

# Trends

magazine



## What's Your EQ?

Emotional intelligence brings a new skill set to a practice **20**

Food for Thought

Keep up with the latest nutrition trends **29**





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# Trends

magazine

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DECEMBER 2014

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[trends.aaaha.org](http://trends.aaaha.org)



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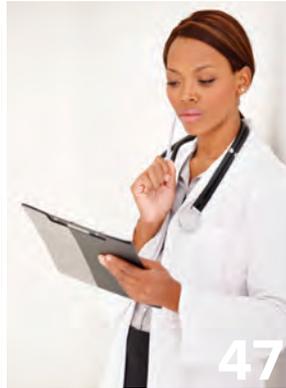
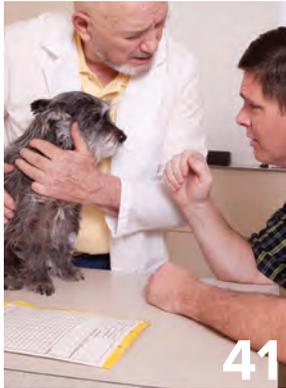
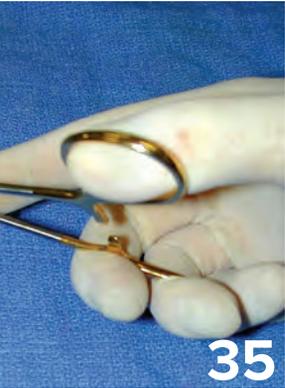


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# from the editor's desk

WHEN YOU THINK OF AN “EMOTIONAL PERSON” versus an “intelligent person,” you might think of an erratic, moody individual who should be avoided at all costs. (Remember your last boss?) But what about an “emotionally intelligent” person?

This month's cover story looks into the question of emotional intelligence (abbreviated as EQ, or sometimes EI, which makes more sense but does not sound as catchy). In a nutshell, emotional intelligence is “the ability to monitor one's own and other people's emotions, to discriminate between different emotions and label them appropriately, and to use emotional information to guide thinking and behavior.” (Thanks, Wikipedia.) Let's face it, if you are receiving *Trends*, you are already an intelligent person. So read on and take it to the next level by boosting your emotional intelligence.

While you are upping your emotional game, take a look at our other feature article and bolster your nutritional knowledge. This important field is sure to grow in 2015 and beyond. We also get into the interesting area of health risk assessments. HRAs, as they are known, have been used in human medicine for years, but they have a place in veterinary medicine as well.

We continue our newest section, “In the Community,” with a practice that has a very special dog who gives new meaning to the words “rescue dog.” If you have a story to share about your practice's activities in the community, be sure to drop us a note and let us know. We have some great stories lined up, but we're always looking for more.

**COMING NEXT MONTH:** Next month we'll take a close look at the latest industry trends and what to look for in the new year. We'll also explore a unique practice that helps to bring sight to the blind through the eyes of some very special dogs and the dedication of some very special people.

As always, let me know what you think at [trends@aaha.org](mailto:trends@aaha.org).

—Ben Williams, Editor

# Hello, Sammy, my old friend.

Looks like the next few years could still be some of your best.



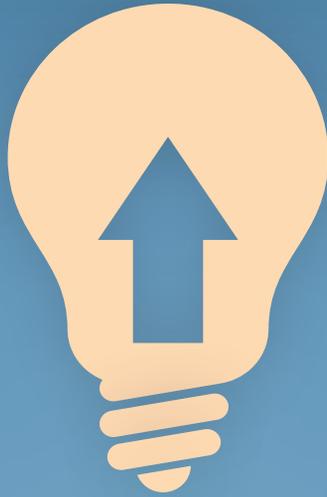
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increase in gross income!\*

\*Average gross income increase for NABA practices after 2 years of membership.

Are you as good at running your business as you are at practicing medicine? How often have you thought, "They didn't teach me that in veterinary school!" when it came to practice management issues? Join one of our NABA (North American Business Association) groups for practice benchmarking and to learn from the successes and pitfalls of your accredited peers.

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# View From the Board

## Nutritious Messaging

HIPPOCRATES ONCE SAID, “LET FOOD BE THY MEDICINE and thy medicine be thy food.” Even in Hippocrates’ day, the effect of food on the body was recognized. Today’s modern research is unlocking new information regarding the impact on our bodies of what passes through our lips.

As a runner, I am very conscientious about what I eat. I try hard to avoid processed foods, salts, and fats. I try to eat fresh fruits and vegetables as much as possible, staying balanced with protein. I know when I have over-indulged on less healthy foods, because I fatigue more easily, gain weight, and have a general sense of malaise. Compare that with the times that I treat my body well, making healthy nutrition choices. I feel better, have more energy, think more clearly, and run better.

Do we really believe it is any different for our veterinary patients? I can speak about how I feel when my nutrition is subpar. Our pets cannot.

Most folks, myself included, feed our pets the majority of their daily nutrient intake from one source: the prepared pet food I select and purchase for them.

That begs the question: How important is the safety and nutritional value of that bag? Very important. Yet, if you are like me, you struggle during the exam to cover all aspects of preventive care. We all agree nutrition for our veterinary patients is incredibly important, but how do we overcome the limited time we have with each client to deliver all of the information we would like to in the short time we have with them?

First, invest in educating your team. Use our industry partners to give our teams the tools to speak to owners with confidence about all aspects of nutrition, from assessing an ideal body condition to how to read a pet food label. This type of education is a win-win for all parties. Second, make the Body Condition Score and Nutrition Assessment a part of every SOAP (Subjective, Objective, Assessment, and Plan). Third, direct pet owner internet searches to reliable sources such as [petnutritionalliance.org](http://petnutritionalliance.org) or [petfoodinstitute.org](http://petfoodinstitute.org), using your own website as the go-to

link site, or provide clients with a bookmark containing your trusted internet information websites.

In the end, what does this all mean for your practice? How can nutrition lead to a healthier client–patient–doctor relationship, and how does that contribute to your practice’s bottom line? Again, nothing but opportunities: increased quality controls found some foods result in a more consistent, reliable product combined with higher-quality ingredients. This leads to higher client satisfaction when owners see a decrease in gastrointestinal upset and/or flatulence, better palatability, and better vitality.

We can do better, fellow veterinarians, in providing solid nutrition advice. Get rid of the word “recommend.” Your clients don’t need you to “recommend” a diet. They are looking to you to offer advice with conviction. Tell them what their pet needs to remain healthier longer. I guarantee if we spoke to our clients with the same conviction the retailers do, we could see a huge increase in food sales in our hospitals.

As a member of AAHA’s North American Business Association (NABA), our practice has recognized the importance of incorporating nutrition to enhance our client–patient–doctor relationship and challenge our level of preventative care. Within our NABA group, we are tracking and measuring our effectiveness in delivering a solid, consistent nutrition message to our clients.

As a group, we are much more effective and accountable than we are alone. For more information on opportunities to join a NABA group, please contact Derek Nagy ([derek.nagy@aaaha.org](mailto:derek.nagy@aaaha.org)).

To Hippocrates’ statement I would add, “Let food drive thy preventive care program and let thy prevention program begin with food.” Now get out there and save lives.

Tracey Jensen, DVM, DABVP, CVA, is president-elect of AAHA.



---

## New practice consultants join AAHA's team



**Kristin Graham, BA, CVPM**  
**Territory:** *North Dakota, South Dakota, Iowa, Illinois, Wisconsin, Minnesota, and Nebraska*

Kristin Graham built her experience through a varied background as a career recruiter, residential property manager, and director of finance in a referral and 24-hour emergency veterinary practice. She earned a bachelor's degree in business management, which helped prepare her to specialize in recruitment, client service, and financial management. She earned her CVPM designation in 2013 and has been steadily building her experience in her new position as an AAHA practice consultant.

Kristin volunteers for the Minnesota Veterinary Medical Foundation and was named a 2013 Emerging Leader in Veterinary Management by the VHMA.

Kristin and her fiancé share their home with their adopted four-legged family members. The oldest in the group is Fish: a Siamese mix who was hit by a car and surrendered to the emergency clinic. Archi, a bearded dragon, was found on the side of the highway with a large gash on her side. Steeve!, a domestic short-hair tabby, was a stray with neurological issues. His neurological issues have been resolved, but he is permanently deaf and has a loud "meow." Finally, the newest addition, Jarvis the Pit bull terrier, was found wandering the streets on the coldest night of the year after suffering from abuse and neglect. Kristin feels lucky that they all allow her to share her life with them.



**Jessie Loberg, BA, CVT**  
**Territory:** *Arizona, Colorado, New Mexico, Utah, and Wyoming*

AAHA's newest practice consultant, Jessie Loberg, grew up in Wisconsin riding horses in various competitions. She received her bachelor's degree in biology and, soon after, was asked to be part of an orca research study in Washington, where she focused on the vocalizations and behaviors of killer whales. She also volunteered for Wolf Hollow Rehabilitation in Washington, working to rehabilitate native species to the San Juan Islands, including harbor seals, bald eagles, and foxes.

After her time in Washington, Jessie headed to Colorado to attend Bel-Rea Institute of Animal Technology, earning her associate's degree in veterinary technology. After working at Littleton Equine Medical Center for 7 years as head of the anesthesia department, Jessie returned to Bel-Rea Institute of Animal Technology to work as a faculty instructor, a position she held for more than 7 years.

Jessie was on the organizing committee and was a charter member of the Academy of Equine Veterinary Nursing Technicians, which is the veterinary technician specialty (VTS) for equine nursing. She is also serving as 2014 president of the American Association of Equine Veterinary Technicians (AAEVT). Jessie speaks on a variety of equine nursing topics at national and international veterinary conferences.

Outside of work, Jessie enjoys outdoor activities, especially hiking, mountain biking, skiing, camping, and boating.

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## Helping pets find their way home

As you know, a microchip can mean the difference between lost and found for a pet. However, even with a microchip scanner, identifying the correct pet recovery registry to contact can be challenging because microchip manufacturers and pet recovery services use different microchip technology and databases.



To alleviate the guesswork for veterinary hospitals, animal control facilities, and shelter staff members, AAHA created the AAHA Universal Pet Microchip Lookup Tool (which had over 572,000 searches in the last year). The tool checks the databases of participating pet recovery services to determine which has registration information available for a microchip. Once a microchip ID number is entered into the tool, a list of all the registries with microchip information available, along with the registries' contact information, will appear; the registry with the most recent update appears first. While the tool will not return the pet owner information contained in the registries' databases, it will identify which registries should be contacted when a lost pet is scanned and a microchip is found. Find the tool at [petmicrochiplookup.org](http://petmicrochiplookup.org).

## Welcome to *aaha.org*

Have you visited the AAHA website lately? Many members have provided feedback (read: angry emails, frustrated phone calls) in recent years about the problems they've experienced trying to navigate *aahanet.org*. (OK, we admit it needed an overhaul.) If you're one of those angry-email-sending, frustrated-phone-call-making AAHA members, we're happy to report that we've listened to your feedback. In fact, we've more than listened to it, we've acted on it.

The new *aaha.org* (yes, we got rid of the "net" part of the address!) features a fresh look and an even fresher layout that'll make finding what you need easy as pie. What's even better? The website was designed specifically with you, the AAHA member, in mind. You'll have to visit the site to see for yourself, but here's a glimpse into some of the changes we've made:

- We've made it easier for you to access: No more typing *aahanet.org*. Now, you can simply type *aaha.org* and click on "Veterinary Professional" to be directed to our site for you, the veterinary professional. Or, if more typing and less clicking is your thing, feel free to type *aaha.org/professional* to go straight to where you need to go.
- Our accredited members will have no problem locating our accreditation publicity tools. Simply click on the "Publicity Toolbox" link in the veterinary professional box on *aaha.org*. From videos you can post on your website to pre-drafted letters you can send to your clients, our publicity resources will help you spread the word about your accreditation.
- The "My Account" section is your one-stop shop for viewing your profile information. Here, you can easily edit your hospital information, view product orders, register for events, and view your invoices.
- Our easy-to-use layout and design can be viewed on a mobile device or tablet so you can take AAHA with you when you're on the go.
- Not that looks are everything, but we do have to add that the new *aaha.org* is pretty darn easy on the eyes.

We hope you'll take a look and see what we've done to improve your AAHA online experience. We're looking forward to reading your happy emails and taking your delighted phone calls in response to the new-and-much-improved *aaha.org*.



## Have you read the new *Red*?

*Member Connection* was your source for AAHA membership news and information for some time, but the times are changing at AAHA and our membership blog recently received a total makeover, including a new color scheme, new name and logo, and enhanced features. *Member Connection* officially retired Oct. 1, and in its place is your new-and-improved AAHA membership blog: *Red*.

In addition to the membership updates you came to rely on from *Member Connection*, *Red* includes several new features, including:

- A monthly poll or quiz, giving you another opportunity to provide feedback on the various resources AAHA provides, including continuing education, preferred business providers, titles from AAHA Press, and more
- The month's social media "must share" photo from AAHA's Facebook page, which typically raises awareness for a timely, pet-related event
- The month's "must share" articles from AAHA's *PetsMatter* blog, providing more high-quality information for you to share with your clients online, like pet food recalls, pet health information, and much more

### Why *Red*?

*Red* is AAHA's signature color. We wanted a unique name for our membership blog, one that other veterinary or pet industry blogs weren't already using, and one that also represented our brand. Read (pronounced "red") is also the past tense of "read," which is what we hope you've wanted to do since the first time you saw the new *Red*.

Have an idea for something you'd like to have included in *Red*? Email the editor at [marketing@aaha.org](mailto:marketing@aaha.org).

**Red.**  
fetch the latest from AAHA



# Calendar

## January 2015

Distance Education Veterinary Technology Program (DEVTP)  
Registration opens early January  
Online  
[aaha.org/devtp](http://aaha.org/devtp)

## January 22–25

SkiCE, Vail, Colo.  
[aaha.org/ski](http://aaha.org/ski)

## February 19–21

(first in-person session)  
Veterinary Management Institute  
Fort Collins, Colo.  
[aaha.org/vmi](http://aaha.org/vmi)

## March 12–15

AAHA Tampa 2015  
Tampa, Fla.  
[aaha.org/tampa\\_2015](http://aaha.org/tampa_2015)

## April 29–May 2

Veterinary Management School (VMS)  
Lakewood, Colo.  
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"A real-world indication that our cat-friendly approach works is that we've seen a dramatic reduction in the number of bites and scratches that our staff have gotten from feline patients."

