Opioids and the vet team

Do veterinary practices have a role in alleviating the national crisis? The feds say yes. By Rachael Zimlich

Since 1999, more than 630,000 Americans have died from opioid overdoses, according to the CDC. The problem is widespread and complex, and now regulators are turning to veterinarians to join the fight.

The use of opioids and other controlled substances isn’t limited to human medicine, and there is a new push to expand regulations that require usage reporting similar to that used in human medicine to the veterinary community.

FDA Commissioner Scott Gottlieb, MD, released a statement in August urging veterinarians to become involved in the fight against opioid misuse.

Maryland hospital administrator earns kudos for building trust and morale. By Brendan Howard

When Angelina Morgan, CVPM, showed up at her new job as hospital administrator at Maryland’s two-location Pet+ER veterinary practice in Towson and Columbia, a “solid core team of tenured employees” was in place, but morale was a problem. Her description of how she managed that problem impressed expert judges enough to make Morgan the 2018 dvm360/VHMA Practice Manager of the Year.

But before she could be considered, Morgan had to enter. And like many practice managers before her, Morgan says it was knowledge of her nomination that propelled her.

“The emails that I’d been nominated caught me off guard, but I filed them away to investigate a little bit later,” Morgan says. “When I happened to mention the nomination to one of my technician managers in our biweekly...”
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Susan Cain addresses audience of introverts at Fetch dvm360

Quietly and intelligently, says bestselling author. By Brendan Howard

Susan Cain, the author of the bestselling book Quiet—about the differences and aptitudes of introverts versus extroverts in the workplace, especially emphasized the power of solitude-seeking thinkers in her keynote at the Fetch dvm360 Conference in San Diego Dec. 14, 2018. To an audience of veterinary professionals, most of whom are introverts, Cain shared that extroverts and introverts bring unique abilities to the table in veterinary practices (and the world) and need to meet each other halfway.

Who are you?

Cain asked the audience, “How do you feel after two hours at a fun party?” The extroverts, she says, are energized, but introverts often are drained at the end—even if they had a good time.

“Introverts have nervous systems that react to all sorts of stimulation,” Cain said, which makes loud, noisy parties tiring. “Extroverts respond to less stimulation, so you’re more comfortable when more is happening.”

Cain said that this stimulation reaction is “one of the most heritable traits.” She then shared a study where babies who salivated at sugar water (a blast of stimulation) were more tentative in play groups. To show why both tendencies can be important, for her veterinary audience, she also brought up a study by biologist and distinguished professor David Sloan Wilson with a pond of fish. In the study, Sloan Wilson dropped a trap in a pond, agitating the fish. Some swam right into the trap and were caught (perhaps like extroverts fascinated by novelty and stimulation?), while others swam away (the introverts).

Introverts rule, right? Sloan Wilson then took the extrovert fish, as well as the introverts, back to the lab. In their new surroundings the extroverts were happily eating, mating and being fish, while the introverts were less likely to be at ease and living happily. The tendencies served the animals better in different moments.

Survival depends on both ways of being, Cain said. “And when you look at humans, you start to see the exact same thing.”

But now what?

Cain’s advice for veterinarians and veterinary team members focused on meetings, a place where introverts can struggle to shine and where some- times the best ideas are squashed by loud, noisy parties. “Extroverts respond to less stimulation, so you’re more comfortable when more is happening.”

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But now what?

Cain’s advice for veterinarians and veterinary team members focused on meetings, a place where introverts can struggle to shine and where sometimes the best ideas are squashed by the loudest ideas.

She had two suggestions for introverts. First, speak up early. “There is a whole host of studies of introverts in a World that Can’t Stop Talking. In her own experience, in law school, Cain said she forced herself to answer professors’ questions on the very first day of class. She hoped the profes sor would be “less likely to call on me in the next few minutes,” but she noticed a strange side effect: The law school professor seemed to remember her and her ideas more readily during the school year.

Second, Cain urged introverts not to curb their enthusiasm. Married to an extrovert, Cain has seen firsthand the power of vocal enthusiasm for things, and she pushes herself to express more enthusiasm openly for the things she cares about.

