HOW TO AVOID
compassion fatigue
during COVID-19

Because practice ain’t perfect.
Years ago, I took a hiatus from clinic ownership. I sold my practices to spend more time with my young family. I did not want to exit clinical work entirely but wanted to regain control of my schedule in hopes of seeing more kid baseball games and visiting more amusement parks. So, I became a relief veterinarian. Was I in for a surprise. I placed a small classified ad in the state veterinary society magazine, and before I knew it, I had more relief gigs than I could handle. I soon discovered that relief veterinary work is a great way to earn a living. But to prosper and avoid big problems, you must be smart.

The significance of a relief service contract

 Plenty of relief veterinarians think gig worker status is based on a simple arrangement between the veterinarian offering occasional services and the clinic that responds. Legally, 4 parties are involved, and each has its own interest. Of course, there are the relief veterinarian and the clinic owner—the former wanting the highest pay per shift, and the latter the lowest possible cost per day for the services.

 But 2 other parties—the Internal Revenue Service (IRS) and the state government—have perpetual needs that must be recognized and satisfied. Both want the
same thing from the relief doctor and the clinic owner: regulatory compliance.

I quickly recognized during my brief relief gig career that perhaps the only way to satisfy all 4 parties was to have a written contract between the relief provider and the clinic for which the veterinary work would be done. Consider these risks of not formalizing the relief services relationship in this way.

**Risks to the fill-in veterinarian**

Unless the relief practitioner requests and receives payment at the end of each shift, there is an underlying risk that a clinic may later neglect or refuse to pay for past services. This is particularly likely if there has been a misunderstanding (unintentional or not) about work schedule, pay rate, or whether lunchtime is compensated. Sometimes, the practice owner runs short on money. Without a written service agreement, such disputes end up in court, possibly leaving the gig veterinarian on the losing side.

In the absence of a written agreement, unanticipated disputes can arise regarding whether commuting time is included in the provider’s hourly rate calculation and whether a fee will be charged for mileage (and the amount per mile). Does the relief veterinarian get paid hourly to make phone calls at the end of a shift, or does payment cease at the end of the final appointment? All these questions can be resolved in advance with a well-crafted relief contract.

**Practice should embrace agreement**

Relief veterinarians play a vital role in clinic scheduling. They enable owners to take personal time, and they soften the blow when an associate is on family leave or exits the hospital unexpectedly. No clinic owner wants to sour a relationship with a good, reliable relief veterinarian. But in the absence of a clear contract, the relationship between the relief doctor and clinic owner can suffer as unanticipated disagreements arise.

Sometimes hourly per diem veterinarians linger long after office appointments end, making more and longer phone calls on the clock than the practice owner feels are necessary. Occasionally the owner or medical director can attempt to micromanage cases being handled by the fill-in veterinarian. I have seen instances where a practice and per diem doctors clash over dress (too casual?), footwear (slip and fall/Occupational Safety and Health Administration violation risk?), and even inappropriate lunch hour sunbathing between morning and afternoon appointments. Relief contracts can address any such issues from the outset of the worker-owner relationship.

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**The IRS is interested in your contract—or lack thereof**

The IRS loves employees—indepent contractors, not so much. In fact, the agency considers everybody not an owner to be an employee until proved otherwise. If a relief veterinarian wants to carry out services as an independent contractor, it means an obligation to demonstrate that they are not an employee under law. With a solid written relief services contract that fully describes the business relationship, this obligation is much easier to satisfy.

Plenty of relief veterinarians think gig worker status is based on a simple arrangement between the veterinarian offering occasional services and the clinic that responds.

The contract terms help clarify why relief veterinarians may appropriately consider themselves non-employees. The IRS prefers individuals to be considered employees because the agency tends to get its withholding money from each paycheck right away, before the worker ever gets paid. The same goes for the worker’s required Federal Insurance Contributions Act (FICA) and Medicare contributions.

Independent contractors, on the other hand, generally receive payment for services in a lump sum with no immediate withholding. Rather, they are charged with meeting several tax compliance obligations, including making estimated tax payments. The federal government doesn’t like having to risk chasing down independent contractors who sometimes spend funds owed to the Treasury or Social Security Administration.

Therefore, if a veterinarian pursues a gig career without strictly adhering to the characteristics of an independent contractor, the federal government can impose financial penalties against them and any clinic that inappropriately failed to withhold and remit taxes, FICA contributions, and Medicare payments from the relief veterinarian’s earnings.

However, clarifying language can be included in a relief contract to reinforce the notion that the occasional worker is indeed an independent contractor. ➔
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The IRS prefers individuals to be considered employees because the agency tends to get its withholding money from each paycheck right away, before the worker ever gets paid.

This includes clear statements explaining how the job was obtained, whether the worker is paid commission (production), whether services are provided on the same schedule each week, and whether the worker provides their own instruments and equipment. (For more detailed information about the characteristics of an “independent contractor,” refer to IRS Form SS-8 at irs.gov/pub/irs-pdf/fss8.pdf.)

The existence of a written agreement between a per diem or shift veterinarian and a clinic is persuasive if the IRS seeks details of the relief client-contractor relationship.

Don’t forget the state authorities
Naturally, state tax authorities are interested in the “contractor or employee” nature of a relief veterinarian in states that have an income tax. But even states like Florida and Texas, which do not have income tax, want to know who in the work relationship is tasked with providing regulatory compliance over the worker-owner arrangement.

If you are an employee, your boss is charged with making sure you are covered by a workers’ compensation policy. In the absence of a relief contract, that issue may be neglected, with the owner later discovering that failure to cover the per diem doctor constituted a violation of the law.

The same problem exists regarding statutory unemployment insurance filing and remittance laws. And don’t forget about legally required disability insurance payments.

