to-human spread has occurred with the H5N1 virus that is currently circulating in birds in the United

States and globally, according to the Centers for Disease Control and Prevention (CDC). Sporadic human cases of H5N1 reported with H5N1 viruses circulating in birds since 2021 have occurred following exposure to infected poultry.

Earlier this year, the USDA first published its data on cases of HPAI infections in mammals from 2022 to late March 2023. The H5N1 virus subtype was detected in numerous species: bobcat, black and brown bears, bottlenose dolphin, harbor and grey seals, mountain lion, red fox, raccoon, striped skunk, and more.

EPA, FDA Consider Oversight Change for Animal Parasite Products

Oversight of approximately 600 topical pesticides for animals may be transferred from the Environmental Protection Agency (EPA) Office of Chemical Safety and Pollution Prevention (OCSP) to the Food and Drug Administration (FDA) Center for Veterinary Medicine (CVM) under a joint proposal being considered by the agencies.

In a recently published white paper, the agencies examined ways to update oversight responsibilities for specific products “in an efficient and transparent manner and in alignment with each agency’s expertise. The white paper identifies two product types: products administered topically to animals for external parasite control, such as collars and spot-on products, and genetically engineered pest animals, such as mosquitoes genetically altered to control the mosquito population.

Air Pollution May be Changing the Gut Microbiome of British Bumblebees

A research team from the UK's University of Leicester is investigating air pollution's effect on the gut of British bees. They report that human activity is contributing to pollution that is affecting our health. According to World Health Organization (WHO) estimates, atmospheric air pollution is estimated to cause 4.2 million premature deaths worldwide per year.

They state that their research has identified that air pollution affects the intricate web of microbes that are all around us. Populations of bees are also declining worldwide, so the Leicester team is investigating whether these two factors are connected. Researchers are looking into the effects of air pollution on the bee gut microbiome.

The team is researching how air pollution affects the beneficial gut bacteria and microbiome composition of bees and the subsequent impact on bee health. Hannah Sampson, first author on the study, explained, "We know that pollution is a massive issue globally and we know that bee decline seems to be increasing over the last few years. Maybe they're linked, as bees are constantly exposed to these pollution particulates in the air."

Sampson urged caution on concluding that air pollution directly contributes to bee population decline from this initial study and noted, "More research needs to take place as air pollution is having a much greater impact than we think. Air pollution affects microbial communities. Changes to these important communities could have detrimental effects on lots of different ecosystems that affect bees and also directly affect humans."



Practice Demand Returns to Prepandemic Levels

The AVMA reports that, according to a new economic report by Brakke Consulting, consumer discretionary spending is trending back to normal levels. The report also shows that, while practice revenue increased 5.2% year over year in 2022, visits dropped 3.1%. Brakke's analysis is based on monthly surveys and industry sources, including data from the AVMA and the Veterinary Hospital Managers Association.

Brakke senior consultant John Volk explained that the discrepancy "can come from two things: a bigger basket of services or, more likely, increased prices." Volk presented highlights from the report at the 2023 Veterinary Meeting & Expo in Orlando, Florida.

As he explained, pet care is paid for with discretionary income, and US households were awash in government subsidies from 2020–2021 during the height of the pandemic. "People were not taking vacations. They were not going to restaurants. They were not going to movies," he said. "But people were taking their pet to the veterinarian, and veterinarians were not getting a lot of pushback on higher prices during the pandemic." He reports that the money ran out eventually, and practices were seeing weaker revenue growth in 2022 compared with 2021.

Addressing labor supply, 53% of practices reported vacancies for one or more veterinarians, Volk said, adding that this position remained open for an average of 16 months for respondents. Sixty-three percent of practices had roughly three open positions for veterinary technicians, each of which took about nine months to fill.

The average number of work hours has increased substantially since 2019, about five hours per week for the average veterinarian in terms of median number of hours worked, Volk said. Consequently, starting salaries are rising, with companion animal practitioners earning the highest starting salary while equine practitioners earned the least.

New State of the Workplace Health Report

OneMedical's 2023 State of Workplace Health report collected responses from 800 human resources and benefits leaders and 800 full-time employees.

Researchers stated that roughly 75% of employees felt their health worsened or stayed the same in 2022. In contrast, around 6 out of 10 HR leaders believe their workforce's physical and mental health improved last year.

Although 84% of employees used their healthcare benefits last year, many aren't making the most of them. Fifty-five percent of employees said they feel overwhelmed when they try to navigate the healthcare system and one-third struggled to schedule an appointment with a provider.

About 1 in 4 respondents to the survey said their mental health has improved over the last year, while almost half of respondents said their mental health stayed the same throughout 2022, and 32% said their mental health worsened. Researchers noted that most HR lead respondents expressed a belief that their staff's mental wellbeing had improved in 2022. "This indicates that leaders may not appreciate the extent to which their team members may be struggling with their health," they said. Visit onemedical.com to view the full report.

QUOTE OF THE MONTH

"The race is to the driven, not the swift."

—John Jakes, writer

Levine Receives National Veterinary Research Award

Jonathan Levine, DVM, head of the Department of Small Animal Clinical Sciences at the Texas A&M School of Veterinary Medicine & Biomedical Sciences (VMBS), was recently selected to receive the American Association of Veterinary Clinicians' (AAVC) Annual Faculty Achievement in Research Award.

This award recognizes AAVC members who have achieved national recognition through their efforts on behalf of veterinary medicine. Recipients are selected based on practice recognition awards; research excellence and publications in peer-reviewed journals; leadership and participation in organized veterinary medicine; and participation in AAVC, specifically.

Levine, who also serves as a professor and the Helen McWhorter Chair in Small Animal Clinical Sciences, is a board-certified veterinary neurologist who specializes in spinal cord injuries and neuro-oncology. His recent research projects have focused on gliomas (tumors in the brain and spinal cord). By analyzing a large dataset of glioma samples, he determined that canine and human gliomas are molecularly similar, suggesting that they have a similar mutational, cancer-causing process that would enable similar treatment strategies.



Jonathan Levine, DVM, recipient of the American Association of Veterinary Clinicians' annual Faculty Achievement in Research Award.

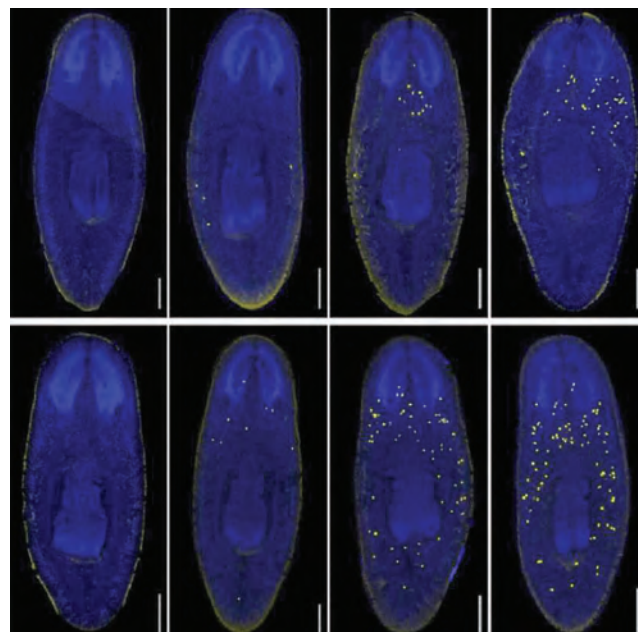
Study Unlocks Stem Cell Superpower in Flatworms

Researchers at the Cornell University College of Veterinary Medicine report that they have uncovered the mechanism behind stem cell death due to radiation treatment and how one gene can dictate the fate of these cells after exposure to DNA damage.

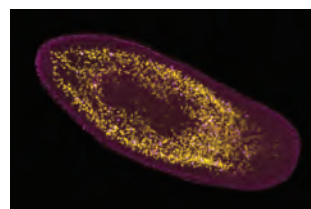
Their research focused on planarian flatworms, which can regenerate new heads, tails, or entire bodies due to their vast amounts of pluripotent stem cells, which are cells that can essentially become any cell in the body. Researchers state that while humans have these cells too, they're highly limited in number.

"Planarians are known to be an amazing organism because their bodies are 20% stem cells," said Carolyn Adler, PhD, senior author and assistant professor in the Department of Molecular Medicine. "I was really fascinated and wanted to understand the underlying genetic and cellular mechanisms that control these stem cells."

The lab explored how stem cells respond to mutations caused by extremely high levels of ionizing radiation. They found that the injury forces the worms to start regenerating, a process that heavily relies on stem cells, and therefore, the stem cells repair the radiation damage and survive instead of being disposed of.



Researchers at the Cornell University College of Veterinary Medicine have uncovered the mechanism behind stem cell death due to radiation treatment, and how one gene can dictate the fate of these cells after exposure to DNA damage.



The Adler lab found that the injury forces the worms to start regenerating, a process that heavily relies on stem cells, and therefore, the stem cells repair the radiation damage and survive instead of being disposed of.



Bipartisan Bill Addresses Illicit Xylazine

Bipartisan lawmakers in the House and Senate recently introduced legislation to crack down on the illegal use of a veterinary tranquilizer that is increasingly being found in fentanyl and other drugs. Xylazine is a veterinary drug approved for use in animals as a sedative and pain reliever. It is also being used by drug dealers as a low-cost cutting agent in illicit drugs.

The legislation would list xylazine as a Schedule III controlled substance on the five-tiered scale, meaning it has a "moderate to low potential for physical and psychological dependence." The bill would also enable the Drug Enforcement Administration (DEA) to track the manufacturing of xylazine to ensure it is not diverted to the illicit market.

If it becomes law, the legislation will make the manufacture, distribution, dispensing, or possession of illicit xylazine subject to Schedule III penalties under the federal Controlled Substances Act. Illicit use of xylazine includes any use, or intended use, in people and would address any diversion of xylazine from veterinary sources. Legitimate veterinary uses would remain under their current prescription status.



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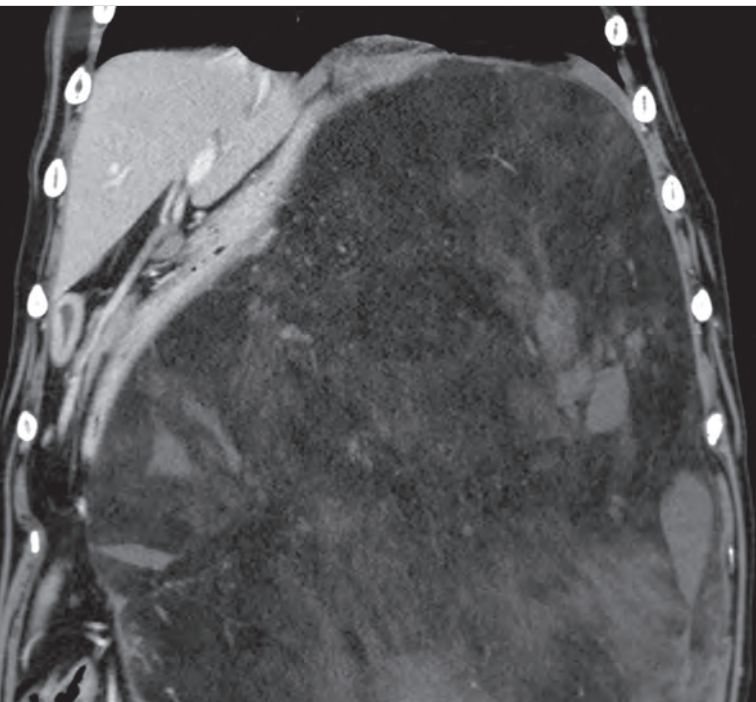
Search transaction records digitally for fast refunds

Clinics still relying on paper receipts and labor-intensive filing systems to track payments will find that an automated, digital system saves time and hassle.

Leverage flexible payment plans and financing

Offering payment plans and financing solutions helps clients afford the care their pets need and is a positive outcome for the clinic, the pet, and the owner.

ABSTRACTS



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CASE REPORTS

Liver Lipoma in a Dog: Case Report and Literature Review

Miranda de la Vega, Mitch Robbins, Mark Howes, Miranda Vieson

Lipoma of the liver has not been reported in dogs. An 8 yr old spayed female Great Dane was referred for diagnostic workup of abdominal distention. Computed tomography showed fat-attenuating masses with negative attenuation values (variable between -60 to -40 Hounsfield units) and minimal contrast uptake within the left cranial abdomen. Left lateral and right medial liver lobectomies were performed to remove two liver masses. Histopathology showed large lipomas arising from within the hepatic parenchyma. Immunohistochemistry for smooth muscle actin was negative, consistent with true lipomas. The dog was euthanized 8 mo later because of causes likely unrelated to the liver lipoma. This is the first case report of lipoma in the liver of a dog. The purpose of this case report and brief literature review is to provide evidence that surgical excision of fat-attenuating masses within the liver that are consistent with lipoma using immunohistochemistry can be curative.

RETROSPECTIVE STUDIES

High-Grade, Stage 2 Mast Cell Tumors: Outcome in Dogs With Local and Systemic Therapy

Rhonda Burge, Kevin D. Woolard, Jennifer L. Willcox, Robert B.

Rebhun, Jenna H. Burton, Sami Al-Nadaf, Katherine A. Skorupski

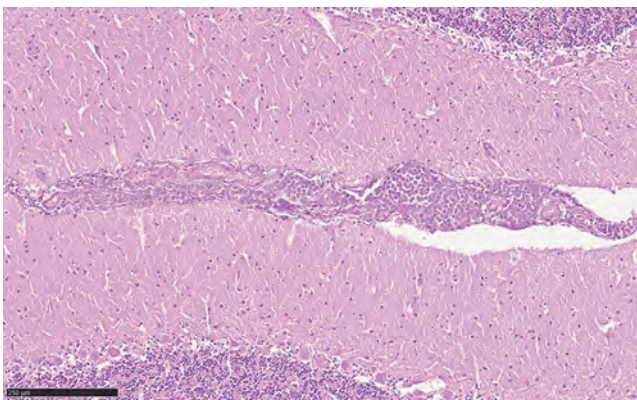
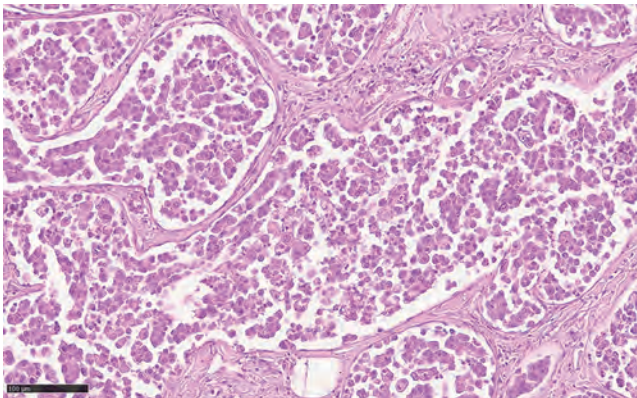
Canine mast cell tumors (MCTs) have highly variable clinical behavior, and predicting outcomes in individual dogs remains challenging. Many studies combine dogs with varying tumor grades, clinical stage, or treatments, confounding those results. The purpose of this retrospective study was to determine outcome and prognostic factors in a specific subset of dogs with high-grade, stage 2, cutaneous MCTs treated with adequate local control via surgery with or without radiation therapy and adjuvant cytotoxic chemotherapy. Seventeen dogs met the inclusion criteria, and the median survival time was 259 days. Development of local recurrence, tumor location, and presence of ulceration were all associated with shorter survival times. Tumor size, mitotic count, chemotherapy protocol, lymph node classification, and radiation therapy were not significantly associated with outcome. In this study, a specific population of dogs characterized by high-grade MCTs with local lymph node metastasis who received aggressive local and systemic therapy had a median survival of about 8.5 mo. Dogs with ulcerated tumors, recurrent tumors, or tumors located on the head had a worse outcome despite aggressive therapy. These results may serve as a basis of comparison for future research exploring alternative treatment combinations in this specific population of dogs.

CASE REPORTS

Detection of Leptomeningeal Carcinomatosis by Cerebrospinal Fluid in a Dog with a Negative MRI

Tania Al Kafaji, Carlo Cantile, Fabio Tocco, Antonella Gallucci

An 11 yr old female French bulldog was presented for acute onset of seizures and a 2 wk history of disorientation. On physical examination, a nodular mass at the fourth mammary gland level was observed. Neurological evaluation showed obtundation and compulsive behavior. Brain MRI study did not reveal any abnormalities. Cerebrospinal fluid (CSF) collected from the cerebellomedullary cistern showed a marked increase of total nucleated cell count (400 cells/ μ L). Cytological evaluation identified the presence of a monomorphic round cell population characterized by large cell bodies, a single eccentric located nucleus with high nuclear:cytoplasmatic ratio, and marked atypia with anisocytosis, anisokaryosis, and multiple nucleoli. Leptomeningeal carcinomatosis (LC) was suspected. The dog was euthanized for worsening of clinical signs. Post-mortem examination identified an anaplastic mammary carcinoma in the nodular mammary mass. Infiltration by neoplastic cells exhibiting the same morphological features was detected along leptomeninges of the telencephalon and cerebellum associated with cortical and subcortical parenchymal micrometastases. To our knowledge, this is the first case of LC in a dog detected by CSF evaluation but without any MRI abnormalities. This finding emphasizes the usefulness of CSF cytology in patients with suspected LC even in the absence of any MRI identifiable lesions.

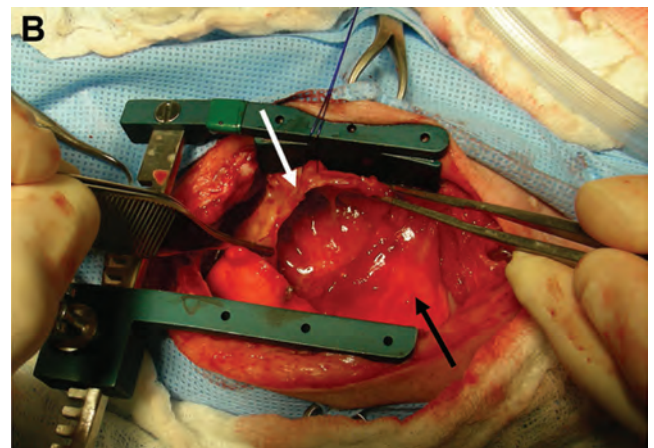
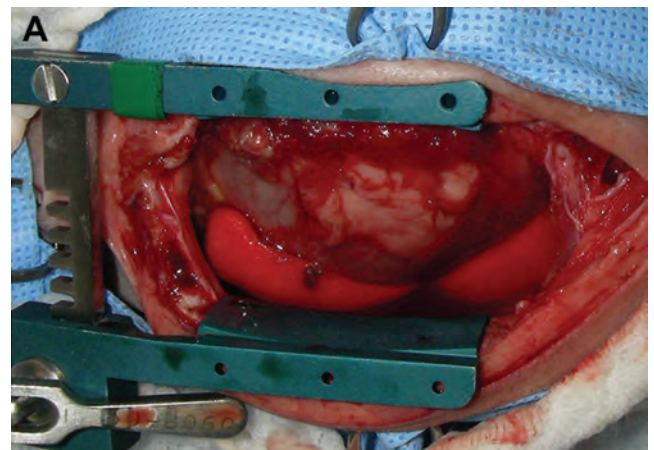


CASE REPORTS

Subtotal Pericardiectomy and Epicardiectomy for Treatment of Septic Pericarditis and Constrictive Epicarditis in a Dog

Andrea Nichole Mastorakis, Barbro Filliquist

A 1 yr old, 1.7 kg, spayed female Chihuahua was presented for respiratory distress and an enlarged cardiac silhouette as seen on thoracic radiographs. Echocardiogram revealed pericardial effusion and cardiac tamponade. Computed tomography revealed marked pleural and pericardial effusion, thickening of the pericardium caudally, and a mass along the mediastinum. Pericardial fluid obtained via pericardiocentesis showed suppurative inflammation with mixed anaerobic bacteria isolated on culture. Subtotal pericardiectomy and partial lung lobectomy was performed to treat septic pericarditis. Postoperative echocardiogram showed increased right-sided pressures consistent with constrictive epicarditis, and 10 days after surgery, the dog was re-presented for right-sided heart failure. An epicardiectomy was performed. A definitive source of infection was not identified, although a penetrating foreign body (e.g., grass awn) was suspected. The dog recovered, and 10 yr follow up revealed no evidence of constrictive pathology on echocardiogram. This case report demonstrates the successful treatment of septic pericarditis and constrictive epicarditis via subtotal pericardiectomy and epicardiectomy.