And what about those extroverts? She had two pieces of advice for them too. First, extroverts could stand to curb their enthusiasm a little to make room for introverts. “Both tempera ments have work to do,” she said. Second, she encouraged extroverts planning meetings to engage with introverts one-on-one and give them advance notice if the meeting leader would like their participation.

Most of all, Cain encouraged introverts and extroverts not to discount the power of introverted leaders in practice and the world.

“There is a whole host of studies of introverted leaders with as-good or better performance than extroverted leaders,” Cain said, with successful CEOs described as “quiet, low-key, soft-spoken, shy.”

There is an “alpha, gregarious” path to leadership, she said. But also a path for leadership, she said. But also a path that lead them to build expertise, create networks and ascend to leadership positions in building organizations of people just as powerfully committed to these drives as they are.

Introverts, it’s time to go forth and conquer ... quietly.
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A movement to unionize veterinary technicians is gaining steam, but will they have enough leverage for real changes?  

By Rachael Zimlich, BSN, RN

While most veterinary technicians enter their field for the love of the job, both the long hours and workplace hazards—all for an average of $16 an hour in pay—can make it a difficult career to maintain.

According to the Bureau of Labor Statistics, the 102,000 veterinary technicians in the United States make an average of around $33,000 per year—just above the $25,000 federal poverty limit if that technician were supporting a family of four. For technicians working for small, single-owner practices in particular, compensation may be further strained by higher benefits costs.

One solution being explored is unionization. Labor unions formed in the late 1800s as a way to secure safe working conditions with fair compensation, mainly for workers in industrial settings. Many industries have seen workers unionize since, but today about 10 percent of workers in particular, compensation may be further strained by higher benefits costs.

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Unionization has begun

The National Veterinary Professionals Union (NVPU) has been quietly working throughout the summer to garner support for organizing veterinary technicians, with the goals of improving working conditions, wages, negotiating power and advocacy efforts. Liz Hughston, MEd, RVT, CVT, LVT, VTS (SAIM, ECC), president of the National Veterinary Professionals Union, past president of the Academy of Internal Medicine Veterinary Technicians, at VetTechXpert, says the movement to unionize veterinary technicians began about a year ago with Morgan VanFleet, a technician in a BluePearl practice in Seattle who has since moved on to a career in nursing.

The Seattle BluePearl workers voted in June to unionize, making the practice NVPU’s first contract, and more have followed. VanFleet’s own career change highlights some of the motives behind unionization—to retain technicians who might otherwise leave the profession in search of better careers.

Hughston says technicians looking to unionize are seeing it as a way to deal with long-standing issues in the veterinary profession.

“We started with a group of veterinary technicians, assistants and veterinarians to discuss how organizing into a union might help us deal with the issues we face in our profession—high turnover, toxic workplaces, lack of training, missing/broken personal protective equipment, no or meager benefits, and very low pay,” Hughston says.

Another recent addition to the NVPU’s roster is a VCA hospital in San Francisco, which unionized through the International Longshore and Warehouse Union in April and later partnered with NVPU. When asked about the unusual partnership, Hughston says that practice reached out to the ILWU through a family
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“Unionization is not an easy thing to do, and it’s expensive.” — Christopher Allen, DVM, JD

that have voted to unionize. One of the hospitals in Washington and the San Francisco hospital have now each started the bargaining process and are on their way to securing the first union contracts in the profession, Hughston says. None of the recently unionized hospitals or their parent companies returned phone calls seeking comment. Hughston declined to discuss any plans to organize at other hospitals for strategic reasons but says there are more in the works.

Where will it go from here? Hughston says she’s contacted almost every day by a veterinary staff member who wants to know now to unionize his or her own practice, but her group’s efforts right now are focused on large, corporate-owned practices. “The majority of private practice owners … are highly unlikely to face an organizing effort,” Hughston says. Instead, she hopes the effort encourages all practice owners and managers to engage with their teams and collaborate in ways to recognize their staff, make them more engaged and happy in the workplace and find ways to increase pay and benefits. Hughston says she’s not sure what unionization will look like for practice owners yet, beyond changes in training, recognition, pay or benefits.