Dr. Deana McReynolds  
Broadway Veterinary Hospital  
and Laser Surgery Center  
Seattle, Washington

Dr. Deana McReynolds was convinced that by becoming a cat friendly practice the Broadway Veterinary Hospital and Laser Surgery Center in Seattle, Washington would attract regular visits from often skeptical cat-owner clients

"A lot of veterinary practices know they should be cat-friendly, but for whatever reason they don't do it," Dr. McReynolds says. "We took that step because we have great respect for cats and the role they play in our clients' lives. **Partners for Healthy Pets** and the AAFP have put cat-friendly skills within the reach of every companion animal veterinarian".

Cat owners have responded very favorably to the team's expertise and empathetic manner with cats. "The clients get it," Dr. McReynolds says. "Cat owners tell us how much they appreciate the way we work with their animals and how different our approach is from what they experienced in the past."

"The *Partners* site is a one-stop location for resources on how to make a practice more accommodating to cats. "This expertise has made a tangible difference in our practice."

To read Dr. McReynolds' full story, and to learn more about the Practice Resources Toolbox, go to [www.partnersforhealthypets.org](http://www.partnersforhealthypets.org)



# notebook



## Tips for getting more people to review your animal hospital online

When beginning their search for a new veterinarian, one of the first things many people do is turn to an online review site, such as Yelp. The veterinary practices that first attract attention on review websites are often the ones that have high ratings and many client reviews.

Because animal hospitals do not attract unsolicited reviews as easily as some other businesses, such as restaurants and hair salons, practices need to be proactive in their efforts to encourage satisfied clients to post reviews.

Forbes offered a blog post from writer Nellie Akalp containing the following six tips to encourage clients to review your business online:

1. Create profiles on multiple review sites, including Yelp, Google Local, and Yahoo Local, to ensure that you have a widespread online presence.
2. Ask your satisfied clients for a review soon after providing them with a service.
3. Prompt clients to review your hospital through follow-up emails, newsletters, your website, or Yelp banners you can print and display in your hospital.
4. Offer a small incentive for people to write an honest review (instead of asking specifically for a positive one). Akalp said holding a monthly giveaway where you choose a reviewer at random can encourage reviews.
5. Take advantage of review sites that enable you to post a thank-you message to each person who reviews your business.
6. Engage all hospital employees in the effort to encourage reviews, even offering incentives to those who produce excellent results.

## Small businesses severely underestimate threat of cyber attacks

While large businesses such as Target, The Home Depot, and Jimmy John's dominate headlines because of their recent massive data breaches, small businesses appear to be under the assumption that they are flying under hackers' radars. However, new information is showing that hackers are aggressively trying to steal valuable data from small businesses across the United States.

Receivables management company Funding Gates compiled information showing the enormity of the cyber attack threat facing small businesses, including:

- A Symantec study titled Internet Security Threat Report, which revealed that 552 million customer identities were stolen from small businesses in 2013, representing a 493 percent increase from 2012
- A survey from the National Small Business Association that showed nearly half of all small businesses reported being targeted in a cyber attack, with an average cost incurred by victims of \$8,699.48
- A Veracode study that revealed that, while 72 percent of known hacker breaches in 2011 affected businesses with fewer than 100 employees, 50 percent of small businesses believed they were too small to warrant hackers' attention.



## WSU Veterinary Teaching Hospital strengthens ties to clients through tech

Washington State University's Veterinary Teaching Hospital is attempting to further strengthen the hospital–client bond through cutting-edge technology.

The hospital is conducting a pilot program with a new cloud-based mobile app called MedaVet, which offers pet owners much greater visibility and interaction as their pets receive care, according to KLEW News. MedaVet's features for veterinary clients include:

- Learning activities, appointments, a daily task view, messaging, and a health journal
- The ability for clients to post questions to their care team, add notes to their journal, and upload photos that are relevant to the care they are providing
- Reminder emails and text messages that keep clients on track

Charlie Powell, public information officer for WSU's College of Veterinary Medicine, explained how the app helps clients maintain a constant connection with the hospital while their pets are receiving care.

"Our use of MedaVet means that the client will essentially have around-the-clock, constant contact with the college [and] be able to review plans for the animal for its progress post-operatively, whether that would be a dog or a cat or a horse that comes to see us," Powell told KLEW News.

According to Powell, a similar technology is being piloted in human hospitals.

## Small Business Administration offers holiday marketing ideas

Now that the holidays are in full swing, you might be searching for ideas to market your veterinary practice and encourage existing or prospective clients to join you in the holiday spirit. To get your creative juices flowing, the Small Business Administration offered 33 tips for budget-friendly holiday marketing, which include:

- Cross-promote your business with cards, brochures, and flyers in complementary businesses' locations.
- Send real holiday cards, not e-cards. They're more likely to get noticed.
- Print a personalized 2015 calendar to give out to your clients. For example, the Small Business Association said, the calendar could showcase cute dogs.
- Give away useful and relatively inexpensive items with each client's visit. Put your hospital's name on items to create even more effective marketing tools.
- Capture clients through their kids. Consider holding events such as make-your-own-ornament contests or holiday coloring contests. Give one big prize or just give everyone small prizes, like candy canes.
- If you're in a shopping district, join with other businesses to hire a Santa. Businesses can also set up a photo booth where children can have their photos taken with Santa.



# NEWStat

Veterinary **Breaking News**

## News From Around the Continent

### 1 California

#### Poisoned meatballs continue to pop up in California

Potentially poisoned meatballs continue to appear in California's public areas, prompting area dog owners and animal health officials to be on alert.

The incident is just one of many that have frayed the nerves of dog owners in both northern and southern California over the past few years.

In September, eight meatballs were found near a dog park in Santa Rosa, CBS San Francisco reported. According to the television station, animal control officers collected the meatballs from a fenced-in, off-leash dog park and wooded trail.

Santa Rosa Animal Services officials recommended that pet owners keep their eyes out for suspicious foods on the ground as they walk their pets in parks and off-leash areas.

### 2 Pennsylvania

#### Veterinary Innovation Challenge winner seeks to improve human-animal bond through technology

The inaugural Veterinary Innovation Challenge (VIC) produced a winning team this year with a product that Nikhil Joshi, VIC executive director, said has the potential to "shake the industry."

SPEAK, a wearable pet technology created by UC Davis veterinary students Jamie Peisel and Katherine Watson, took first place. Peisel and Watson took home a \$10,000 prize, which will help them to accelerate the development of their product.

SPEAK rewards the owner for more effectively responding to their pets' needs so their pets can live longer, healthier lives.

According to Peisel, the inspiration behind SPEAK was "promoting wellness and early disease detection by creating a



360-degree pet-care management system that not only tells you what your unique pet needs and when it needs it but also rewards you for delivering that care."

### 3 California

#### Small businesses face another defeat in extortion claim against Yelp

A veterinary hospital and several other small-business owners in California who sued Yelp for extortion had their class-action lawsuit rejected for the second time.

In 2010, Cats and Dogs Animal Hospital and a group of other small businesses filed a class-action lawsuit against Yelp. They alleged that Yelp had committed acts of extortion by offering to toss out negative reviews and promote positive ones in exchange for purchasing advertising.

The plaintiffs also claimed that Yelp removed positive online reviews if business owners refused to buy advertising and that the website unfairly summarized some reviews.

A three-judge panel sided with Yelp, writing, "Cats and Dogs and Mercurio have no claim that it is independently wrongful for Yelp to post and arrange actual user reviews on its



Web site as it sees fit. As Yelp has the right to charge for legitimate advertising services, the threat of economic harm that Yelp leveraged is, at most, hard bargaining.”

#### 4 Massachusetts

##### Researchers teaming up to find genetic causes of bloat

Armed with a \$250,000 grant from the AKC

Canine Health Foundation, researchers from Tufts

University are teaming up with scientists from MIT, the Broad Institute of Harvard, and Nestlé Purina PetCare to discover the

genetic triggers that cause some dogs to get bloat.

Although researchers have been able to identify certain breeds that seem to be more susceptible to bloat than others, they have not yet found a single gene that causes the disease, Tufts reported. The university’s scientists are hoping to find that gene with this new study, where they will work with other researchers to study canine blood samples and abdominal tissue from purebred dogs with and without bloat.

According to the university, the researchers will be looking to learn whether certain types or amounts of proteins, hormones, and other molecules in blood and tissues can help to predict which dogs will get bloat.

#### 5 Washington, D.C.

##### OSHA updates reporting rules for fatalities, injuries, illnesses

Beginning Jan. 1, 2015, the Occupational Safety and Health Administration (OSHA) will be enforcing a new final rule regarding the reporting of work-related fatalities, injuries, and illnesses.

Currently, employers are required to report all work-related fatalities within eight hours, but they only need to report in-patient hospitalizations of three or more employees within eight hours of the event. According to the National Law Review, the new rules specify that:

- Work-related fatalities must be reported within eight hours, but only if the fatality occurs within 30 days of the incident.
- Work-related in-patient hospitalizations of one or more employees must be reported within 24 hours, but only if the hospitalization occurs within 24 hours of the incident.
- Amputations must be reported within 24 hours, but only if the amputation occurs within 24 hours of the incident.
- Work-related loss of an eye must be reported within 24 hours, but only if the loss occurs within 24 hours of the incident.

#### 6 Virginia

##### DEA offers more ways for clinics, clients to properly dispose of controlled substances

Animal hospitals and their clients now have more options available when it comes to disposing of controlled substances.

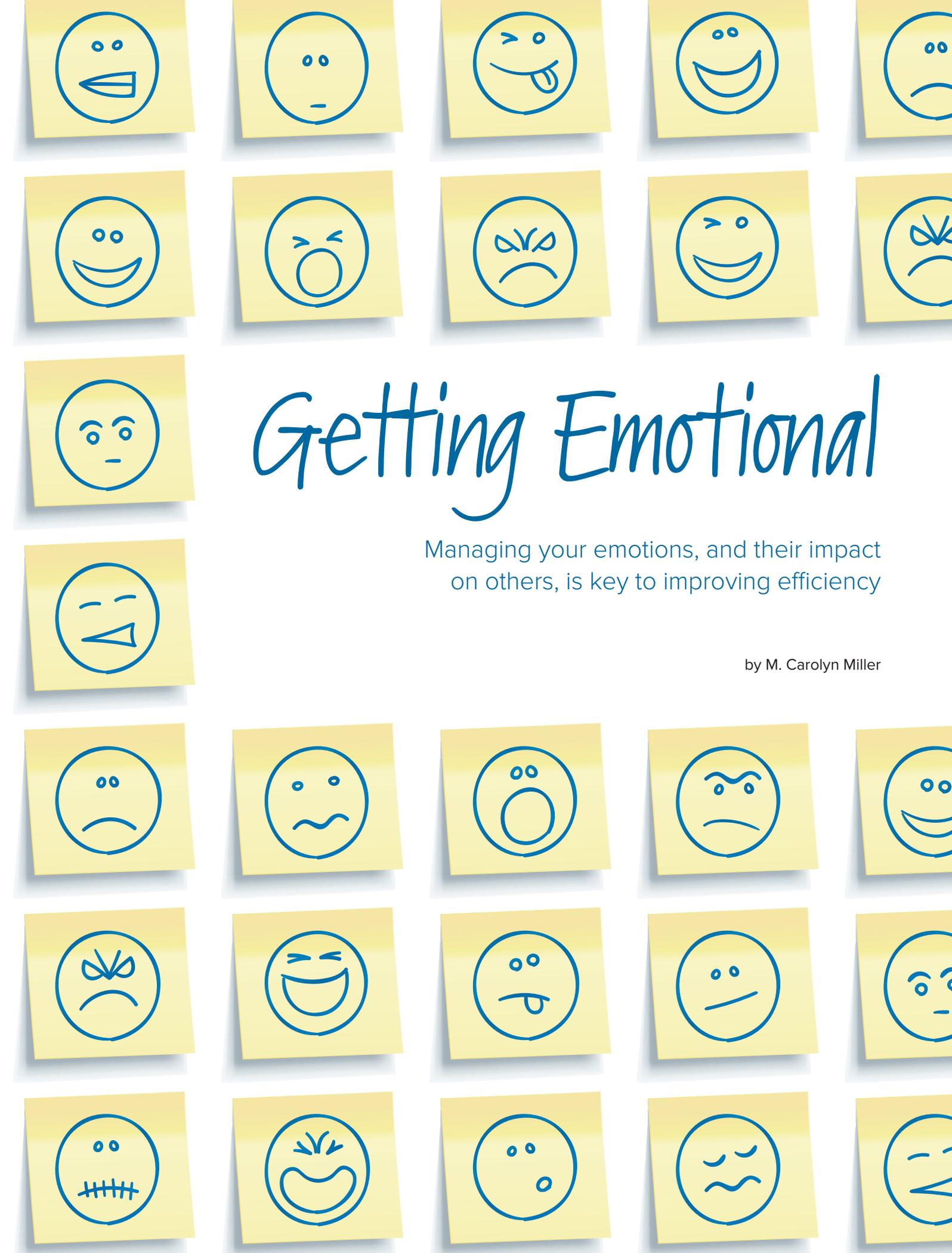
The DEA published a final rule establishing several convenient disposal methods that clients can utilize, such as authorized take-back events, mail-back programs, and collection receptacle locations, the AVMA reported.

The DEA said in its final rule that it hopes the new measures will decrease the amount of unwanted or unused controlled substances in homes, which should reduce the frequency of these substances being misused or released into the environment.

“These expanded methods of disposal are expected to benefit the public by decreasing the supply of pharmaceutical controlled substances available for misuse, abuse, diversion, and accidental ingestion and protect the environment from potentially harmful contaminants by providing alternate means of disposal for ultimate users,” the DEA wrote.







# Getting Emotional

Managing your emotions, and their impact on others, is key to improving efficiency

by M. Carolyn Miller

WHAT DOES IT TAKE TO BUILD an efficient practice? Is it systems, procedures, and processes working in tandem like the separate sections of an orchestra? Is it the people who not only direct and impact the systems, procedures, and processes but also, and perhaps more importantly, bring their humanity to the workplace, which, in the best of practices, creates an unnamed synergy? Is it the practice owner who directs all of the above and builds enthusiasm for a shared vision?