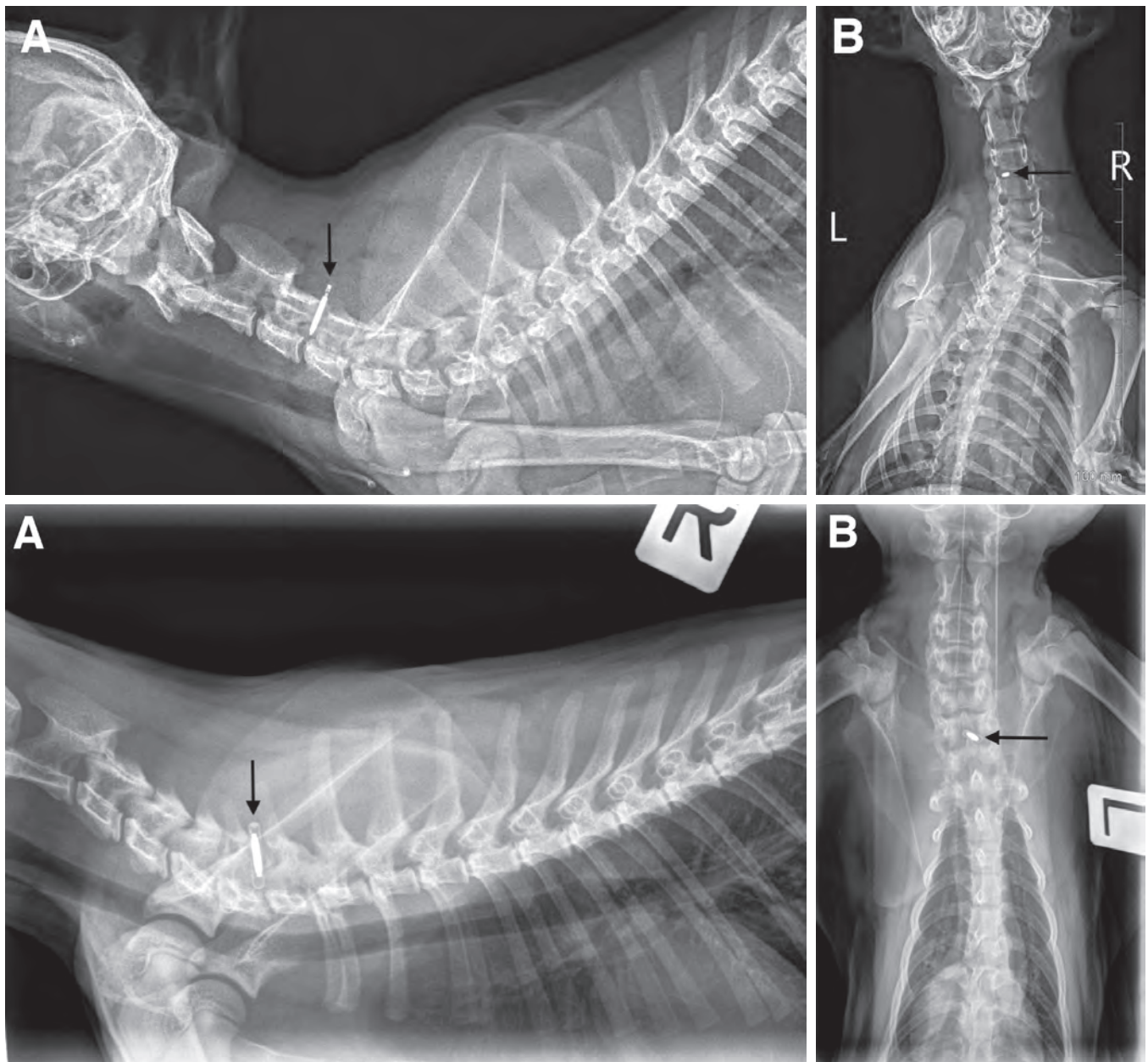
CASE REPORTS

Fluoroscopy-Guided Surgical Removal of a Microchip from the Spinal Canal of Two Cats

Justin Mergl, Laura Nutt, Augusto Pareja

Two cats were presented with acute left-sided paresis after implantation of a microchip at the referring veterinary clinic. Neurological examinations were consistent with left-sided lesions between spinal cord segments C1 and C5. Orthogonal radiographs of the cervical spine showed a microchip dorsoventrally oriented, partially embedded in the cervical vertebral canal. Fluoroscopy was used to localize and retrieve the foreign body from the cervical spinal cord in each case. Improvement in clinical condition and return to ambulation

was observed in both cats within 48 hr of surgical removal of the implant. No significant perioperative adverse events were noted during the surgical retrieval of the microchip. Two previously reported cases of intraspinal canal microchip placement had been treated surgically by hemilaminectomy. This approach carries a risk of complications, including hemorrhage from the venous sinus, iatrogenic damage to the spinal cord, and improper identification of the surgical site, requires advanced surgical training, and typically has an extended surgical time. The use of fluoroscopy to assist intraoperative localization of a spinal canal foreign body may lessen the requirement for more invasive surgical procedures.



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TikTok Docs

Vets Turn to Social Media Platforms to Combat Misinformation

by Linda Childers

MOLLY BRINKMANN, DVM, OF BEAUCHAMP ANIMAL HOSPITAL in Franklin, Tennessee, knows how common it is to find misinformation about pet care on social media.



Brinkmann is part of a new generation of veterinarians who have taken to social media platforms—including TikTok, YouTube, and Instagram—to address false claims about pet health while also providing reliable and educational content to pet owners.

“I remember when another TikTok user tagged me in a post where someone who was not a veterinarian was advising pet owners not to use heartworm medication,” Brinkmann said. “I explained that heartworm disease can be fatal to dogs and cats, and that when heartworm disease preventive products are used correctly, they’re both safe and effective.”

Brinkmann has amassed a loyal following on both her Instagram and TikTok accounts (@drmollysays) with a mix of fun and informational videos including “If Animal Breeds Were Humans at the Doctor” where she imitates breeds such as a nervous husky and an excitable Lab, to more serious fare such as “Arthritis in Dogs” or an explanation of Cushing’s disease in dogs.

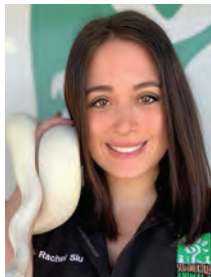
“I work to debunk misinformation pet owners get online from people who have no medical credentials,” said Brinkmann, who has over 154,000 followers on TikTok. “As a vet, I want my videos to give pet owners a source of good information and to help them make informed decisions about their pet’s health.”

Brinkmann launched her TikTok account in 2021 and tries to record four to five new videos each week, as time allows. She gets ideas for her videos from both questions posed by followers and those that arise in her practice.

“I explain common medical issues that I see in my practice, but I don’t offer medical advice,” Brinkmann said. “I love posting content and just launched a YouTube channel where I hope to reach even more pet owners.”

The “Dr. Pimple Popper of Exotic Pets”

On her TikTok account, (@exotic.pet.vet), Rachel Siu, DVM, of Summertree Animal and Bird Clinic in Dallas, Texas, has over 708,500 followers who tune in to watch her videos on everything from caring for corn snakes to tips for getting into veterinary school.



Siu’s first foray into social media began with Instagram when she started an account detailing her adventures as a veterinary student at Texas A&M University.

“I didn’t join TikTok at first because I was more comfortable posting pictures than videos, but after some gentle encouragement from other social media creators, I decided to try it out,” she said. “After a few of my TikTok videos went viral, I found it was a great way to reach a new audience and educate the public about animals and veterinary medicine.”

Siu said one of her primary social media goals is to provide accurate information on proper pet care. “Working with exotic pets, I unfortunately see a lot of sickness that is 100% preventable had the owners just been educated on proper husbandry,” she noted. “I hope to make a difference in pets’ lives by informing owners and preventing these issues before they happen.”

Siu has grown her accounts by covering topics that interest her followers and posting interesting cases she sees in her work. “Many people are very interested in gross but satisfying procedures such as abscess popping and cuterebra removals. I’ve even been dubbed the ‘Exotic Pet Dr. Pimple Popper,’” she said with a laugh. “I always get permission from a pet’s owner before using

them in a video, and occasionally I have followers who ask me to make a video on a specific topic.”

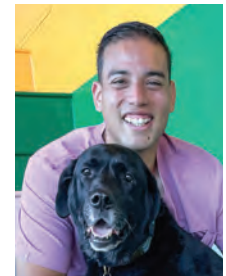
Siu also posts time-lapse videos of one of her hobbies: skeleton articulation. “I’ve put together a few skeletal articulations for clients that have found me through social media,” she said. “Although it might seem weird to have your snake’s skeleton on display, some owners prefer it over an urn as you can really appreciate the beauty of their anatomy.”

Siu says she’s received a positive response to her videos and that some of her followers have even become clients.

“Treating exotic pets is a niche in the veterinary field, so I’ve had some clients drive hours to see me after watching one of my videos,” she said. “I’ve also had pet owners who didn’t realize there were vets willing to see their bird, reptile, or pocket pet until they watched one of my videos.”

A “Friendly Vet” Offers Pet Owners Engagement and Education

Marcus Dela Cruz, DVM, an emergency veterinarian with PETS Referral Center in Berkeley, California, launched @thefriendlyvet on Instagram in January 2021 with three goals in



mind: to serve as a resource for pet parents, to build back trust in the veterinary community through transparency and reminding his audience that veterinarians are people too, and sharing fun and funny stories from his daily interactions with patients and clients.

“I realized there’s a whole generation of pet parents I would never reach if I didn’t also use TikTok, so now I create and post content for both platforms,” he said. “I also started a website where I can post longer blogs to cover more complex topics (thefriendlyvetblog.com).”

Dela Cruz, who now has 27,000 followers on TikTok, said he knew misinformation about pet care was a huge online problem based on the countless number of pet parents who visited his hospital after using “Dr. Google” to try and self-diagnose or solve their pet’s health problems by themselves.

“I didn’t fully grasp how common misinformation was online until I got on social media and found myself constantly combating myths, misconceptions, and just bad information,” he said. “I try to always lead with compassion and the understanding that pet parents are well intentioned and want what’s best for their pets. The goal of my content is to either provide helpful information or to make people laugh—to me, the sweet spot is being able to do both at the same time.”

He said his most popular videos have covered topics such as “Five Things I Would Never Do with My Dog as an ER Veterinarian” that received over 3.5 million views on Instagram and 2.3 million views on TikTok. Other popular videos focused on “How to Determine if Your Pet Is Overweight,” and “Common Misconceptions About Wait Times in the Vet ER.”

“The best way to grow your account is to post regularly and engage with other accounts,” Dela Cruz said. “When my account was in the beginning stages I tried to post one to two times per week, but my life is hectic these days and I’ve been posting two to three times per month.”

In addition to getting positive feedback from pet owners, Dela Cruz has also met many colleagues in the #vetmed community on social media.

“When I started my accounts, I wasn’t expecting to build such a robust network within the veterinary profession, so that’s been an exciting unintended outcome,” he said. “I have built some great friendships through social media and have had the opportunity to connect with some incredible veterinarians and veterinary technicians from around the world.”

Dela Cruz encourages other vets who are passionate about client education and feel confident speaking on certain topics to consider having a social media presence.

“Start by following other veterinary accounts to see what they do well and how you might do something similarly or differently,” he said. “Take some time to think about who you want your audience to be and develop some clear goals for what you hope to talk about and accomplish through your account.”



A Pandemic Hobby Becomes a Popular TikTok Account

Greg Echols, DVM, a relief veterinarian in Charlotte, North Carolina, began posting TikTok videos under his account (@dogter_echols) during the early days of the pandemic in 2020.



“I had a lot of downtime then, and TikTok helped me get through COVID,” he said.

Today Echols has 141,600 followers on TikTok, where he posts educational videos about the veterinary profession.

“Vet medicine can often lead to burnout, and a lot of people don’t fully understand what it means to work in the field,” he said. “I try to present some of the challenges and clientele we see, but I do it in a fun way, without degrading anyone.”

Echols also hopes his accounts will help to raise awareness about the importance of vet techs. “They don’t get nearly enough recognition, and I think it’s important to let pet owners know what they do and how critical they are to the veterinary field,” he said.

Sometimes, Echols will field questions from prospective students who are interested in a career in veterinary medicine. He’s produced videos on topics including good study habits, internships, and different career paths. He also offers client education on a variety of topics including drug-resistant hookworms, heart murmurs in dogs, and trimming your dog’s nails.

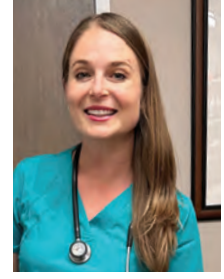
“So many people are turning to social media when they have a question about their pet’s health,” Echols said. “I want to make sure they get accurate information and to encourage them to consult with a vet before they try to self-diagnose their pet or try a potentially dangerous product or treatment they heard about online.”

“I try to present some of the challenges and clientele we see, but I do it in a fun way, without degrading anyone.”

—GREG ECHOLS, DVM, @DOGTER_ECHOLS

Reaching a New Generation of Pet Owners

As a child, Lindsay Butzer, DVM, of Clint Moore Animal Hospital in Boca Raton, Florida, remembers watching her dad, Brian Butzer, DVM, film interviews on pet care for local television stations and Animal Planet. Butzer knows there’s been a shift in media consumption over the years with more Americans now relying on social media platforms for information.



A study released last year from the American Press Institute found the vast majority of Gen Z and Millennials consume news from a wide variety of sources, including traditional news outlets (TV, newspapers, websites) and social media platforms such as TikTok, Instagram, and YouTube.

“My dad’s work on television inspired me to create veterinary content on social media,” Butzer said. “I want to give back to pet owners by teaching them animal facts and care tips just like my dad taught me when I was a child.”

Butzer’s TikTok account (@dr_lindsaybutzer) has over 159,000 followers and features a mix of funny and educational videos. Her videos have covered topics such as the importance of dental care for dogs, what NASC quality seals on pet products mean, and herpes in kittens.

“My videos are based on real experiences I see in a typical workday,” Butzer said. “But I also create some humorous content to make pet owners laugh.”

Butzer has landed new clients as the result of her social media accounts, with some even driving over an hour for an appointment.

She said her accounts have received an overwhelmingly positive response but acknowledges there is always the rare internet troll who feels compelled to leave a mean comment.



“The majority of my followers are amazing. They love my videos, and encourage me to make more,” Butzer said. ✨

Linda Childers is a California-based freelance writer. Her work has appeared in The Washington Post, The Cut, Rover.com, Great Pet Care, and many other national media outlets.



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Mentorship: What Do Students Want?

Making the Most of Your Mentorship Program

by Rachel Dufour

YOU'RE A BRAND-NEW VETERINARIAN, fresh out of the clinics. Your white coat has nary a wrinkle on it, but it's time to start the new job. With fresh scrubs, hot coffee, and a bubble of nerves, you step into that first postgraduation practice. What are you hoping for on your first day? What cases? What advice?

Mentorship is heavily discussed in academic settings, but what it means and how to find it can be daunting for budding veterinarians. There is a fear that asking for guidance equates to a lack of clinical competency, but there is also a deep desire to provide the best care for our patients. This is the perfect place for quality mentorship to step in and bridge the gap. Utilizing multilayered mentorships, practices can invest in talent, improve retention, and create healthier work environments.

So, what do new graduates want when seeking mentorship?

Mentorship or Internship?

To intern or not to intern, that is the question—for some of us. While those interested in specialty care have, in most cases, clear guidelines on the path to board certification, those seeking competency in general, emergency, urgent, and preventive medicine often

While those interested in specialty care have, in most cases, clear guidelines on the path to board certification, those seeking competency in general, emergency, urgent, and preventive medicine often wonder if they can receive enough mentoring at their first job.

wonder if they can receive enough mentoring at their first job. Would an internship be more beneficial?

For many, this comes down to money. Being able to start working in a practice right after graduation has a higher initial earning potential than going through an internship first. But to feel comfortable making the decision to skip an internship, you need to know that quality mentorship is available. While mentorship is inherently part of the internship, the quality of such guidance can vary, so many are now seeking that guidance through a first job.

In this era of veterinary medicine, there are multiple job opportunities available upon graduation. It's a "buyer's market." Mentorship is a way for these opportunities to set themselves apart. If a job offer includes mentorship, it shows the potential applicant that the practice can and will support new hires. In some cases, mentorship is even built directly into the contract.

Mentorship takes many forms, and which form each new hire desires may vary based on confidence, long-term goals, and personality. In order to avoid confusion and strain on mentor-mentee relationships, these goals and needs are often best met if clearly defined. This avoids a new hire feeling like a burden or an existing employee feeling strapped with extra responsibilities for which they were not prepared.

Formal or Informal Mentorship?

In broad terms, there are two main forms of mentorship to consider: formal and informal.

Formal Mentorships

The structure of a formal mentorship helps outline clear expectations and goals, and sometimes includes written guidelines and regular meetings. When initiating the conversation about formal mentorship, it's best to be

direct and ask what the potential new hire wants. There are a few things to address:

- What are the goals and expectations of mentorship?
- On which skills will the mentorship focus: surgery, soft skills, business, etc.?
- How often will the mentor conduct formal one-on-one check-ins with the mentee? Will these check-ins change in frequency as the mentee progresses through the program?
- What form will the mentorship take: shadowing, guided surgeries, case rounds, a checklist of procedures to be completed, specialized workshops, continuing education, etc.?
- How will compensation change—for both the mentee and mentor—during and after the mentorship program?
- Who will be engaging in mentorship with the mentee: veterinarian, management, nurses, etc.?
- Will mentors be given special training to aid in mentorship, and is there oversight to ensure they are providing inclusive mentorship?





In this era of veterinary medicine, there are multiple job opportunities available upon graduation. Mentorship is a way for these opportunities to set themselves apart.

- What protocols are in place if the mentor–mentee relationship is not successful or not reaching the desired outcomes?
- How will the end of the formal mentorship be facilitated?

In some cases, there will be an established protocol for a company-wide mentorship program, but some flexibility should be built in to account for individual needs. Many of us have very specific veterinary goals in mind. These range from wanting some guidance during a few surgeries to learning about the business side of practice ownership.

There will come a time when the need for formal mentorship fades, hopefully signifying a successful mentorship. When this time comes, mentees might wish for a final meeting. This meeting is an opportunity not only to end the formal status of the mentorship but to pass on any final pearls of wisdom and keep the door open to any future, less formal mentorships.

Informal Mentorships

One size does not fit all, and some people look for a more informal approach to mentorship. Informal mentorship might seem less awkward and easier to initiate, but this type of mentorship comes with its own unique challenges. Most of the questions above should also be at least considered in informal mentorship. These are less likely to be outlined in a contract or document but can still impact the quality of guidance provided. In cases of informal mentorship, the above questions can be discussed in an interview-style setting, and potential new hires can outline what they are seeking.

Informal mentorship allows for maximum flexibility in how the practice handles each person's needs. Since this form of mentorship is less likely to be documented or written out, it is important to ensure that your staff mentor is (or mentors are) comfortable and ready to take on a mentorship role. Those wanting to be mentors should ask themselves the following questions:

- Do I have the time to engage in mentorship in such a way that won't drain or stress me or my staff?
- Who on my staff will mentorship fall onto, and have they agreed to be part of the mentorship team?
- Do potential mentors feel they currently possess the skill set to be an inclusive and effective mentor? If not, is the practice equipped or willing to provide training to help them obtain those skills?

One of the last things a new graduate wants to feel like is a burden. It's important for your team to be honest and open about what they are willing to offer a new graduate working alongside them. Informal mentorship can be incredibly beneficial to a mentee as they build a sense of autonomy while knowing confidently that there is room for consultation with a more experienced team member if they need it.

Initiating informal mentorship can be as simple as introducing yourself to the new hire and saying, "Hey, I am _____, if you need anything or have questions I am here to help," or inviting them to watch a procedure or perform one with guidance. For those not wanting to bother someone or cause disruption, this can be incredibly welcoming. These conversations and introductions are often best made during the hiring process, as it sets a tone and understanding that the new hire will not be left without aid as they make that plunge into being a fully-fledged doctor.

In both forms of mentorship, it can be beneficial to see what each mentee needs or wants regarding guidance. That is to say, one mentee may feel super confident in performing alteration surgeries but might need guidance with endocrine disease or client communication. Being clear about what each party needs can help prevent feelings of micromanagement or a sense of lack of confidence in a new graduate's skill or expertise.

These types of mentorship can also exist side by side. We can receive formal mentorship from a veterinarian and informal from a technician, or formal mentorship around procedures and informal around client communication. These relationships are mutually beneficial and can foster life-long community and connectedness.

What Else Might We Seek in Mentorship?

Wellbeing

Seminars and support groups for wellbeing have become more common in veterinary medicine. One significant tool for wellbeing that is often underutilized is mentorship. New graduates often emulate the behavior of those who have educated us. Does the owner of the practice take vacation days? Do others in the practice leave the job in the building, or do they take it home with them? Are there clear boundaries for when people are not at work? What happens when clients are abusive toward staff? When all people in the practice engage in healthy work boundaries, it's an act of leading by example and cementing a culture of accepting those boundaries.

New hires who may be fresh out of school are used to environments where they are expected to work 60- to 80-hour weeks, pull long shifts, come in early, leave late, and give up most of their life outside of veterinary medicine. While some schools are aiming to change

these expectations, it can be hard to shake that. Having a practice culture that supports healthier lifestyle choices in and out of work can help create better balance. At the end of the day, we all love veterinary medicine, but we also do not want it to be the entirety of our existence. We want a practice that celebrates that fact.

Intersectionality and DEIB

Many students seeking mentorship also seek out those who might understand how their identities intersect with veterinary medicine. While a clinic might not have doctors with the identities of the new graduate or hire, it is still important for those engaging in mentorship to be trained and informed about inclusive mentorship. Having a form of diversity, equity, inclusion, and belonging (DEIB) training for all staff, as well as provisions and protections in your hospital manual, is a great start to building an inclusive and welcoming clinical practice.

Having these trainings and acknowledgments benefits and attracts new graduates. It can also extend into better client communication and retention of staff. Creating an open environment for topics surrounding intersectionality and DEIB creates a space where new hires feel comfortable vocalizing their concerns and needs.

While mentorship is something discussed constantly in school, especially in the final years, it is not until graduates face the veterinary world head-on, with letters after their name, that the true impact of mentorship in clinical practice is felt—or not felt. Clinics preparing themselves and their whole team for mentorship set not only new veterinarians up for success but also the whole practice. So, as you all go forward with mentorship development, know that everyone finishing their clinical years is more than ready to learn and grow. Can't wait to see you out there! ✨

One of the last things a new graduate wants to feel like is a burden. It's important for your team to be honest and open about what they are willing to offer a new graduate working alongside them.



Rachel Dufour (she/her) is currently a veterinary student at LSU Vet Med, Class of 2024. She is originally from Memphis, Tennessee. She has Bachelor of Science degrees in Chemistry and Psychology from Loyola University New Orleans. She worked as a veterinary technician in New Orleans for three years before starting veterinary school at LSU. She is passionate about veterinary research; diversity, equity, inclusion, and belonging initiatives; and mentorship.

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2023 AAHA Mentoring Guidelines

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Conflict of interest statement:

The authors whose names are listed immediately below report the following details of affiliation or involvement in an organization or entity with a financial or nonfinancial interest in the subject matter or materials discussed in this manuscript.

Addie Reinhard is founder and CEO of MentorVet.