Written relief contracts are good insurance
The general rule I recommend that relief veterinarians follow is this: If you are doing a limited amount of relief work, request that your employer pay you according to a written contract, but as an employee, not an independent contractor. The contract will cover the items that could otherwise result in a disagreement, but the W-2 worker status will keep everyone paying and reporting to the federal, state, and municipal governments as they should.

I suggest that for veterinarians making gig work a primary occupation, a contract also be used, but that it additionally include as much detail as possible to support the argument that independent contractor status—if sought—is firmly supported in writing and with formality.

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Veterinary clinics dramatically shifted their protocols during the coronavirus disease 2019 pandemic, most notably with the implementation of curbside care, according to Mary Lopez, hospital manager at Hendricks Veterinary Hospital in Boise, Idaho.

Although a 2020 survey showed that many consumers like curbside service, in veterinary medicine this shift presents unique challenges. Staggered appointment times, limited services, and increased cleaning protocols have led to frustration among some clients, Lopez told attendees during a recent Fetch dvm360® virtual conference session sponsored by SnoutID.

Additionally, there has been a spike in pet adoptions, significantly increasing clientele. With an ongoing shortage of veterinary staff across the nation, many clinics are struggling to meet these new demands, says Lopez.

To help improve patient care, enhance client experience, and reduce burnout and compassion fatigue among staff members, Lopez and her team made adjustments to curbside protocols. Here are 5 strategies Lopez implemented at her clinic that you can incorporate in your practice to provide a gold standard for curbside care.

1. **Use digital forms**
   
   Paper forms are tedious and time-consuming for clients and veterinary team members. To reduce check-in times, try converting to digital forms. At Lopez’s hospital, clients complete forms digitally using the pet health app SnoutID before the appointment, saving her team valuable time during the check-in process. SnoutID also allows clients to review payment estimates, limiting the sharing of pens and direct contact with paperwork. Other digital signature platforms include JotForm and DocuSign, says Lopez.
Collect medical history prior to appointment
During the pandemic, phone lines and email inboxes have been jammed, delaying communication with clients, says Lopez. To help facilitate prompt communication with pet owners, Lopez and her team decided to collect medical histories before appointments, using SnoutID. The app has its own staff of veterinarians and technicians who handle data consents for records transfer, she says. The platform also helps retrieve health records throughout the United States, she adds.

Standardize arrival
Busy phone lines have made it difficult for clients to alert staff to their arrival, says Lopez. Trying to locate cars in a packed parking lot is challenging without proper labeling. “Sometimes, we would get clients who would call to check in and say, ‘I’m in the silver car.’ How many times have you been out and looked for silver cars? That can be a little confusing,” says Lopez.

To help standardize arrival, Lopez has clients click the “I’m here” button or send a message on the SnoutID app, and the team is immediately notified of the client’s arrival. Lopez also recommends labeling parking stalls. She says a staffer’s husband built labeled parking signs to help locate clients.

Create a secure payment system
Collecting payments over the phone can present security concerns, including credit card fraud, and clients can easily dispute charges without the backup of a signature. “It was vital that we created a secure payment system for our clients, for their safety and ours,” says Lopez, who recommends the following secure payment options:

- Use card readers like Clover or Square. Make sure you have strong Wi-Fi because you must go to your client’s vehicle.
- Use digital invoicing systems such as PayPal.
- Collect payments ahead of time using an app like SnoutID.

Enhance client communication
“It’s so important to effectively communicate with your clients. You need to explain the new process to them because if you don’t communicate, it’s going to be very difficult for you and your staff,” says Lopez, adding that you should regularly update all your communication platforms.

Be sure to send a mass email to all clients and update them once a month. You can also utilize 2-way texting to keep pet owners informed. Additionally, make sure your latest updates are pinned at the top of your social media pages. To accommodate your less tech-savvy clients, add signage to your practice door. Put up banners to let clients know you are offering curbside service, and include contact information. Make the text large and use an easy-to-read font and color.

Finally, educate your client service representatives, technicians, and assistants about all new protocols and how to best discuss them with clients. “Clients were anxious at first. We had to deal with a lot of emotion. So, I had to create these talking points or scripts for my team so that they have a professional way to respond to these clients,” Lopez says.

REFERENCE
HERE’S A CRAZY IDEA: Stop advertising so you can give away veterinary care

I had a thought to put your veterinary practice advertising dollars somewhere else, but I gut-checked myself with an economist first.

By Bash Halow, LVT, CVPM
Hello, Vetted™ readers. I hate to bother you, but I’ve gotten myself into a shouting match with a veterinarian, and I’m hoping you can get a fancy Canadian economist on the line to tell the doctor that I’m right and she’s wrong. The veterinarian’s name is Claudine Pickle (not really), and she owns Kaville Veterinary Clinic, a practice with annual gross revenue of $3.1 million.

Pickle spends $13,000 a year on advertising. When I ask her where all that money goes, she puts down her half-eaten PB&J sandwich on an examination table and makes some whirling gestures with her hand in the air. “Oh, I don’t know,” she says wearily. “The high school helps me up to buy the back-page cover of their sports program. I need to spend something on Yelp and on Google Ads. Don’t ask me what it’s for—I don’t know. Can you let me eat in peace? You were cute in that conference lecture, but one-on-one, you’re exhausting.”

Well, I went digging. The practice has been terrible in tracking how clients find them, and although the Google ad is showing some clicks, it turns out many of the calls that come from the ad are from existing clients inquiring about the practice’s hours or address. After Pickle swallows her last bite of sandwich, I engage her before she can sneak away.

“Look, I’ve done some investigating,” I say. “I don’t think your advertising dollars are working to bring in new clients, and I have an idea on how you can improve.”

“Wonderful,” she says, digging some bread out of her teeth. “Can’t wait to hear it.”