This question of business efficiency is one that psychologists, business analysts, and academics have been exploring for over a century, beginning with a mechanical engineer named Frederick Winslow Taylor. Taylor observed the inefficiency of workers on the machinery room floor and the high labor costs that resulted and decided to do something about it.

Taylor set to work to systematically study both the worker and the machine he operated to identify how to maximize business efficiency. Coming on the tail of the Industrial Revolution, it's not surprising that Taylor felt workers could not think for themselves and should be managed like machines. Despite his misguidance about the role of the worker in business efficiency, Taylor, considered the father of scientific management, was one of the first to study the business environment.

Thankfully, since Taylor's time, workplace researchers have realized that employees are more than their "mechanical" abilities. They have intellects (which led to the use of IQ tests in the 1920s to check recruits', and later workers', abilities). They also have predispositions (which spawned a plethora of psychological tests such as the Myers-Briggs Type Indicator [MBTI], developed in the mid-1900s, to identify, for instance, the predisposition of an employee toward introversion or extroversion).

This legacy of what it takes to be an efficient worker and, as a result, build business efficiency, was codified in the 1970s, when researchers

developed competency models and job competencies. Put simply, these were lists of the required knowledge, skills, and abilities it takes to perform different job functions. In many respects, such competency lists summarized what had come before and tied it all into a neat package that even today has value in the workplace.

### The role of "IQ competencies"

Whether you're the practice owner or the bookkeeper in the back room, your job demands a unique set of technical skills, knowledge, and abilities. Whether formally recorded or informally understood, these lists of job duties for different job functions, called "job competencies," become what a practice hires to, trains to when there are gaps in performance, and, should it be necessary, dismisses to when employees fail to meet the job requirements.

These job competencies come in two variations. Technical competencies include the technical skills required to do the job, such as efficiently inputting customer information in the practice management software. "Soft" competencies, while still process-oriented, are more relational, such as using an active listening process to reflect back and respond to a customer's concerns.

Both types of "IQ competencies" are behavioral; that is, they are behaviors you have or can learn. They are



"The greatest challenge I run into is the number of people who aren't in touch with their feelings, let alone others' feelings."

—DEBORAH WESTCOTT, FOUNDER AND CEO OF COACHEQ

also observable, and this is key not only in developing employees but ultimately in boosting a practice's bottom line. For instance, as a practice manager, you can listen to Sally at the front desk greeting a customer and note whether Sally's skills are acceptable or in need of development. Both impact the perception of, and eventually dollars from, a practice's level of customer service.

Companies spend a lot of time and money outlining job competencies for the various jobs in their organizations because of their value to business efficiency. Competency lists also provide operational integrity and act as a yardstick for hiring, training, developing, and if necessary, dismissing employees that aren't a fit. They also manage expectations and reduce the possibility of subjective opinions or personal biases.

Despite the value of competency models, however, job competencies, like their historical predecessors, are based in large part on intellectual and technical abilities. (Even "soft skills" tend to work on outward behaviors and can fail in stressful situations.) And that's part of the problem. Because as everyone knows, employees, practice managers, and owners are more than what you can see and what you can do or exhibit in behaviors. They also bring an emotional component to a practice that is both observable and unseen.

### **The role of "EQ competencies"**

In the mid-1990s, Daniel Goleman, a psychologist, published a groundbreaking book, *Emotional Intelligence: Why It Can Matter More Than IQ* (Bantam Books, 1995) that triggered a sleeping giant in the business industry. Goleman's tenet was that it took two types of competencies to do a job: one type that involves the mind and another type that involves the heart, or emotions.

Goleman believed that, yes, you need to be smart and have technical expertise in your subject area. But even more so, a "star performer" at work needs the personal and social abilities to be able to navigate the workplace and, in that setting, manage his emotions and the relationships formed.

Goleman labeled this heart-centered set of job competencies "emotional intelligence," or "EQ," and later proved with his and others' business research that EQ trumps IQ every time because "...out-of-control emotions can make smart people stupid."

The publication of Goleman's book and his subsequent writings have spawned the new EQ industry. Consultants and research institutions have taken Goleman's work and put their own spins on it, developing unique assessments that provide a starting point for developing EQ skills. Business case studies also continue to be put forward to provide the value of EQ to produce "star quality" both in individuals and their companies. (See "The Case(s) for EQ," below.) Indeed, today, business schools such as the University of Notre Dame's Mendoza College of Business, faced with an overwhelming number of well-qualified applicants, now screen those applicants by measuring a simple factor: EQ.

"EQ is not rocket science," notes Deborah Westcott, a trainer and leadership coach in EQ who is also a former therapist. "It's about paying attention to your feelings and being able to name them and manage them. It's also about being what we call 'other aware,' that is, aware of

## **The Case(s) for EQ**

In a report submitted to Congress Jan. 30, 1998, the U.S. Air Force reported that the use of EQ enabled it to increase its ability to predict successful recruiters by nearly threefold and saved it \$3 million annually.

In a 1990 study of executives and physicians, those with high EQ skills added 127 percent more to company profits.

In a 1981 study, manufacturing plant supervisors trained in EQ reduced lost-time accidents by 50 percent, saw formal grievances drop from 15 to 3 per year, and impacted plant productivity by \$250,000.

### **Sources:**

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Once you see yourself clearly and how your emotions impact you, the next step is to learn how to manage your emotions.

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others' feelings and how you impact them and managing the relationship you share with others."

Despite that, EQ for many people is not easy. "The greatest challenge I run into," notes Westcott, "is the number of people who aren't in touch with their feelings, let alone others' feelings."

And yet, businesses have struggled to recognize and value emotions as an integral part of, and big impact on, workplace efficiency, even though all you have to do is look around a practice to see and hear feelings in action. They take the form of camaraderie and caring when an employee greets a customer. They rise up in a co-worker's sharp words. They surface in the practice manager's empathy when an employee is going through a tough time. They are present when a vet tech creatively problem-solves a challenging situation with a customer. All of these are EQ skills that, for better or worse, impact

a practice and can make it "average" or "star quality" despite the level of technical skills.

In some ways, the popularity of EQ bespeaks a larger evolution, as noted by author and social scientist Daniel H. Pink. As we enter the 21st century, what Pink calls the Conceptual Age, a new kind of worker is emerging to impact business efficiency. That employee is creative and empathetic, and one of her primary drivers is emotion. High touch is, in fact, taking the lead over high tech. Now, all that remains is to harness, manage, and direct that new kind of energy.

### **EQ building blocks**

#### **Know thyself**

If you've ever watched a co-worker throw a temper tantrum when things didn't go his way or observed a teammate back down when her ideas were challenged, you have a sense of the first building block of EQ. It begins with oneself.

Self-awareness means being able to name the feelings you have (and feel them) and see the link between those feelings and what you think and say and do. For instance, if you're angry with a co-worker, do you confront her or do you sit at your desk and stew and then complain about her to others? And once you're aware of what you're doing, do you correct the situation by confronting the co-worker directly?

But self-awareness is only part of the picture. Once you see yourself clearly and how your emotions impact you, the next step is to learn how to manage your emotions, whether that means speaking calmly and logically when a teammate accuses you unfairly or motivating yourself to learn a new software program despite your insecurity with your technical skill.

#### **Know thy neighbor**

Have you ever judged another's ideas in a staff meeting or noticed the favoritism given to some team members? If so, you have a sense of the second part to emotional intelligence. This is the trait some EQ experts call being "other aware," that is, being aware of those with whom you are in relationship with and managing those relationships for win-win outcomes.

Other awareness involves seeing and accepting others in their totality—their feelings, perspectives, and

# How Emotionally Intelligent Are You?

To boost practice EQ, complete the questionnaire below. If done as a practice team, compare your answers and discuss ways to improve. You might even check in with each other to see how you're doing. Give yourself one point for a Yes, 0.5 points for Sometimes, and zero points for a No.

### Score Chart:

0–10	Emotionally challenged
11–15	Good basis, keep working!
16–20	Above average EQ
20–25	EQ powerhouse
26	Emotional genius!

YOURSELF	Yes	Sometimes	No
<b>Self-Awareness</b>			
Can you recognize your emotions (can you feel them and name them) and see how they impact your job performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know your strengths and limits, and are you open to feedback and self-development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high self-esteem and a “presence,” even when expressing unpopular views or under pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Regulation</b>			
Can you manage your emotions even when you're under pressure and remain positive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you operate from a place of integrity and honesty, admitting your mistakes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet commitments and hold yourself accountable for your goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you adapt to change and shifting priorities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you open to new ideas and innovative solutions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Motivation</b>			
Are you an achiever, stretching yourself to improve or reach practice goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you take the initiative and act on opportunities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you persistent despite obstacles and setbacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHERS</b>			
<b>Social Awareness</b>			
Are you interested in, and empathetic to, others' feelings and perspectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you anticipate, recognize, and meet customers' needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you acknowledge others' strengths and accomplishments and offer ways for them to improve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you honor diversity—in people, ideas, and solutions—and challenge bias?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you “read” power relationships in a group and understand the forces that shape various views and positions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SOCIAL SKILLS</b>			
Are you skilled at persuasion and influencing others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your communications clear and convincing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you inspire and create enthusiasm in others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you good at initiating or managing change?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you negotiate and resolve conflicts easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know how to build and maintain friendships and key relationships at work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you good at working collaboratively toward a common goal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you know how to create group synergy and enthusiastic participation in pursuing collective goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total score:</b>			

diversity—whether they are customers, teammates, or suppliers. It also means being empathetic and, especially in a practice, having an orientation toward service.

This second level of EQ also involves paying attention to the political arena of a practice and its hidden dynamics. And once you are aware of that arena, learning how to work within it, be it communicating your ideas or influencing others to believe in your position or motivating your team to reach a given goal.

Where do you begin? By understanding where you are in EQ competence.

### First steps: how emotionally intelligent are you?

Westcott uses a similar process with all her EQ clients. “We start by having everyone take an EQ assessment to identify where they currently are in EQ skill level,” notes Westcott. (She is certified in several assessment tools.) “I then conduct some training, homing in specifically on the EQ challenges this group of employees faces. We then discuss ways to improve skills, whether it’s carrying around a business journal to record feelings if you have trouble being in touch with them or, if your self-confidence is low, by putting yourself in business contexts where you can shine. I also coach people one-on-one who need extra help.”

Boosting a practice’s EQ skills begins by assessing where every member of the practice is. (See the related EQ quiz.) From there, practice members can identify two or three activities to help improve those areas.



Emotional intelligence, like the intelligence and technical skills it takes to do a job, can be learned.

### In sum

Emotional intelligence, like the intelligence and technical skills it takes to do a job, can be learned. In fact, new research in neuroscience tells us that we can rewire our emotional brains and our behaviors with practice. (Repeated practice actually builds new neural pathways in the brain.) Business efficiency demands that we do that.

No longer is it about introducing a new, more efficient machine onto the factory floor nor about treating employees as automatons in the knowledge worker era. It is about harnessing the best of what makes us human—our creativity, our emotions, and our desires to be successful—and leveraging those traits for a win-win outcome for practices and practice employees alike. ✨

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# Food for Thought

Nutrition continues to grow as a hot field into the new year

by Edie Jarolim, PhD

**NO QUESTION: WHAT—AND HOW MUCH—OUR PETS EAT** has a huge impact on their health. Until recently, however, nutritional assessments were rarely a routine part of veterinary exams. That's changing for a number of reasons, from the boom in the pet food industry to a shared interest with human research in such topics as obesity, gerontology, and nutrigenomics.

As we look ahead to the new year, *Trends* put together an overview of this exciting, growing field and what to look for as you evaluate nutrition's role in your practice in 2015.

## **Beyond the bag: The pet food industry and online research**

The American Pet Products Association estimates that owners will spend \$22.6 billion on pet food in 2014. Tony Buffington, DVM, PhD, DACVN, professor at The Ohio State University, says one of the biggest challenges to veterinarians in dealing with nutrition is the “tidal wave of pet food marketing, the vast majority of which appeals to emotional factors—ethics, philosophy, anthropomorphism—rather than nutrition.”

Assailed by this glut of data, many pet owners turn to the Internet and come into the veterinarian's office either confused by conflicting data or convinced that a diet they found online is perfect for their pet.



Martha Cline, DVM, DACVN, of the AAHA-accredited Red Bank Veterinary Hospital in Tinton Falls, N.J.—one of fewer than a dozen nutrition specialists on staff in private veterinary hospitals in the U.S.; another is her Red Bank colleague, Maryanne Murphy—calls the Internet “a blessing and a curse.”

She is glad her clients have enough awareness of the issues to have a conversation about nutrition but bemoans the fact that there is so much misinformation online, especially when it comes to pet food labeling. “The label itself provides some good information,” Cline says, “but it doesn’t provide everything that’s

needed to determine quality, such as the nutrients that come out of the ingredients or the quality control of the plant.”

The emotional issues surrounding pet food have led many owners to cook for their pets, a decision that can result in nutritional deficiencies if done improperly. Cline says, “A huge part of my job is diet formulations, both for healthy pets and for those with different illnesses such as chronic kidney disease.” Most of her patients are canine. “Every dog thinks a homemade diet is the greatest thing in the world,” Cline notes, “but cat preferences on texture and taste are harder to meet.”

## Making Nutrition a Part of Your Practice

Deborah Linder, DVM, DACVN, head of the Tufts Veterinary School Obesity Clinic, says, “I have great respect for general practitioners who have to fit in every topic under the sun in 15 minutes.” Happily, she says, more handouts, templates and guides exist today to help with nutrition. Many useful ones are available as part of the Global Nutrition Toolkit created by the World Small Animal Veterinary Association (WSAVA; [wsava.org/nutrition-toolkit](http://wsava.org/nutrition-toolkit)), spurred by AAHA’s *Nutritional Assessment Guidelines for Dogs and Cats*.

### Ways to incorporate these tools include:

**Post body condition score (BCS) charts for dogs and cats** in a prominent place in the clinic. Richard C. Hill of the University of Florida says it’s important to “make people aware of what a healthy dog should look like. A lot of people have an idea in their mind of a dog that is actually overweight.” Posting a chart gives clients a visual, objective criterion by which to evaluate the shape their pets are in—literally.