VIN Foundation offers vet student scholarships in exchange for solutions

Third annual essay competition asks veterinary students to shed light on the impact of practice consolidation within the profession.

The VIN Foundation has announced its third annual Solutions for the Profession Competition. The essay competition this year asks veterinary students to share their views on the impact of practice consolidation, both positive and negative, on the profession, according to a release from the foundation.

The first competition contest challenged students to provide innovative solutions to problems they see facing the veterinary profession. The majority of submissions addressed student debt, gender inequity and mental health, the release states. Last year’s competition asked students to share what they wish they had known before they applied to attend veterinary school.

This year, students who enter the contest are being asked to describe:

- The current state of practice consolidation (mergers and acquisitions) in the veterinary profession.
- The positive and negative aspects of this consolidation
- How this affects them and the profession, now and in the future.

Three entrants will win cash scholarships to help support tuition and education-related expenses:

- First place: $3,000
- Second place: $1,500
- Third place: $1,000

Judging will be based on how well the essay describes the problem, along with the originality and practicality of the solutions offered, according to the VIN Foundation website. The judging will take place in three rounds. Each essay will be read by at least three evaluators in each round. The panel for round one is composed of the VIN Foundation Solutions for the Profession Committee made up of both veterinarians and related professional readers. The second round will be judged by veterinarians with insight into the relevant issues. The third round will be judged by leaders in the veterinary profession.

Deadline for the competition is Jan. 27, 2019. Winners will be announced April 30. To learn more, visit vinfoundation.org/resources.
Proposed FDA study will allow adoption, not euthanasia, of dogs used in research

Heartworm, tapeworm parasiticide research aims to validate alternatives to use of animal subjects in bioequivalence trials.

The U.S. Food and Drug Administration (FDA) recently released proposed research aiming to validate an alternative approach to bioequivalence studies for certain animal drugs. This would eliminate the need to use and later euthanize dogs in specific types of clinical research, according to a release from the FDA.

The proposed study will collect blood samples from dogs that have been given two common antiparasitic drugs—ivermectin and praziquantel—to compare their bioequivalence. Ivermectin, which is used to treat heartworm, and praziquantel, a treatment for tapeworms, act both locally and systemically. According to the release, bioequivalence studies of antiparasitic drugs that act locally within the gastrointestinal tract have historically ended in euthanasia.

In this study, however, the bioequivalence of ivermectin and praziquantel will be measured by “in vitro dissolution compared to blood levels that indicate how the drug is dissolving in the body (also known as blood-level pharmacokinetics), with the goal of validating these laboratory-based alternative (i.e. surrogate) endpoints,” the release states.

None of the dogs in the study will be artificially infected, and they will receive regular preventive veterinary care until they are retired for adoption once the research concludes. The dogs will also undergo two months of socialization with FDA animal care staff before the study begins to get them used to being handled.

If the findings support the researchers’ current hypothesis, the data will be made public so animal drug sponsors can apply it in designing in vitro studies, thus eliminating the need for animal subjects in some research.

The white paper is available to read on the FDA’s website, and the agency is accepting public comments on the proposed study. To submit comments, visit regulations.gov and type “FDA-2018-N-3345” in the search box.
You may have more in common with ticks than you think—at least when it comes to immunobiology. According to Utpal Pal, PhD, a professor of veterinary medicine at the University of Maryland, ticks don’t want to be infected with pathogens any more than you or I do. In fact, their immune systems have developed sophisticated ways of both sensing and suppressing pathogens that may hold the key to developing vaccinations and treatments for tick-borne illnesses one day.

It’s these aspects of tick-borne illness that Dr. Pal will be researching for the next five years, leading a multi-institutional team from the University of Maryland School of Medicine, Yale University and the University of Minnesota, and funded by a $7.7 million grant from the National Institute of Allergy and Infectious Diseases.

I recently got the opportunity to talk to Dr. Pal and Samantha Watters, assistant director of communication at the College of Agriculture and Natural Resources at the University of Maryland, about this first-of-its-kind research.

dvm360: What does studying the indirect immune response entail?