Undeterred by her eye-rolling tone, I run my thoughts past her: “Because we’re already budgeting $13,000 for advertising that doesn’t appear to be working, what if we use it as credit for clients who are experiencing a pet emergency but who are low on funds instead? Not everyone will default—and, when you think about it, the cost of the default to the practice is much less than the amount of credit you extend. Plus, the goodwill you buy from grateful clients who pay their bill in full, the reviews they’ll put online, and the word-of-mouth your kindness will generate will make the investment worthwhile.”

Pickle pops 2 aspirin and polishes off what’s left of her Diet Coke. After a pause, she says flatly, “And you get paid for this kind of advice, huh?”

Hey, Vetted™ team, please help me get an economist on the line to see whether I’m right.

Darren Osborne, director of economic research for the Ontario Veterinary Medical Association, responds.

In my experience, most advertising does not pay. Google ads work in the right place, but if you’re up against corporate practices or anyone with any kind of internet savvy, you’ll fail. According to my data, most new clients come from word-of-mouth referrals.

So, let’s assume the $13,000 is misspent, and we can allocate $13,000 to a different program that will generate revenue for the practice.

The idea of offering credit is one option to grow the practice. By extending credit to clients who need it, you can grow the practice by doing procedures you otherwise would not be doing, and you’ll get referrals from new clients who tell everyone their story.

Financially, I don’t think you’ll lose. In a general practice, emergency work is “found” money, and most of the revenue goes to net. Let’s consider this thought experiment:

- $1000 fee charged to client for the procedure
- $230 production-based pay to the veterinarian
- $180 cost of drugs and supplies
- I won’t consider other costs (salaries, heating, rent, equipment rental, etc), which are already sunk.

That leaves $590 net. So, let’s start with that $13,000 cushion when there’s a default. To be fair, we should top up the fund with all the “found money” from procedures for which clients pay in full. If the client pays the $1000 bill, put $590 back into the $13,000 fund, or, to keep things simple, let’s just put half of the bill in.

Even if every other client defaults, you’ll still make money and the fund will grow.

But this is financial theory and probably a nonstarter for most veterinary practice owners. If you do get a lot of defaulters, most owners will freak out and pull the plug on the program. Management might also question how effective referrals are from pet owners who can’t afford emergency care.

I know you didn’t ask for alternatives, but what if you spend the $13,000 to improve your customer service instead? As I said at the outset, the No. 1 way that clients find out about veterinary hospitals is by positive word of mouth. If your whole team can improve the client experience, the clients on the receiving end of that care will surely share their service story with other pet owners they know and you’ll draw more people into your practice for care.

Bash Halow, LVT, CVPM, is a practice consultant and owner of Halow Consulting. He also serves on the dvm360® Editorial Advisory Board.
Although many Vetted™ readers are in the accumulation phase of their investment lives, others, like me, are planning to retire sometime during the next decade. We need the continued growth of some of our investments in retirement to outpace inflation, but the goal of investing for and in retirement is to produce enough cash flow to sustain your standard of living.

I have many mentors in the investing space, but by no means am I a financial planner, nor do I have all the answers (hence the need for mentors). However, I do see the results of my learning as I watch my cash flow increase, and I am confident that my needs in retirement will be met. My goal in writing this article is to provide fodder for your next discussion with your financial planner. (If you do not have a financial planner, you really should consider getting one.)

Cash flow in retirement can come from a variety of sources. The 2 discussed in this article—dividend-paying stocks and closed-end funds (CEFs)—are suitable for investors of any age.

Dividend stocks
A stock is an investment that represents partial ownership in a company (see “Investing Glossary”). Dividend stocks pay cash—usually monthly, quarterly, biannually, or annually—in the form of dividends. These companies tend to be profitable and share their profits with all their stockholders.

Although it fluctuates daily, the average dividend for companies in the S&P 500 Index is about 2%.¹ This means that for every $100,000 invested in an S&P 500 mutual fund, the investor will earn $2000 annually in dividends. (Capital gains, or the profits from shares of a stock or other asset, are a different type of return and averaged 13.99% during the past decade; over 20 years they have averaged 6.41% and are “expected” to range from 6% to 8% for the next 10 years.) If you do not want to do a lot of work investigating individual stocks, then investing in mutual funds (especially those of dividend payers) or CEFs is the way to go.

However, you can also invest in individual stocks. Choosing the best stocks can rely on timing and is often hit or miss, even among experts. Increasing the number of dividend stocks in which you invest to 50 to 100 in a variety of industries/sectors minimizes both the risk of losing principal and the chance that too many of your stocks will suffer dividend cuts or suspensions, as we have seen with the coronavirus disease 2019 pandemic.

Regardless of how you choose to invest in dividend stocks, the returns serve as a source of reliable (although not guaranteed) cash flow. There are no guarantees when it comes to cash flow, but dividend stocks tend to bring greater cash flow than cash, certificates of deposit, or bonds—although bonds and bond funds can also provide cash flow and help balance the risk of a retirement portfolio.

Closed-end funds
A CEF—also known as a closed-end investment or closed-end mutual fund—is a portfolio of pooled assets that raises capital only once, through an initial public offering, and then lists shares for trade on a stock...
exchange. As with many mutual funds, a professional fund manager oversees CEFs but does not issue or redeem shares daily, as is the case with mutual funds. A CEF portfolio is typically focused on a narrower subset of securities, such as a specific industry or market sector, which makes them more subject to volatility.

A CEF trades like a stock—on a stock exchange or over the counter—whereas an open-end mutual fund is bought and sold directly with the fund company or a brokerage firm.

Cash is earned by the CEF investor in 2 ways: cash flow (represented as yield on the fund, paid monthly, quarterly, biannually, or annually) and growth of the share price (capital gains similar to stocks and mutual funds). The yield, which is what makes these funds so appealing to retirement investors, averages 7.3%, quite a bit higher than the S&P 500. So, for every $100,000 invested, you would receive $7300 in cash flow annually. In general, CEFs are chosen as investments by those who want regular (but not guaranteed) cash flow, such as retirees.