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Abbreviations and Acronyms:

- AVMA** American Veterinary Medical Association
- AAVMC** American Association of Veterinary Medical Colleges
- BIPOC** Black, Indigenous, and People of Color
- DEIB** Diversity, equity, inclusion, and belonging
- LGBTQIA+** Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, plus
- MCVMA** Multicultural Veterinary Medical Association
- NOMV** Not One More Vet
- QPR** Question, Persuade, and Refer
- SMART** Specific, Measurable, Attainable, Relevant, and Time-Bound

These guidelines were prepared by a task force of experts convened by the American Animal Hospital Association. This document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. This resource is not a substitute for legal or other appropriate professional advice. AAHA is not responsible for any inaccuracies, omissions, or editorial errors, or for any consequence resulting therefrom, including any injury or damage to persons or property. Evidence-guided support for specific recommendations has been cited whenever possible and appropriate. Other recommendations are based on practical clinical experience and a consensus of expert opinion. Variations in practice may be warranted based on individual needs, resources, and limitations unique to each practice setting.

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AAHA recognizes how vital mentorship is for veterinary professionals and all practice team members, regardless of their current role, stage of training, and/or level of experience. The value of mentoring increases during career transitions such as for new hires, those recently promoted or changing roles, and others implementing new protocols or programs to improve clinical outcomes and connections with veterinary clients. Effective mentoring relationships give veterinary professionals the tools and perspectives to thrive, grow, and persevere in their workplaces and their own professional journeys.

To support increased and more effective mentoring in veterinary workplaces, these guidelines focus on providing practical and action-oriented roadmaps for current and future mentees and mentors.

Section 1 defines mentorship, including several mentoring models and delivery options.

Section 2 explains why the current state of veterinary medicine requires mentoring, now more than ever.

Section 3 explores the benefits of mentoring for both mentors and mentees.

Section 4 outlines the roles, responsibilities, and reasonable expectations for both mentors and mentees.

Section 5 describes key elements for successful mentoring relationships.

Section 6 provides an action plan for creating and implementing positive, effective mentorship programs, including strategies for establishing healthy mentoring relationships.

Section 7 recaps the highlights of the guidelines and offers next steps.

Positive mentoring experiences play a crucial role in the recruitment and retention of individuals to veterinary medicine.

The guidelines also include a glossary of terms and showcase three case studies that allow veterinary team members to consider how these mentorship recommendations might be implemented in real-world scenarios.

While providing insights into various mentoring models and delivery options in Section 1, the bulk of these guidelines focus on the one-on-one mentorship model as this is the most common mentoring strategy used.

Key Points for Consideration

Mentorship done right has the potential to improve the overall mental health and wellbeing of the profession by creating a culture of support.

Positive mentoring relationships that create an inclusive environment can increase diversity and representation.

Positive mentoring experiences play a crucial role in the recruitment and retention of individuals to veterinary medicine.

SECTION 1: What Is Mentorship?

Top 3 Takeaways

1. AAHA's Mentoring Guidelines define mentorship as a relationship in which someone invests personal knowledge, energy, and time to help another person's professional development.
2. Modern mentorship allows for the use of a wide variety of models beyond traditional one-on-one mentorship, as well as several modes of delivery that leverage technology in addition to, or in place of, in-person contact. Each option brings benefits, depending on the unique situation.
3. Mentorship remains vital at all career stages and may be particularly important during career transition periods, such as when veterinary and veterinary technician students transition into veterinary practice.

Currently, there is no widely accepted definition, nor are there generally acknowledged criteria, for mentorship within veterinary medicine. For these guidelines,

mentorship will be defined as “a two-way relationship and type of human development in which one individual invests personal knowledge, energy, and time in order to help another individual grow and develop and improve to become the best and most successful they can be.”¹

What Mentorship Is Not. People sometimes confuse mentorship with coaching, advising, training, or sponsorship. Although mentors often leverage strategies used by coaches and advisors within their mentoring program or process, each of these roles functions differently.² Table 1.1 clarifies these distinctions in the definitions between mentoring and other types of professional development support.

Mentorship Models

Although one-on-one mentorship remains the most commonly used strategy, other models of mentorship and styles of delivery provide options for personalizing what mentoring means to you.

One-on-One Mentorship. Traditionally, people view mentorship as a one-on-one relationship in which one individual supports, guides, and teaches another individual. In this paired-mentorship model, the mentor

typically brings more professional experience to the process. However, growing evidence demonstrates that peer mentorship—those going through similar situations with the same level of experience—also offers an effective mentorship model.¹

Apprenticeship Mentorship. Veterinary practices and practice groups with in-house mentors often focus on teaching specific medical knowledge to mentees. In most cases, such apprenticeships feature a more experienced mentor who places a strong focus on teaching specific technical or surgical skills to mentees, using a hands-on, paired model without additional personal support or career development.¹

Critical Mentorship. Critical mentoring provides a mentorship framework within the broader context of a person’s social identities related to race, ethnicity, class, gender identity, and sexual orientation. Critical mentoring takes into account the identity of the mentee and mentor in mentorship program design, structure, and relationships. Rather than meaning mentors and mentees must share the same social identities, critical mentorship requires awareness and acknowledgement that these social identities impact how a mentee learns,

TABLE 1.1 Modalities of Support

Type	Definition	Example
Mentorship	A relationship in which an individual invests personal knowledge, energy, and time to help another individual develop	Providing guidance on how to navigate a conflict with a client
Advising	Typically focused on advising on an outcome or goal of a specific event or process	Assisting a veterinary student in externship selections
Coaching	Focused on aiding the coached individual in achieving a specific goal or mastery of a task	Coaching an individual to improve leadership skills
Sponsorship	When an individual uses their credibility, reputation, power, influence, and network to help another individual advance in their career	Recommending an individual for a job opportunity
Training	Often used to help a mentee obtain mastery over a process, procedure, or workflow—typically with a definitive end point	Teaching the new hire how to use the practice management software

as well as how they interact with their mentor, the veterinary profession, and society at large. In addition, this mentorship model assesses community needs in program development such as goals for increasing diversity, equity, inclusion, and belonging (DEIB) in the veterinary profession. Finally, critical mentorship engages the mentor and the mentee in processes that foster self-reflection and personal and professional growth.³

Multiple Mentorship. A multiple mentorship model features many simultaneous relationships with several mentors—each providing support in differing areas of professional and personal development because often a single mentor cannot meet all of the mentee’s needs.

Team Mentorship. Similar to the multiple mentorship model, though more globally coordinated rather than a la carte, team mentorship uses formal committees in which each mentor provides unique expertise and experiences. This may include those with different roles and seniority such as veterinary technicians and practice managers as well as veterinarians. The team dynamic allows for interaction between the mentors within the group to align their recommendations and advice to the mentee.⁴

Reverse Mentorship. Unlike the traditional mentorship model in which a more experienced individual mentors someone with less experience, reverse mentorship inverts these roles. The mentee in this relationship is the individual with more experience and is mentored by the less experienced colleague. This form of mentoring may result in increases in cross-generational knowledge, and more experienced colleagues may gain new knowledge from their mentees.⁵

Group Mentorship. In group mentorship, one mentor works with many different mentees simultaneously in a group setting.⁶ Group mentorship can allow for many different perspectives leading to a deeper understanding of issues or challenges.

Methods of Mentorship Delivery

Mentorship can be delivered using many different methods. Having multiple delivery methods allows one to tailor the mentorship experience to best fit the needs of the mentee

and mentor. In addition, thanks to technology and other tools, modern mentoring offers additional ways to connect without always meeting in person or by supplementing face-to-face connections with other support methods.

Local Versus Distance. Local mentorship simply means the mentor and mentee live or work with each other or in close geographic proximity. Distance, or virtual, mentorship uses technology to provide opportunities for direct observation of skills, timely feedback, and virtual interaction. Distance mentorship opens access to additional mentors otherwise not available locally. This greatly expands the mentee’s support network and outside perspective and advice.

AAHA’s Mentoring Guidelines define mentorship as a relationship in which someone invests personal knowledge, energy, and time to help another person’s professional development.

Experienced Colleague Versus Peer. Mentorship from an experienced colleague offers expertise and an existing support network within the profession. Peer mentorship allows individuals going through similar career stages the opportunity to empathize about shared challenges. By collaborating on mutual learning, peer mentors assist each other in navigating and understanding new experiences, processes, and protocols.

Formal Versus Informal. Formal mentorship leverages specific, mutually agreed-upon roles, responsibilities, timelines, and guidelines. Workplaces or institutions frequently develop formal mentorship programs to provide structured support for onboarding or career advancement. Informal mentoring relationships provide less structure and more flexibility and allow organic professional relationships to grow. Mentees often initiate these informal relationships with one or more possible mentors.

Long-Term Versus Short-Term. Long-term mentoring relationships allow time to address larger goals and a wider variety of skills or areas of professional development. Short-term mentoring relationships work well for addressing a smaller goal or refining a specific skill. The duration of mentoring relationships can vary in length, from as short as a one-time meeting with a mentor to get resources and support to as long as multiple years of receiving mentorship from one individual.

Section 2. Why Mentoring Is Needed

Top 3 Takeaways

1. Ideally, if all members of the veterinary profession openly discuss shared challenges and support one another, mental health stigma decreases and help-seeking via mentoring and other modalities increases.
2. Through ongoing training in DEIB, mentors better understand the barriers faced by individuals from marginalized groups in the veterinary profession and support continued mentor and mentee growth, including key insights into belonging and cultural humility (see Glossary).
3. Incorporating diverse mindsets leads to market innovations that stem from accessing multiple experiences and perspectives.

Veterinary medicine needs skilled guidance from diverse voices to address many pressing issues our industry currently faces. Since AAHA published the *2008 Mentorship Guidelines*, societal changes, a global pandemic,⁷ social unrest, mental health challenges,⁸ and rising debt load for students⁹ have directly impacted the veterinary profession in multiple ways.

Critical Stressors. In 2022, the most pressing concerns for individuals within the veterinary profession included:

- Stress levels of veterinarians and support staff
- High student debt level, with the debt-to-income ratio far outpacing pay
- High suicide rate among veterinarians and veterinary technicians
- Shortage of veterinarians and qualified support staff¹⁰

Additional Concerns. The profession also struggles with other issues including:

- Lack of inclusion and representation of individuals from marginalized groups
- Burnout rates in the veterinary profession¹⁰
- Lack of opportunities for career advancement and progression
- Gender pay gaps¹¹
- Low pay for support staff that may affect both financial and personal wellness
- Practicing veterinary medicine while navigating large-scale societal issues (COVID-19 pandemic, social unrest)

Educational and Career Preparation Gaps. Some veterinary colleges are placing a growing focus on professional skills, but gaps in curricula could still exist in preparing veterinary professionals with skills and knowledge in business acumen, team utilization and communication, and DEIB. The disruptions to training due to the COVID-19 pandemic may have also created a unique gap in education.

The authors of these guidelines contend that mentorship offers the potential to mend the fabric of the profession. In addition, they recognize that this unique time also features tremendous efforts to improve wellbeing,¹² mental health education and support, DEIB training, investment in clinical communication, and novel training modalities.

Veterinary Mental Health and Wellbeing and the Role of Positive Mentorship

Although there are many challenges within veterinary medicine, there are interventions such as mentorship that can be leveraged to reduce the impact of these challenges on the profession. Mentors should be aware of the mental health challenges facing the profession and how to respond to warning signs of mental distress.

Suicide Risks. Compared with the general population, male veterinarians were 1.6 times more likely and female veterinarians were 2.4 times more likely to die by suicide.¹³ Veterinary technicians also face a higher risk for

dying by suicide. Compared with the general population, male veterinary technicians were 5 times more likely and female veterinary technicians were 2.3 times more likely to die by suicide.¹⁵

Common Stressors. The veterinary profession is inherently stressful, with studies showing higher stress levels for veterinary professionals than the general population and young veterinarians reporting some of the highest stress levels within the profession.^{14,15,16} In addition, the COVID-19 pandemic impacted mental health and wellbeing among veterinary professionals, and serious psychological distress among veterinarians has increased significantly over time.¹⁰ Potential workplace and professional stressors in veterinary medicine include:

- Team conflict
- Ethical dilemmas
- Educational debt
- Inadequate mentorship and support
- Making mistakes
- Client behaviors and interactions
- Lack of qualified support staff

Discrimination. Experiencing discrimination based on age, race and ethnicity, gender identity, and other factors also contributes to stress within the profession, particularly in the transition to practice.¹⁷ Research from the British Veterinary Association revealed that around one-quarter of their members that were surveyed had either personally experienced or witnessed discrimination in the previous year.¹⁸

Burnout. Chronic stress in the workplace impacts mental health and drives burnout. According to the Merck Animal Health Veterinary Wellbeing Study,¹⁰ more than 50% of veterinarians and 75% of veterinary support staff experienced at least moderate symptoms of burnout—a psychological syndrome that emerges because of prolonged and chronic stress on the job.¹⁹ Compared with veterinarians who have worked in practice longer, young veterinarians face a higher risk of burnout and some of the lowest levels of wellbeing in the profession.²⁰

Supporting Mental Health Through Mentorship. Because of the high incidence of mental stress within the veterinary

profession, support from others in the profession through mentorship becomes even more vital. Evidence in human medicine suggests the possibility of either negative or positive impacts of mentoring on the mentee, but in general, the mentorship relationship can result in positive benefits when participants are carefully matched, adequately trained, and focused on candid and open communication.⁴ Mentors within the profession must recognize and respond to warning signs of mental health conditions, and Section 4 will review actionable techniques to provide emotional support to others. In addition, some mental health resources are referenced in the Resources at aaha.org/mentoring. Individuals experiencing mental health crises or suicidal ideation should be encouraged to seek out professional mental health support services.

Breaking Down Stigmas. If all members of the veterinary profession openly discuss these shared challenges and support each other, this may result in decreased mental health stigma and increased help-seeking via mentoring and other modalities. Positive mentorship thus potentially leads to positive impacts on mental health and wellbeing in the profession.

Increasing Representation Through Mentorship: The Intersection of Mentorship and DEIB

The 2020 WakeUp Vetmed campaign, led by the Multicultural Veterinary Medical Association (MCVMA) along with nine other affinity organizations, highlighted issues affecting the Black, Indigenous, and People of Color (BIPOC) communities within veterinary medicine.²¹ Additional awareness and training helps prepare mentors to better understand the barriers faced by BIPOC individuals and other marginalized groups in the profession. Such barriers include:

- Lack of representation
- Less access to mentorship
- Socioeconomic factors
- Lack of training around business partnership and ownership
- Cultural and language barriers
- Diverse abilities and living with disability

Helping others develop opens the potential for creating self-perpetuating cycles of help, as mentored individuals often go on to mentor others.

Individuals may belong to more than one marginalized group and face intersectional barriers that require tailoring mentorship methods and programs to meet their individual needs. For that reason, required DEIB training, including key insights into belonging and cultural humility, supports continued mentor and mentee growth. Mentors must recognize that they may need to grow in their knowledge about their mentee's differing experiences and set their own goals for personal development, particularly with respect to DEIB.

It is important to acknowledge that the needs of one underrepresented group do not represent the needs of all groups. Using inclusive mentoring platforms (see Resources at aaha.org/mentoring for a list), as well as active outreach to affinity organizations such as the MCVMA, Black DVM Network, Latinx Veterinary Medical Association, and PrideVMC can help individual mentors and the profession as a whole to improve the depth and breadth of mentorship. When recruiting mentors and trainees, ensure that inclusivity is part of the process. This will offer a more holistic review of candidates and can provide more diverse perspectives within your organization.

Helping others develop opens the potential for creating self-perpetuating cycles of help, as mentored individuals often go on to mentor others.²² At a time when there is an overall lack of diversity within veterinary medicine, with ~90% of the profession identifying as white,^{23,24} mentorship can play a pivotal role in selection of a career path.

It is also important to understand that learning and mentoring experiences and their associated environments have the potential to affect how an individual perceives their school and/or workplace, as well as the field itself. A study of medical students showed that students who

experienced frequent microaggressions were more likely to consider medical school transfer or withdrawal and were more likely to believe microaggressions were a normal part of medical school culture.²⁵ A mentoring relationship with an inclusive environment can lead to positive associations and may increase diversity and retention in the profession.

The Business Case for Good Mentorship

Veterinarians and support staff seek mentorship during periods of transition, particularly early in their careers. Mentorship can be leveraged as a tool to support individuals within the profession, and it has been found to decrease employee turnover and burnout while simultaneously increasing retention, productivity, and job satisfaction.

Mentorship can reduce burnout for veterinary professionals. A joint study conducted by Rice University's Baker Institute for Public Policy, HumRRO, Northern Illinois University, and San Diego State University concluded that mentorship may help decrease levels of burnout and aid in early intervention in employees at a higher risk for burnout.²⁶ Mentors can model wellbeing behavior and help dissuade unhealthy work habits.²⁶ Decreased burnout and healthier work habits may lead to increased productivity and improved patient care.

Currently, the veterinary profession is experiencing high turnover rates, with attrition among veterinarians and veterinary technicians at 15% and 25%, respectively.²⁷ Mentorship can be helpful in supporting individuals in the profession to decrease turnover rates and improve retention.

Formal mentorship programs have been found to increase productivity and reduce employee turnover.^{28,29} A case study of employees participating in a mentoring program at Randstad, a Dutch human resource consulting firm, estimated that a 49% reduction in employee turnover saved the company ~\$3,000 per program participant per year.²⁹ When comparing the 2020 to 2021 year-over-year profit of Fortune 500 companies, those with mentoring programs were reported to perform 18% better than the average performance, whereas those without mentoring programs performed 43% under the average.³⁰

A 2016 survey conducted by Deloitte found that millennials who planned to stay with their employers for more than 5 years were twice as likely to have a mentor.⁵¹ At Sun Microsystems, retention of both mentors and mentees was ~20% higher compared with that of employees who did not participate in the internal mentoring program.⁵²

Mentored individuals tend to have higher job satisfaction, believe they will advance professionally, and hold a higher level of commitment to their job when compared with those who are in the same roles without mentorship.⁵³ Mentors were promoted six times more often than those who were not part of a mentoring program, and mentees were promoted five times more often.⁵² Similarly, an internal mentoring program at Coca-Cola found that 80% of mentees had been promoted at least once in 5 years.⁵⁴

Mentorship not only helps the individual through their career but also provides clear benefits to the workplace by promoting retention and job satisfaction.

Section 3. Mentorship: A Mutually Beneficial Relationship

Top 3 Takeaways

1. Successful mentoring relationships benefit the mentor as well as the mentee.
2. The benefits of mentorship extend to all members of the veterinary team.
3. Increased career satisfaction, productivity, exposure to diversity, and networking opportunities are some of the mutual benefits afforded by mentoring relationships.

To increase the chances for successful mentoring relationships, businesses and institutions developing and implementing mentorship programs must appropriately select and train participants. In addition, both parties must commit to using strong communication and interpersonal skills. When the desire to communicate openly and work together respectfully is at the forefront of the relationship, mentoring can have robust benefits to both parties.⁴

The veterinary profession should recognize that the benefits of successful mentoring relationships extend beyond veterinarians. These guidelines apply to all members of the veterinary healthcare team, including credentialed technicians, client care liaisons, practice managers, veterinary assistants, and kennel assistants. Embracing the idea that all veterinary team members can learn from each other is essential to mentorship and promotes growth mindsets as well as a healthy and productive work environment.

Benefits to the Mentee

Skill Acquisition. In addition to helping mentees develop clinical skills, mentors also provide valuable insights into effective communication techniques that work with both clients and coworkers. These skills are sometimes referred to as the “art” of veterinary medicine.¹ Such techniques cover common scenarios including:

- Gathering information
- Initiating conversations involving finances
- Explaining the value of medical recommendations to obtain client buy-in and compliance
- Communicating empathy
- Giving and receiving constructive feedback

Similarly, mentorship has been associated with improved self-esteem, self-acceptance, self-efficacy, and proactive behavior.⁵⁵

Financial Gains. Improved clinical and personal communication skills gained through mentorship can drive an increase in production. Mentors can offer recommendations on financial literacy, employment, and contract negotiation, encompassing everything from navigating sign-on bonuses and noncompete clauses to compensation types such as production only versus production with a base salary.

Emotional Support. As colleagues within the veterinary profession, mentors often share valuable perspectives on common stressors, including work-life balance, imposter syndrome, and career setbacks and difficulties. New graduates feel particularly susceptible to the negative influence of these challenges¹⁷ and may benefit from the wisdom provided by mentors. In fact, studies have shown

a positive relationship between effective mentorship and improved mentee wellbeing.^{56,57,58}

Benefits to the Mentor

Keeping Up with Advancements in Veterinary Medicine.

With rapid advancements in scientific research, many practitioners struggle to stay abreast of current developments, even with continuing education and regular journal reading. Serving as a mentor affords the opportunity to keep up with cutting-edge medical and surgical practices via close interaction with graduates fresh from training programs.⁵⁹ Mentoring also provides intellectual stimulation via refreshed or more thorough understanding of previously learned concepts.¹

Attracting and Retaining High-Quality Employees.