**Have recommendations available for reliable resources on the Internet**, especially with regard to pet food, the topic about which there is the most misinformation online. The Pet Nutritional Alliance (PNA) has lots of useful information for veterinarians and pet owners. See the PNA website for more information: [petnutritionalliance.org](http://petnutritionalliance.org)

Martha Cline, DVM, DACVN, of Red Bank Veterinary Hospital also suggests WSAVA’s “Recommendations on Selecting Pet Food” to her clients.

**Create nutrition FAQs for your website.** This not only provides another reliable resource for clients to consult, but it’s also a way to personalize your approach to the topic. Each practice is different; why not address the questions you are most often asked? The PNA website has a list of questions that pet owners ask veterinarians on pet food, along with the nutritionally correct answers.

**Have each client fill out a diet history form.** Linder says, “The form can be filled out while clients are waiting or even before they get to the clinic. It’s a way of getting information from owners and getting information to them.” Diet history forms can be downloaded at [petnutritionalliance.org](http://petnutritionalliance.org).



Many veterinarians also encounter an interest in raw food diets, in spite of warnings about health issues and in spite of misunderstandings about what raw feeding might entail. A study published in the *Canadian Veterinary Journal* in January 2013, for example, tested the popular uncooked treats known as “bully” or “pizzle” sticks for their nutritional value. Among other things, the researchers discovered that bully sticks were high in calories and that more than 25 percent of the samples were contaminated with *E. coli* bacteria. They also found that only 44 percent of owners who gave their pets these treats knew that they were feeding them the uncooked dried penis of a bull or steer.

Because issues surrounding food are so psychologically fraught, Buffington says, he has found communication with clients to be the key to a successful nutrition practice. He highly recommends communication courses, which have helped him with such techniques as reflective listening to establish emotional rapport.

Once you’ve done that, Buffington says, it’s easier to disagree with a client: “If someone comes in and says, ‘All commercial pet food is toxic waste, I’m going to a raw food diet,’ you might say, ‘That hasn’t been my area of interest but let’s talk about it and see if what you’re thinking of is complete and balanced, and let’s address some safety concerns.’”

### **Pets and obesity**

Of course, emotions and eating are most often discussed in the context of pet obesity. According to Deborah Linder, DVM, DACVN, head of the Tufts University Obesity Clinic for Animals, the problem is complex. She says, “It’s only partly about too many calories in, not enough calories being burned. There are also the balance of nutrients and genetics to consider, as well family relationships”—this last being Linder’s particular area of interest.

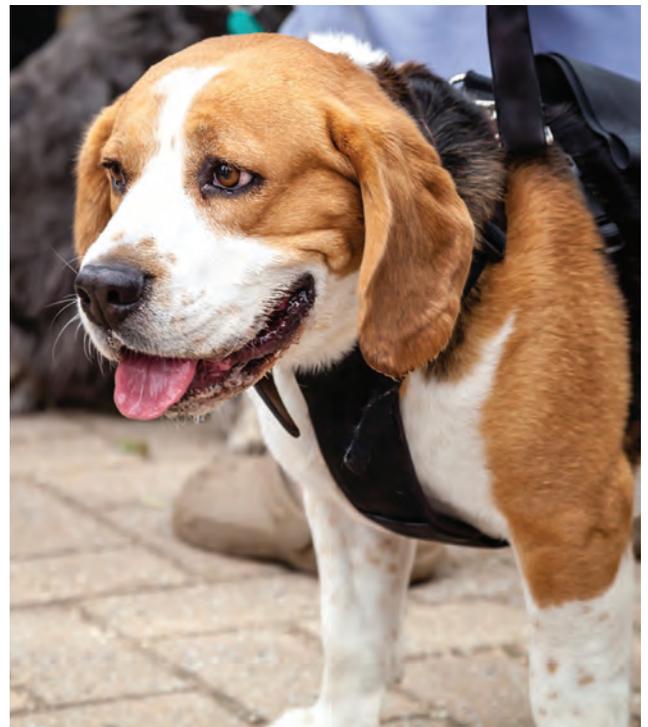
Linder says, “I see every day that the relationships people have with their pets affect not only pet obesity but human obesity as well.” She is working with colleagues in human medicine at the Tufts Friedman School of Nutrition to investigate the family dynamics behind the obesity of both pets and people. “We hope our studies will illuminate whether there are in fact differences in the relationship that pet owners have with overweight

dogs as opposed to healthy weight dogs,” Linder says. Right now, the evidence is anecdotal: “People come in and say, ‘I love my dog so much, I want to feed him. I can’t help myself.’”

But it’s not only human emotions that are coming under scrutiny. Working with the hypothesis that stress is a component in some types of feline obesity, Ohio State’s Buffington is testing the impact of substituting regular meals with feeding cats via food puzzles. This line of inquiry was inspired by Buffington’s colleagues in the veterinary behavioral department, who suggested that eating out of food puzzles would engage cats’ minds and bodies and reduce their stress levels.

Even the best-designed weight management programs fail without follow-up, however, as Cline has learned through her Red Bank practice. “My technique is to talk about what we’re going to discuss next time and make an appointment while clients are still in the room,” she says. That not only gives owners accountability, according to Cline; it also helps the veterinarian pinpoint the source of the problem if things aren’t going well.

AAHA offers a suite of resources on weight management, including the *2014 AAHA Weight Management Guidelines*





## State of the Science

*Trends* asked several prominent researchers what they considered the biggest breakthroughs in the field of veterinary nutrition and what they were currently working on. Here's a sampling of their answers.

Some of the more important work has been done in advancing our understanding of nutritional aspects of risk factors for kidney stones in cats. This is a big problem in our aging feline population and can cause significant and devastating illness.

One of our ongoing projects is looking at how well crude fiber estimates are displayed in the amount of total fiber in pet foods. Perhaps this work will help encourage regulatory change so that a more useful measure of fiber will be required on pet food labels in the future.

— JENNIFER A. LARSEN, DVM, PHD, DACVN, ASSOCIATE PROFESSOR — CLINICAL NUTRITION, UC DAVIS

We know the major role the microbiome plays in the physiology of the animal—including people, who have more than 10 times more microbial cells than human cells—and we have new techniques that can measure the effect of the interaction. We're not to a point yet that we can use the information in a clinical situation, but it's going to be very important in the future.

We're also studying the interaction between the genome and pet nutritional requirements.

Knowing the genetic makeup of an animal may allow you to adjust its nutrient requirements. For example, schnauzers have a predisposition towards hyperlipidemia, so you might give them a diet that is lower in fat.

— RICHARD C. HILL, VETMB, PHD, DACVIM, DACVN, ASSOCIATE PROFESSOR, UNIVERSITY OF FLORIDA

Our laboratory works in the area of dog, cat, and human gut microbiome, mainly testing the response to various dietary treatments in healthy animals, such as feeding high-protein versus high-carbohydrate diets in growing kittens—a subject that is quite controversial because cats are true carnivores. Characterizing diet-related microbiome shifts will aid our understanding of the gut microbiota and how they may impact the host and, we hope, will lead to prevention/treatment strategies for gastrointestinal diseases in the future.

— KELLY SWANSON, PHD, ASSOCIATE PROFESSOR OF ANIMAL AND NUTRITIONAL SCIENCES,  
COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES, UNIVERSITY OF ILLINOIS

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“We’re going to see ‘senior plus joints,’ ‘senior plus cognition,’ ‘senior plus lean,’ ‘senior plus fat,’ whatever. We’re personalizing [the food] with puppies. Why not with old dogs?”

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—JOSEPH J. WAKSHLAG, ASSOCIATE PROFESSOR, CORNELL UNIVERSITY

for *Dogs and Cats* ([aaha.org/professional/resources/nutritional\\_assessment.aspx](http://aaha.org/professional/resources/nutritional_assessment.aspx)), a toolkit to implement these guidelines ([aaha.org/professional/resources/weight\\_management\\_toolkit.aspx](http://aaha.org/professional/resources/weight_management_toolkit.aspx)), web conferences ([aaha.org/professional/education/web\\_conferences.aspx](http://aaha.org/professional/education/web_conferences.aspx)), and more.

### Gerontology: A food of their own

It has been established in the last decade that diabetes mellitus Type 2 is the most serious health threat to cats from obesity but not to dogs, who tend to get the Type 1 version of the disease that is not directly related to obesity. According to Tufts’ Linder, the most common outcomes of canine obesity are joint and osteoarthritis problems, especially in older dogs. “The good news is that studies show that even a small weight loss, say of 6 to 8 percent, really makes a difference in pain management.”

If obesity is the hottest topic in pet nutrition, gerontology is not far behind, according to Joseph J. Wakshlag, DVM, PhD, DACVN, DACVSMR, and associate professor at Cornell University. “We have an entire generation of boomers who are slowly aging themselves, and they all have more dogs and cats than their kids do,” Wakshlag says. “They look for the same kind of care for their pets as they look for themselves, things like pain management and joint health.”

There’s a lot of room for improvement in senior diets, Wakshlag believes. He predicts that the basic formulations will be adjusted for geriatric pets and things like omega-3 fatty acids, joint supplements, and antioxidants will be added. “Senior dog food is not going to mean just one thing anymore,” he says. “We’re going to see ‘senior plus joints,’ ‘senior plus cognition,’ ‘senior plus lean,’ ‘senior plus fat,’ whatever. We’re personalizing with puppies. Why not with old dogs?”

### Educational horizons

The growth of nutrition as a veterinary specialty has made a difference in the growth of nutritional awareness.

The American College of Veterinary Nutrition (ACVN), founded in 1988 with 18 charter diplomates, now has 85 members, including emeritus and honorary diplomates; 25 residents are currently in training and/or eligible to sit for the certifying exams. Richard C. Hill, VetMB, PhD, DACVIM, DACVN, associate professor at the University of Florida, says, “The large increase in board-certified veterinary nutritionists is slowly increasing the appreciation of nutrition advice among veterinarians.”

Among other things, several diplomates contributed to the *AAHA Nutritional Assessment Guidelines for Dogs and Cats*, published in 2010. Janice Trumpeter, DVM, AAHA’s deputy chief executive officer, says, “We have created quite a few educational programs and materials around the guidelines” (see the “Making Nutrition a Part of Your Practice” sidebar), which give the topic of nutrition additional visibility.

According to Trumpeter, “Nutritional assessments have come a long way and have been incorporated into our AAHA accreditation standards, but we are always looking for ways to move forward into the future.”

She notes that the website of the Pet Nutritional Alliance ([petnutritionalliance.org](http://petnutritionalliance.org)), composed of representatives from eight veterinary organizations interested in the health and nutrition of pets, is developing into an important resource for health care teams on nutrition. In addition, Trumpeter says, “AAHA will be looking to revise and update the nutrition guidelines.”

Still, there’s nothing like hands-on education to make a lasting impression. Red Bank’s Cline says, “One of my big hopes is that someday every veterinary school will have a boarded veterinary nutritionist on staff so we can train all veterinarians in this crucial topic.” ✖



Edie Jarolim is a freelance writer and blogger and the author of *Am I Boring My Dog: And 99 Other Things Every Dog Wishes You Knew* (Alpha/Penguin 2009). She earned a PhD in American literature from New York University.



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# Get a Grip

Correct instrument grip is key to surgical success and efficiency

by Maureen Blaney Flietner

**Using incorrect grips on basic surgical instruments** can affect not only your patient, yourself, and staff but also the efficiency of your practice.

“Efficient and accurate instrument handling ultimately results in shorter anesthesia and surgery times,” says Daniel D. Smeak, DVM, DACVS, professor and head of small animal surgery at Colorado State University. “It reduces wound complications, such as infection, seromas, and dehiscence, that often result from poor or traumatic tissue handling and excess trauma.”

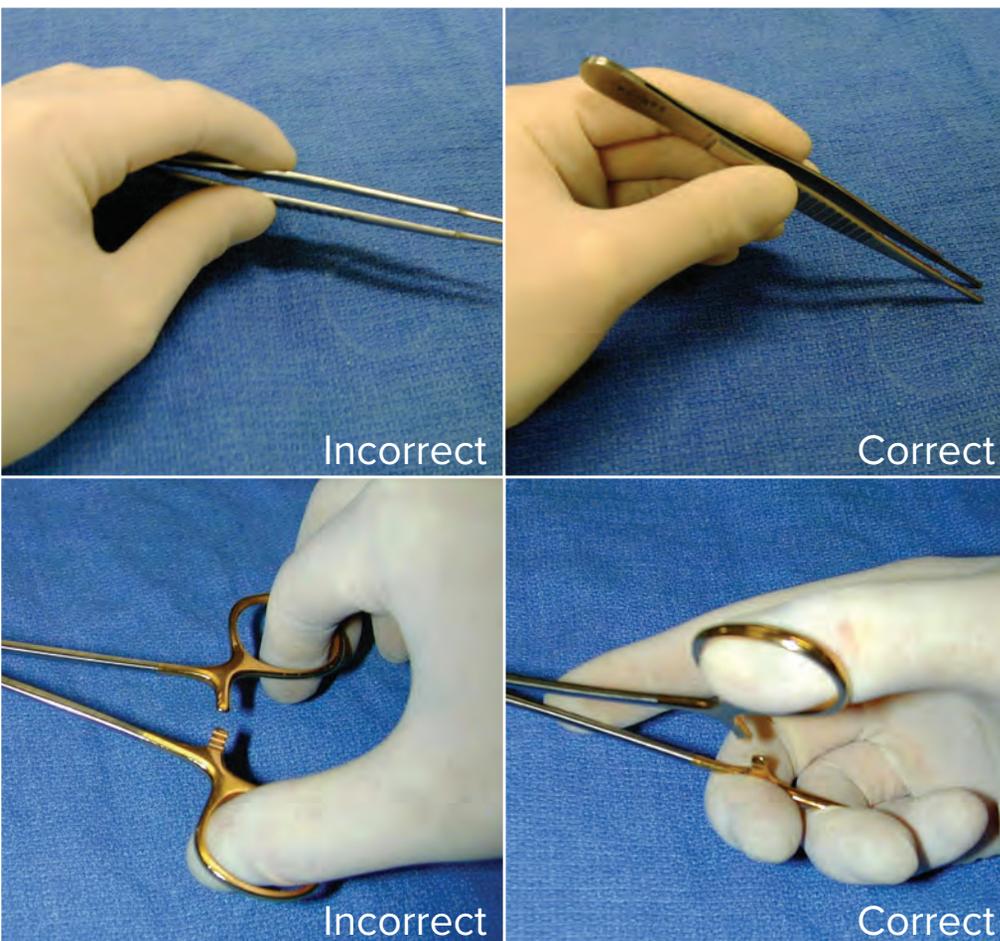
## Become aware of incorrect grips

For various reasons, surgical instruments can be gripped incorrectly. What are the most common grip mistakes?