Unlike open-ended mutual funds, CEFs usually trade at a discount or premium to the value of the assets in the fund (called the net asset value). In general, investors try to buy CEFs when the discount to the net asset value is larger than average, and extra money is made as the discount narrows and the share price increases. (Note that this gain is realized only if shares are sold at their value increases, similar to an open-end mutual fund or individual stock.)

A second feature of CEFs is debt, because many CEFs borrow money to buy holdings in the fund. Debt can boost the yield by adding to the number of holdings in a CEF that are paying dividends, interest, or capital-gains income. But it can also magnify losses because securities can lose value if interest rates rise—especially securities sensitive to interest rates, such as bonds.

One final feature to remember is that part of the income of some CEFs consists of return of principal (capital) rather than earnings. A CEF may return principal if, for example, it is unable to meet periodic distribution levels that shareholders have come to expect. Depleting capital can erode the CEF’s share price over time. This is usually not a problem for well-run funds and can be advantageous when taxes are due.

Although all of this may appear complicated, it really is not. CEFs may be a way to assist cash flow in retirement, but consulting with your adviser is the best option to help determine your level of comfort, safety, and financial needs.

**The bottom line**

Dividend stocks and CEFs can be helpful investment vehicles for those who want regular cash flow in retirement. Starting to invest in these vehicles at any age, but especially in the several years before retirement, can help ensure that you have enough income to make retirement enjoyable. Discuss this information with your retirement specialist so you can make the best choices.

Here is what I am doing, as I sit a few years away from retirement. After much research (see “Looking to Invest? Start Here”), I have moved some of my mutual fund investments into dividend-paying stocks, and purchased several CEFs to add to my portfolio (most are equity or stock funds, but some are municipal bond funds that produce tax-free income, important for me in retirement). All the dividends and cash yields from these investments are reinvested each month so that I can purchase more shares of the dividend stocks and CEFs, just as I do with my mutual funds. The nice thing about doing this now—a few years before retirement—is that I can see roughly how much income my investments will throw off for retirement (the exact amount will change as I make investment changes and add more cash to these accounts). So I know that if I were to retire today, I would have enough cash to fund my monthly expenses. Of course, I do not plan on retiring now because I thoroughly enjoy working and wish to continue growing my investments to ensure even more security for when I do decide to retire (which is important because of inflation and if my expenses increase in retirement).

**Looking to invest? Start here**

I routinely gain useful information about dividend stock investing and CEFs from these sites, some of which offer free advice as well as inexpensive paid services for investors:
- **Closed-End Fund Center**: cefa.com
- **Morningstar**: morningstar.com
- **CEF Connect**: cefconnect.com
- **Sure Dividend**: suredividend.com
- **Simply Safe Dividends**: simplysafedividends.com

**REFERENCES**


Shawn P. Messonnier, DVM, owns Paws & Claws Animal Hospital and Holistic Pet Center in Plano, Texas, and serves on the dvm360® Editorial Advisory Board. He has written multiple books on marketing as well as holistic veterinary medicine.
A new year can mean a new you and a better team, but take a long, hard look in the mirror at the biggest roadblock and the biggest opportunity. That’s right, it’s you who can get the most out of your team. Here are 5 things to get you excited for a great year as a veterinary practice manager and, more importantly, to empower your staff to have their best year, too.

Step 1: Change your perspective
Your perspective on everything from normal, everyday tasks to big yearlong plans really sets the tone for the rest of the team. I am far from perfect, but I try to start every day with a fresh outlook and an “I can conquer anything” approach. This rubs off on the team, and before you know it, it’s New Year’s Eve again and everyone’s exhausted from a hectic holiday season but still laughing and having a good time. Hang on to your hopeful perspective—you’ll help keep everyone else excited to try to surpass their personal best.

Step 2: Give team members the tools they need
Each person on your team marches to the beat of their own drummer. It’s your job to figure out what makes them tick. The tools you give Jenna may be different from the tools you give Brandon. Jenna may be a visual learner. Brandon may be a list maker. A great manager considers all team members and gives them what they need to excel. (If you’re not sure, it never hurts to ask.)

Step 3: Coach, coach, coach
This does not mean yell, yell, yell or preach, preach, preach or poke, poke, poke. Coaching is far more productive and less annoying. Go back to the way each team member ticks. Some thrive on words of affirmation. Some appreciate more responsibility and autonomy. Others are expert with current procedures but need to be walked through a process multiple times before they nail it. Patience and understanding are key.

Step 4: Reflect on yourself
Terrible day? Nothing went right? One person quit? All the rooms waited a minimum of 30 minutes past their appointment time? Two team members were crying? It’s happened to all of us, so you’re in good company, but don’t shift the blame onto team members or bosses or clients. The first place to look after a day like this is in the mirror—not to beat up on yourself but to consider what else you can do, what’s in your power. Ask yourself:

- Have you given your team members the tools they need to be successful in their jobs?
- Is everyone in the right seat on your proverbial bus, or are you trying to shove a round peg into a square hole?

Self-reflection before, during, and at the end of workdays is a sure way to improve your emotional intelligence and help you be more proactive and less reactive, so you don’t take a bad day personally. This is about how you can better position your team and yourself to achieve success and not have to endure days like this. Take the emotions out of it and think things through.

Step 5: Share freely
Nothing was given to me as I was moving into management. So much energy was lost in scratching, clawing, and crying to get where I am today. Don’t do that: Share and share freely. Don’t play mean girl games. Coach team members and give them the tools to not make the same mistakes again. Take ownership of your actions—good and bad. Your team is depending on you. This could be your best year yet, but I suggest taking a moment to look in the mirror at the person who will make that happen.