Dr. Pal: When a pathogen infects a host, the host recognizes it by the microbial signature molecules present on that pathogen—sort of a direct recognition: “You’re here. I can see you.” Now, for the first time, we’ve discovered that ticks, in addition to having direct detection capability, can also understand that something is coming along with the pathogen.

When a tick takes a bloodmeal from the host, that may be the first time it acquires the infection. Tick-borne diseases aren’t transmitted tick to tick. The tick has to get the infection from the infected host and transmit it to another host. So the disease-causing pathogen is always cycling from a mammalian host (typically a white rodent) to ticks.

When taking the bloodmeal, the tick can sense the immune molecule produced by the infected host. It’s like they’re testing the quality of the blood-
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Please see Brief Summary on page 12.
meal—whether it’s coming from an uninfected host or an infected host. We discovered that when a mammal is infected with *Borrelia burgdorferi*, the pathogen that causes Lyme disease, it produces many immune molecules to fight off the bacteria. One of those immune molecules is a cytokine, and that cytokine is present in the blood when a mammal is infected with *Borrelia*. Now, if a tick feeds off an infected host, it will ingest blood as well as the cytokines in the blood, and it’s developed a sensor to recognize that cytokine molecule—a more indirect way of recognizing the infection. This is the first time we’ve discovered this.

**dvm360: What ticks are being studied and why?**

**Dr. Pal:** There are many, many species of ticks. In Maryland, we have five different ticks that transmit zoonotic diseases. The black-legged tick, or deer tick (*Ixodes scapularis*), transmits the most prevalent and serious infections—bacterial diseases such as Lyme disease and anaplasmosis, viral diseases such as the Powassan virus, and protozoan diseases like babesiosis. This is the most widely distributed tick geographicaly, and it transmits more disease than any other tick.

**Watters:** The tick carries the infection, but it doesn’t want to be infected any more than you do. So Dr. Pal and his team are looking at the ways the tick is trying to sense and kill that bacteria—it tells you how incredibly persistent these *Borrelia* bacteria are for this whole process to occur wherein, at the end of the day, a mammal becomes infected by a tick.

The tick can use either direct sensing to tell that the bloodmeal contains *Borrelia* (usually based on a protein it recognizes that’s related to this specific pathogen), or it can indirectly sense it, which is the phenomenon that Dr. Pal’s lab discovered—“This bloodmeal I just took; something’s not quite right with it. This is not a healthy bloodmeal because I’m seeing signs of infection (cytokines) that I’ve picked up in the blood itself.” Based on this sensing, the tick is able to send out a less specific but immediate immune response to try to combat whatever is in the blood before it directly figures out exactly what it is and sends a direct response.

The tick has multiple pathways to control invading pathogens like *Borrelia*, and Dr. Pal’s lab will be studying this indirect pathway and its interaction with other pathways and the microbiome in more detail over the coming five years.

**dvm360: How will this information contribute to the larger picture—i.e., prevention and treatment of tick-borne illness?**

**Watters:** Dr. Pal’s work tells us things about ticks but also about bacteria—how pathogens combat these different waves of immune response and sensing—and these findings are very important in figuring out how to fight bacteria through either vaccinations or treatments.

**Dr. Pal:** The depth of the damage, the seriousness of what ticks can do, has not been appreciated as it should. Mosquitoes get most of the attention. But the genetic difference between ticks and mosquitoes is like the difference between humans and—not even mice, but fish. They are widely different. So the knowledge we have from studying mosquitoes isn’t applicable to ticks. It’s important that we focus more on using ticks and tick-borne diseases in experimental research. And I think this will help us understand how the infection functions and is transmitted by ticks. Our research will look at how ticks kill the pathogens, because if you disable a tick’s immune system, *Borrelia* skyrockets. So ticks actually suppress infection. If we know how they do this, we can turn the tables and use that information to develop vaccines.

**dvm360: Why hasn't this been studied before? Why is there interest now?**

**Watters:** It’s similar to the trajectory taken with the rabies virus. If you think about how rabies has been curtailed, it’s remarkable. Knowledge around tick-borne disease just hasn’t been gathered yet on a large scale of any kind, really.