### Scalpels

For the scalpel, a common error is to grab the handle in a “pencil” grip when making a skin incision, says Smeak. “This pencil grip angles the scalpel blade with the point towards the skin surface. This grip reduces the surgeon’s ability to achieve a proper and consistent depth of skin cut and increases the risk of serrating the skin edges.

“Ideally a fingertip, or so-called ‘butter knife,’ grip is used. This enables more of the scalpel blade’s cutting surface



A common mistake of novice surgeons is to pass their fingers—particularly their thumb—fully through the needle holder ring, rather than just the final phalanx of the thumb.

to contact the skin, which allows more finite depth control and reduces jagged skin incisions,” he notes.

### Ringed instruments

Lawrence N. Hill, DVM, DABVP, associate professor—clinical in the College of Veterinary Medicine at The Ohio State University, says that his teaching experience has made him aware of several grip inconsistencies by students.

In their use of ringed instruments, for example, “students commonly want to use the thumb and middle finger or, in some cases, the index finger, for gripping needle holders, clamps or scissors,” he explains.

“By using a proper thumb—ring finger grip, the middle finger can be used to direct pressure towards the palm, which keeps the thumb and ring finger from being inserted too far into the rings. In the case of needle holders, by using the thumb—ring finger grip, the index finger can then also be used on the shank of the instrument, forming a ‘tripod’ grip, which is considered to be very stable.”

Smeak says a common mistake of novice surgeons is to pass their fingers—particularly their thumb—fully through the needle holder ring, rather than just the final phalanx of the thumb.

“This is awkward and does not allow full directional use of the needle holder throughout suture needle passage,” he explains. “It also inhibits surgeons from readily switching to other grips, such as the thenar grip (palm grip) for efficient suturing of long, continuous suture patterns.”

Novice surgeons who use their thumb and middle finger in the scissors

rings, for example, reduce the effectiveness of the scissors to cut firm tissue and reduce the accuracy of the cut, says Smeak. When they place their thumb and ring fingers all the way through the rings, that position does not allow them to finitely angle the scissors to their advantage when cutting difficult areas to access.

Mosquito hemostats—used to clamp small bleeding vessels during a procedure—should be angled down so just the tips grasp the end of the bleeding vessel, he notes. Incorrectly using the jaws of the hemostat—that is, holding the hemostat with the tips up and away from the tissue plane—he says, unnecessarily crushes the vessel and adjacent tissue.

“Again, like the incorrect needle holder grip, placing the surgeon’s index finger and thumb fully through the ring not only reduces the accuracy of placement of the hemostatic forceps but also can cause accidental vessel avulsion when releasing the ratchet during vessel ligation.”

### Forceps

“With tissue forceps,” says Hill, “using a palm grip, like the grip many use when tweezing hair, has little, if any, use in surgery. The tips of the forceps in this grip can only gain access to tissue with extreme flexion of the wrist, severely limiting the range of useful motion of the forceps.

“The palm grip also does not allow fine pressure alternations at the tips when compared to the pencil grip. Inappropriate gripping of tissue forceps can quickly create excessive tissue trauma, potentially producing excessive bruising, bleeding, and healing complications.”

With that incorrect tweezers grip, says Smeak, “the tips of the forceps are not always readily visible to the surgeon. This makes handling tissue awkward since the surgeon has to twist the wrist awkwardly to see and hold tissue, easily manhandling the tissue edges. This incorrect grip does not force the surgeon to handle tissue gently between the forceps tips, as the correct grip encourages.”

### Problems arise from improper grips

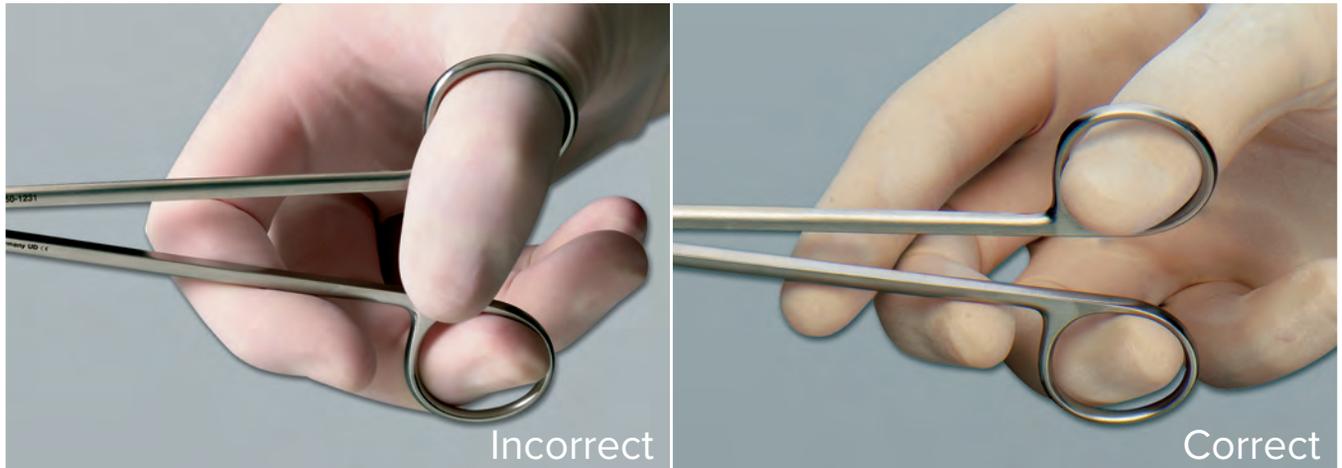
Using an incorrect grip can result in problems for your patient.

“On the very basic level, if you are not holding your instruments correctly, you decrease your dexterity when manipulating tissue, which ultimately affects the quality of your surgery,” says Robert Hardie, DVM, DACVS, DECVS, clinical associate professor of small animal general surgery and associate dean for professional programs at the University of Wisconsin—Madison School of Veterinary Medicine.

“Less dexterity translates into more tissue trauma and inflammation, which may lead to slower wound healing or increased complications.

“Putting it another way, proper instrument handling is an element of both the *art* and *science* of surgery,” says Hardie.

Improper grips, says Smeak, also risk inconsistent suture pattern placement, gapping of suture lines, improper scissors cutting of tissue causing more trauma and hemorrhage, avulsion of blood vessels, poor skin closure cosmesis, excess bruising, and edema.



**Using an incorrect grip can result in problems for your patient.**

Problems also can extend to the veterinary surgeon and assistants.

“If the fingers are consistently inserted past the first knuckle with ringed instruments,” says Hill, “it can result in pain and stiffness of the hand and forearm of the surgeon. Improper grips can increase the likelihood of repetitive-use injury problems, which could potentially impact the longevity and viability of a surgical practice.”

For those surgeons using an assistant, inconsistent handing off of surgical instruments could result in injury to surgical personnel, especially in the case of scalpels and scissors, he explains.

### **Consider other possible causes**

“The vast majority of veterinarians handle their instruments correctly and adeptly in the operating room,” says Smeak. “There are some who don’t like to do surgery or do not perform surgery very often and are just uncomfortable in the OR. These professionals might not use their instruments correctly or efficiently.”

While he can’t confirm his suspicions, Smeak says he believes that some veterinarians never really learned and were never held accountable for proper instrument handling in school. They did not realize that, early in their training, correct instrument grips can feel awkward and unnatural, he explains.

“They tend to devise their own grips early on that feel more comfortable and start to develop a habit of using the instruments incorrectly. Then they move into practice where there is no one available to critique and help them develop correct skills.”

“The vast majority of nonstandard grip variations probably occur at a subconscious level,” says Hill, “because the variation initially seems easier or more comfortable. These then become habitual and, in the absence of self-correction, could be in place for the remainder of one’s surgical practice.”

About five years ago, the UW–Madison School of Veterinary Medicine began an effort to teach students proper instrument handling

earlier in the curriculum before they had a chance to develop any bad habits. Now, in the first-year anatomy course, students are taught the proper way to hold their instruments for their anatomical dissection exercises, which involve techniques very similar to those used in surgery. Hardie, along with other veterinary surgeons, stepped in to begin providing proper instrument handling instructions to the first-year class.

“By instilling these techniques earlier, we were able to help the students advance faster. Now, when students reach the fundamentals of surgery course in the second year, they have a much better level of dexterity and control with their instruments,” says Hardie.

### **Complications from disease or aging**

What if improper handling of the instruments is due to the onset of disease or old age?

“This is a good question and one that I have no good answer for,” says Smeak. “The human surgery side is coping with an aging surgeon group, too,



**Surgeons should alert their assistants or technicians when an instrument is not “behaving” correctly or not cutting well so these instruments can be either repaired or removed from use.**

and they have trouble since the aging operator may not realize that they are not performing like they should.

“Generally speaking, it is the assistants and staff or, preferably, another seasoned surgeon, who need to carefully and tactfully contact the surgeon and hospital administration about their concern.

“Some surgeons naturally and inadvertently ‘shake’ a bit, somewhat similar to an early Parkinson’s patient,” says Smeak. “This generally does not cause problems unless the surgeon is asked to perform magnified microsurgery or other delicate surgeries, such as eye operations. Most surgeries in small-animal private practice do not require magnified surgery equipment or microsurgical skills. I have scrubbed in with surgeons who are 70+ years of age, and many of them are highly capable, careful, meticulous surgeons who still possess top-notch surgical skills.”

“The decision of when and why to phase out of surgical practice is a highly individual and emotional decision,” explains Hill. “Loss of sense faculties can be slow and insidious, so it is critical to remain open and sensitive to the feedback of our colleagues and co-workers and to also undergo continuous self-assessment of patient outcomes.”

**Instruments themselves as factors**

Another important factor, says Smeak, is that some practices do not routinely critically examine their instrument packs and cull instruments that have worn out or are broken. Surgeons should alert their assistants or technicians when an instrument is not “behaving” correctly or not cutting well so these instruments can be either repaired or removed from use.

“Even the more inexpensive instruments can be used successfully, and many handle well when first used, so

the quality of the instrument does not necessarily make a better technical surgeon. But the higher-quality instruments generally perform better longer,” he says, “and these instruments often come with a warranty or guarantee from the manufacturer or supplier. These companies often repair or replace quality instruments that have worn out or have broken with minimal to no cost to the practice.”

Derek Lashua, director of marketing for Spectrum Surgical Instruments Corp., agrees. He says Spectrum prides itself on education regarding the proper care and handling of its instruments.

“If taken care of, surgical instruments last longer, perform better, feel better, and save the practice money,” he notes.

He suggests that many times left-handed students have problems trying to adapt to right-handed instruments, such as hemostats and needle holders.

“Traditional instrument ratchets are designed for right-handed users, so instrument ratchets perform essentially ‘backwards’ for a left-handed user and will affect efficiency in their use as well as the user’s grip. A left-hand-designed instrument resolves that handling issue.

“Most scissors, as well, will create a problem for left-handed people,” says Lashua. “A great solution is the super cut scissors, which veterinarians will recognize by its black ring handle. These scissors are a razor-sharp scalpel that meets a serrated edge. [This instrument] is usually reserved for finer work and takes slightly more maintenance and care.”

What also can affect grip is when doctors use an instrument that is not up to the job. Lashua says that sometimes a standard needle holder is used to drive large, very thick, cruciate needles.

“It’s harder to hold that broad of a needle and is likely to crack a standard needle holder,” he notes. “Instead, the veterinary surgeon should look for a cruciate needle holder. Its broad jaws and large patterns make it much easier to handle and to drive needles. It’s a wonderful alternative for a difficult job.”

“A 10-inch needle holder that works well for a person with large hands may not work so well for someone

else,” says Hardie. “So if someone is performing surgery on a consistent basis, they should purchase instruments that fit their hands to truly optimize their dexterity.”

Hardie estimates that a customized set of basic instruments could cost up to \$500 depending upon the specific design and quality.

### Break bad habits

What options are available for those developing an incorrect grip habit or have one they can’t seem to break?

Smeak says veterinarians take advantage of the numerous labs conducted at venues such as the Oquendo Lab–Western Veterinary Conference

([www.wvc.org](http://www.wvc.org)) or the North American Veterinary Community Institute ([navc.com/institute](http://navc.com/institute)).

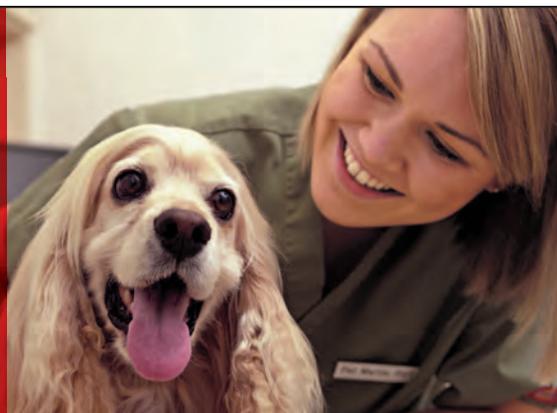
He also suggests that interested surgeons try out and handle instruments at supplier displays often found at large continuing education course settings and seek advice from their representatives. ✱



Maureen Blaney Flietner is a freelance writer, photographer, and design specialist based in Wisconsin.

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# Strategic Wellness Through Health Risk Assessments

Going beyond a form to personalized health care plans for all patients

by Roxanne Hawn

**Veterinary practices often function with a just-in-time model.** Problems enter. Diagnostics proceed. Treatments begin. Veterinary clients count on that access to instant help. No matter how hard anyone tries, things happen. That means urgent care remains an important part of meeting expectations.

What if, however, strategic efforts at every single wellness exam for every single patient grew preventive care as a percentage of total business and greatly improved patient outcomes? What if you could increase wellness work and decrease the urgent scenarios? Your schedule might become more stable and predictable. Busy and slow seasons probably won't disappear, but imagine how less hectic, and more comfortable, it would feel to veterinary teams and clients to know what to expect and when.