Emily Shiver, CVPM, CCFP, is regional director of operations at Family Vet Group in Florida.
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When you start a business such as a veterinary practice, you have choices about what kind of business entity to set up. Choose carefully, because your decision will determine what kind of taxes you pay, who is liable financially and legally, and what tax forms you need to file. I strongly recommend that you contact a knowledgeable attorney or accountant—no offense, but your well-meaning friends are usually not the best choice. Here are some options to consider before meeting with an expert.

The power of just you: Sole proprietorship
A sole proprietorship is easy to set up and to dissolve. There can only be you, hence the name. The revenue is collected, allowable expenses are paid, and the profit left over is reported on your personal tax return on a Schedule C (Form 1040 or 1040-SR [visit irs.gov/forms-pubs/about-schedule-c-form-1040]).

This sounds easy, right? Not necessarily—there are downsides. You, the owner, have unlimited personal liability for any debts or obligations the veterinary
They treated us like we were their only clients, even though we knew we weren’t。” – Thomas & Ruth, Albuquerque, NM

Just don’t do it: General partnership

I will not spend time explaining a general partnership except to say this: Do not get involved in one. You will be personally liable for any debts or obligations the partnership incurs, even if you did not approve of the debt. Partnership taxation is the most complicated of entities, and my advice is not to do it.

The flexible choice: Limited liability company

Limited liability companies (LLCs) are becoming the entity of choice for many small businesses today. An LLC combines elements of partnerships and corporations. However, you must complete an operating agreement and file it with the state in which you do business. You must follow rules of operating as an LLC (using the letters in your paperwork with the general public).

Essentially, you can elect to be taxed as a partnership with the benefits of partnership reporting, or you can be taxed as a corporation and use the benefits of a corporation. If you choose to be taxed as a corporation, you can take a salary (no estimated tax requirements). Because you are an LLC, however, you do not need to hold an annual meeting, keep minutes, or meet other requirements for corporations. You will elect “S” status so the profit is reported on your personal return. If more than 1 of you forms the LLC, you will file either a partnership return or Form 1120S.

Veterinary Practice Inc: Corporation

Corporations are always a separate legal entity from their shareholders. Hence, a corporation must file articles of incorporation and bylaws. You must always let people know you are operating as a corporation, and it is important that you always sign your name on legal documents indicating your title in the corporation (president, secretary, etc).

Corporations protect you from liability from debts and obligations of the business, if you play by the rules. Make sure you work with a good insurance consultant and remember that no business entity shields you from medical malpractice allegations.

Most of you who elect to file as a corporation will elect “S” status, which means the profit of your business is reported on your personal tax return (remember the LLC above). You will be an employee of the corporation, so taxes will be withheld from your paycheck. If your business is profitable (and it should be), you may have taxes due on that profit. Get a good accountant.

Which way should you go? Just ask

Good news to anyone picking any business entity for a veterinary hospital: Assuming you fit the requirements, for the next 10 years at least, you may qualify for the beneficial tax treatment given to small businesses. The rules are complex, so talk to a qualified accountant.

It may seem like I am plugging accountants, but owning your own business is a big investment. You probably did not study finance and accounting in college or veterinary school, so having a good adviser is vitally important for success in practice ownership.

Elise M. Lacher, CPA, is cofounder of Strategic Veterinary Consulting, based in the Tampa/St Petersburg, Florida, area.
Better medicine, better business: Periodontal disease

Two options for managing dental disease in your patients, plus how to help your clients determine which plan is best for their pet.

By Shawn P. Messonnier, DVM

Periodontal disease is easy to treat and prevent, but it is among the most common infectious conditions we see in our clinic. Although many of our clients equate periodontal disease simply with dirty teeth or bad breath, we know that this infectious and inflammatory condition can contribute to serious problems, including heart disease, diabetes, and immune disorders. There are multiple options for managing periodontal disease, but I will focus on 2 approaches: basic and platinum.

Basic vs platinum standard of care

The basic approach is straightforward—clean the teeth and hope for the best. In my opinion, unless it is not economically feasible for your clients, preanesthetic evaluations such as examinations, labs, and electrocardiograms (ECGs) are not optional. (When did good health and common sense become optional?) If your patient expires under anesthesia, even with the owner opting out of preanesthesia evaluation, you are still liable for what happened to that patient. Unfortunately, defending your position legally in this scenario is rather challenging.

The basic approach addresses what is seen in the mouth but ignores deeper issues such as pain relief following a dental scaling. Although the teeth are technically cleaned, the disease remains present and has not been treated adequately.

The platinum approach involves much more than cleaning teeth. Following a supra- and subgingival scaling, teeth are polished to smooth microscopic indentations in the enamel to help reduce immediate tartar accumulation. Because a dental procedure is at the very least uncomfortable, when the pet awakens, topical lidocaine gel applied to the gingiva provides relief. OraVet and Clindoral are products that aid in periodontal healing by slowing tartar buildup. If a disease is severe enough to cause more pain, or if extractions are performed, additional analgesia such as nonsteroidal anti-inflammatory drugs, opioids, and local nerve blocks should be administered for patient comfort and safety. Additionally, dental radiographs can reveal deeper pathology that is not obvious during a visual examination of the oral cavity. Choosing the platinum approach or something similar allows proper systemic treatment of the disease.

More practices should treat periodontal disease better than they currently do with the basic approach. If a patient had a serious source of infection or inflammation anywhere else in the body, we would likely be extremely aggressive in explaining to clients why certain tests and treatments were necessary. I think we hesitate with proactively managing periodontal disease if a patient had a serious source of infection or inflammation anywhere else in the body, we would likely be extremely aggressive in explaining to clients why certain tests and treatments were necessary.
to determine the best treatment approach for your patient, consider the potential nature, severity, and chronicity of the illness; the age of the pet; and the ability of the owner to afford the treatment. Finally, the platinum approach includes items that are also incorporated in human hospitalizations. For example, technicians are provided to patients and clients are charged for their services. Pet owners are also charged for medical waste removal. For critical cases, sick pets may require ongoing monitoring (ECG, oxygen saturation, etc.).