**Dr. Pal:** Tick-borne diseases have been underreported for a lot of reasons. First of all, a lot of these illnesses, such as Lyme disease, carry symptoms that are common in many bacterial and viral infections. So the disease is often misdiagnosed. Only 60 to 70 percent of people who get bitten and infected by a tick with Lyme disease get the characteristic rash—a big red circle like a target that goes around the bite center. In many cases the exact appearance of the rash varies. So most people have a hard time connecting their symptoms to a tick bite. And it’s not top-of-mind for human medical professionals.

There’s also a weakness with the current diagnostic tests that are being used to find early infection or presence of *Borrelia* in the bloodstream. There’s a window of time when the bacteria is more detectable, and if you miss that window, you will end up with a negative blood test even if the subject is infected.

Tick-borne diseases cause low quality of life and a substantial burden on the human healthcare system overall because these conditions often become chronic. But because they’re not killing people at the same rate as malaria, they don’t get the same level of attention. It’s morbidity vs. mortality.

Reporting Lyme disease is a long and difficult process that can be confusing and difficult for doctors. And because scientists have discovered five new tick-borne diseases during the past two decades, research into these conditions is even more urgent.

Fortunately, things are happening on a federal level. Legislation has been introduced in Congress emphasizing more research and more investment on tick-borne diseases. In addition to the work we are doing now, we want to encourage next-generation scientists to study this neglected but important field of tick-borne infections.

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**Where the funds go**

As published in the U.S. Department of Health and Human Services Tick-Borne Diseases Working Group report, hepatitis B has generated $107 million in National Institutes of Health (NIH) appropriations and $34 million in Centers for Disease Control (CDC) appropriations for fewer than 3,000 cases reported annually in the U.S.

In contrast, there are over 36,000 cases of Lyme disease reported annually in the U.S. (although the CDC estimates about 300,000 cases per year including unreported cases), but NIH appropriations for research currently total $28 million and CDC appropriations are at $11 million.

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Industry watch | NEWS

dvm360 team wins several Folio Awards

Honorees travel to New York City for magazine industry honors. By Ericka Cherry

The dvm360 team was recently honored at Folio magazine's Eddie and Ozzie Awards, one of the most prestigious awards programs in the publishing community. The team won the Rising Star distinction for three of its members, a Best Series or Single Article Eddie in the Animals/Pets category, and an honorable mention for Editorial Team of the Year.

The dvm360 team members named Folio Rising Stars—an award distinguishing individuals who are disrupting the status quo in magazine media even in the early stages of their career—are associate content specialists Sarah Dowdy and Katie James and marketing copywriter Gabrielle Roman. Dowdy, James and Roman traveled to New York City to receive their awards in person on October 9.

While the three play integral roles in shaping the success of dvm360 and the Fetch dvm360 conference, for them, it’s all in a day’s work.

“I was so honored to be named a Rising Star,” James says. “I’m incredibly lucky to get to spend every day doing what I love with the creative and passionate team at dvm360.”

The award-winning dvm360 Leadership Challenge series, published in August 2017 (see dvm360.com/petpainanddeath), examined end-of-life care for veterinary patients, from the most difficult to the most unusual to the most rewarding.

Dani McVety, DVM, co-founder of the Lap of Love veterinary hospice network, wrote several articles in the Pet Pain and Death series. “The dvm360 group is on the cutting edge of information delivery,” Dr. McVety says. “They infuse vitality and energy, and it shows.”

The dvm360 team was also awarded an honorable mention for Editorial Team of the Year (along with consumer-media heavyweights AARP: The Magazine and Meredith’s Midwest Living)—Pride Media won the top honor.

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From left, Folio Rising stars and dvm360 team members Sara Dowdy, Gabrielle Roman and Katie James.
Purchasing power: How pet owners make decisions about diets

Check out the most common nutrition questions pet owners ask at big box retail stores. By Katie James

The pet food market is abundant with options—grain-free, raw, those pesky chicken by-products, and nontraditional protein-based diets. How do pet owners know what’s best for their pet?