Health risk assessments (HRAs) offer such avenues to veterinary practices. Hospitals that focus on wellness tend to see fewer urgent appointments and lower rates of hospitalization because they manage patient health over a lifetime.

"We didn't see too many renal failure cats come through the door," says Wendy Hauser, DVM, a former practice owner and current director



More than a lifestyle survey or a standard collection of medical history, HRAs combine information about risks with quantified clinical findings from routine screenings.

on AAHA's board. "Cats were only 20 percent of our practice, but if we saw an acute renal failure cat twice a year, that was a lot. Where I had been prior, we had them in weekly or every couple of weeks."

### HRA history and definition

HRA forms and protocols in human medicine date back to a 1963 pilot study. The first recommendations for widespread HRA use appeared in human health literature as early as 1968, but until the Centers for Disease Control and Prevention (CDC) introduced HRA systems in 1980, adoption remained low. In 1991, a nonprofit organization took over from the CDC, assuring that HRAs remained in the public domain.

More than a lifestyle survey or a standard collection of medical history, HRAs combine information about risks with quantified clinical findings from routine screenings. Medical history looks at the past and present. HRAs project into the future.

In human medicine, HRAs also factor in family history, epidemiology, and biometric measures. Think of it as the confluence of face-to-face exam room work and data that predict health risks, including mortality.

This is evidence-based medicine at a higher level, as HRAs collect useful information that then drives recommendations based on proven risk factors and interventions.

According to a CDC report titled "A Framework for Patient-Centered Health Risk Assessments," HRA benefits and goals include:

- Offering personalized preventive care that is patient-centered and



### HRAs join veterinary medical knowledge with high-touch client communication efforts.

- appropriate both culturally and for life stage
- Promoting good health
- Preventing, finding, and managing diseases
- Slowing disease progression when found
- Reducing health disparities among at-risk populations
- Improving patient outcomes through personalized wellness plans and care.

Comprehensive HRA protocols begin with a survey or form, but it's really a six-step process:

1. The patient completes the HRA form or survey.
2. Medical professionals share feedback based on the HRA results with the patient—in materials and language the layperson understands.
3. Working together, the doctor and patient make collaborative decisions about goals and prevention plans.
4. The medical team provides vetted and reliable health information resources and referrals as indicated.
5. The medical team and the patient monitor progress toward those goals through regular screenings.

6. The medical team schedules regular follow-up appointments and other contact points, including follow-up calls and coaching by phone.

### Translating HRAs from people to pets

In some ways, the use of HRAs for people and pets isn't all that different. For example, there will always be flaws with self-reporting. Also, because pets live in the same home environment as their families, the lifestyle factors that put people at health risk often mirror those that don't do good things for pets either.

As a result, people have inaccurate perceptions of risks, to their health and their pets', especially when they seem healthy. Zoetis research found that nearly one-third of 7,800 apparently healthy dogs tested had abnormal findings on lab analysis.

Implementing HRAs in your practice marks a change for your veterinary team and a change for your clients. It's simply a matter of adding structure and strategy to things you already do. HRAs join veterinary medical knowledge with high-touch client communication efforts.

“Above all,” says Hauser, “our lifestyle assessment was a communication document. It made us go through the steps to understand what the best recommendations for that patient were.... Owners want signposting. They want to know what’s important.”

Of course, people and pets are different. You rely on people to commit to certain levels of care for their pets instead of being able to collaborate directly with the pet. Consider the key advantage, though. Thanks to the human–animal bond, people may be more likely to take on bigger goals or harder health care tasks on behalf of their pets than they would be for themselves.

Essentially, HRAs provide a framework for pet care collaboration between veterinary teams and veterinary clients. It simply means combining what clients reply when asked specific questions with what you see and feel for yourself on exam and find via recommended diagnostics. When you pass the information through HRA protocols—one you create yourself or purchase from an HRA company—you harness information about what to recommend and when. In many cases, you’re looking for teachable moments that match your practice’s mission and philosophy, using what the CDC calls “motivational interviewing”—in other words, asking the right questions at the right time for each patient.

### HRAs in daily practice

Because they focus on finding sub-clinical issues before something flares into an urgent need, HRAs typically apply to wellness or routine exam visits. You won’t be cramming an HRA discussion into an exam for a pet that,

for example, developed acute pancreatitis from raiding a trash bag of Thanksgiving leftovers. Instead, you will introduce HRAs at routine visits in seemingly healthy pets.

In some practices, the systemic use of HRAs began with establishing extended vaccine protocols to match the new guidelines. It’s a great place to start, of course, but today’s HRAs address more than immunity.

Animal Care Hospital in Morris, Ill., first developed its own HRA protocols around vaccination changes, but Matt Johnson, hospital manager, explains, “We decided there were a lot of things we *think* we’re communicating to clients, but maybe we need to include them in our lifestyle survey and risk assessment.”

Johnson’s team hashed out details about what questions to ask and how to word them to yield the most usable answers from clients. They then uploaded the form into the practice management software. “When a patient is checked in,” says Johnson, “it’s linked to the wellness exam visit, so as soon as they are checked in, the printer spits out the form for us.”

Animal Care Hospital’s dog assessment form begins with the following statement: “Our annual examination is the single most important health service that we provide your pet. Dogs with serious diseases often appear healthy, and regular scheduled health evaluations facilitate the early detection of problems.”

By pulling information from the patient’s record, Animal Care Hospital’s form also includes information about wellness care items from

the past and clearly shows what will be due and when. “It helps clients to see this form,” Johnson says. “Even before they begin answering any of the questions, they are like, ‘Wow! I *am* past due on my pet’s heart-worm test’ or ‘You’re right. That was more than several years ago for that dental. I bet my pet’s teeth are really bad again.’”

The hospital launched its HRA efforts in October 2011 for all clients bringing in all pets for all wellness exams. At first, longtime clients fussed a little and asked about this new required form. The hospital’s team explained

## How Calling It Preventive Care Can Backfire

A Centers for Disease Control and Prevention report on HRAs in human medicine reveals insights into how language around HRAs affects clients’ perceptions and expectations. Calling HRAs “health assessments” or “wellness profiles” may be a softer and less negative name than “risk assessment.”

It turns out that some people interpret illness or other health issues as a failure of preventive care. Even if you celebrate good health news and congratulate clients, be sure you’re equally encouraging when routine screenings turn up something. That too is a success in the HRA model because early intervention means you can mitigate symptoms or slow down disease progression.

the importance of individual wellness plans for each pet. “It was just a simple explanation about how we were changing things because we want what’s best for your pet, and what’s best for your pet is not necessarily what’s best for the pet sitting across the room from you,” Johnson says.

Those discussions continued into later years, with the veterinary team making a point to explain how a pet’s lifestyle risk assessment can change from year to year. They encouraged clients to call the hospital with any major changes at home. Maybe a longtime client decided to retire early and will soon embark on an RV odyssey with their cats. Maybe someone else is recovering from a heart attack and is suddenly taking their older dog for long daily walks, which results in the dog limping.

### Real HRA results

Animal Care Hospital’s survey asks about other pets in the home. It’s a great way to find out about cats, in particular, that aren’t being seen regularly or at all by the practice. Everyone talks about falling cat visits across the veterinary profession. At Animal Care Center, that one HRA question resulted in a 7 percent increase in cat wellness visits in the first 12 months of implementation. This cat-visit trend has continued for Johnson’s team.

As another example, Johnson reports a 10 percent increase in the number of senior pets receiving larger profile screenings.

Johnson explains that the HRA form brought discussions forward that were

## Additional HRA Reading and Tools

### CDC Report: “A Framework for Patient-Centered Health Risk Assessments”

[cdc.gov/policy/ohsc/hra/](https://cdc.gov/policy/ohsc/hra/)

### AAHA Lifestyle Questionnaires

[aaha.org/public\\_documents/professional/resources/pet\\_lifestyle\\_assessment\\_form.pdf](https://aaha.org/public_documents/professional/resources/pet_lifestyle_assessment_form.pdf)

[aaha.org/public\\_documents/professional/resources/canine\\_lifestyle\\_assessment\\_form.pdf](https://aaha.org/public_documents/professional/resources/canine_lifestyle_assessment_form.pdf)

[aaha.org/public\\_documents/professional/resources/feline\\_lifestyle\\_assessment\\_form.pdf](https://aaha.org/public_documents/professional/resources/feline_lifestyle_assessment_form.pdf)

### Zoetis Lifelong Care Reports

[aaha.org/professional/resources/lifelong\\_care\\_resources.aspx](https://aaha.org/professional/resources/lifelong_care_resources.aspx)

likely missed in the past. Take diet. Clients often wouldn’t mention sharing table scraps with their pets, but the form specifically asks about daily diet, people-food given, and even what kinds of foods a family uses as treats.

Animal Care Hospital did not add staff or increase budgets to make HRA use possible. Instead, the team got the entire staff on board through weekly staff meetings. There, they developed their questions, core wellness messaging and workflow systems.

“It’s more than just a form,” Johnson says. “It definitely takes everyone’s involvement from the top to the bottom and everyone being on board with our recommendations as a result of the survey for each specific pet.”

### Asking the right questions

Fundamentally, HRAs begin with asking the right questions, then using those answers along with evidence-based data (your own or those provided by veterinary HRA vendors) to formulate patient-centered recommendations for every pet at every wellness exam.

It’s the difference between putting out full-blown fires of clinical signs

and finding the smoke from subclinical ones. It’s the shift from frequent heroics to consistent, relevant recommendations for a pet’s entire life.

Look at your practice goals and philosophy. Look at your practice performance measures to locate areas for improvement. Figure out what kinds of HRA questions you can ask to improve those measures—thereby improving patient outcomes.

If your goals include more frequent and more significant opportunities for collaboration with clients, HRAs make sense. The whole process of asking, recommending, and following up creates an atmosphere of quality care and trust.

Hauser puts it like this: “How do people recognize good veterinary care? They don’t. You have to set yourself apart. HRAs are one way to do that.” ✨



Roxanne Hawn has been writing about veterinary medicine and pet care for nearly 20 years.



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# How Can the AAHA Diagnostic Terms Make My Practice More Successful?

Start by putting them into practice

Summary by Sonnya Dennis, DVM, DABVP

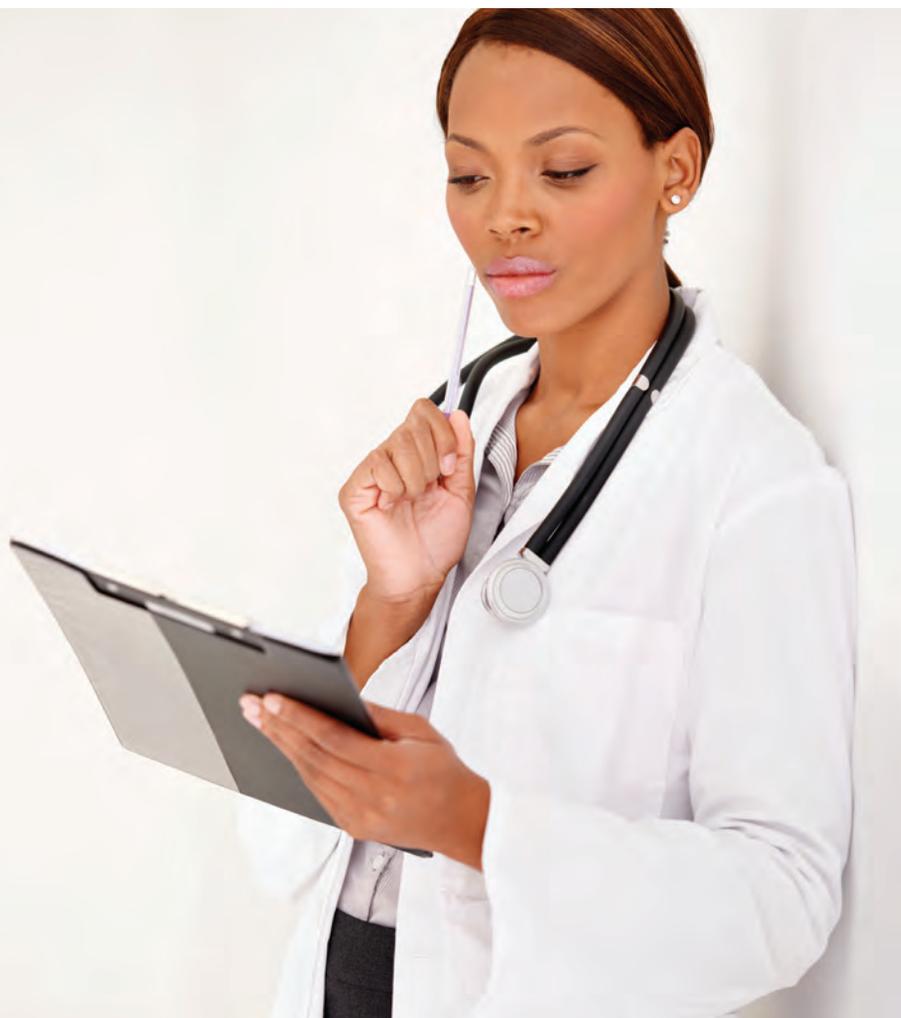
## The WIIFM (What's in It for Me?)

Principle is a driving force in our lives whether or not we like to admit it. In practice, we take action for the betterment of the patient, the client and the business. We are pulled in many directions and strive to honor “best practices” and the AAHA Standards of Excellence. But occasionally something comes along where the benefit is not obvious or immediate. The AAHA Diagnostic Terms is one of those things.

The Talbot Informatics Symposium, held during the 2014 AVMA Conference in Denver this year, addressed the practical use of informatics in small-animal clinical practice. Noell Moseley, DVM, DABVP, of Southwind Animal Hospital in Memphis, Tenn., and Robert S. Baker Jr., DVM, of Mesquite Veterinary Hospital in Tucson, Ariz., gave a lecture about this issue titled “How Can the AAHA Diagnostic Terms Make My Practice More Successful?”

Moseley pointed out that using standardized terms can open all kinds of possibilities for the profession.

“Metadata analysis for research and development by pharmaceutical companies, veterinary insurance claims standardization, and development of evidence-based medicine protocols



This is not just a list of words; there is a lot of behind-the-scenes work that goes into creating the terms, assigning names and numbers, and categorizing them.

are all future possibilities, once standardized nomenclature is in place,” says Moseley.