New graduates in all veterinary team roles consider mentorship to be one of the most important factors in their job search. In fact, lack of high-quality mentorship remains one of the most common reasons new graduates leave their first practice.^{59,40} By promoting from within and offering mentoring programs to employees, veterinary practices and businesses can cultivate higher employee engagement and motivation,⁴¹ support their professional growth, and retain them in the workplace.⁴²

Mutual Benefits of Mentorship

Increased Career Satisfaction. One of the fundamental roles of a mentor is to model approaches that help facilitate long-term career success and satisfaction.⁴³ Mentors report that mentoring relationships reinvigorate enthusiasm and career satisfaction, along with providing them with a sense of purpose beyond their career.¹ At the same time, when involved in a mentoring relationship, mentees are more likely to overcome challenges and stressful times in their career more effectively and enjoy increased confidence.⁴¹

Productivity. Research documents an association between higher rates of promotion and mentorship.^{43,44,45} Those in mentoring relationships within academia experience increased publication rates, research support, and grant acquisition.^{41,44,46} Increased productivity for a mentee confers obvious benefits for career advancement, while also reflecting positively on the mentor and advancing the profession.⁴¹

Exposure to Diversity. Mentors with different backgrounds can add valuable insights and perspectives by giving mentees the opportunity to learn different philosophies and mindsets.^{1,4} This approach allows mentors to impart wisdom gained from personal experiences and, when mentors and mentees come from different backgrounds, provides the added benefit of exposure to different cultures and lived experiences. Similarities in attitudes among mentor/mentee pairs was shown to be more predictive of a good mentoring relationship than demographic similarities,⁴⁷ although similarities in race and gender tend to be more valued, especially by people of color and women. Mentees who had a mentor of their own gender or race reported more access to assistance, although matched race or gender mentor/mentee pairs did not have an effect on academic outcomes.⁴⁸

Networking and Professional Growth. Mentorship widens professional circles, offering increased access to career opportunities, leadership, publications, and resources.⁴⁹

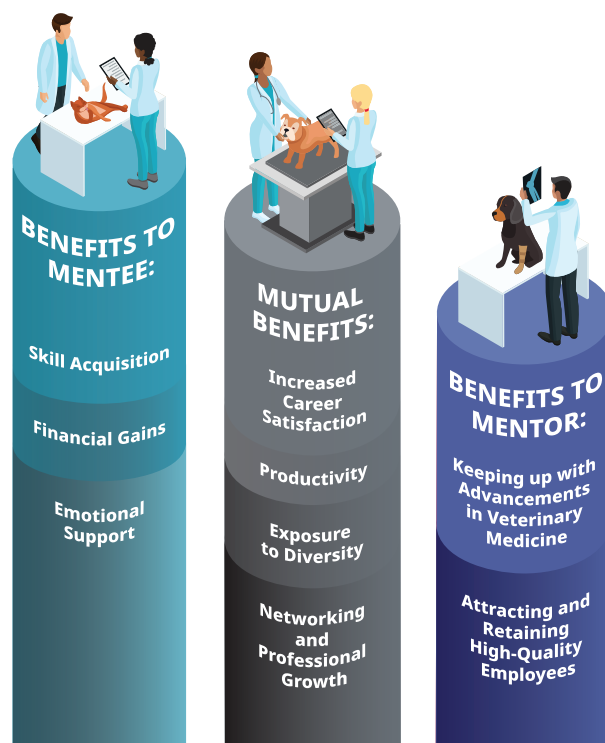


FIGURE 3.1 Benefits of Mentorship

Credit: Fred Meindl, III, SC Design Services, 2022

Many mentoring relationships continue and evolve over the course of a career. As both parties experience professional growth, so do the opportunities for mutually beneficial interactions. As a new graduate becomes more comfortable with routine procedures, they may seek guidance on more complicated procedures. As a staff member begins to establish long-term relationships with clients, the focus may shift to more subtle and nuanced communication skills.

Section 4. Relationship Roles, Responsibilities, and Expectations

Top 3 Takeaways

1. Mentorship relationships thrive when there is trust, respect, and open communication.
2. Mentees demonstrate commitment through proactive, intentional, clear, and regular communication with their mentor about their goals, progress, and successes.
3. Mentors establish a positive mentoring environment by focusing on the goals of the mentee, modeling desired behaviors, and fostering the development of the mentee's critical thinking skills.

Mentorship Roles

Early clarity about each participant's role and purpose supports better mentor/mentee matches and ideally better outcomes for both participants.

Role of the Mentor. A mentor is an individual with sufficient knowledge, skills, and/or resources to provide support and to facilitate growth for their mentee's professional development toward career goals.

Role of the Mentee. The role of the mentee is to seek growth, driving a positive learning relationship with their mentor.

Mutual Responsibilities of Mentors and Mentees

Mentoring relationships also require both parties to fulfill certain responsibilities to ensure successful outcomes.

Foster Trust and Respect. Trust and respect are crucial to a successful mentoring relationship. Together, mentors and mentees define what respect means to them, considering personal and cultural differences. Both the mentor and mentee also expect the other to be available and accountable. Because mentoring relationships require commitments of time and energy, be sure to schedule meetings in advance, protect meeting times, and reschedule if necessary.

Maintain Confidentiality. Confidentiality also nurtures trust within a mentoring relationship. Commit to and reaffirm the highest standards of professional conduct, including full confidentiality of discussions. Always ask for consent if sharing a situation requires revealing sensitive information. Ensure that both parties know that if any information shared indicates the need for outside professional intervention, then confidentiality may be broken, such as in the case of a health or mental health emergency.

Cultivate Open Two-Way Communication and Encourage Radical Candor (see Glossary). Mentoring functions as a collaborative endeavor, so communicate goals, boundaries, and expectations early in the mentoring relationship. If using a structured mentoring program, ensure relevancy and match between the mentee's goals and purpose and focus of the mentoring program.

Acknowledge the value of different cultures, learning styles, communication styles, personality types, and conflict resolution styles. Together, find common ways to communicate while acknowledging and celebrating individual differences in learning and thinking. Radical candor is a form of feedback that is done in a kind, humble, and direct manner and focuses on helping the other person.⁵⁰ Encouraging radical candor can help mentors and mentees communicate effectively.

Celebrate Successes and Cultivate Gratitude. When milestones are achieved in the mentoring relationship (e.g., a mentee successfully completed their first solo dental extraction), acknowledge and celebrate those successes. Mentees can express gratitude for their mentor to demonstrate how their support helped them

to achieve their goal. Mentors can acknowledge the success of the mentee by telling their mentee how well they performed.

Be Open and Receptive to Feedback. Remain open to positive and constructive feedback. Discuss early in the relationship how each of you prefers to receive feedback. Does your mentee prefer feedback in the moment or after processing the situation? Does your mentor prefer to discuss each piece of feedback as it comes up or to finish all their thoughts then discuss them en masse? Communication and processing styles may vary.

Ask for permission before providing feedback. This gives the recipient the opportunity to decide if they feel open and receptive to receiving feedback before it is given.

Effective feedback uses specific concrete examples, arrives in a timely manner, gets delivered in a constructive objective manner, and includes a plan for improving performance.^{51,52} In the video Giving Effective Feedback: Beyond “Great Job,” Dr. Esther Choo outlines the steps for providing effective feedback.⁵¹ In addition, consider using a feedback model such as the Pendleton Model to deliver feedback (see Table 4.1). Another effective feedback mechanism that can be used is telling your mentee what you thought went well and what you think they could do to make it go even better next time.

Develop a Mentoring Action Plan. The mentor and mentee should come to a mutual agreement on the structure of the mentorship relationship including developing goals,

determining frequency of meetings, and establishing timelines. Section 6 will discuss in depth how to create a mentoring action plan.

Periodically Evaluate the Mentoring Relationship. As the mentoring relationship progresses over time, the needs of the mentor and mentee likely shift as well, so periodically consider whether to continue, modify, or terminate the mentoring relationship. For example, perhaps it is time to change the frequency of meetings and/or update goals for the mentee’s current career stage and needs. Routine evaluations also give you the opportunity to recognize and discuss any limitations of the mentoring relationship.

It is fine to decide what is and—perhaps more importantly—what is not working. Together, consider even adding additional mentors for specific plans and goals because there is no one-size-fits-all solution. Mentees often choose different mentors for different aspects of life, such as one focused on career growth and another for DEIB needs.

Expand Your DEIB Knowledge. Normalize honest and open conversations that acknowledge differences in lived experiences and access to resources. Realize that both the mentor and the mentee enter mentoring relationships and work environments as individuals with intersecting personal and professional lives that may influence how they see the world and interact in it.

Together, acknowledge the importance of DEIB on mentorship relationships. Homophily, defined as the

TABLE 4.1 Feedback Delivery: Pendleton Model⁵³

Step	Sample Question
1. Ask if they would like some feedback	“Would you mind if I give you some feedback?”
2. Ask them what went well	“What do you think went well?”
3. Acknowledge their successes then also point out other things you saw them do well	“What I thought you did well was...”
4. Ask them what they would do differently	“Is there anything you would do differently?”
5. Acknowledge their ideas then add to those ideas	“What I might have tried differently was...”

tendency to seek out those similar to oneself, often leaves women and individuals from underrepresented and marginalized communities with limited access to mentors within their desired professional fields.⁵⁴ Although most of us do not intend to alienate specific groups, acknowledging differences in identities and backgrounds helps minimize the impact of a lack of self-awareness of privilege and power on the other party.

Commit to seeking out resources and DEIB training to help expand the mentor and mentee's knowledge in DEIB and related issues before entering the mentoring relationship. Consider attending training together or discussing relevant resources. Ensure that DEIB training includes an implicit bias focus and aim to obtain this training before entering the mentoring relationship. An understanding of both microaggressions and macroaggressions and their relationship to implicit bias is also important. These DEIB terms and other common terms are defined in the glossary.

Research and understand the specific barriers and challenges faced by individuals from underrepresented and marginalized communities, particularly as they pertain to the veterinary profession. Also understand the impact of privilege and power dynamics in mentoring and access to veterinary medicine as a profession. Those with privilege do not face the same barriers as those without privilege when it comes to accessing the veterinary field and positions of authority within the field. Those that hold privilege and authority have power. How the dynamics of that power are used in relation to those without it can negatively or positively affect access for individuals from marginalized groups.

Responsibilities of the Mentee

Some responsibilities fall squarely on the mentee's shoulders. Commit to them before seeking a mentor on your own or getting involved in an existing mentorship program.

Ask. Make sure any potential mentors understand you seek a mentoring relationship. Before asking someone to be your mentor, think about which aspects of your life you want to address and how you believe the mentor can

help. Get to know the potential mentor before asking for mentorship. If a potential mentor declines your request, try not to take it personally and seek another mentor that might support you in your career.

Be Proactive and Intentional. Take ownership of the relationship, effectively communicating your priorities, goals, and expected outcomes. Proactiveness includes taking the lead on scheduling meetings; sending out discussion topics, questions, and agenda items ahead of time; and coming into meetings prepared. Being proactive and prepared does not mean you know everything, so strive to feel comfortable asking for help when needed.

As the mentoring relationship progresses over time, the needs of the mentor and mentee likely shift as well, so periodically consider whether to continue, modify, or terminate the mentoring relationship.

Communicate Openly and Clearly. Share your preferred communication methods—such as email, text messages, or social media platforms—and your learning style with your mentor. However, make adjustments if your mentor cannot accommodate your preferred communication method. Communicate with your mentor regularly on an agreed-upon schedule, which will likely differ based on the stage of development and needs of the mentor and the mentee at different times. For example, perhaps you connect monthly at first and then quarterly later. Sometimes, you may only need to report achievements of core goals. Remember, you need not abide by all advice provided by the mentor. It is your responsibility, however, to communicate which advice you followed and the outcomes.

Define Your Goals. Set clear objectives and let your mentor know your particular goals and needs. Discuss a reasonable timeline for meeting goals, as well as any potential barriers to achieving them.

Discuss Concerns. Be forthright about any concerns about your goals, future, and the mentoring relationship itself—especially if it is your first foray into mentoring or if you experienced mentoring glitches in the past. Understand, though, that mentoring relationships come with limitations. No mentor is all-knowing. No mentoring system or plan works for everyone.

Responsibilities of the Mentor

Upon agreeing to mentor others, mentors themselves must accept these key responsibilities and leadership requirements.

Create an Environment Conducive to Positive Mentoring.

Mentoring focuses on professional growth of the mentee. However, the mentor sets the tone of the relationship. A negative mentoring experience has the potential to increase stress and the likelihood of staff turnover. Likewise, positive mentoring experiences play a crucial role in the recruitment and retention of individuals in veterinary medicine.

Be present for your mentee(s), actively listening to their needs, affirming their experiences to ensure the environment remains inclusive, and recognizing the potential for power imbalances in the mentoring relationship. Communicate your awareness of power imbalances early in the mentoring relationship to support trust and respect.

Successful mentors express genuine interest and curiosity about their mentees and ask rather than tell them to cultivate a mentee's problem-solving skills.⁵⁵ Guide your mentee(s) in establishing short- and long-term goals that follow the Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) format.⁵⁶ Foster confidence about your mentee's goals by being excited yourself, celebrating their successes, supporting their skill development, and encouraging them through failures.⁵⁷

Consider Power Dynamics. Discuss your awareness of power imbalances early in the mentoring relationship and how you plan to avoid intended or unintended use of power and influence. Mentees may be wary of

speaking candidly about their difficulties to a mentor who is their boss or supervisor. Even mentors not in supervisory positions are likely to bring greater influence in the veterinary field than their mentees. Also, consider demographic differences between you and your mentee as well as how those differences affect the workplace and the veterinary industry as a whole. Advice that may work for a mentor with a privileged identity may not work the same for someone from a marginalized group.

Cultivate Both Collaboration and Independence. Rather than remaining focused on sharing your own stories and examples, remember that each mentee needs to achieve their potential, forge their own path, and achieve their own goals. Focus on what is best for the mentee's wellness and their professional growth by providing constructive insight without attempting to control the outcome.

You can cultivate your mentee's independence and critical thinking in these ways:

- Ask questions, then pause, giving the mentee time to reflect and consider possible next steps.
- Provide constructive insight while the mentee considers the pros and cons of each decision.
- Be patient and accept that your mentee may not follow your advice.

Allow the mentee to make mistakes and learn from them while striving to provide a safety net to protect their future and prevent mistakes from negatively altering their career.

Support Self-Directed Learning. Initially, recommend trusted resources and others in your network to support your mentee's success. Over time, though, focus on your mentee becoming progressively more independent, including finding their own resources based on what they learn from other useful and relevant resources you provided earlier.

Model Desired Behaviors. People learn more from watching how mentors behave, so intentionally demonstrate desired behaviors, while encouraging them to maintain their individuality. Rather than simply telling your mentee about

important professional qualities and actions, show them through how you navigate your own work:

- Demonstrate humility and camaraderie.
- Rely on the skills of your team and trust them to do their part.
- Reach out to your network and team when in need.
- Admit to making mistakes.
- When at work, be present, reliable, and timely.

Balance your work and personal time, taking personal, vacation, and sick time as well as actually stepping away when away from work.

Support Your Mentee’s Mental Health and Wellbeing.

Familiarize yourself with the warning signs of mental health conditions. Essentially, any behavior that seems unusual or out of the ordinary for your mentee might be a sign of a mental health condition. See Table 4.2 for a more complete list of symptoms of mental health conditions.

TABLE 4.2 Warning Signs of Mental Health Conditions⁵⁸

Excessive fear, anxiety, or worry
Feelings of depression or extreme sadness
Confusion, issues learning, and/or difficulty concentrating
Extreme changes in mood
Intense or prolonged anger or irritability
Avoidance of friends, loved ones, and social activities
Changes in sleeping or eating habits
Exhaustion
Delusions or hallucinations
Overuse of substances (e.g., alcohol or drugs)
Physical issues without an obvious cause (e.g., unexplained headaches or stomach aches)
Suicidal thoughts
Unable to carry out daily activities or cope with problems and stress

Consider additional training in suicide prevention and emotional support so that you feel prepared to respond in the event your mentee struggles with mental health. Question, Persuade, and Refer (QPR) training (see Resources at aaha.org/mentoring for more information) is a good place to start to learn more about the warning signs of mental health conditions and how to make a mental health referral. Some emotional support strategies include these suggestions:

- If you notice your mentee is not acting like themselves, tell them what you have noticed, and ask them how they are doing.
- Do not force your mentee to open up. If they do not want to share how they are feeling, tell them you are there for them if they would like to talk.
- Actively listen to your mentee’s concerns.
- Do not try to fix the problem by immediately offering solutions or advice; instead, ask them how you can support them.
- Encourage your mentee to seek help from a mental health professional.
- Model healthy self-care habits to set a good example for your mentee.

Section 5. Ingredients for a Successful Mentoring Relationship

Top 3 Takeaways

1. Early on, define critical boundaries around time, trust, communication, and respect to increase the likelihood of a successful mentoring relationship.
2. Establish personal and physical safety for both participants to create a safe environment for mutual collaboration and maximum mentorship.
3. Discuss expectations of the mentorship and establish a timeline for when the relationship will end or may end early under certain circumstances.

The Components of Mentorship

The components of successful mentorship go beyond the participants themselves and require making critical decisions and coming to vital agreements from the beginning. The risks of mismatched expectations between mentors and mentees can lead to damaging consequences.

By actively defining boundaries, expectations, and goals, you reduce assumptions and increase the likelihood of successful or satisfying outcomes for everyone. Summarized in Table 5.1, these boundaries take many forms.

Both mentees and mentors must clarify these requirements for mutual benefit to their ongoing perception of current and future outcomes. Create a clear plan for re-evaluating the relationship on a specific timeline, upon completion of goals, or in an expedited way if the mentorship relationship falters in some way, such as goals not being met or irreconcilable difficulties arising.

Conflict Management

In any mentorship relationship, there may be circumstances in which the mentee will seek counsel on a conflict or failure either in the workplace or within their personal life. In addition, conflict may arise between the mentor and the mentee during the course of the relationship. It is important that both parties collaborate and maintain open, nonjudgmental communication to determine how to best approach conflict management to yield best outcomes.

Conflict management techniques to consider when experiencing a conflict within a mentor/mentee relationship or supporting someone navigating a conflict include:

- **Adapt and get through the moment.** When a conflict first arises in the heat of the moment, one individual may not be ready to discuss the issue. For example, do you need space to process what is happening or how you are feeling? Communicate those needs openly.
- **Determine the core problem.** Before beginning to navigate the conflict, first define what the core problem is. Why did this conflict arise?
- **Develop a plan of action.** Develop a strategy for navigating this conflict. Consider what you might say and how you will approach this issue.
- **Set aside a time to discuss the issue.** A phone call, in-person meeting, or video call helps you avoid miscommunication and better discern tone, body language, and emotion.
- **Practice active and reflective listening.** Listen to hear first, not to elicit a response. Seek to

understand both sides of the conflict and establish a clear understanding of what is needed. Statements such as “What I am hearing, what I am feeling...” can clarify any discrepancies and ensure the best outcome.

- **Foster open and transparent communication.** Be honest and transparent in your communication. One formula for what to say in these moments: “I think this. What do you think? Now let’s make a decision.”
- **Take a timeout if needed.** In some cases, mutual agreement to end heated or difficult conversations allows time for processing information and emotions before resuming conflict resolution later.
- **Reflect and support.** How did it go? What could go even better next time? Remember that navigating conflict is stressful for many people, so it is important to take care of yourself after a conflict arises. If you are assisting a mentee to navigate conflict, help them to debrief and express support during the process.

Safety: Personal and Physical

Successful mentorship requires both personal and physical safety. Trust creates a foundation for developing psychological safety, defined by a belief that one is safe to take interpersonal risks or otherwise be interpersonally vulnerable.⁵⁹ It takes time to build a trusting relationship with someone new, so focus on creating a safe space for mentees to feel vulnerable and express honest sentiments. Also, establish regular wellness check-ins to identify any lapses or issues early. Although mentorship is not a substitute for therapy, mentors can encourage mentees to seek professional assistance when necessary. Vulnerability demonstrated by the mentor through sharing personal lived experiences, previous errors, and solutions provides a judgment-free zone and ensures psychological safety.

To prepare for such possibilities, mentors can complete training—such as QPR training—and/or identify resources and support groups to ensure that both parties remain safe from harm and feel prepared for various circumstances. This includes times when safety considerations override confidentiality. See aaha.org/mentoring for additional resources.

TABLE 5.1 Elements of a Successful Mentorship

Element	Considerations	Examples
Time	<p>Frequency</p> <p>Scheduling</p> <p>Accountability</p>	<p>Weekly, monthly, or quarterly.</p> <p>Duration of meeting (quick consult vs check-in). Schedule to protect meeting times and reschedule if necessary. Decide on mutually agreed-upon times/days.</p> <p>Determine how to inform each other of schedule changes and in what time frame changes need to be made (day before, etc.).</p>
Trust	<p>Respect</p> <p>Discretion/Confidentiality</p> <p>Safe Space</p> <p>Model the Behavior</p>	<p>Consideration of cultural and personal differences.</p> <p>Ask for consent if specific information is shared, and establish parameters on exclusions (safety, health emergency).</p> <p>Create an environment where vulnerability is accepted and that includes a judgment-free zone. Prioritize physical, psychological, and emotional safety.</p> <p>Demonstrate humility, admission of errors, creating a positive work culture, and modeling healthy self-care practices.</p>
Communication	<p>Transparency</p> <p>Openness and Nonjudgment</p> <p>Mode</p> <p>Personality/Learning Styles</p> <p>Conflict Resolution</p>	<p>Explain how and why systems are developed.</p> <p>Be open to new ideas, sentiments, feedback, and criticisms. Avoid judgment and assume positive intent.</p> <p>Identify personal preference to determine the success of interpretation (e.g., discerning tone from a text message). Define the best mode of communication (email, text, phone call, or video chat).</p> <p>Consider the diversity of individuals (introspective vs extrospective). See DISC Assessment at aaha.org/mentoring under Resources.</p> <p>Define the core problem, use reflective listening, collaboratively find a solution or adaptation to move forward.</p>
Respect for All Identities and Barriers	<p>Pronouns</p> <p>Name Preference</p> <p>DEIB Influences</p>	<p>Ensure that pronouns are defined and used properly in all communication.</p> <p>Doctor vs first name, correct pronunciation and spelling of name.</p> <p>Appreciate diversity, value inclusion, and support feelings of belonging. Seek ongoing training with a focus on implicit bias, impact of privilege, barriers, and limitations due to things like financial realities, life stage demands, roles as caretakers, and/or cultural differences and expectations.</p>

Make physical safety for both parties absolutely paramount. For example, sometimes warning signs arise that directly affect the mentorship relationship and/or workplace, including revealing risks of physical harm or harm to others. If one party feels their own physical safety is at risk, they should end the mentoring relationship immediately.

Mentorship Expectations and Rules for Cessation

Just as clearly defined expectations play a critical role in successful mentoring relationships, it is imperative to establish proactive protocols for ending a mentorship experience. A predetermined end date or re-evaluation date should be set for the mentoring relationship, so there is the opportunity to end the relationship if desired. Information on how to end a mentoring relationship can be found in Section 6.

Mentorship involves two parties willing to commit to the relationship, define boundaries to ensure success, and seek continued learning for growth and development. As long as there are clear expectations of both mentor and mentee, these relationships can evolve and transcend through the ebb and flow of career and personal growth and obstacles.