In addition to fluid therapy, I have found it extremely beneficial to include vitamins, injectable herbs, and other homeopathic remedies to support the immune system, detoxify the pet, hasten healing, and improve well-being.

As a holistic veterinarian, I rarely use conventional medications indiscriminately. However, there are certain circumstances when antibiotics are needed. Additionally, believing that no pet should die without the benefit of steroids, I often use injectable dexamethasone to enhance recovery and support pets with undiagnosed Addison disease. A daily fee for the doctor exam is included, and a pet’s condition should be assessed daily during hospitalization.

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<table>
<thead>
<tr>
<th>Basic approach</th>
<th>Platinum approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>Examination $50</td>
</tr>
<tr>
<td>Preanesthetic blood profile</td>
<td>Preanesthetic blood profile (not</td>
</tr>
<tr>
<td>(optional)</td>
<td>optional) $250</td>
</tr>
<tr>
<td>Preanesthetic ECG (optional)</td>
<td>Preanesthetic ECG (not optional)</td>
</tr>
<tr>
<td>Anesthesia</td>
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</tr>
<tr>
<td>Antibiotic injection</td>
<td>Antibiotic injection $40</td>
</tr>
<tr>
<td>Dental scaling/polishing</td>
<td>IV/catheter fluids $80</td>
</tr>
<tr>
<td>Extractions (as needed)</td>
<td>Anti-inflammatory injection $30</td>
</tr>
<tr>
<td>Rx dental products</td>
<td>Dental scaling, polishing $100</td>
</tr>
<tr>
<td>Total</td>
<td>$515</td>
</tr>
</tbody>
</table>

*The progress examination is up to the veterinarian and can be done by a technician or doctor to review home treatment and evaluate the pet’s dental health if needed.

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because we underestimate its impact on our patients’ health. I fell into this trap many years ago, wondering why I could not persuade pet owners to clean their pets’ teeth. If I believe I am simply cleaning their teeth rather than treating disease, I cannot persuade an owner to spend a lot of money just so their cat or dog can have a pretty smile. When I attended a cardiology seminar and heard the speaker say that the most important thing to do for a pet with heart disease is to treat that pet’s periodontal infection, it finally clicked for me.

Once I gained this understanding, I was able to adjust my approach to managing periodontal disease. If you opt for the platinum approach, you must get your team to agree that cleaning teeth helps to end pain and save lives. Market your platinum approach to your clients with handouts, videos, and email newsletters. Replace terms like teeth cleaning or dental with periodontal treatment or therapy, thus improving client acceptance. Additionally, start discussing dental health at the first veterinary visit, even for puppies and kittens. Make sure you educate your clients about the seriousness of periodontal disease.

The platinum approach shows that there is more to assisting a sick pet than just hospitalization and fluids. To determine the best treatment approach for your patient, consider the potential nature, severity, and chronicity of the illness; the age of the pet; and the ability of the owner to afford the treatment.

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I recently saw a job ad on Facebook for a full-time veterinarian. The ad claimed that the veterinarian would work 32 hours a week, over 4 days. A skeptic had commented below the ad post: “Nice job advertisement. It’s a nice thought, but we all know that veterinarians don’t actually work 8 hours a day when scheduled ...we almost always work overtime.”

That skeptic had a point. You know the deal. Your 4 days turn into 5 days because you come in on your day off to catch up on notes or check on a patient. Then your 32 hours turn into 40 hours and possibly even 50 when you stay a couple of hours late to finish an appointment or come in early to prepare for surgery. Is that a problem?

Henry Ford was among the first employers to implement the 8-hour workday during the Industrial Revolution. Prior to the 20th century, it was common for workers to put in 12 or more hours a day, perhaps 6 or 7 days a week.

Are you working your veterinary team stupid?

It might sound crazy, but research shows that overworking could affect your brain. If you and your team are working 40-hour-plus weeks, it might be time to make some adjustments.

By Hilal Dogan, BVSc, CCTP
The truth of the matter is that there was no science behind his decision—he just thought it was a good idea and made business sense. After he shortened the workday, employee productivity soared and the company’s profit margins doubled. What’s wrong with that? Let me tell you.

**Why I reduced my work hours**

I personally understood the importance of reducing my hours at work when I realized it could be making me dumber. A 2009 study concluded that working longer hours was associated with lower scores on cognitive performance tests. In other words, you are literally working your employees stupid.

All jokes aside, I just realized that I didn’t have enough recovery time from the cognitive and physical stress of work. I would occasionally get emotional hangovers after working some intense cases, where I literally needed to sleep all day after the end of my workweek just to feel rested. The research and knowledge I’ve gained around the need for recovery did stem from what I learned about how traumatic stress affects the body.

Being an avid runner, I know that there are days when I absolutely cannot run if I am recovering from a tough muscular workout. There are tactics I can employ that might speed up my recovery, but my body still needs time to recover. This doesn’t mean I don’t love running or that I don’t love my job. It just means I have to be realistic about how much I can do effectively. As a relief veterinarian (and “elder” millennial), having the freedom to play around with my schedule allowed me to figure out what works best for me.

**What you can learn from millennials**

Millennials get a bad rap for being quick to jump from job to job, or for wanting too much pay and not wanting to work. But maybe it’s just that millennials are trying to figure out how they can find their place in the working world and be happy. A 2013 study led by research and consulting firm Millennial Branding found that 45% of millennials prioritize workplace flexibility over salary when choosing an employer. And if they’re unhappy, millennials are faster to leave for greener pastures than older generations of workers—leaving employers with expensive turnover costs.

**Work-life balance**

I usually work about 20 hours a week in clinics. I also balance my clinical work with the work I do with the Veterinary Confessionals Project, public speaking, and writing, which usually adds anywhere from 8 to 10 hours a week.