Years of background work are required to perform high-level evidence-based studies, which is not something that the individual practice or practitioner can usually make happen. Luckily for the profession, AAHA has invested the time and monetary resources into developing a set of standardized diagnostic terms.

In 2010, the AAHA Diagnostic Code Task Force and Review Board, along with the technical expertise of the Veterinary Terminology Services Laboratory (VTSL), a division of the Veterinary Medical Informatics Laboratory at the Virginia-Maryland Regional College of Veterinary Medicine, released a subset of SNOMED-CT: the AAHA Diagnostic Terms for Veterinary Medicine. The terms are available to the profession under an open source license (i.e., for free). You can download the terms here: [aaha.org/professional/resources/diagnostic\\_terms.aspx](http://aaha.org/professional/resources/diagnostic_terms.aspx).

This project has been more than 10 years in development, and since the AAHA Diagnostic Terms are, like veterinary medicine itself, a living, evolving organism, it will continue to adjust to our (the practitioner’s) needs.

This is not just a list of words; there is a lot of behind-the-scenes work that goes into creating the terms, assigning names and numbers, and categorizing them (this is an article for another time and would look similar to a marriage of Linnean biology and the worst biochemistry flow chart you have ever tried to memorize).



## Improvements can be made in patient care by identifying and capturing the problems and diagnoses encountered in practice in a standardized format.

Now that the terms have been created, the next step is getting veterinary practice management system (PMS) vendors to incorporate the set of terms into their software and create a user interface that provides access to the terms in an easy-to-use manner. Several of the major software companies have now incorporated the AAHA Diagnostic Terms, and more will follow as the value of this data becomes apparent (call your PMS provider and ask).

Finally, veterinarians and staff members must take advantage of the availability of the terms and apply their usage in the practice environment.

This is where it (finally) gets exciting. Improvements can be made in patient

care by identifying and capturing the problems and diagnoses encountered in practice in a standardized format. With a few clicks of the mouse, we have real data!

Here are some of the highlights from the symposium and some insights on how the diagnostic terms can help your practice.

### **Problem-oriented medical records development**

We have always SOAPed (Subjective, Objective, Assessment, and Plan) the problems that we find on physical exam, right? No. This was not started until the early 1970s, when Dr. Lawrence Weed, a New Hampshire physician, developed the problem-oriented approach to medical records



documentation that we use today in order to optimize patient care.

Problems are identified and possible causes determined. The possibilities are considered, and a decision is made to go forward with diagnostics or initiate treatment based on that information. This was an important step in the evolution of patient care. Problems and their resolution are maintained on a master problem list (MPL) (this was a new concept at that time!) which serves as an index to the entire medical record and guides medical care over the entire lifetime of the patient.

Problem-oriented medical records (POMR) have become the standard of care in the veterinary profession as well as human medicine. Having an up-to-date MPL is critical in maintaining accurate and usable medical records. In order to keep the MPL current, a usable, time-efficient method

of capturing problems/diagnoses must be available to the veterinary team. This is possible now using electronic medical records and the AAHA Diagnostic Terms.

The problem list can be modified in that individual problems can be closed, inactivated, or redefined. Likewise, diagnoses can be marked tentative, confirmed, or ruled out. By maintaining an accurate problem list, the practitioner is able to quickly review a summary of the patient's entire medical history prior to each encounter, thus providing better patient care.

### **Methods and reasons to store medical records**

Using the AAHA Diagnostics Terms in a pre-formatted medical record encourages consistent recordkeeping and updating of the patient's problem/diagnosis list. This time-saving method for recording visits will optimize future patient care. The problem/diagnosis list provides an index to previous visits when the client asks if the lipoma is any larger in size or how long ago was that first seizure. If the patient sees another doctor in the practice for follow-up or if the patient does not improve, the previous history, findings, and treatment are more quickly found.

Over time, as patients are seen repeatedly, certain patterns are recognized that suggest underlying chronic disease such as allergies. Complete records become vital if a colleague sees a patient whose ear disease is no better according to the client or if a veterinarian faces a board complaint for performing unnecessary tests. Even a young, healthy pet that presents to a discount spay-and-neuter clinic for vaccines is helped if the

record notes aggressive behavior and what recommendation was made.

A summary sheet can be generated to send with the referral form, enabling better communication between the primary and referral hospitals. This kind of communication engenders trust from the client. Depending on the software, problems and diagnoses can be linked to generate reminders, client information sheets, and laboratory tests. This is time saving and reduces double entry and forgetfulness ("I meant to grab that pamphlet out of the cabinet").

When a new patient presents, a complete medical record and problem/diagnosis list (master problem list) can be the basis and the tool to optimize the care they receive, and that you aim to provide, throughout their entire life.

### **Examples of better care**

Our patients deserve the best care that we can recommend. We deserve a smooth, stress-free exam with no random flipping through pages to see what has happened in the past. When clinicians review the previous problems and treatments before an encounter, they enter the exam room familiar with past problems and ready to deal with new ones.

The client-practice bond improves when the pet parent is assured that everyone knows the chronic issues that Fido has. When a patient presents in the spring, again, with signs of allergies, the clinician can look back to see which treatment was prescribed and if it worked well enough to prescribe again. The clinician can look forward and suggest things to ameliorate the anticipated flare the next spring—for example,



suggesting starting omega-3 fatty acids and continuing them year-round and starting an antihistamine prior to the next spring's allergy season. When the problem sheet indicates a patient has signs of allergies all year long since puppyhood, the recommendation of a hypoallergenic food trial can be made.

If an older patient presents for seasonal allergies and the MPL indicates a previous diagnosis of osteoarthritis, you can confirm he is not on "doggy aspirin" or his housemate's Rimadyl before you dispense prednisone for his allergy flare. By data mining patients diagnosed with kidney disease, you can check compliance with best practices. How many patients have regular blood pressure and follow-up labs recommended? How many actually receive the recommended care?

It provides opportunity to contact the client, get an update on your patient, and discuss the value of your recommendations for their pet. When a new treatment is available for a frustrating or potentially life-threatening disease, clients can be counseled on the new treatment.

For example, cats with Feline interstitial cystitis can be pulled from your database, and you can provide the

clients with information about environmental enrichment and new diets that help reduce the incidence or severity.

### **A case in point**

Research is often accomplished by specialists at veterinary teaching hospitals; however, some illnesses are generally only seen at primary care practices. Original research can be done by a busy practitioner more efficiently with data mining of a controlled vocabulary.

One of the best ways for us to advance evidence-based medicine is to report on these cases. One example of this is valley fever (coccidioides), a fungal disease of the southwestern United States and northern Mexico. In Tucson, Ariz., it is a common diagnosis. Baker presented data associated with the cases he and his associate have seen in private practice.

Cases ranged from typical fungal pneumonia to disseminated disease. Certain patterns emerge that are suggestive of chronic infections like neutrophilia, monocytosis, and hyperglobulinemia and become a valuable diagnostic tool since valley fever serology must always be interpreted in light of the clinical signs, imaging, and laboratory findings. One surprise he found was the

number of dogs that presented for limping, sometimes for long periods, that have been misdiagnosed as other illnesses but were ultimately diagnosed with coccidioides.

Since most patients receive fluconazole for valley fever and patients with disseminated valley fever often are on fluconazole for long periods, monitoring long-term medication compliance is vital. Recently, the cost of fluconazole increased from \$65 to \$350 per month for a large dog. Using the electronic MPL and the AAHA Diagnostic Terms to search for active cases of valley fever, he was able to notify clients of a less expensive option and be sure that the clients did not discontinue the medication based on the increased cost.

"Using a standardized terminology, recording the diagnosis in a problem/diagnosis list allowed us to help those patients from further suffering from valley fever," Baker said. ✖



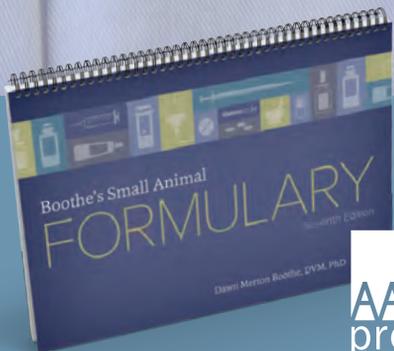
Sonnya Dennis, DVM, DABVP, is chair of AAHA Veterinary Informatics Committee. This summary was based on lectures given at the 2014 Talbot Informatics Symposium by Noell Moseley, DVM, DABVP, and Robert S. Baker Jr., DVM.



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# New Year's Resolutions Your Consultant Wishes You Would Make

Commit to two resolutions this new year

by Ben Williams

**To get ready for the new year**, many people wrack their brains trying to think up things they can do to change for the better. This year, *Trends* decided to make it easier for you and asked some of the industry's top consultants two questions to find out what you can do better for the new year. The questions were:

1. What would you say is the one thing practices could do in 2015 to increase efficiency and profitability?
2. What is one thing you see most commonly from practices that you wish they would stop doing?

No need to thank us, just read on and raise a glass to *Trends* when you ring in 2015! What are your New Year's resolutions? Let us know at [trends@aha.org](mailto:trends@aha.org).

**Expert:** Eric Garcia,  
IT and Web Marketing  
Consultant

**Company:** Simply  
Done Tech Solutions,  
[simplydonetechsolutions.com](http://simplydonetechsolutions.com)



“Utilize technology tools to enhance client education and exam room communication.”

—ERIC GARCIA

*What would you say is the one thing practices could do in 2015 to increase efficiency and profitability?*

**EG:** Utilize technology tools to enhance client education and exam room communication. For

example, utilizing tools such as tablets, YouTube, VetConnect Plus, and iDIA (Diagnostic Imaging Atlas). These are all wonderful tools to help recommendations stick in the exam room and beyond. We forget that in a 30-minute appointment veterinarians can make an average of four or more recommendations (e.g., vaccinations, heartworm/flea prevention, dental prophylaxis, preventive blood tests, etc.) making it easy for clients to become overwhelmed. In return, successful integration of technology tools will increase compliance rates.

*What is one thing you see most commonly from practices that you wish they would stop doing?*

**EG:** I still see over 50 percent of practices in North America and Europe still using the Yellow Pages. I would love to see practices stop using the Yellow Pages in any capacity—online and off. These solutions often exceed practice marketing budgets and have proven very little return. Instead, spend the money on Google AdWords, social media marketing campaigns, search engine optimization services, and/or go to a conference, like the AAHA Conference in Tampa. You can learn from people like me on how to develop effective digital marketing campaigns for your veterinary practice.

**Expert:** Karyn Gavzer, MBA, CVPM

**Company:** KG Marketing & Training, Inc., [KarynGavzer.com](http://KarynGavzer.com)



*What is one thing you see most commonly from practices that you wish they would stop doing?*

**KG:** To paraphrase Albert Einstein, I think the one thing to stop is the insanity of working harder and harder at doing more of the same and expecting different results. It's a different world today! Pet owners are changing, and we need to change, too, if we want to be important and relevant to them and their pets.

*What would you say is the one thing practices could do in 2015 to increase efficiency and profitability?*

**KG:** The one thing I think would help practices the most is to identify the “critical few” things that would make the most difference to pets and the practice and focus on them for the entire year. For some practices, this would mean becoming “cat-friendly” or “fear free.” For others, it would be offering new, better, and different services to attract and keep pet owners (such as home nursing visits, laser therapy, alternative medicine, or simply making the case for preventive health care in a new and relevant way). The key would be to focus only on the one or two things that would make the most sense for the area and the practice rather than chase too many balls at once.

**Expert:** Louise Dunn, Consultant and Owner

**Company:** Snowgoose Veterinary Management Consulting, [snowgoosevet.com](http://snowgoosevet.com)



*What would you say is the one thing practices could do in 2015 to increase efficiency and profitability?*

**LD:** Preparing team members to perform their jobs—especially for



“Pet owners are changing, and we need to change, too, if we want to be important and relevant to them and their pets.”

—KARYN GAVZER, MBA, CVPM

expanding job tasks and roles. Consider how a veterinary practice prepares for the arrival of a hit-by-car. We have all seen the ABC chart, many have even rehearsed who does what part of that chart. The veterinary practice prepares for a medical situation by training team members to perform a specific medical service. But what about for a business situation?

Let us now broaden our thinking to consider team members who want to need to grow and develop professionally. Consider the business need to have team members perform new tasks. Veterinary practices are often weak in preparing team members to perform job functions—some lack standard operating procedures or training programs, others have no plan to develop leaders, and some completely ignore human resources and business management.

Profitability will eventually suffer when a practice finds itself in a “reactive” position—trying to find a new surgery tech, responding to litigation regarding human resource issues, or growing without direction or leadership. It is far more profitable to be “proactive” and make team development and training part of the strategic plan of the business.

A well-trained team is your greatest asset. Connect skills, knowledge, and abilities to the strategic growth plan of the business rather than simply leaving business success up to chance—chance development, chance performance, and chance buy-in. Veterinary practices need to stop taking chances with their business performance and success by spending some time strategically planning team development.

*What is one thing you see most commonly from practices that you wish they would stop doing?*

**LD:** Stop being “reactive” to the business side of veterinary medicine. Practices find themselves behind the eight ball when they ignore advances in medical and business procedures. Something as simple as a job description can wreak havoc on a practice when Sue quits or the business needs more time devoted to inventory and the only job description is titled as, “Sue’s Job Description.” Sue was a tech, did inventory ordering and scheduled the boarding team. Are you able to hire a new person to do Sue’s job? Or do you need to develop current team members to take on the job of inventory coordinator or boarding team coordinator or surgery technician, etc.? Merely having a list of jobs that Sue does is not helping



“A well-trained team is your greatest asset.”

— LOUISE DUNN

the practice replace Sue, nor does it help the practice analyze and manage talent for strategic growth and development.

Stop thinking that business operations, human resources, marketing, strategic planning and financial management are just a waste of time. After all, those are needed to keep your doors open so you can do what you are truly passionate about—providing medical care to animals.

**Expert:** Stith Keiser,  
Founder

**Company:** My  
Veterinary Career,  
[myveterinarycareer.com](http://myveterinarycareer.com)



*What would you say is the one thing practices could do in 2015 to increase efficiency and profitability?*

**SK:** Hire or develop a strong manager, invest in their education and growth, then, as veterinarians, get out of the way! Having owned and consulted for multiple practices, the most common hurdle I see to efficiency and profitability is an owner micromanaging or trying to control an area outside of their expertise. Your time is best spent,

and you’ll be most profitable, practicing medicine. Hire the right manager, allow them to take advantage of programs such as NABA or VMI, then step back and watch your practice grow.