Section 6. Action Plan

Top 3 Takeaways

1. Before entering a mentoring relationship, reflect on your strengths, areas for improvement, desires, and needs for the relationship. Consider your own and the prospective mentor/mentee's professional experience and social identities and their impact on the mentoring relationship.
2. Diversify your search methods when looking for a mentor/mentee, being sure to consider existing programs and personal and professional connections. Learn about your prospective mentor/mentee ahead of time to determine if it is a match.
3. Whether initiating a mentoring relationship or ending one, communicate early and express yourself.

Mentoring Action Plan

Mentoring relationships differ based on mentor and mentee needs and goals. Whether an individual chooses to search for a mentor or mentee or two individuals who work closely together decide to enter a mentoring relationship, ensure each party begins the process intentionally to create a strong foundation for positive relational and developmental outcomes. In other words, do not simply claim someone as your mentor/mentee without their consent.

Understand Yourself First

Know What You Are Looking for. Whether you are the mentor or mentee, assess your individual strengths and areas for improvement and engage in self-reflection to evaluate what you need in the mentoring relationship and from each other. Use the checklist in Table 6.1 to get started with questions to consider in self-assessment, including readiness to fulfill the roles and responsibilities covered in Section 4 of these guidelines.

Determine what you absolutely want in a mentor/mentee, mentorship model, or delivery method. For example, do you need a mentor to help you become more proficient in surgery, or do you need a mentor to support you during a career transition?

Also, consider what combination of skills, experience, or identities feels important in a mentor or mentee.

- **Professional Experience.** For some mentees, entering a mentoring relationship with an individual with many more years of experience in the veterinary profession provides meaningful leadership insights. Others choose mentorship from an individual who specializes in a certain area of veterinary practice, works in a particular type of role, or offers unique professional experiences and perspectives, such as those offered by second-career veterinary professionals or those with nontraditional career paths. Some mentees may even choose to enter a mentoring relationship with a peer, someone going through similar challenges.
- **Lived Experience.** Sharing racial, ethnic, class, gender, sexuality, and/or disability identities sometimes provides useful or necessary context

TABLE 6.1 Action Steps for the Mentoring Relationship

Engage in Self-Reflection and Determine Readiness
<ul style="list-style-type: none">• What are my strengths and areas for improvement?• What kind of mentoring relationship do I want and need? (See Section 1 for models and delivery methods.)• Do I have any “deal breakers” when it comes to choosing a mentor/mentee, mentorship model, or delivery method?• What skills, experience, or identities are important that my mentor/mentee offers?• Where do I have more learning to do before I can offer mentorship to someone whose lived experience or social identities are different from mine? How can I obtain that learning without burdening the mentee?• What questions will assist me in assessing my mentor’s readiness to help me navigate issues I may encounter related to my lived experience or social identities?• Am I ready for the role, responsibilities, and expectations required of a mentor/mentee? (See Section 4 for details.)
Research Mentorship Programs and Potential Mentors
<ul style="list-style-type: none">• Research existing programs.• Consider existing relationships and networks.• Learn about your potential mentor/mentee by doing research to find out more about them or meeting with them for an introduction.
Initiate or Decline a Mentoring Relationship
Initiating:
<ul style="list-style-type: none">• Ask in person, write an email, or invite them to chat over coffee. Share your interests and needs, keeping in mind potential time demands on you both. Ask the mentor/mentee about their interest in entering a mentoring relationship with you.• Be prepared for rejection and do not take it personally.
Accepting or declining:
<ul style="list-style-type: none">• Assess why you are being asked.• Be honest about your interest, capacity, or time and share feedback about your decision, if necessary.• Be mindful of the potential negative impact of a poor mentoring relationship or power dynamics.
Initiate a Mentoring Relationship by Mutual Agreement
Before your first meeting:
<ul style="list-style-type: none">• Be prepared. Send an agenda of discussion topics in advance.• Begin to consider goals for the mentoring relationship.• Consider and agree on the conversation setting.
During your first meeting:
<ul style="list-style-type: none">• Refer to Table 6.2 for potential questions to ask during your first meeting.• Discuss roles and responsibilities.• Collaborate to choose the type of mentoring relationship that best fits your situation.• Get acquainted. Build trust and psychological safety by openly sharing and discussing experiences, values, worldviews, and issues.

(Continued on next page)

TABLE 6.1 Action Steps for the Mentoring Relationship, Continued

- Develop mutual expectations and boundaries. Discuss accountability of both parties at the beginning of the relationship. Discuss communication needs, preferred methods (phone, email, text, etc.), and confidentiality.
- Discuss ethics, including conflict of interest issues, and agree upon ethical boundaries.
- Discuss a vision plan, covering your overall purpose and long-term goals for the relationship.
- Discuss how to acknowledge and celebrate progress and accomplishments.
- Create a time frame for the relationship that works for both parties. Clarify a mutually agreeable end point or time for reassessment of the relationship.
- Determine a schedule for meeting together at regular intervals to discuss progress on goals and evaluate the mentorship relationship. Consider the time demands of each individual. If most meetings happen virtually, also schedule occasional face-to-face meetings, if desired and possible.

Before follow-up meetings:

- Collaborate to choose the type of mentoring relationship that best fits your situation.
- Plan for your discussions, with the mentee taking the lead in planning. Meeting topics include issues of concern, areas of accomplishments, progression toward goals, and new challenges. You may also plan to discuss specific cases or situations that have cropped up since the last meeting.

During follow-up meetings:

- Establish, clarify, and write down goals to achieve the vision.
- Define and prioritize areas of greatest needs, with the mentee taking the lead rather than relying upon the mentor to define needs for them.
- Use SMART goals for the mentor and mentee, making sure to personalize goals to fit the needs of the mentee.⁵⁶
- Examine the mentee's concerns and fears when establishing goals (Refer to Table 6.4).
- Be accountable. Follow up on points of discussion, share resources, and make personal/professional connections. Be mindful of overpromising, which can set back the mentee's goals or damage trust.
- Create a process whereby a mentee can ask for immediate help as needed. This might include a back-up mentor or providing a list of resources to your mentee.
- Establish a protocol to help the mentee develop new skill sets and proficiency in areas of interest.
- Discuss expected outcomes and how those will be monitored or measured. Set up relevant mileposts/landmarks for goals and an evaluation process (including the time, place, and procedure) to evaluate the mentee's progress toward goals.
- Discuss how both parties will offer new ideas and feedback to each other. Use a separate mentor-mentee evaluation form. Do not confuse it with a performance review.
- Discuss how to resolve conflict. Conflict naturally occurs because of differences in background or differences in approaches. Conflict may arise when the agreement is not specific or written down. Resolution of conflict should occur in private to maintain the self-esteem of both the mentor and mentee.
- Celebrate progress and accomplishments regularly.
- Refer to Table 6.3 for questions to keep the conversation going.

Evaluating the Relationship

- Check in frequently with your mentor/mentee to determine whether mentee goals are being met.
- Schedule a time to re-evaluate and assess how the relationship is going.
- If necessary, revisit expectations, boundaries, accountability, and goals.
- Take notes and document interactions, topics, recommendations, and progress.

Ending the Relationship

- Summarize what goals have been accomplished.
- Thank the other party for whatever you feel has been gained.

TABLE 6.2 Open-Ended Questions to Ask at First Mentoring Meeting

Questions to Ask of Each Other
What are you looking for in this mentoring relationship?
What do you hope to gain?
What can I do to support the way that you work or think?
How do you like to communicate and how would you like to be communicated with?
What do I need to know about you that will help make this mentoring relationship successful for you?
How long should we engage in this mentoring relationship? How will we know the mentoring relationship has come to an end?
From Mentor to Mentee
Why is this important to you?
What kind of support are you looking for specifically?
How do you learn best?
How do you like to be celebrated and acknowledged?
How can I help you create mileposts for your goals and timelines for when to meet them?
How else can I be of support to you?
From Mentee to Mentor
How can you best support me in reaching my goals?
How will you help me stay on track and assess whether I am achieving my goals?
What resources do you have available that could be of use to me?
Who can you connect me with that may help me in achieving my goals?
How have you helped someone with a similar issue?

for the mentor and mentee. However, due to the systemic issues within the veterinary profession that hamper adequate diversity in these demographic areas, finding someone with a match in identities and experiences may not be easy. In these instances, consider a mentor/mentee with dissimilar identities who shares perspectives and values. Although shared *surface-level diversity* (observable characteristics such as race, nationality, or perceived gender) may signal potential affiliation and connection, shared *deep-level diversity* (unobservable attitudes, worldviews, or problem-solving approaches) has been found to be a better predictor of mentee satisfaction.⁶⁰

Think Through Issues of Oppression and Privilege.

When considering mentorship of a mentee with a socially oppressed identity, mentors whose identities come from socially privileged backgrounds must share their worldviews and values with potential mentees. Doing so demonstrates cultural humility and awareness of knowledge gaps to foster trust and create psychological safety. When considering a mentor with a socially privileged identity, mentees with socially oppressed identities must ask questions that allow for exploration of shared attitudes, values, and the emotional intelligence of their potential mentors. If the prospective mentor agrees to it, mentees can request discussion of relevant topics related to social identity, such as systemic racism, discrimination, proactive pronoun use, and so on. They may also encourage the mentor to obtain particular training or take certain assessments such as the Harvard Implicit Association Test.⁶¹

Finding a Mentor or Mentee

Use these standard methods for finding your mentoring options.

Research Existing Programs. Although many more programs focus on supporting veterinarians, programs that include veterinary support staff continue to grow. Start with researching existing programs (find a list of programs under the Resources section at aaha.org/mentoring).

Consider Existing Relationships and Networks. Existing relationships and networks offer a convenient and relational way to start a search. Whether you recently

entered the veterinary workforce or already work in a practice, asking colleagues and peers about their mentorship experiences or connections within the profession widens the opportunities and increases the number of potential mentors/mentees available to you.

Find a Mentor Within Your Workplace. It can be helpful to have both a mentor outside of your workplace and a mentor within the workplace. If you are seeking a job and searching for a good mentor within a practice, be sure to ask questions during the interview process regarding what mentoring structures are in place in the workplace. If you are currently working in a workplace that does not have a structured mentorship program, ask if you can create a more formal structure for mentorship and set up a formal mentoring relationship with someone in the workplace.

Learn About Your Potential Mentor/Mentee. A quick internet search provides early insight into your prospective mentor/mentee’s experience, skills, values, and interests. Consider looking for associated personal or work-related websites; personal, professional, and academic biographies; and resumes. In addition, meeting your prospective

TABLE 6.3 Open-Ended Questions to Keep the Conversation Moving Forward

Examples of Open-Ended Questions
What did you do well in that situation?
What is it about ___ that is important to you?
Can you say more about that?
How might ___ change your perspective, decision, action?
What would happen if...?
What would be the impact of ___ on you, others, etc.?
Have you considered ___?
What more is there to learn from ___ for you?

mentor/mentee before committing to the relationship helps determine if the match feels right and beneficial.

Initiate a Mentoring Relationship

The Ask. When you find a mentor or mentee who seems like a good match for your needs, the process of establishing a mentorship starts with simply asking. Ask in person to set up some time to meet to discuss a potential mentoring relationship or inquire via email. Share your interests and needs, keeping in mind potential time demands on you both. Ask the mentor/mentee about their interest in entering a mentoring relationship with you.

Reframe potential rejection by understanding it is not personal. To find the best mentoring fit, be prepared to look for multiple options. People decline for many reasons, including time constraints, energy and emotional capacity, interest in the process (or not), and readiness.

Saying No. If you find yourself in the position of declining a mentorship request, consider the following.

As a mentor:

- Be honest about your interest, capacity, or time.
- Do not say yes if you have any qualms. Instead, be mindful of the potential negative impact of a poor mentoring relationship on the mentee.
- Share honest feedback about why this relationship may not work.

As a mentee:

- Assess why you are being asked to be their mentee: Does this mentor have your best interests in mind? What is the benefit to them?
- Be mindful of power dynamics and their impact on you. For example, you may feel uncomfortable with your boss or workplace manager making the request and assuming a yes. It is important to maintain professionalism and respect when you decline such an offer, noting your inability or unwillingness to engage in the relationship at this time. Depending on your relationship, sharing honest feedback regarding your denial is an option, but remember that setting compassionate and firm boundaries for yourself is important.

TABLE 6.4 Identifying and Addressing the Mentee’s Professional Concerns and Fears

Typical Questions, Concerns, or Fears (Use as a Basis for Discussion of Goals)
Effective time management at work
How often are appointments scheduled?
What if I am too slow seeing appointments, obtaining a history, or performing a diagnostic or medical treatment?
How much time do I have to perform surgeries?
How can I provide timely and efficient treatments for patients while ensuring thorough, quality care?
What do I do if I need more time to perform a task?
How can I be more efficient with my paperwork?
Client relations issues
How do I deal with difficult client interactions, such as clients in a fee dispute, clients who refuse my recommendations, or clients who leave me a bad review?
What if my looks, age, or title/position play a role in client questions about education, experience, or competence?
What if a client makes a biased or derogatory comment about me or a colleague? How do I take a professional and principled approach to that when communicating with clients?
What can I do to support a client who cannot afford my recommendations?
How do I best communicate with clients to encourage compliance?
How can I most thoughtfully communicate serious medical concerns with clients?
How can I support clients in an affective emotional state, for example, if their pet has a serious medical issue or chronic illness?
What if my recommendation for palliative care or euthanasia is not accepted by the client and I believe the patient is suffering?
What do I do if I believe a patient’s wellbeing is at risk from neglect or abuse?
Personal issues
How can I manage debt or a low salary?
How can I balance work and family?
What can I do if I do not have enough time for my family?
What do I do if I need an accommodation and it is refused?
How do I notice, prevent, and manage burnout or challenging ethical situations?
What do I do if a hospital policy goes against my personal values or ethics?

(Continued on next page)

TABLE 6.4 Identifying and Addressing the Mentee’s Professional Concerns and Fears, Continued

Team or hospital issues
How do I develop trust and rapport with my colleagues and clients?
What if I disagree with hospital policy, and how can I make my concerns heard?
How do I learn to get along with the practice team?
How do I address a difficult relationship with a long-standing team member?
What if I am not getting along with the practice owner or manager?
What if I have an ethical concern about a colleague’s behavior toward a patient?
What if I experience bullying or isolation/exclusion by a colleague or someone in a position above mine?
What can I do if I hear a colleague make a disrespectful remark about another colleague, or I am asked to engage in gossip?
How can I best support a colleague who is struggling with their mental health or negative team dynamics?
How can I best advocate for myself, my community, colleagues, clients and patients, and for improvements in process, pay, or policy?
How can I leverage my social privilege or position to support colleagues whose concerns or ideas are not being heard or whose needs are not being met?
What are some actions I can take to positively influence workplace culture?
Proficiency issues
How do I manage doubt and stress as a practitioner?
How can I increase my confidence in my skills and knowledge?
Will I be by myself? If so, when?
Will someone be available by phone when I am by myself?
How will I learn to perform new surgical procedures or treatments?
What if something bad happens during anesthesia?
What do I do if I make a medical or surgical error?
How do I handle the unexpected loss of a patient?
How do I admit I do not know something without feeling like a failure or like I am not good enough?
I am interested in eventually owning my own veterinary hospital. What do I need to know?

Preparing for Before, During, and After Mentoring Conversations

Refer to Table 6.1 for an in-depth checklist on how to prepare for your first official mentorship meeting and Table 6.2 for open-ended questions relevant to the first meeting. However, these guidelines for meeting preparation apply to all future mentoring meetings too.

Be Prepared. Think about the meeting beforehand and plan ahead what to discuss. Consider sending an agenda in advance and share any relevant updates from your last conversation.

Consider the Proper Setting and Location. What is important to both parties? Different people feel varying levels of comfort about where mentorship conversations take place. Whereas some mentors/mentees prefer to meet in a formal setting, such as an office or a virtual meeting, others opt for casual, public settings, such as a coffee shop.

Be Present. Communicate how you enter the conversation and what your emotional bandwidth or availability is. Consider establishing short phrases, a shared shorthand, for conveying your mental and emotional status. For example, use traffic light colors or 1–10 scales to score and communicate your status at the beginning of each meeting. Then, offer your undivided attention, listen to understand rather than react to the individual's experiences, and leave space for the conversation to flow organically so that both parties, especially the mentee, can speak.

Be Accountable. Follow up on points of discussion, share resources, and make personal/professional connections. Be mindful of overpromising—do not offer resources, connections, or actions without proper follow-through because this causes setbacks to the mentee's goals and can damage trust.

Show Gratitude. Always thank each other for the time, energy, and commitment.

Assess How the Relationship Is Going

In addition to safety and other concerns covered in Section 5, it is important to evaluate if mentorship relationships still provide value.

Assess Effectiveness and Goals. Check in frequently with your mentor/mentee to determine whether mentee goals are being met.

Clarify Agreements. If necessary, revisit expectations, boundaries, accountability, and goals originally set for the mentorship relationship communication and progress.

Consider Key Markers. Detach from personal and emotional contexts and determine markers for the mentee's professional or developmental progress. Is the relationship meeting professional quality-of-life metrics? In other words, is the mentee not only meeting their goals but also thriving professionally and developmentally because of the mentorship relationship?

Keep Track. Take notes and document interactions, topics, recommendations, and progress in the event of disputes.

How to End a Mentoring Relationship

Set up clear and amicable cessation points to include when:

- Mentee's goals set forth in the mentoring relationship have been achieved
- Mentee's needs or career goals change
- Either person's life situation limits time and energy for the mentoring relationship

It is especially crucial to create a timeline for your mentoring relationship that has a clear date at which point you are able to either end or continue the relationship if both parties agree. That way, if either party feels a collaborative partnership no longer exists or never formed, you will be able to end the mentorship relationship more easily.

If you need to end the relationship before the predetermined end date, particularly if there are conflicts arising in the mentoring relationship, refer to the conflict management framework in Section 5 to assist you in your discussion.

Without forethought on how to end the relationship, risks for potential damage are high—ranging from hurt feelings to more serious consequences such as loss of interest in the field or leaving the profession altogether.

Best practices include being direct and positive about coming to the end of a mentorship relationship, using strategies such as the following:

- Frame decisions to move on as “I” statements, focusing on one’s own feelings (e.g., “I feel concerned about...” or “I feel frustrated...”)
- Summarize what goals have been accomplished
- Thank the other party for whatever you feel has been gained
- Respect boundaries and the other party’s wish to end the relationship
- Disengage with the other party and express gratitude
- Lastly, as the veterinary profession is large yet small at the same time, do not burn bridges. Although this connection ran its current course, it may add value to future endeavors.

Good mentorship programs require intentional dedication of resources, skills, and time as well as frequent evaluation and innovation.

Create and Evaluate a Mentoring Program in Your Workplace

Do Not Reinvent the Wheel. Learn from existing mentorship programs and constructs and consider outsourcing skills development. Evaluate why you want to offer mentorship at work. Good mentorship programs require intentional dedication of resources, skills, and time as well as frequent evaluation and innovation. What is your organization’s and your employees’ capacity to mentor? How will you support implementation and measure success and benefits to staff?

Make the Time. Build in scheduled mentorship time to ensure the time is protected and that it occurs. Consider scheduling time for mentorship similar to how rounds are scheduled. Or make mentorship time a priority by advocating for continuing education credit for mentorship in your state.

Section 7. Summary and Next Steps

Mentoring offers hope for creating a healthier, more diverse, and more inclusive veterinary community with greater opportunities for growth and advancement for team members in all roles, not only veterinarians.

Top 6 things to remember about mentorship:

Mentorship exists when one person aids the development of another using their personal knowledge, energy, and time. Mentoring relationships remain important, especially at career transitions, and take a variety of forms to meet the needs of the individuals involved.

Veterinary medicine faces many challenges, and mentorship addresses some of these challenges by supporting mental health and wellbeing, increasing representation of underrepresented groups (BIPOC, LGBTQIA+, etc.), and providing financial benefits to veterinary workplaces.

Effective mentorship benefits everyone—mentees, mentors, individual practices, and the veterinary profession. These benefits include, but are not limited to, increased self-confidence, creating a broader network, increased career satisfaction, building support networks, increased productivity, improved retention, and more.

Mentoring relationships require trust, respect, and open communication between participants. Mentees should be proactive and goal oriented. Mentors should focus on creating a positive environment and an effective mentorship experience.

Successful mentoring relationships define boundaries, set clear expectations, and establish psychological and physical safety.

Key steps to effective mentoring relationships include thoughtful mentor/mentee selection, access to mentors/mentees, evaluation and continued re-evaluation, and troubleshooting when the relationship is not working.

Next Steps

These guidelines provide a starting point as you consider creating or re-evaluating a mentoring relationship or program. Seek and use many other existing resources to improve your individual mentoring relationships and the entire profession in the process. More in-depth mentorship training programs exist along with training in specific areas such as DEIB, implicit bias, mental health and wellbeing, and others. The Mentoring Guidelines task force strongly encourages all readers to leverage the list of resources at aaha.org/mentoring to learn more.

Effective mentoring and ongoing growth require evaluation of mentorship relationships and/or programs. Regular evaluation and level-setting provides critical insights, not only at the beginning of a relationship but also throughout the process. Evaluation and feedback ensure everyone's needs are met and the relationship and/or program continues to offer benefits to all those involved.

Effective mentorship is essential to ongoing improvement for veterinary professionals, the veterinary profession itself, and the dynamic communities we serve. As you look to implement these guidelines, whether as a mentor or a mentee (or both!), remember that learning and continued growth drive effective relationships and successful veterinary professionals. ■

Glossary

Advising—To recommend or suggest a course of action. Typically focused on an outcome or goal of a specific event or process.

Belonging—A feeling of being happy or comfortable as part of a particular group and having a good relationship with the other members of the group because they welcome you and accept you.⁶²

Coaching—Aiding the coached individual on achieving a specific goal or mastery of a task.

Critical mentorship—Mentoring that fully considers race, ethnicity, gender, class, and sexuality when building the infrastructure for programs. Includes programmatic structure, recruiting of mentors, training of mentors, support of mentoring relationships, mentoring activities, and finally, targeted outcomes.