Hopefully they’ve had a conversation with their veterinarian and can make a beeline directly to the food they need among the hundreds of options in the aisles. But if they haven’t, or if they don’t feel their veterinarian has given them enough answers, they’re likely wandering the aisle, asking the pet store employees—or choosing based on which commercial they’ve seen most recently.

Jesse Dorland, business manager for Bigger Road Veterinary Clinic in Kettering and Springboro, Ohio, has managed the ins and outs of retail in a veterinary clinic and also at a large pet retail store. Recently he shared with dm360 the most common questions pet owners ask when shopping retail for pet food.

“They’re looking for ‘natural’”

Many pet owners are looking for solutions to inappetence and food sensitivities or allergies, Dorland says. People also seek alternatives to therapeutic diets because of cost or because the ingredients don’t jibe with what they think they want in a pet food.

“Often people would ask us questions [at the pet retail store] they really should have been asking their veterinarians. But either their vet wasn’t prioritizing those discussions with them, or they didn’t like the answers their vet was giving them,” Dorland says.

Consumer preferences have changed in the last 10 years as well, Dorland says. The cultural shift toward natural,
organic and non-GMO human foods has crossed over into pet foods as well. “There’s room for veterinarians to acknowledge and work within clients’ preferences for pet food—even in cases where we don’t believe there is a medical basis for them—and still be involved in the conversation to positively influence the health of the pet,” he says. “When a client has a preconceived idea about what they want to see in a pet food and they feel dismissed or invalidated by their veterinarian, that’s when we entirely lose the pet food conversation to the pet store, which isn’t good for anyone,” Dorland says. “Veterinarians should be involved in that conversation. Clients with a strongly held opinion that ‘natural is better’ in pet food usually apply that to all facets of their life, and a veterinarian is not likely to change a client’s basic worldview. But we can lose the client’s trust by seeming inflexible or dismissive in the conversation about pet food.”

**They’re looking for ‘better’**

Another important category of pet owner? Those who come to the pet store looking for new food. Dorland says in many cases these pet owners don’t know what they want. He says they often use the word “better”—as in, “I want a better food.” Many also want to solve a specific problem, like diarrhea or itching, but they aren’t exactly sure what they’re looking for.

“This is a big problem because it puts them at the mercy of pet store employees whose training about the hundreds of different foods is, statistically, pretty inadequate,” he says.

For about two years, Bigger Road Veterinary Clinic carried a small selection of over-the-counter diets, mainly for food sensitivity and allergy issues. Their goal? To offer a specific diet for food sensitivity and allergy issues. “When a client has a preconceived idea about what they want to see in a pet food and they feel dismissed or invalidated by their veterinarian, that’s when we entirely lose the pet food conversation to the pet store,” he says.

“Many of our clients are very comfortable with our online pharmacy platform and would jump at the chance to have their pet’s nontherapeutic diets delivered to their door at a competitive price.”

**A new opportunity?**

“We do think there is a huge opportunity for online pharmacies to expand their over-the-counter diet offerings to include more natural and cost-effective options. Online over-the-counter diet sales would be a new revenue stream for vet clinics and a great opportunity to increase client compliance and also improve staff education about what clients are seeing at the pet store,” he says. “Many of our clients are very comfortable with our online pharmacy platform and would jump at the chance to have their pet’s nontherapeutic diets delivered to their door at a competitive price.”

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For more information, please see Brief Summary of full Prescribing Information on page16


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Dog foods recalled for excess vitamin D

Two companies have voluntarily recalled certain lots of dry dog food after reports of pets becoming ill because of an excess of the vitamin.

Following a voluntary recall of two dry dog food brands due to excess levels of vitamin D last month, the FDA has expanded this recall to include foods sold by six more companies: Sunshine Mills, ANF, Lidl (Orlando brand), Kroger, ELM and Ahold Delhaize, according to an alert from the agency. The recalled products were sold nationwide.

After receiving reports from pet owners that their dogs had suffered vitamin D toxicosis, one company told the FDA that it was voluntarily recalling its dry pet food because of potentially toxic levels of the nutrient. Other brands made by the same contract manufacturer have also been recalled, the agency says. It is working with the manufacturer to provide a list of affected products, and FDA scientists are investigating reports and evaluating samples of some of the products to determine if the reported illnesses are definitively connected to the diets.