*What is one thing you see most commonly from practices that you wish they would stop doing?*

**SK:** Many of the owners I meet tend to disregard industry benchmarks, financial data and trends if their practice is only “average” or lags behind, because in their mind their practice has some unique factor(s) that keeps it from doing as well as it should. What I’ve found is that, if that’s the case, more times than not, that factor is the owner’s mentality. Determine your business philosophy, whether you’ll be high touch and low volume or a high-volume provider of more basic services (or anywhere in between), and then ensure every aspect of your practice fits that vision—whether it’s pricing, patient care, staff development, or client experience. ✨



Ben Williams is editor of  
*Trends* magazine.

I haven't needed an alarm clock  
since Brody came along.

And I wouldn't want it any other way.

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**IDEXX**  
LABORATORIES

# Tops in Tampa

Get psyched  
for sunny CE

by Kim Fernandez

**There are lots of ways to improve** a veterinary practice—more staff training, education for doctors, marketing, and expanding areas of expertise are among the most popular. But those in the know ensure they do one thing every year to make the most of their time and investment, and that's attend the AAHA yearly conference.

That means thousands of veterinary professionals will attend Tampa 2015, March 12–15 at the Tampa Convention Center, and take advantage of the latest information in education sessions led by the top experts in their fields. It's also the year's premier opportunity to network with other professionals from around the country and learn from those in similar practices or the kinds of practices one aspires to create. And the 2015 meeting promises to offer all that and more, including new tracks and sessions, specialized events and sessions for all levels of industry professionals; exhibits from vendors and industry partners demonstrating the latest products, services, and technologies; social events that promise lots of smiles; and a location that offers almost endless fun in the sun right along with learning and networking.

## New for 2015

Veterinary professionals already know the value of the annual AAHA conference. But Tampa 2015 includes some



Tampa 2015 includes some new highlights that make its offerings even more valuable for attendees.

new highlights that make its offerings even more valuable for attendees.

First on the list is a new veterinary mental health track. This includes a session on what can be done about the industry's higher-than-average suicide rate, one on the value and process behind an overall wellness plan for the entire veterinary health team, and a session on how to handle the age-old question of having a pet when one can't afford to pay for its care. All three sessions will be facilitated by award-winning expert and AAHA Past President Clayton A. MacKay, DVM.

Another new offering is education about backyard poultry. It's an exploding interest in suburbs across America and has become quite chic to raise and care for backyard chickens, even on small lots where they've not traditionally been found. With their growing popularity comes demand for veterinary care, and many suburban doctors face questions they haven't considered since veterinary school. These sessions will help medical professionals get up to date on chicken care quickly and easily.

Finding an expert in any field can be a great thing for those looking to learn. Finding more than one expert is hitting the jackpot, and that's exactly what it'll feel like for attendees who choose cardiology and radiology sessions. Most of those will be team-taught in Tampa, offering more viewpoints and expertise than ever in the same sessions.

Got dentistry? It's a growing area of veterinary care, and Tampa 2015 offers the opportunity to learn from the best in a series on basic and

intermediate veterinary dentistry labs. Participants will complete online coursework ahead of the conference



**This isn't book learning; this is real-world expertise.**

and can take advantage of virtual interaction with expert Jan Bellows, DVM, DABVP, DAVDC, pre- and post-conference.

Finally, in another new offering, most technician sessions will be taught by veterinary technician specialists (VTS), providing top-notch training and expertise for attendees.

### **Other program highlights**

AAHA's yearly conference is where veterinarians go to expand their knowledge and their practices, and Tampa 2015 builds on the tradition with the top-notch sessions and expertise attendees expect. There's something for everyone in a practice, and each segment of your staff will find knowledge to carry home and put into practice.

### **Veterinarians**

For veterinarians, the knowledge to be found at Tampa 2015 is nearly endless. Highlights include:

- The new mental health track, designed to address veterinary-specific questions and concerns and help get the entire practice thinking about their own wellness in a different way, boosting their own well-being and their practice success.
- The new track on backyard poultry, addressing a new and rapidly expanding segment of pet ownership in many communities.
- Teamwork sessions—this year's will be presented by a team of doctors and technicians, offering new and unique perspectives that can be put into play right away. This isn't book learning; this is real-world expertise.
- Basic and intermediate dental sessions and labs, including pre-conference prep and post-conference virtual interactions.
- A track on neurology and the feline patient with expert Simon Platt, BVM&S, MRCVS, DAVCIM (neurology), DECVN, professor of neurology and neurosurgery at the UGA College of Veterinary Medicine.

### **Managers/Practice Owners**

Managers play a key role in practice success. While owners often have the best medical knowledge, they could use some help with business practices and techniques. Tampa 2015 addresses those concerns with sessions designed just for those in these specialized roles:

- A track all about growth through retention, covering data integrity (vital to a modern practice), reminder protocols that are easy



## The innovation and change track helps practice owners and managers keep up with everything coming at them all the time.

to implement, and practical strategies for no-shows reduction, lost-client recapture, and forward booking.

- A track on financial literacy that explains how to understand the numbers, set goals, and achieve results and the financial understanding that can take a practice to the next level and make every dollar count.
- The innovation and change track, helping practice owners and managers keep up with everything coming at them all the time.
- Marketing with Eric Garcia, an expert in veterinary-specific IT and digital marketing who will share his top tips for success in reaching out and drawing in more clients.

### Technicians

The person veterinary clients have the most interaction with isn't necessarily the veterinarian—it's the technician who works to keep pets happy and healthy right alongside of the doctor. Their work is vital, and

they'll find much just for them at Tampa 2015:

- Most sessions will be taught by VTS, making them relevant and relatable.
- This year's new dental sessions and lab are a great opportunity to further skills in the growing area of veterinary dental care, which is getting more press among pet owners and veterinary hospital clients.

### The exhibit hall

The waterfront Tampa Convention Center is the perfect place for this year's AAHA exhibit hall. Attendees have three days to explore the show and receive exhibit hall passports; visit with at least three exhibitors in each aisle and enter to win prizes that include a grand prize of \$3,000.

More than 220 exhibitors will present the very best and latest in technology, products, services, and ways of doing business. These are the industry's leaders—the people who directly affect the way veterinary hospitals

treat patients and operate every day—and it's a fantastic, hands-on opportunity to experience all they have to offer and plan for your professional future.

The new AAHA Central on the show floor will also offer everything AAHA—books, publications, member benefits, and the expertise of your professional association.

### Social and networking events

The fun of Tampa doesn't end when the day is done. AAHA's social and networking events promise great connections with others in veterinary care along with a great time in a fantastic city—you won't believe all there is to do in Florida.

Set your clocks and grab a coffee before "Late Night with AAHA," 9–11 p.m. Friday at the Tampa Marriott Waterside Hotel. Featuring a veterinary talent show of singing, musical instruments, stand-up routines, and anything else an open mic invites, this includes non-alcoholic beverages, snacks, and a cash bar, along with a seriously fun venue that's sure to see you having a blast with old friends and people you just met in Tampa.

"AAHA Fun Night" at the Tampa Lowry Park Zoo should also be unforgettable. Happening Saturday night, this one-of-a-kind opportunity will see attendees enjoying more than 1,000 animals while the zoo is closed to the public. This includes the zoo's Manatee and Aquatic Center that offers critical care for injured, sick, and orphaned animals. Transportation, snacks, and beverages will be available.

## From the Top

"I always look forward to our yearly conference. I love seeing all the teamwork and camaraderie that precedes the actual event. Much of the heavy lifting occurs there, and I can guarantee the average attendee has no idea how much effort goes in to planning and executing such a large event to a high degree of excellence. It is fun to be in a different venue each year and fun returning to great cities like Tampa! Being onsite during the actual conference is exhilarating and exhausting at the same time. My days average 18–20 hours, and on Sunday when we are finished I am brain-dead. I have to be careful where I fall asleep that afternoon, as I may not move for 12 or 13 hours at that point! I love contributing to things that our members and attendees



enjoy and benefit from, and their satisfaction makes it all worth it in the end, when we start preparing for 2016 in Austin, Texas!"

—Mike Cavanaugh, DVM,  
DABVP (C/F), chief  
executive officer of AAHA

Of course, several receptions offer the chance to network and meet up with old and new friends. The "AAHA Education and Resources Reception," "Preferred Provider Reception," "Canadian and International Reception," and "Practice Manager Reception" offer a social event for everyone on staff and promise a great time, too!

### Pre-conference

Plan to arrive in Tampa a day early for this year's pre-conference. "Practice Ownership: Fundamentals of Profitable Care and Growing a Patient Base" will be hosted all day Wednesday, March 11, and be limited to 60 participants. This will offer benchmarks, tools, and training on the business side of a veterinary practice, which is where many doctors can be challenged to

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## You won't want to miss Tampa 2015, and your practice will benefit from your having been there.

stay ahead. A focus on driving revenue growth while containing costs, measuring results, and improving business value makes the day one every practice owner should consider attending.

A second pre-conference session presented by IVAPM, "Pain Management Bootcamp: Needles, Joints, and Nerves: Instruction and Dry Lab on Injection Techniques for Pain Management in Small Animals" will also be held the same day, offering the expertise of veterinary medicine's top experts in an area everyone wants to master. For details, visit [aaha.org/aahatampa2015](http://aaha.org/aahatampa2015).

### Recognizing excellence

Everyone likes both being recognized and holding up their peers for their outstanding work, and Tampa 2015 offers several opportunities for both.

The "AAHA-Accredited Practice Breakfast," held Sunday morning, offers the chance to hear from outgoing and incoming association presidents, who will talk about AAHA's progress and path to success so far. Practices celebrating 25 and 50 years in business will also be awarded Commitment to Excellence awards—a milestone moment. And of course, look for the winners and

finalists of the Accredited Practice of the Year award contest. These top-notch practices are the best of the best, so you won't want to miss learning about the recipients of AAHA's highest honor.

You won't want to miss Tampa 2015, and your practice will benefit from your having been there. For information and to register, visit [aaha.org/aahatampa2015](http://aaha.org/aahatampa2015). ✨



Kim Fernandez is a freelance writer in Bethesda, Md., and a frequent contributor to *Trends* magazine.

## Destination: Tampa

Sure, you'll be busy filling your brain during Tampa 2015. But there's lots to do before and after sessions and official conference activities, too, and Tampa offers something for just about everyone:

- Beer lovers will want to visit Cigar City Brewing and its unique hand-crafted brews.
- Once the world's cigar capital, Tampa offers the unique opportunity to try almost any kind of hand-rolled stogie one's heart desires. Watch master rollers at work or stop by one of two factories to see how they're made and then enjoy your choice of local cigars.
- Sports lovers will want to catch a game while in town at one of several venues. And the food is as good as the game—don't miss it!
- Tampa's waterfront location means lots of boating fun. Rent an eBoat with up to nine people or charter a captained vessel for a guided tour of the area by water.
- The area's signature sandwich—the Cubano—is a culinary festival on a plate and available throughout the city. Try several and see which is your favorite.
- March is Gasparilla Arts Month in Tampa, and arts take center stage all month long. Thousands visit the area for its art in March, so it's a great time to visit and admire beautiful pieces from afar or choose a few to take home. Don't miss the Salvador Dali Museum, Tampa Bay History Center, or Tampa Museum of Art.
- The TECO Line streetcar will take you all over the city and offer a fun and unique way to explore the town. Hop aboard for a great ride and explore areas you might not discover on your own.

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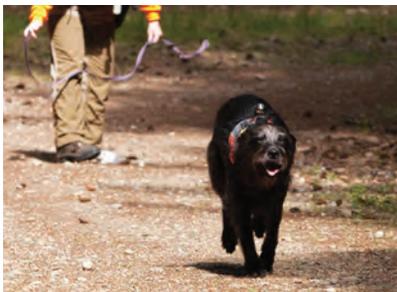
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# in the community



## Search and Rescue Practice

by Katherine Murphy, co-owner, Companion Animal Wellness Center

Sit in on any debriefing of Search and Rescue (SAR) volunteers and you will learn that the most emotionally challenging situations do not occur when a deceased subject is located or distraught family members consoled. The worst situation occurs when a high-risk subject (like a child) is missing, the pager goes off multiple times with managers pleading for additional help, and searchers are unable to leave work to assist.

Our practice, Companion Animal Wellness Center (CAWC), is an AAHA-accredited, two-doctor private practice located in Poulsbo, Wash. On Christmas Eve 2008, our manager adopted a year-old lab/terrier mix from the local shelter. This dog, Hooligan, had behavioral issues related to lack of training and hyperactivity. She needed a job that would provide a physical and mental challenge. Becoming a scent-specific wilderness air scent/human remains detection dog seemed like the perfect opportunity for Hooligan, but it had the potential to create problems for the smooth operation of the practice.

Putting together an effective search dog team requires a significant investment of time and money. Search dog handlers are volunteers who generally have to leave other obligations, such as jobs, to assist in locating the missing. At a staff meeting, the implications of training a search dog was explained. The staff was asked if they would be willing to run short-handed and take on extra tasks whenever the team got called and they enthusiastically agreed.

Fast forward through many deployments over 6 years, and the level of support provided by the CAWC staff is the envy of local SAR volunteers. It has often been difficult for our small practice to adjust when there is a full schedule of clients and patients to care for and Hooligan's nose suddenly gets paged out.

As agreed, the entire staff pulls together and takes on additional duties so nothing gets neglected. The doctors make themselves available by phone to support Hooligan's health needs in the field. Not only do staff members shoulder additional burdens at work but they also take home and care for other pets during deployments. It is the commitment and support of the entire CAWC staff that makes it possible for our team to have the highest response rate of any SAR dog team in the county.

Our team was deployed for 7 of the first 10 days of the mudslide in Oso, Wash., in March 2014. While to be down an employee for that long was very hard on our small practice, we were honored to have developed a search dog team with the skills necessary to help when our neighbors were in such need. ✨

**Do you have a story to share about your practice in the community?**

Send your story and photos of your volunteer or community outreach work to *Trends* editor Ben Williams at [trends@aaaha.org](mailto:trends@aaaha.org).

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