Cultural humility—Defined as “a process of reflection and lifelong inquiry, involves self-awareness of personal and cultural biases as well as awareness and sensitivity to significant cultural issues of others.”⁶³

Discrimination—The unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, or sex.⁶⁴

Diversity—The practice of involving people from a range of different dimensions including, for example, social backgrounds, ethnic backgrounds, gender identities, and sexual orientations.⁶⁵

Equity (Racial)—The goal of racial equity is to no longer be able to predict advantage or disadvantage by race, achieved not by treating everyone equally but by treating everyone equitably, or justly according to their differing circumstances.⁶⁶

Imposter syndrome—A phenomenon experienced by “high achievers who are unable to internalize and accept their success. They often attribute their accomplishments to luck rather than to ability, and fear that others will eventually unmask them as a fraud.”⁶⁷

Implicit bias—A form of bias that occurs automatically and unintentionally, which nevertheless affects judgments, decisions, and behaviors.

Inclusion—Behaviors and social norms that ensure people feel welcome.

Macroaggressions—Forms of discrimination that rise above the interpersonal level to the systemic or institutional level and affect entire groups of people instead of an individual.⁶⁸

Microaggressions—According to Dr. Derald Wing Sue, these are “the everyday slights, indignities, put downs and insults that people of color, women, LGBTQIA+ populations or those who are marginalized experience in their day-to-day interactions with people.”⁶⁹

Power dynamics—The ways in which power works in a setting; for example, certain individuals may have formal power, due to title and position, and/or informal power, due to their influence over others.⁷⁰

Privilege—Certain social advantages, benefits, or degrees of prestige and respect that an individual has by virtue of belonging to certain social identity groups.⁷¹

Psychological safety—Defined by a belief that one is safe to take interpersonal risks or otherwise be interpersonally vulnerable.⁵⁹

Racism—Prejudice, discrimination, or antagonism directed against a person or people on the basis of their membership in a particular racial or ethnic group, typically one that is marginalized.⁷²

Radical candor—A direct form of feedback that is done in a kind, humble, and direct manner that focuses on helping the other person.⁵⁰

Stereotype threat—The fear or risk of confirming, as a self-characteristic, a negative stereotype about one’s group.⁷³

Work-life balance—The level of involvement between the multiple roles in a person’s life, particularly as they pertain to employment and family or leisure activities.⁷⁴

Case Studies

CASE STUDY 1

As a new veterinary graduate, you recently started working at Smith Veterinary Hospital—a five-doctor, small animal veterinary hospital. Before graduation, you completed a 3-week externship at this clinic and really enjoyed your experience. Dr. Smith, the practice owner who brings more than 30 years of veterinary experience, promised great mentorship in your transition to practice. However, after a few months in practice, you realize how busy Dr. Smith is, which keeps him from providing the mentorship you expected.

After only 5 months in practice, you already feel the early symptoms of burnout—exhaustion, cynicism, and lack of accomplishment—because you work long hours, experience conflicts with team members, and frequently face challenging ethical dilemmas such as when clients cannot afford your recommended treatment plans.

When you ask Dr. Smith questions about these situations, he often seems rushed, and his answers do not help you navigate these situations better. On top of all that, although you feel somewhat confident in your medical skills, you feel less confidence in surgery. When you mention in passing that you need additional surgical mentorship, Dr. Smith asks you to come in on your day off to observe surgeries. Finally, you often experience discrimination from clients based on your age, race, and gender. As a young Black woman, you feel uncomfortable discussing these experiences with Dr. Smith because you believe he will not understand or relate.

At this point, you start to question your career choice because this was not what you expected veterinary medicine to be like. So, you decide to take action. It is time to seek help—from both individuals within your current practice and external resources.

Case Study 1 Questions

When you set aside time to chat with Dr. Smith about the mentorship relationship, what important components will you include in feedback to your mentor?

Sample answer:

- You decide to start with a positive statement. This allows Dr. Smith to feel more open and less defensive about your feedback. See Pendleton Model for providing feedback in Table 4.1. Then, list your needs and wants and discuss your biggest pain points such as time management, interpersonal relationships, surgical skills, and/or work-life balance. Next, list a few specific goals for the mentoring relationship and ask what additional resources might be available to you, including outside mentorship or mentorship from others within the clinic. Perhaps Dr. Smith is not the best mentor for you, and you could seek formalized mentorship with one of the other veterinarians in the practice.

If you think you really need a more formalized mentorship structure, what might this structure look like for you in your current role?

Sample answer:

- Discuss establishing a verbal or written agreement with your mentor that clarifies roles and responsibilities and documents a few goals for the mentoring relationship. Also, consider scheduling future formal check-in times that give you an opportunity to discuss your progress toward pre-determined goals for the relationship and your professional progress. Setting an end date to re-evaluate the relationship can also be helpful.

If you decide you do not get the support you need from Dr. Smith, who else might provide additional mentorship and where can you find other mentors?

Sample answer:

- Dr. Smith may not be able to provide help in all the

components listed above. You could seek mentors from others within the practice (e.g., veterinarians or technicians) or seek external mentorship (e.g., external mentorship programs, affinity organizations, VMAs, networking events at conferences, or LinkedIn).

What kind of boundaries should you put on the mentorship relationship?

Sample answer:

- Dr. Smith asked you to come in on your day off to observe surgeries. Not willing to do that, especially because you already feel symptoms of burnout? It is acceptable to state your boundary clearly with Dr. Smith about not coming to observe surgeries on your day off.

CASE STUDY 2

You took on the practice ownership challenge more than 20 years ago. Your practice could support four doctors, but you only keep three on staff currently. Why? Trouble recruiting and retaining veterinarians as well as technicians and support staff. The last three new graduate veterinarians you hired worked for you for around 2 years each and then left. You also experience low retention with technicians and support staff, where they rarely stay beyond 3 years. Several assistants say they want to pursue training as a technician, but none ever follow through or complete a program. Multiple employees report burnout as contributing to their leaving the practice or the profession as a whole. No other specific issues come up from current or former employees. Right now, you run no formal mentorship programs or protocols in your practice, but you feel establishing mentorship in your practice could improve these issues.

Case Study 2 Questions

What is the current state of mental health and wellbeing within the profession and what factors might contribute to these early career graduate's challenges?

Sample answer:

- Stress levels are higher for early career veterinarians than the rest of the profession. In addition, burnout rates and wellbeing appear worse among early career veterinarians. Many factors contribute to early career challenges, including student debt, ethical dilemmas, conflict, and lack of support.

What actions could you take to support the mental health and wellbeing of your team members?

Sample answers:

- Create a formalized mentorship program.
- Model and encourage healthy work-life balance strategies.
- Respect boundaries of team members.
- Establish psychological safety, especially for marginalized groups.
- Offer QPR training.
- Offer wellbeing and mental health resources to your staff.
- Set boundaries with clients and model the real-world maintenance of those boundaries.

How can you solicit feedback from your current and former team members? How can power dynamics affect this feedback?

Sample answers:

- Consider anonymous surveys to collect input.
- Always complete exit interviews with the understanding you will not pressure employees to stay.
- Create a culture in which feedback is valued and welcomed in all aspects of practice.
- Focus on being more approachable.

You decide to create a formal mentorship program to try to improve team wellbeing. What might the structure of this program look like and where might you seek resources to help you build out your mentorship program?

Sample answers:

- Leverage existing mentorship programs for external support and consider outsourcing if you are too busy to create a structured program.
- For internal support, consider creating a paired mentor structure in which you pair a new hire with someone more experienced in the practice.
- Build scheduled mentorship time into the schedule to ensure the time is protected and that it occurs.
- Give tools and resources to the mentors and mentees to make the relationship successful (see Resources at aaha.org/mentoring).

What practices and policies can you implement in your mentorship program to ensure it is equitable and inclusive for people with marginalized identities?

Sample answers:

- Learn about and implement critical mentorship and DEIB training for yourself and employees.
- Understand that your advice may not work for people with different identities or styles.
- Demonstrate cultural humility.
- Seek outside advice from a consultant on these issues.

What can you do if your mentee needs help or advice for something with which you have no first-hand experience?

Sample answers:

- Recognize gaps in your knowledge and proactively seek knowledge and resources.
- Leverage your network for resources or additional mentors.
- Look for other support options such as through affinity organizations.
- Pursue additional training in DEIB such as those

available through the Purdue Certificate for Diversity and Inclusion, MCVMA webinars and other affinity organizations, DEIB workshops at conferences, and QPR training.

How can you ensure your mentorship program also incorporates technicians and support staff?

Sample answers:

- Consider peer mentorship, which may address power dynamics better.
- Set clear definitions of scope of roles, including how to handle both being delegated to and delegating to others.
- Offer similar resources to new technician program graduates that you offer to new graduate veterinarians, including more time to accomplish tasks, providing specific learning opportunities, scheduling outside training, finding other continuing education support, and setting up regular check-ins.

CASE STUDY 3

You work as the head veterinary technician at your practice. You bring 10 years of experience and a love of teaching. Your practice often takes on veterinary students and veterinary technician students for externships to expose them to the robust exotic medicine at your practice. As part of your role as lead technician, you help teach these students both technical and client communication skills. The practice sits in a large metropolitan area with very diverse clientele, and your practice invests a lot of time building an inclusive environment to serve the entire local community. As a queer person, the inclusive environment is important to you and something you actively work to improve and maintain in the practice. This includes posting information about continuing education and DEIB

coursework (AVMA's Brave Space Certificate Program, Purdue Certificate for Diversity and Inclusion in Veterinary Medicine, Project Implicit, etc.), actively using preferred pronouns, displaying gender-neutral bathroom signage, and posting the Gender Identity Bill of Rights.

Among your current group of externs and one of your mentees is a veterinary student, Jay, who has very little experience interacting with clients of different backgrounds and/or social/gender or sexual orientations from himself. You often see him get flustered talking to clients. A long-term client pulled you aside and expressed concerns about Jay's communication after he misgendered their partner and did not understand when the client tried to explain their pronouns. In addition, another technician said certain clients sometimes appear confused or rushed after Jay talks with them, and Jay often seems very stressed after talking to certain clients. When you try to talk to Jay about it, he says he is ok with other people's "lifestyle choices" as long as he does not have to hear about it. Jay says he wants to be respectful, though, and as an alternative to using pronouns, he will note the clients' names before entering the room and use those instead. Jay apologizes to you and says he did not mean to offend anyone. He says that just "isn't the way he was raised" and that he respects you and your leadership. In consultation with the practice owner and practice manager, you decide to address client communication around sexual orientation and gender identity with Jay.

Case Study 3 Questions

What power dynamics and aspects of privilege are involved in this situation?

Sample answers:

- Mentor-mentee relationship
- Future doctor to staff relationship

- Jay's privilege as a cisgender, heterosexual male
- The doctor/veterinary student/client relationships

What are important points to remember from a mentor's perspective for difficult conversations?

Sample answers:

- Maintaining trust between mentor and mentee
- Establishing boundaries in the relationship and the conversation
- Providing psychological safety for mentor and mentee
- If the mentee engages in inappropriate behavior that strays into discrimination, then they require correction.
- Using conflict management strategies, including listening to hear, not to respond, honest communication, giving space for processing, etc.

What additional resources could you provide Jay?

Sample answers:

- Resources recommended under the Resources tab at aaha.org/mentoring.
- AVMA Brave Space
- Gender Identity Bill of Rights
- Project Implicit
- Kirwan Institute Implicit Bias Training Modules
- Why Pronouns Matter

What would be a line-crossing interaction in this communication from the mentee? When do you no longer have a responsibility to try to understand?

Sample answers:

- Refusing to respect established boundaries
- Unwilling to learn and accept criticism
- Refusing to respect the gender identity of coworkers and clients despite education and correction on the topic
- Displaying nonverbal actions that still telegraph discrimination against coworkers or clients

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Guidelines at a Glance

3/2/1

This is a tough time to be in the veterinary profession, and you want your veterinary team to be as happy, resilient, and fulfilled as possible.

Effective mentoring is key to attracting and retaining veterinary professionals, and you can set your practice apart by making mentorship part of your culture. The 2023 AAHA Mentoring Guidelines show you how to implement effective mentorship strategies to improve your practice's recruitment and retention and your team's job satisfaction.

These guidelines answer key questions to help you invest in your team's professional growth, like:



What are the different kinds of mentoring models?



How can mentoring benefit my business?



How can mentorship programs increase Diversity, Equity, Inclusion, and Belonging (DEIB)?

3 Takeaways



- Mentorship remains vital at all career stages and may be particularly important during career transition periods, such as when veterinary and veterinary technician students transition into veterinary practice.

- Mentoring isn't the same as coaching, although these concepts are often confused.



Coaching = Helps the coached individual achieve a specific goal or mastery of a task.

Mentoring = A relationship in which an individual invests personal knowledge, energy, and time to help another individual develop.



- Successful mentoring relationships define boundaries, set clear expectations, and establish psychological and physical safety.

2 Actions



- Remember you don't have to reinvent the wheel if you want to launch a mentoring program in your practice. Access the resources in the guidelines to help you get started.



- Assess your own readiness to become a mentor/mentee by engaging in self-reflection and clearly defining your goals. The guidelines offer a series of steps on how to initiate mentoring relationships.

1 Thing to Never Forget



- Key steps to effective mentoring include thoughtful mentor/mentee selection, access to mentors/mentees, evaluation and continued re-evaluation, and troubleshooting when the relationship isn't working.



Guidelines

Ready to bring your team to their highest potential?
Get started now at aaha.org/mentoring.

The 2023 AAHA Mentoring Guidelines are generously supported by Merck.

Central LINE

THE AAHA PODCAST

AAHA is excited to bring you a brand-new series of conversations hosted by Dr. Katie Berlin to help veterinary teams simplify the journey towards excellence—which we know encompasses so much more than the medicine.

CENTRAL LINE, the official podcast of the American Animal Hospital Association, aims to help veterinary professionals in all roles, from client care to practice owner, provide exceptional care for animals and the people who love them.

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Episodes







 **Stress First Aid for Veterinary Professionals, with Melyssa Allen, MA, CHWC, DipACLM**



 **Technology and Empowered Vet Techs: Changing the Landscape of Vet Med, with Katie Cutter, DVM, DACVO, and CEO of BoosterPet and Katherine Medina, LVT, BoosterPet's LVT/VA team manager**

Not a subscriber yet?

See what you missed—and what's coming up

-  Beating the Bad Review Blues
-  Talking to Clients about Science
-  Marketing when You Can't Take New Clients
-  Strengthening Bonds through Technology
-  A Team Approach to Pain Management

90 Years

When AAHA was founded in the early 1930s, veterinary medicine was changing from a focus on large animals to family pets. At the time, few veterinarians treated dogs and cats: Facilities were ill-equipped, surgery was crude, and there were no formal roles for technicians and support staff. AAHA founders recognized a need for conformity of care, so they formed the association to promote high standards in the small animal veterinary community.

Office call	\$1.70
Ambulance pickup (up to 5 miles)	\$2.38
Rabies vaccination	\$2.50
Scaling teeth (no anesthesia)	\$3.59
Castrate tomcat (anesthesia)	\$3.71
Boarding (dog) per week	\$5.87
Spay dog	\$10.57
Fracture reduction	\$11.75
Leg amputation	\$13.50
Average cost to open a new practice	\$2,500



1962 — AAHA executive board in session



1971 — Seminar in Fairbanks, Alaska



1981 — “You and Your Pet” client brochures



Mark L. Morris, Sr., DVM,
AAHA Founder and
President 1933–1935

November 9, 1933
AAHA is founded by seven leaders of the veterinary profession



1933
AAHA accredits its first practices



1940s
AAHA evaluations are done by neighboring members. Inspectors were volunteer member veterinarians who donated their time and all expenses



1960s
The first paid practice consultants are hired, and AAHA grows into a more professionally managed organization

of AAHA



1964 — Cardiology–resuscitation seminar



1981 — Cheryl Chrisman, DVM, speaks at a regional AAHA meeting



1977 — AAHA members appear on the Detroit news show “All About Animals”



1980 — The Stratton Mountain Boys perform at the AAHA annual ski meeting at Stratton Mountain in Vermont



1965
The first issue of *JAAHA*, AAHA's peer-reviewed, bimonthly, scientific journal, is printed



1968
AAHA's publication *Standards for Animal Hospitals* is printed and widely distributed



1970s
The role of “animal health technician” is a new and rapidly growing career in the '70s. AAHA partners with Purdue University to present an intensive program for technicians



1974
AAHA headquarters gets its first computer

AAHA-Accredited for 90 Years and Counting

Congratulations to these practices that have maintained their AAHA accreditation for all the association's history!



**River Bend Animal Clinic
in Moline, Illinois**



**Tennessee Avenue Animal Hospital
in Cincinnati, Ohio**



1983 — AAHA President John McCarthy, DVM, and Immediate Past President Robert Featherston, DVM, sign the AAHA 50th Anniversary commemorative poster



1995 — AAHA Annual Meeting



1985 — Behind the scenes of AAHA's national public service announcement promoting accreditation awareness to pet owners, which was seen in 65% of US households



1989 — Volunteer Ashley Dixon and Brenda Berg, AHT, at Cheyenne Pet Clinic in Cheyenne, Wyoming



1997 — AAHA Far West Region Director Douglas Chang, DVM, test drives a demo of AAHA's brand new website at the 64th Annual Meeting



1980s

AAHA adds services in veterinary practice management and relocates from Indiana to Denver, Colorado



1985

The first issue of *Trends*, AAHA's practice-management magazine, is printed



1995

Dr. Clayton MacKay is the first Canadian to serve as AAHA President, an event widely appreciated by AAHA members throughout Canada



1998

The Distance Education Veterinary Technology Program (DEVTP) starts as a partnership with AAHA and Cedar Valley College



2003 — Travelling exhibit called “AAHA! Driving Excellence in Veterinary Practice” drives across the US to highlight client service and patient care best practices



2003 — AAHA gives educational presentations to veterinary professionals and pet owners



1985 — AAHA publishes the first Trends Magazine



1990 — Trends enters the '90s



2010 — AAHA sponsors Puppy Bowl VI



1993 — The first veterinarian in space, AAHA member Martin J. Fettman, DVM, PhD, took this US flag and AAHA member patch with him aboard the space shuttle Columbia

AAHA-ACCREDITED HOSPITAL DAY JULY 22

July 22 is AAHA-Accredited Hospital Day!

AAHA members, you're invited to show your AAHA pride as we celebrate 90 years of excellent veterinary practices like yours. Watch AAHA's social media and tag your posts #AAHADay.



2001
AAHA forms the Standards Enhancement Task Force for a major overhaul of the AAHA standards process to improve quality of care, client service, and practice team training and utilization



2020
Due to the COVID-19 pandemic, AAHA performs its first 100% virtual evaluations



2022
AAHA accredits its first international practice: Daktari Animal Hospital in Tokyo



2023
AAHA is still the only organization to accredit companion animal veterinary hospitals

Help clients address behavior challenges at home.



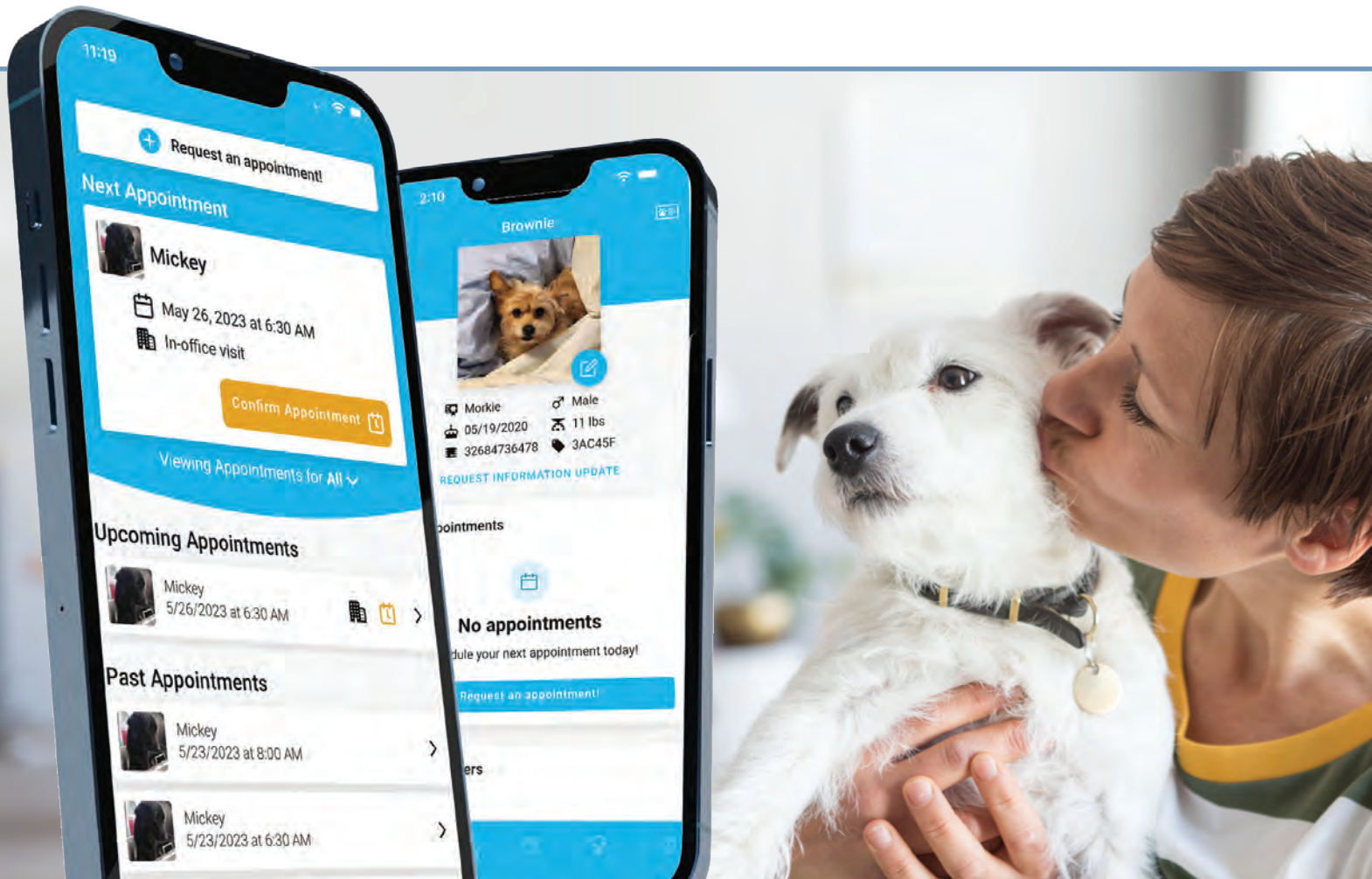
Pull pets back from the brink of bad behavior.