If you think work-life balance doesn’t exist, you may need to reevaluate how you’re using your time.

On average, I work a 30-hour week. The flexibility factor is great, and not having a consecutive set of hours is helpful. In clinics where the hours are consecutive—sometimes even a 12- or 14-hour shift on a crazy day in the emergency department—I still feel they’re manageable enough for adequate recovery time so that when I show up for my next shift, I am consistently functioning at an optimum level. The rest of my time is spent sleeping, running, hiking, traveling, and spending time with family and friends. I can happily say that I have a great work-life balance. If you think work-life balance doesn’t exist, you may need to reevaluate how you’re using your time.

**Make the necessary changes for your overall well-being**

I’m not arguing that everyone should be doing what I’m doing or the way I’m doing it. I’m just suggesting that we need to start discussing ways to make time for hard work but also for full recovery from that work. Whether this shift comes from an attentive boss, a forward-thinking practice manager, or you personally, it’s worth considering. Perhaps as it did in the days of Henry Ford, reconsidering the workday may actually lead to greener pastures, and this may be a slice of history worth repeating.

**REFERENCES**


Frequent Fetch dvm360® speaker Hilal Dogan, BVSc, CCTP, a certified clinical trauma professional, practices medicine in Denver, Colorado. She started the Veterinary Confessionals Project as a senior veterinary student at Massey University in New Zealand.
Being a veterinarian can seem like an impossible job most days. Who else juggles being a dentist, dermatologist, orthopedist, cardiologist, surgeon, oncologist, radiologist, and mind reader to patients that can’t talk?

Veterinarians tend to be honest, caring, selfless, hardworking, and creative problem solvers (think James Herriot), but many of us have sky-high debt and constantly face pushback from clients about the costs of specialized care. Pet owners want it all, but they do not want it to cost too much.

Although the coronavirus disease 2019 (COVID-19) pandemic has only added to these challenges, it presents a unique opportunity for us to improve our boundary setting and our people-pleasing natures, gain perspective on what we can and cannot control, and take care of ourselves so we can take care of others.

With people spending more time at home with their pets, the human-animal bond is stronger than ever, making the service we provide essential. The work we do benefits the mental health of our human clients just as much as it does the physical health of our patients.

5 strategies to help avoid compassion fatigue during COVID-19

One veterinarian offers advice on coping with pandemic pressures while strengthening well-being among team members.

By Amy C. Garrou, DVM
If you or your team members are suffering from compassion fatigue during these unprecedented times, tap these 5 useful strategies to help everyone come out on top.

Remember, you have to put the oxygen mask on yourself before you can help others. Self-care is not selfish; it is necessary.

**Promote self-care**
Investing in your well-being has never been more crucial. Try to find an activity that refreshes you. I have found 2 to 5 minutes of meditation first thing in the morning to be very helpful (the Calm app is great). If meditation does not appeal to you, I have also found leisure reading (not online, and not about COVID-19) calming. Online exercise classes or even a morning walk or jog can be incredibly mind-clearing. Whatever you choose, make sure it is something you can maintain. Create a routine and follow it daily. Remember, you have to put the oxygen mask on yourself before you can help others. Self-care is not selfish; it is necessary.

**Practice empathy**
Compassion fatigue may look different during the pandemic. For example, your team may be manifesting it in new ways such as making mistakes, being more withdrawn, or having problems focusing and staying on task. Pay attention to all signs of isolation, anxiety, and stress.

As leaders, veterinarians should regularly check on their teams and maintain open communication. A simple “Hey, are you having a rough day?” goes a long way. COVID-19 significantly affects our clients as well. Many are experiencing financial strain, hindering their ability to pay for veterinary care. Some clients are delaying elective items and other less urgent services. Acknowledging that clients are coping with their own anxiety and stress helps us not to absorb all the responsibility for things beyond our control.

**Use telemedicine**
Telehealth has become an increasingly popular platform during the pandemic. Not only did it allow us to continue providing quality care to patients, but it has increased client loyalty. I like to think of telemedicine as a client gratitude builder during COVID-19 and suspect the trend will continue far beyond the pandemic.

It is also important to note that placing value on our services and receiving income for client-driven telemedicine consults are beneficial to our profession. Telemedicine helps us set appropriate boundaries with clients and to stop giving away our time and expertise for free.

Additionally, clients love participating in their pets’ appointments and are so appreciative when they are able to watch the examination.

**Maintain and improve curbside protocols**
We have fully transitioned to inpatient drop-off and curbside protocols, and it appears we will not be doing otherwise anytime soon. Many veterinarians are discussing ways to maintain curbside protocols beyond the pandemic.

Although curbside care has inconveniences, such as a lot of walking between the office and parking lot, it can also streamline workflow and reduce stress. Using telemedicine to connect with clients during curbside appointments has been exceedingly helpful. Utilizing a videoconference app (my practice uses TeleVet) to take a history, ask questions, and perform an examination in front of the client is far more efficient and less time-consuming than going back and forth on the phone throughout the curbside appointment. It has also helped our new clients to feel connected to the appointment, even though they are parked outside.

**Be patient**
I have developed the following internal mantra during COVID-19: I can do anything for a short time. That needs repeating, I can do anything for a short time. This mantra reminds me that the pandemic will eventually pass, and when it does, I believe our teams and practices will be stronger and more committed than ever.

Amy C. Garrou, DVM, is medical director at Washington Heights Veterinary Clinic in Houston, Texas. Her areas of interest include internal medicine, endocrinology, soft tissue surgery, cardiology, and telemedicine. She is a member of the American Veterinary Medical Association, Texas Veterinary Medical Association, Harris County Veterinary Medical Association, Veterinary Information Network, and International Association of Veterinary Pain Management.
A few months ago, I saw a shocking post on Facebook about a relief veterinarian who stole another veterinarian’s identity and used it to obtain controlled medications to feed her drug addiction. According to the post, this veterinarian was also caught forging checks and practicing medicine far below the standard of care. In fact, her license had expired. So, this doctor was breaking many laws and practicing bad medicine, and her colleagues and manager never suspected a thing until the damage was done?