Developed by veterinarians and board-certified veterinary behaviorists, AAHA's pet behavior brochures offer clear guidance to resolve the 18 most common problems clients face with their furry friends. With fun graphics and easy-to-understand content, these take-home brochures are the perfect way to educate clients while strengthening the human-animal bond.

Order individually or as a set.
Visit aaha.org/pbb or call AAHA at 800-883-6301.



Compliant with AAHA's behavior management guidelines



Digital Tools: The Key to Engaging Your Pet Owners and Growing Your Business

The following is sponsored content from MWI Animal Health

Today's veterinary practices need to ensure that the new generation of Millennial customers are getting exceptional care for their animals, in a way that meets not only their technological needs but also their expectations for the care experience and relationships with the practice.

This can be a daunting process for practices already trying to keep up

with the challenges caused by staff shortages, the drive to add new treatments and new approaches to care, while also working to grow their businesses and continuing to respond to clients' evolving needs.

However, in order to thrive, vet practices should prioritize delivering the kind of experience that Millennials want, and increasingly expect, by adapting

to the modern clinic experiences that digital tools can facilitate.

Millennials now outnumber Baby Boomers as the largest living adult generation in the United States, according to population estimates¹ from the US Census Bureau. According to Ypulse (a research company that specializes in Millennials and Gen Z), some 76% of Millennials

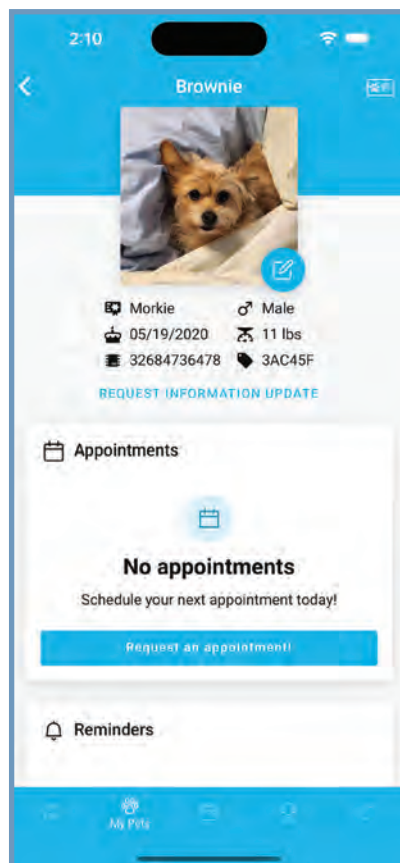
own pets, and are three times more likely to be pet parents than they are to be parents of children.²

Millennials consider taking good care of their pets a priority and are willing to commit time and significant financial resources to ensure their companion animals are healthy.

Pet health and wellness represent a significant portion of the \$136.8 billion US pet industry. Preventive medicine, telehealth, and routine care are becoming more accessible (and more recommended by vets) and boosting the pet healthcare market. According to data from the American Pet Product Association, pet owners spent \$35.9 billion on their pets' health in 2022, projected to rise to \$37 billion in 2023.³

This does not mean all clinics need to focus on flashy tech, although some might choose to do so. Rather than focusing on “tech for tech’s sake,” veterinary practices should use technology to improve outcomes for their patients, provide more benefits to practice teams, and deliver specific benefits, such as extended reach, removing barriers, automated processes, supporting decisions, and accelerating action and feedback.

The effects of an increasingly digitized world reach into every corner of our lives. As a result, consumers demand greater connectivity and faster, more powerful technology. In order to win and keep Millennial clients, veterinary practices need to provide the professional, friendly care which all generations expect, and add the digital communication capacity to reflect that Millennials expect the tools they use in other aspects of their lives to be offered by their vets.



1. A new approach for a new generation

Veterinary medicine is a service profession, which means the practice offers proactive customer communication that both educates and reminds people about the practitioner-recommended care their pets need.

Millennial clients look for a consumer experience that offers ease and instant gratification. The standard routine of calling a clinic, being placed on hold, and then trying to sync schedules based on availability no longer fits. Other historical norms, such as maintaining paper medical records, can bog down the efficiency of staff and negatively impact the pet owner’s experience. But there are multiple proactive communication

touchpoints that—if digitized—can revolutionize your business. They can also position your practice as modern, innovative, and at the cutting edge of the user experience.

Millennials want pet healthcare to resemble the best of human healthcare, which is a high-touch and personalized experience. Simple measures, like appointment reminders sent via text, are well received, as indicated by a recent survey of Millennial pet owners, which showed that the majority of respondents wanted to receive such notifications.⁴ That said, practices need to strike the correct balance when communicating with customers by prioritizing quality over quantity of outreach. Millennial pet parents are savvy and will recognize a generic, blanket email by the subject line. If your practice’s communications aren’t tailored enough, they’re likely to be left ignored and unread, leaving customers with a subpar impression.⁵

Rather than requiring veterinary team members to remember everything about every patient and who needs what treatment, preventatives, or wellness visit next, your practice can automate routine connections, which will help keep your clients happy and your patients healthy.

2. Having the right tools

In our role of partnering with veterinary practices to give them the tools they need, AllyDVM provides the most sophisticated suite of software services in the veterinary industry to support maximizing patient outcomes, client satisfaction, client retention and practice growth.

These include:

- Our **Retention Calendar**, which helps grow revenue through improved client retention.
- Our **Client Communications product**, which allows practices to communicate via email, text, and/or postcards to enhance staff–client communications with direct messages from the practice.
- Our **Pet Owner Rewards Program**, the industry’s first automated rewards program for pet owners, enables practices to compete with box stores and commercialized websites, which are steering clients away from their local practices.

3. PetPage® Patient Portal

In addition, AllyDVM’s recently relaunched PetPage Patient Portal helps bridge the gap between veterinary practices and their clients, enhancing transparency and improving client retention.

PetPage’s newly enhanced framework prioritizes the user experience, adding functionality and customer tools that create a connected communications platform, making it easier than ever for pet owners to stay connected with their veterinary practice and manage their animals’ health.

In this way, pet parents can easily request appointments and prescription refills, view medical reminders and practice announcements, manage their communication preferences, and more—all in one place.

“The latest iteration of PetPage reflects a new generation of today’s pet owners, putting even more power in their hands when it comes to their animal’s health,” said Courtney Carter, Vice President, Head of AllyDVM, a part of MWI Animal Health.

For veterinary practices, the new PetPage application introduces the unique ability to customize the in-app colors and branding to their specific practice. Once clients log into their PetPage account—either online or through the iOS or Android app—they will see an experience that is

customized just for them, complete with the practice’s logo, imagery, contact information and more.

Carter noted, “We’ve created a robust platform which allows veterinary practices to offer a customizable experience that puts the focus on their patients, and gives owners the ability to manage their pet’s health right at their fingertips.”

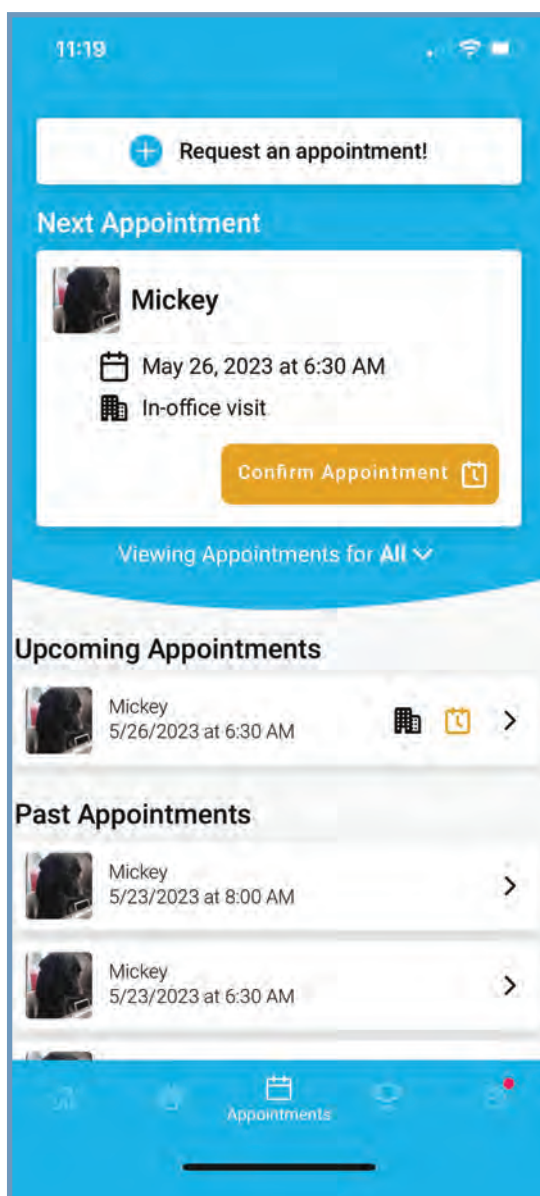
The app’s capabilities have evolved to meet the on-demand needs of pet owners and veterinary practices, with the updates designed to

streamline communication and convenience. Whether it’s to make an appointment, refill a prescription, or set a reminder, PetPage empowers pet owners to care for their animals. For veterinary practices, this allows them to save time and staff resources when managing and connecting with their clients, as well as personalizing the experience they can offer.

4. Supporting a unique relationship

Millennials value trust and loyalty highly in their relationships with their veterinarians. Digital tools support that relationship by giving pet owners the confidence that their veterinary practice will be available for them whenever they need.

Technology does not replace the good relationships that drive the success of your veterinary practice—whatever





generation of pet owners you are serving. However, it can enhance the interactions between your veterinary team and pet-loving owners that make exceptional healthcare possible for the millions of veterinary patients who cannot speak for themselves. It also frees staff from frustrating, stressful, and time-consuming administrative activities, which can be achieved through technology.

In order to win and keep millennial clients, veterinary practices need to provide the professional, friendly care which all generations expect, and add the digital communication tools that millennials are accustomed to using in other aspects of their daily lives.

Choosing tools that meet your practice's needs for Millennial pet owners is a game changer, impacting everything from your clients to your team to your revenue stream. The right tools increase client retention, engagement, and compliance and

streamline processes for your staff. All of this results in happier clients, happier pets, happier staff members and, we hope, happier veterinary practice owners.

Sources:

- ¹ Pew Research Center: Millennials overtake Baby Boomers as America's largest generation
- ² YPulse: 76% of Millennials Are Pet Parents—Here's What They've Been Buying for Them
- ³ APPA: Pet Industry Market Size, Trends & Ownership Statistics
- ⁴ National Library of Medicine: Medical Updates and Appointment Confirmations: Pet Owners' Perceptions of Current Practices and Preferences
- ⁵ The Veterinary ally: A comprehensive communication solution; July 26,2021, dvm360, Volume 57

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Navigating the Waters of Staff Retention

Leadership, Team Building, and Accountability

by Jenn Galvin

I would not describe myself as an athlete. So, for me, and many of my employees, paddling a kayak for 12 miles against a river current was hard, and we were sore for a few days after. We had a great time though, and would do it again because we laughed, adventured, and suffered together.

This kayak outing is the eleventh staff trip that my business partner, Erika Cartwright, DVM, and I have planned since opening our hospital in 2012. When we created Advanced Animal Care, we made it a priority to put our employees first. In the past, Erika and I have both worked for hospitals with high turnover that were unable to retain top talent. We watched our co-workers and friends leave because leadership couldn't get it right. We have worked hard every day to ensure that our people know they matter and that they feel connected to the hospital and the culture we have built over the last decade.

Hospital leadership has the biggest impact on employee retention. If you are a leader in your hospital, you can be the reason someone stays or someone quits. I've had bosses who made my days as an employee feel like an absolute dream. They were positive, cared about me as a person, made sure I had what I needed to get my job done, and made me feel like I mattered. I've also had bosses who I'm pretty sure were from the ninth realm of nightmares, only



Hospital leadership has the biggest impact on employee retention.

showing up to collect their paycheck, and making everyone around them sorry they crossed their path before clocking out early to spread negativity throughout the land. Don't be the nightmare. These are some of the things I recommend putting into place before you're having to plug the holes in your boat.

10 Ways to Practice “Preventive” Employee Retention

I am a fan of preventive rather than reactive medicine. It's the same when it comes to employee retention. Planning ahead can save you from big and costly headaches later.

1. Take care of yourself first. If you are a leader, you need to take care of yourself if you have any hope of taking care of those in your charge. Focus on what's important to you, prioritize yourself, and make sure other leaders in your organization are doing the same. There are many ways to ensure you are living your best life. Things that have worked well for me include getting off the hyperfocus carousel of stressful stuff I have no control over. I stop doom scrolling through negative social media and instead find the things that bring me peace. I appreciate the small things in life and take the time to notice them. This doesn't have to be life-changing stuff. It can be as little as acknowledging not having to wait at that annoying red light to merge onto the highway that day, or that the dad joke I told to my niece made her laugh (and probably roll her eyes).

2. Be intentional about leaving work at work. I say the words: “No, but thank you for thinking of me,” more now than I ever have before because it prolongs my sanity. If commitments have you spread too thin, you won't have room or patience to care for others. It's also important to find things outside of work that you enjoy. I am a veterinary practice manager, but that isn't all that I am, and it certainly doesn't define me. I am a painter, a dog mom, an obsessive nature walker (I don't hike much; I told you, I'm no athlete), and I love playing nerdy tabletop role-playing games. The last thing on my soapbox checklist? We've got to eat better, sleep better, and get enough exercise.

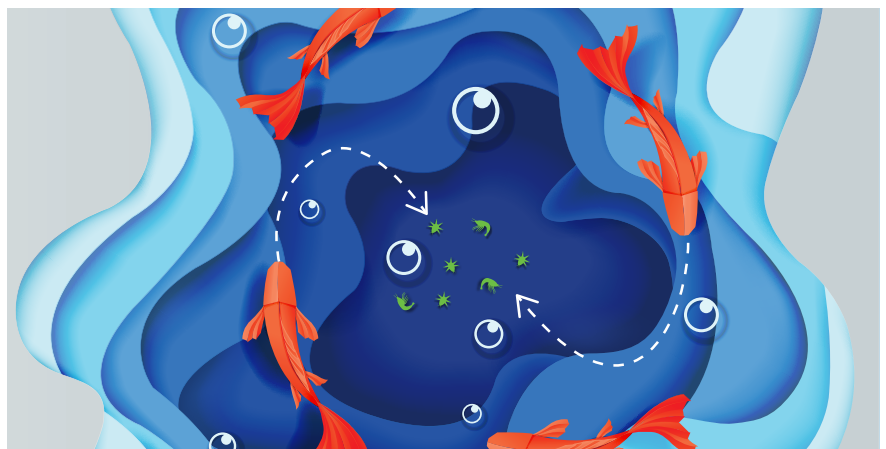
3. Have a purpose that everyone understands and communicate it often. My team works harder when they know what they are working toward and why their work matters. Explain what you want your team to accomplish

and why you want to accomplish it. Tell your team why their commitment is important to you and how it will affect the people and pets at your clinic.

4. Create development plans and check on employees often.

People leave their jobs when they feel like there's nowhere left to go or grow. If your employees are waking up and thinking “is this seriously it, forever?” they may quickly lose purpose and motivation. I highly recommend implementing individual one-on-one meetings at least every six months where you sit down at a scheduled time with each team member. You check in with them, take their burnout pulse, encourage open communication, and touch on goals that they have.

I also set calendar reminders to follow up with employees periodically to help keep them on track with the goals they have set. Touching base allows you to provide resources they might



Hold your team accountable. Not only does it help motivate them to get things done, but it also helps create a culture based around accountability.



need and hold them accountable for the things they are working on. If they have no goals, it is your job to work with them until they find something, anything. There is always more to learn at a veterinary hospital.

5. Hold your team accountable.

Not only does it help motivate them to get things done, but it also helps create a culture based around accountability. Humans generally want to have a good reputation, and if they understand that they are directly responsible for their outcomes—good or bad—they will work that much harder to get it right. Have a project or goal you want your team to work on? Tell them, be clear about what your expectations are, and periodically follow up with them to check in.

6. Know when to let someone go.

If you have an employee who doesn't belong in your practice, please terminate them. You know the employees I'm talking about. The ones that make everyone's day worse, that call in sick all the time, spread negativity like it's confetti, or don't play by the rules everyone else seems to follow. If you have been empathetic with an employee and have given them all the tools, all the coaching, and all the resources they need but they still won't do what you need them to do, I beg you to please liberate them from your team. You'll drive great employees away when you keep that mean technician on your staff because they are really good in surgery but terrible for your

Jenn's Employee Satisfaction Survey Tips

To see where you stand, I recommend using an anonymous survey platform, like SurveyMonkey, to see how engaged your employees actually are. Don't take the results personally. Look at it as a chance to grow a better culture and bond your team together. Only poll your people every few months at most. (Question fatigue is real.) Once you get results, act on them! If something is confusing, get more team input.

Keep these surveys simple by asking 10 or fewer questions at a time. I ask both scored and open-ended questions.

Scored—On a scale of 1 (Strongly Disagree) to 5 (Strongly Agree) rate the following:

- I would recommend working here to others.
- I can imagine myself still working here in a year.
- I work harder for this hospital than I would at another hospital doing a similar job.
- I understand what is expected of me.
- I feel like management cares about me and believes in my goals.
- I have the tools I need to do a great job.
- When I go above and beyond, I'm recognized for it.

Open-ended—Please answer the following questions:

- What do you love about our hospital?
- If you could change one thing about working here, what would it be?
- What could we be doing better?
- If you had a magic wand and could make something appear, what would it be?
- If you had a magic wand and could make something disappear, what would it be?



If you have been empathetic with an employee and have given them all the tools, all the coaching, and all the resources they need but they still won't do what you need them to do, I beg you to please liberate them from your team.

culture. Have the discussion, be clear with expectations, hold them accountable, and if they refuse to budge, it's time to move on.

7. Assess compensation and benefits annually.

No matter how good an employee feels about the culture of your clinic, they may look elsewhere if they feel like they are not being compensated appropriately for their work (or can't pay their bills). It's even better if you can show wage transparency by implementing pay scales, offer a bonus program to reward employees surpassing clinic financial goals, and provide regular cost of living and merit-based raises. It needs to be clear to employees what they need to do to earn more.

8. Think like your team members.

What does working at your hospital look like for someone through the entire employment journey? Evaluate your attracting, interviewing, hiring, onboarding, working, and departing processes. Break down the working process further by examining how

employees are being engaged and developed while at this job. What are you doing as a leader to motivate, encourage, and reward your team?

9. Get out of your team's way.

Micromanaging is the worst, so don't hover. If the team gets it right, celebrate the hell out of it! If they get it wrong, it's a learning opportunity where you'll need to implement a small course correction, tell them to paddle a little more to the right, then encourage them to keep going. Usually with your coaching and guidance they will land at the finish line and perform even better in the next race.

10. Openly communicate, ask questions—and then sit on your hands.

Employees have such valuable information to share with management if we take the time to listen. It takes work, but creating a culture where employees can share their ideas, issues, and criticisms without fear of getting in trouble or being shut down will keep them engaged and employed with your practice.

The Power of Caring

My most valuable leadership advice is: Care about your employees. I mean really care about them as people. If you aren't or can't be that person, hire or promote someone who can. Have an open-door policy that allows employees to speak with managers regarding any concerns they may have. Get to know your team and appreciate the heck out of them. Ask them what their favorite things are—colors, ice cream flavors, coffees, etc. Do they enjoy written or verbal praise more? Public or private? Find out what their love languages are and reward them accordingly.

When someone does something great, tell them and tell others. Share amazing client reviews, celebrate anniversaries, share wins together, and laugh together. Go on a trip outside of work together. (Yes, this costs money. What would happen if you raised the cost of your exam by one or two dollars? What could you afford to do with your team?) Employees need to know you see them. They need to know you care. They need to matter.

A workplace with reasonable compensation, growth opportunities, open communication, and one that truly cares about its people stands a much better chance at keeping badass employees for the long haul. ✨



Jennifer Galvin is co-owner and practice administrator for Advanced Animal Care in Arizona. She is a founding member of Uncharted Veterinary Conference and loves to read, play D&D, and has some artsy hobbies.



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Improve Client Service with Virtual Staff



Outsourced labor can save the industry if we can believe our outsourced team is an extension of us: As compliant, caring, and trained as our own hospital staff.

Remote Workers for the Win

by Sachin Trivedi

Here is a scenario you may have encountered: Your receptionist calls out sick. Shrug shoulders, accept it, let the rest of the staff know they'll have to cover today—handling the stat cases AND answering the phones in three rings or less. Storm clouds brew and stress levels rise.

Then the salty client arrives. It all trickles through the hospital. Forget all the good we do; our day is ruined. Rinse and repeat, resulting in staff turnover and frustrated clients. We're here because labor is tight and time is finite. There doesn't seem to be anything we can do today that will make tomorrow better.

But what if we could? What if we outsource some of today's administrative reception tasks and tomorrow's technical tasks? Outsourced labor can do a lot toward solving this problem when we believe the virtual team is an extension of us—as compliant, caring, and trained as our own hospital staff.

Give Your Team the Gift of Focus

The client's interaction with your brand happens before they even step through the door. It starts the minute they look you up online: How you show up in search results, what your website looks like, and the options available on your homepage all make an impression. Then there's what happens when they pick up the phone and call your practice.

Every client interaction has a trickle effect. Take this scenario: An already stressed team member is trying to do several tasks at once, including answering the phone. Because they're being pulled in several directions, they rush to get a client off the phone, resulting in a mistake, which leads to the client yelling at them.