Most veterinarians are skeptical. It might be years before we trust the safety and efficacy of a new drug or method of treatment for our patients. So, why would we trust anyone working in our hospitals without thorough background checks and vetting? Are we so desperate for help that we’re willing to take that risk? That should go against our nature as a group.

Here are some best practices I’ve developed at my staffing company for hiring associate doctors. I hope these will help improve your hiring techniques.

**Face-to-face interview**

Everything starts with a face-to-face interview. You can always begin with a phone screen, but there’s nothing like sitting across from a veterinarian and asking the right questions. (With the pandemic, of course, this has not been possible.)

Our in-person interviews take about an hour. In addition to asking candidates about themselves, we ask about behavior medicine, pain management, anesthetics, preventive medicine, and euthanasia. Some other areas we assess are professionalism, timeliness, and ability to act under pressure. Timeliness is important for our business model. Our reputation is based on our ability to be reliable and deal with challenges at any practice we partner with.

**Reference checks**

It’s critical to get feedback from previous employers and colleagues. It’s even better when you can use your network to find individuals who know the
candidate you’re interviewing, instead of sticking to the reference list. We also have standard questions we ask all references:

- How do you know the candidate?
- Can you describe your experience working with the candidate?
- What does this candidate do well (strengths)?
- What does this candidate need to work on (weaknesses)?
- How would this candidate do in a veterinary practice like this one?
- Would you hire this candidate to work alongside you?

The key is listening to the tone of the responses. We gauge the enthusiasm of each reference. Sometimes that alone can tell you more than the words being spoken. The reference check is where we can spot red flags about a candidate. Any nonpositive responses should be reason to rethink your hire.

**Third-party background checks**

We’ve had great interviews and then been ghosted by candidates once we send them the link to the background check. Sometimes just going through this process can identify candidates with questionable histories. We start with these basic questions and strategies:

- Is this person licensed?
- Are there any complaints to the state?
- Remember to check all states where your candidate worked. The background check company we use will also verify job history, calling each hospital and confirming dates of work.

We also check educational history: Do dates on the resume match what the schools tell us? You’d be surprised how often there are gaps. The last piece is a criminal background check. We look at local, county, state, and federal databases. We also check against Federal Bureau of Investigation (FBI) databases (terrorism, child abuse, etc). Consult with your human resources experts when reviewing background information. There are state and federal laws detailing how to handle red flags.

**Drug screening**

Requesting this type of test may feel awkward, but it’s important because there are controlled drugs in your hospital. We’ve found that clearly identifying the reason for testing can help reduce anxiety among candidates. It’s also important to set a clear deadline for the test.

Additionally, we use a service that coordinates the testing and reporting through a website. Our candidates can pick a location for the testing, and we get quick results. Review the tests being performed—are you testing for marijuana, for example—and that they comply with local, state, and federal laws.

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**Face-to-face interview**

Here are 10 questions our staffing agency asks every associate candidate, every time.

1. How would you make a great impression on the team and clients during your first shift at a hospital?
2. Describe a time when you had to follow up with a case not originally yours. How did you become familiar with the case, and how did you make the pet owner feel like the care was seamless among different veterinarians?
3. What if medical record keeping were less than ideal when the patient was originally seen? How would you handle a situation like that?
4. Can you describe a time when you were working in a hospital that initially (or continually) did not have an ideal medication you wanted? How did you respond?
5. (If applicable) As a relief veterinarian, you may work at a practice for 1 day. How would you ensure that veterinarians who follow you know exactly what you did for that animal that day?
6. Did you ever need to modify your pain control protocol because a hospital didn’t carry a specific drug? How did you modify your protocol for this?
7. What’s important to you when choosing an appropriate analgesic for acute and chronic musculoskeletal or neurologic pain in a dog or a cat?
8. What do you need to perform anesthesia on an animal to provide appropriate analgesia, sedation, and monitoring?
9. What have you found is most important to discuss with owners and recommend for their pets during annual examinations?
10. How do you communicate with an owner prior to euthanizing their pet?
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Personality assessments
Have you ever wondered why some hires do great in the interview but then perform poorly after a few months on the job? Our candidates take personality tests. Not only does this help us with the interview process, but it can help eliminate candidates we know won’t be a good fit for our culture. It helps us all understand one another so we can work together long term.

We’ve developed a list of personality profiles that tend to do really well for our company. It helps to have a sense of what you want before you hire so that you can compare results with goals. Many companies provide these services. DiSC is popular in veterinary medicine; our company uses the Predictive Index.

Case studies
Many hospitals ask about medicine and often have doctor candidates shadow or do test shifts to assess clinical skills. This is a good start, but we’ve found that it can leave gaps in understanding a doctor’s standard of care. We’ve developed case studies that our candidates work through as part of the hiring process. Our cases focus on common issues (otitis externa, superficial pyoderma, feline lower urinary tract disease, etc) that not only illuminate level of care but also provide us with a clear view of communication style.

For each case study, we ask candidates to complete missing sections of a subjective observation, objective observation, assessment, and plan document, given the details of the case we provide. This allows us a point from which to begin our medical discussion. If there are specific cases you see often in your hospital, assemble similar case studies for your associate candidates.

The hiring process is not inexpensive and takes time, patience, and organization. We have found that taking all the above steps before hiring highlights both character traits and clinical quality of candidates. It’s also good practice as a defense against nightmare situations like the one we started with, no matter how unlikely they seem.

REFERENCES

Andrew Heller, DVM, is chief growth officer at Independent Vets (indevets.com), a Philadelphia, Pennsylvania-based staffing company that provides animal hospitals with veterinarians to cover short- and long-term staffing needs.
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