When clients receive focused, positive attention, they are happier at the door and more likely to comply later on. But where do you find the energy and employee resources to provide this focused attention when team members are responsible for multiple roles within the practice all at once?

Try to think of three tasks that could be outsourced at your hospital to allow more focus. Maybe it's collecting intake information and gathering medical histories for a new client appointment. Maybe it's managing routine administrative tasks that are often overlooked by stressed staff. When applied thoughtfully, virtual support can benefit everyone because it allows the team in the hospital to focus on the pets right in front of them. ✨



Sachin Trivedi is the executive chairman of Pet Pit Stop.



Being the Leader You Needed

A Conversation with the Founders of blendvet

Interview by Katie Berlin, DVM

When you ask Nicole Bruno, DVM, to tell you why she started her company, blendvet, her face lights up, she takes a breath, and then she's off—and you'd better be ready, because you'll want to bottle some of what she's got.

Bruno and Genine Ervin-Smith, DVM, MPH, were friends at Tuskegee University during their preveterinary studies and reconnected in 2022 as veterinarians and leaders with a vision. As blendvet's CEO and COO, respectively, Bruno and Ervin-Smith have set their sights not only on being mentors and setting an example for young would-be veterinary

professionals but also on doing the same for veterinary practices and managers who may not realize how important seemingly small actions can be.

Nicole Bruno: Growing up in New York and not seeing myself in the role of a veterinarian was always something that bothered me. My mom was a teacher and she provided me some exposure and resources through books, but I didn't really have that mentorship as a child. Shortly after saying I wanted to be a vet, my younger sister said she wanted to be a vet, and it became

a family mission, all of us going and doing events and activities, and feeding stray animals in the streets of Queens, New York.

And it ultimately led me on a journey to Tuskegee University for undergrad because my mom felt that it was important for me to see representation, and that is where I met Dr. Ervin-Smith. It was Tuskegee that really showed me what it was like to belong in this profession and to be guided and mentored by my professors and have classmates like Genine that were trying to get to the same goal of vet school.

And when it came time to apply to veterinary school... I applied to Cornell and was accepted, and had that moment of, “Oh, I don’t know if I want to go,” because I didn’t want to go back into the world of being the only and lonely, and I had no idea what my class would look like. I knew what my class at Tuskegee would look like.

I ultimately went up to Cornell. No regrets. I had one of the most diverse classes in Cornell’s vet school history, and my classmates and I founded VOICE.

And that was so instrumental in how we have gotten here... I had that sense of belonging at Cornell, even though I wasn’t the majority. VOICE became a national organization, [with] chapters in other veterinary schools, and it was something that my sister was able to benefit from. And I started to realize that I’ve always walked into places in veterinary medicine seeing it from the perspective of my vantage point, but also knowing that my younger sister is coming behind me, and what was I going to do to create a change so that [those places] didn’t have the same environment for her?

I felt like I did such great work at Cornell with my classmates, with VOICE, but then you graduate, you go into the real world, and it’s back to the same stagnant culture of vet med... I felt very disengaged because I didn’t feel like my voice mattered. I didn’t see myself in any of my colleagues, even the staff, and I felt such a disconnect with the clients that we serve because we weren’t able to provide any kind of education. If there were language barriers, these were important to me because I’m biracial and my father’s

Colombian, and I grew up hearing Spanish. I’m not fluent in it, but I understand enough to help, to start, to know that we need to do more.

I realized that, as an associate vet, there was not much I could do to change culture. And when I had an opportunity to step into a leadership role, I did, and when I looked at the community that we were serving, I made sure that I hired people to [address] those barriers. And that’s when I fell in love with vet med again, because I was like, “I can change the culture. I can create the change that I want to see.”

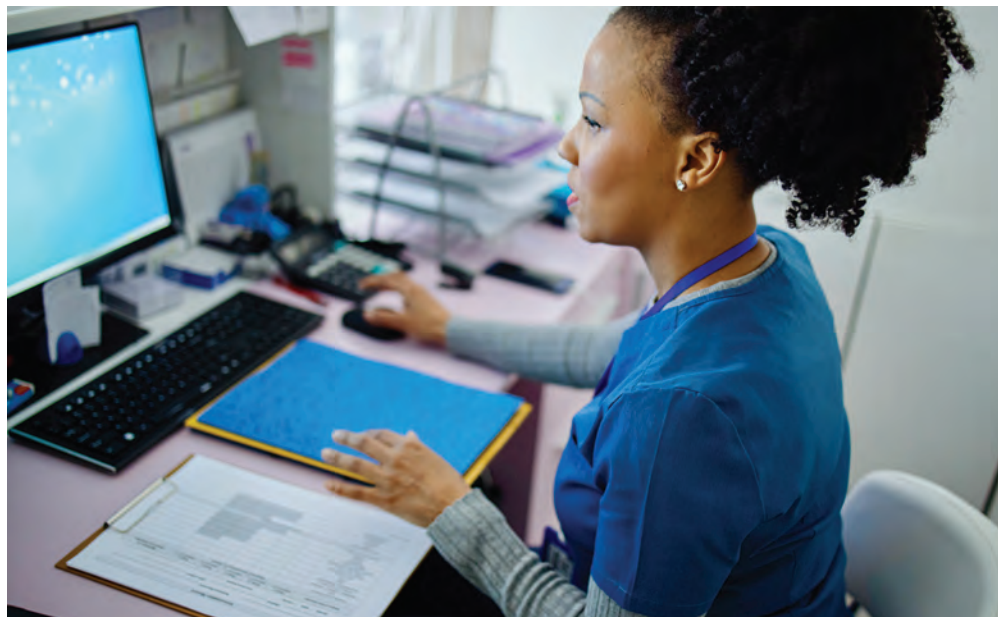
I moved to Houston in 2017, and I worked in a corporate hospital... through the pandemic. The pandemic obviously changed us all, but I think it definitely required leadership to change their mindset.

And I realized that how I had been led was not how I needed to lead my staff. Right before 2020 happened, I [thought], “I’m ready to do more in

the DEI space... I want to create more of a monumental change within the industry.” And I started making some phone calls, started getting myself better educated. I took the Purdue [DE&I] course, the [AVMA] Brave Space course, and I thought about how I wanted to create a program that not only taught individuals about DEI but made it more [about] where we can apply it into daily practice, and I came up with the concept of BLEND.

The letters of BLEND stand for the pillars, or the values, of the program: Building relationships; Leadership; Education and equity; Navigating the unknown; and Diversity, inclusion, and belonging.

And through those pillars, [we are] infusing DEI within the hospital so that everybody, whether they’re a client service representative or a practice manager, should be able to take something from it and apply it to their role and create the culture that makes people want to stay—but also make students of color or marginalized



groups see themselves in this profession, and know that when they come work in your hospital, their voice will matter. Because that's all I ever wanted in this profession.

Katie Berlin: Sometimes those experiences where we're not led well, or we're not receiving the support that we need, create really great leaders, because you see that hole and you step up to fill it. I was looking at your website and I just could feel that coming off of the pages, how much you care personally, and I definitely feel that now that we're here together.

And Genine—you met [Niccole] at Tuskegee, so that means you've stayed in touch through being separated?

Genine Ervin-Smith: Actually...

NB: Actually, no.

GES: We hadn't stayed in touch, and we took two different paths. She went to Cornell, and I stayed at Tuskegee. We had pretty similar experiences [in] veterinary medicine. As far as when we connected, it was the earlier part of [2022]. She had been a one-woman show all this time, working to get BLEND started and doing a fantastic job, and I was at a space in my career where that's what I wanted to do as well because of those experiences. It hasn't all been a bed of roses in vet medicine. Although I love it, there are things that we do need to change, and I'm really glad that I'm able to work with Niccole and create that space

to do so. When we think about DEI, it's not just for veterinary medicine. This is something that any profession can use.

KB: I keep seeing statistics that say employees prefer an employer who is making space for DEI initiatives in their workplace and prioritizing those conversations, and yet when you [ask employers] how many of them think it's important, or how many of them would spend money or effort on these initiatives, it's not super high. Where does that disconnect come from?

NB: I think a lot of it is not knowing where to start, and I think when you don't have representation in that leadership spot, you're not able to create that impact. I share a lot of my personal stories because I think



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that's what resonates with people. Sometimes it's very painful for me because it's an experience I had where I had to push back in order to continue being the vet that I wanted to be. But in some cases, in order to really get somebody to understand how impactful they can be, [it takes] hearing my side of things.

When we don't take the time to bring in diverse voices and create that space for diverse talent to thrive, that's what's making leadership not want to invest and see it through, and I saw that during the pandemic.

I was in Houston, [where] a lot of the protests were happening. During the social unrest of George Floyd [and COVID], I lost my grandmother. I lost people that I knew in New York. And that, coupled with the social unrest, coupled with the lack of response in veterinary medicine, just made me unapologetically—I was just tired, and I was ready to speak up because my staff was hurting. They didn't know what the position of our hospital [was], or our company, or what we were going to do to create change. Everybody was just very raw and vulnerable, and that's when I realized that as leaders, we have to meet them at that place. I was able to share with them, "I'm hurting right now, and I think we can all agree that we need to talk about this, and we need to figure out what's the best next step for us as a hospital." I said, "I know you may want to go down and protest, but I need you to work. But this is what we can do to create change."

And not everybody has to do everything. Sometimes we need to find our own lane. Because a lot of

veterinary students were unable to get exposure opportunities during the pandemic, I started Zooming into undergraduate colleges. I started with HBCUs [historically Black colleges and universities] because I'm an HBCU graduate, and I started talking to the prevet clubs about veterinary medicine. I offered a couple of students, before I had to stop due to COVID, to come and get some shadowing experience at my hospital, and I think by doing that, it let my staff see that we may not be able to make a huge, huge change, but we can do something to play a role and help somebody else fulfill their dream during this time.

So I think that my takeaway always is to start off small, but you'd be so surprised, once you make that start, how much the doors open. And... I finally decided to take a leap and leave my job and focus exclusively on BLEND, and I made this announcement on LinkedIn, and here comes my long-time friend to say, "I'm going to do this with you." And she has been a godsend, because at

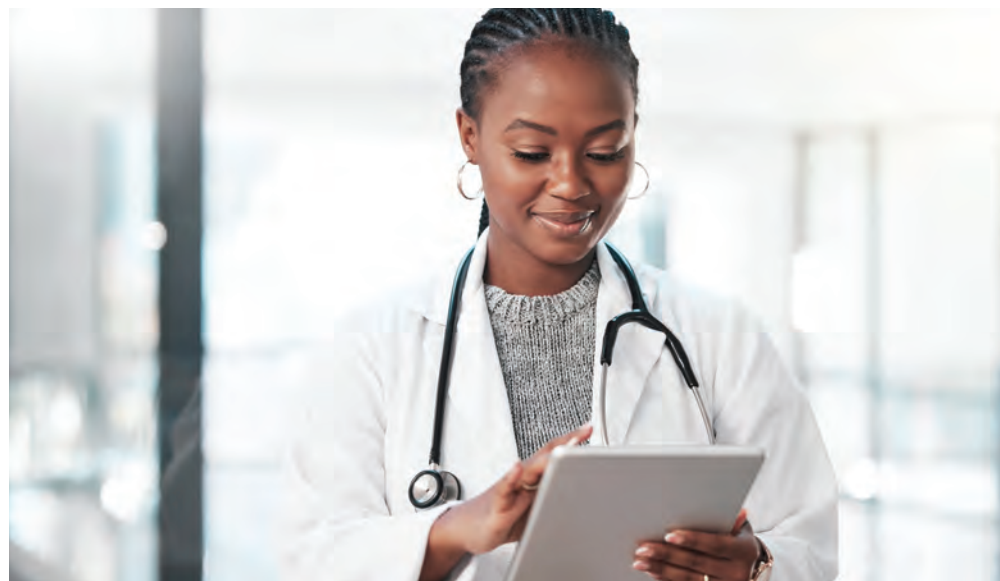
"Most people don't understand that only 3% of [veterinarians], less sometimes, depending on the year, are Black."

—GENINE ERVIN-SMITH, DVM, MPH

that point I was like, "I can't do this by myself," but I knew that I had to keep going until I met somebody that was going to do it with me, and here we are.

KB: Coming from my background of privilege, it never occurred to me that I might not be able to be a veterinarian. It never occurred to me, as a kid, that that wasn't the case for everyone. I think the conversations that you're having and starting and keeping going are so important for kids like I was, who need to be able to see that not everything is going to be the same for everyone, that we're all starting out differently. And... there are a lot of rooms in vet med where, still, not everyone is invited.

GES: Most people don't understand that only 3% of [veterinarians], less



sometimes, depending on the year, are Black. Today we did a pipeline event at an elementary school, and looking and talking to veterinarians that look like them put a huge smile on these kids' faces. Just providing that knowledge and exposure gives them the opportunity to think that they can now do this, because they see someone [doing it] that looks like them. We want to build a pipeline and make a more diverse profession.

KB: What does a better world in veterinary medicine look like to you? What's the number one thing that you would like to see?

NB: I think where I hit the point of burnout was realizing, "Why would I want to encourage students to come into a profession that I didn't feel like I belonged in or had a pathway to leadership in?" I had to create my own company to be a leader. And I want veterinarians to understand that it's just as important to provide a workplace environment [where] everybody who is underrepresented

"I think we all have to examine our privilege and then say, 'Okay, [with] what I had, I can make it better for somebody else.'"

—NICCOLE BRUNO, DVM

can have a voice, can feel as if they belong, because I think that's the key to keeping us in the profession. And [I want to make sure] that when we go to schools, after we leave, they can call another veterinarian in Nashville and say, "Hey, can I get a shadowing experience? Because I just met two vets that I want to be like."

But the reality is, that's not what happens, and my colleagues don't necessarily provide those experiences. I had a lot of students during the pandemic from HBCUs... and they could not find equine externships. They felt like they didn't belong in those spaces. That's why people don't stay. We have to do more on both sides to feed the pipeline and create that culture in our practices that says, "Hey, you belong in this space." That's how we change the world.

GES: We have to create the culture to make them want to stay. I had a lot of technicians that were Hispanic or Black, and sometimes they would not see the support that they would expect to get. It almost felt like us versus them, and they would go somewhere else. In my leadership roles, I stayed to help them understand what we need. I wanted to make sure that they understood what we need to do to make our team members feel comfortable, like they belong. And that's what BLEND is doing: creating an environment not just for DEI, but also for the belonging piece.

NB: And many people live in the communities their hospitals are in. So even if we can start off with community outreach, people feel good. I feel so energized from this morning with the students. They're just so happy, and those are the things where, when we go out and engage with the communities and share what we do, we can feed off that energy. But we have to make sure that these students are supported, not just with mentorship and representation, but the financial aspect of it. There's so much educational debt, and it makes the profession not very appealing when we are already dealing with students that are coming from environments where they're not getting access to education or extra support. They have to go out and get these volunteer hours, and parents can't always take you to a volunteer activity, or they can't even afford to volunteer.



I had privileges in that I didn't have to work in vet school, and I had family that supported me... I think we all have to examine our privilege and then say, "Okay, [with] what I had, I can make it better for somebody else." And it's sometimes as simple as creating that opportunity for them to get exposure or sponsoring a student to go to a program at a vet school. Vet schools have programs, but sometimes it's really hard for students that are underrepresented and don't have the means to get to those programs. Hospitals can sponsor students, and that is why BLEND isn't just about the training; it's about teaching hospitals how they can engage with the community in some subtle ways that create a [long-lasting] effect for one or two students.

If I could do nothing else, [my hope] would be that every hospital in this country will be BLEND-certified.

KB: That's a lot of hospitals.

NB: It's so funny, I had to take one of those assessment tests of your personality, and I got it back and it was like, "You're a visionary." I was like, "Really?"

KB: ...And literally no one is surprised. ✨

Catch the full episode, and every other episode of Central Line: The AAHA Podcast, on major podcast platforms, YouTube, and at aha.org/podcast.



Nicole Bruno, DVM, is the CEO and founder of blendvet, a veterinary workplace and academic certification program in diversity, equity, inclusion, and belonging. She received a Bachelor of Animal Science degree from Tuskegee University in 2002 and went on to attend Cornell University School of Veterinary Medicine, where she and fellow classmates developed VOICE to aid in fostering an inclusive atmosphere for Cornell veterinary students.



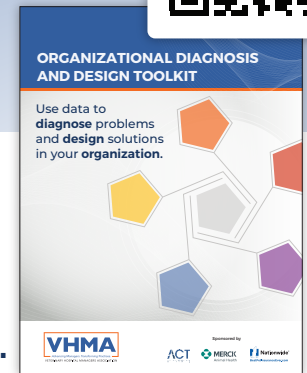
Genine Ervin-Smith, DVM, MPH, is COO of blendvet. She is a two-time graduate of Tuskegee University, receiving a Bachelor of Animal Science degree in 2001 and her DVM in 2007. After veterinary school, she continued in her studies at the University of Alabama at Birmingham to receive a Master of Public Health degree in Environmental and Global Health Sciences.



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

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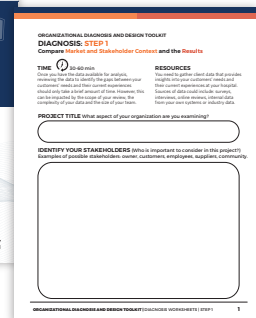


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Lori Dreischmeier, CVT

Technician

Dodgeville Veterinary Service
Dodgeville, Wisconsin

Year started in vet medicine: **1995**

Years with practice: **28**

Nominated by: **Heather Yager**

AAHA MEMBER

Employee of the Month



Why is Lori So Awesome?

Lori is an amazing, hardworking employee. She is very reliable and dedicated. Twenty-eight years with our practice is outstanding. Sometimes she puts this job before herself for the love of the animals. She is our head CVT and plays a big part in running our practice.

How Does She Go Above and Beyond?

Lori goes above and beyond whenever needed. She is always making sure patient care is the number one priority. She is always helping where needed even when she has a million things of her own to do. She never says no to anyone and helps train our new CVTs. She even helps when she has already clocked out for the day. She goes to a few elderly people's houses to care for their pets if they are unable to make it in.

In Her Own Words

Why do you love your job: Many reasons. The friendships I make with our patients and their owners. The ability to watch our patients grow from puppy to adult and into their senior years. Being able to help our patients heal following surgical procedures/injuries. Just to name a few.

Pets at home: Murphy, an almost 3-year-old Humane Society rescue cat, Arie, also an almost 3-year-old Humane Society rescue cat, and Raya, a 7.5-year-old Portuguese water dog (we are her third home).

What brought you to the profession: I grew up on a family farm and taking care of animals was my job.

Hobbies outside of work: Scrapbooking, taking pictures, camping, spending time at the lake and with my friends and family, and fun days out with my best friend.

Favorite book/TV show: I have many but I really enjoy the *Chicago Med/Chicago Fire/Chicago PD* and the *Law & Order* series.

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

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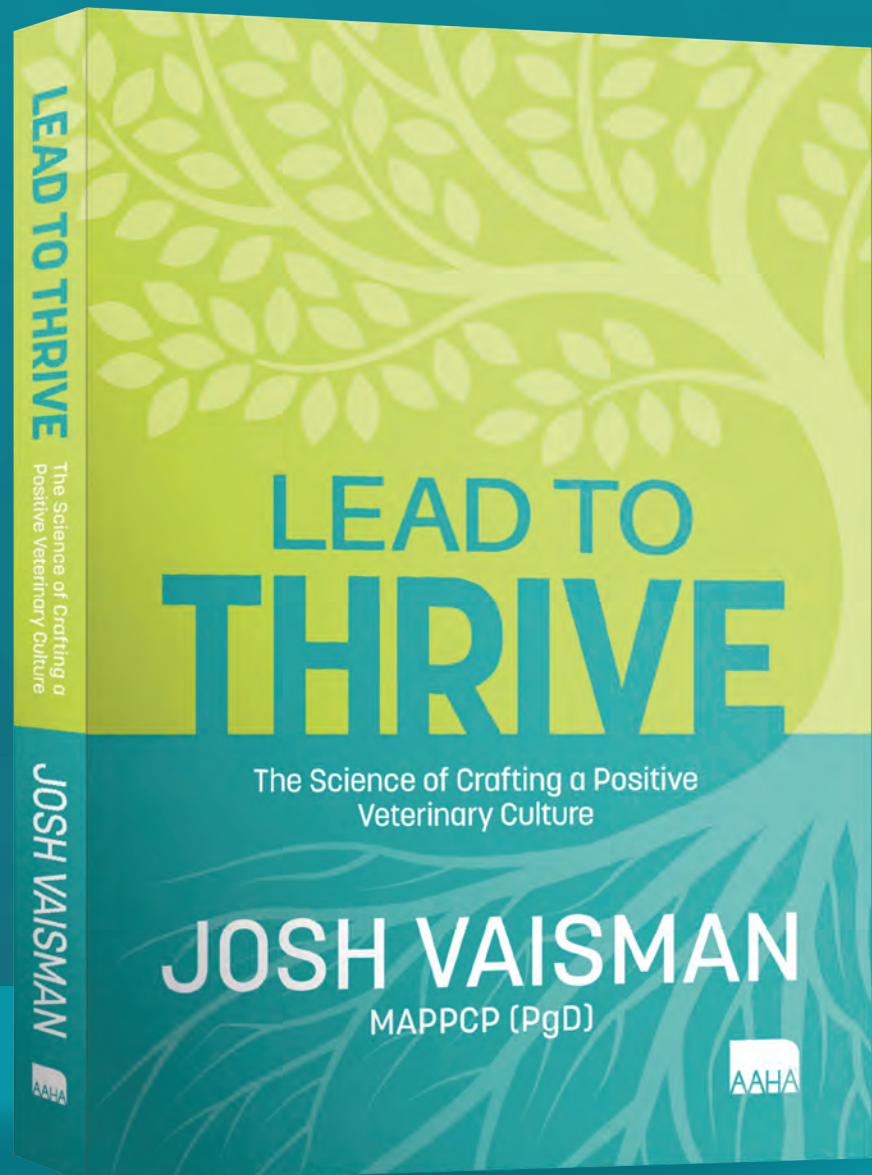
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