So far, the agency as well as state and private lab testing have found that the food contained about 70 times the intended amount of vitamin D. This amount is potentially toxic to dogs, and in severe cases could lead to kidney failure or death, the release says.

Pet owners and veterinary professionals should stop feeding the affected brands immediately. Pets exhibiting signs of toxicosis—vomiting, loss of appetite, increased thirst, increased urination, excessive drooling and weight loss—should be taken to the veterinarian immediately, the release says.

Veterinarians and pet owners can report suspected illness to the FDA through its safety reporting portal or by calling their state’s FDA consumer complaint coordinators.

Veterinarians treating vitamin D toxicosis cases should ask for the pet’s diet history. The FDA is also interested in reading case reports, particularly those confirmed with diagnostics. The agency notes that vitamin D toxicosis could also present as hypercalcemia, similar to dogs that have consumed rodenticide. In these cases, it suggests confirmation through diet history to verify whether the dog has been eating any of the recalled products.

The list of brands affected by the recall is at left. This list is current as of Dec. 4, but it could include additional products as the FDA monitors the situation, the release notes.

The first voluntary recall in this current situation involved two St. Louis-based dog food companies. Natural Life Pet Products recalled the 17.5-lb bags of its Chicken & Potato dry dog food, while Nutrisca recalled 4-, 15- and 28-lb bags of its Chicken and Chickpea Dry Dog Food, according to releases at the time.

The Natural Life Pet Products food was distributed to retail stores in Georgia, Florida, Alabama, North Carolina, South Carolina, Tennessee, Virginia and California. The company discovered a formulation error after researching complaints of vitamin D toxicity from three pet owners, the release says.

The Nutrisca food was distributed to retail stores nationwide. A formulation error was discovered after investigation into reports of vitamin D toxicity from three pet owners, the release states.

The dog diets discussed

Nutrisca
- Chicken and Chickpea Dry Dog Food

Natural Life Pet Products
- Chicken & Potato Dry Dog Food
- Evolve Chicken & Rice Puppy Dry Dog Food
- Sportsman’s Pride Large Breed Puppy Dry Dog Food
- Triumph Chicken & Rice Recipe Dry Dog Food

ANF, Inc.
- ANF Lamb and Rice Dry Dog Food

Lidl (Orlando brand)
- Orlando Grain-Free Chicken & Chickpea Superfood Recipe Dog Food

King Soopers
- Abound Chicken and Brown Rice Recipe Dog Food

Kroger
- Abound Chicken and Brown Rice Recipe Dog Food

ELM Pet Foods
- ELM Chicken and Chickpea Recipe
- ELM K9 Naturals Chicken Recipe

Ahold Delhaize
- Nature’s Promise Chicken & Brown Rice Dog Food
- Nature’s Place Real Country Chicken and Brown Rice Dog Food
The American Association of Feline Practitioners (AAFP) has released a consensus statement about how to feed cats—along with a client-facing brochure—to the veterinary community, according to a release from the group.

The consensus statement, called "Feline Feeding Programs: Addressing Behavioral Needs to Improve Feline Health and Wellbeing," was published in the Journal of Feline Medicine and Surgery and explores the medical, social and emotional problems that cats can experience as a result of the manner in which they are being fed. It focuses on how to feed cats, the release notes, because it is an overlooked aspect of feline health.

The statement identifies normal feeding behaviors, such as hunting and foraging and eating frequent, small meals in solitude, and provides strategies for accommodating these normal behaviors in the home—even if the home has more than one pet—the release says. Allowing for these behaviors regularly can help reduce or prevent stress-related issues such as cystitis or obesity-related problems such as inactivity and overeating.

Anxious cats in multi-pet homes may also lose weight because, in an attempt to avoid other pets, they may not eat frequently enough.

"Currently, most pet cats are fed in one location ad libitum or receive one or two large and usually quite palatable meals daily. In addition, many indoor cats have little environmental stimulation, and eating can become an activity in and of itself," says the consensus statement’s chair, Tammy Sadek, DVM, DABVP (feline), in the release. "This type of feeding process does not address the behavioral needs of cats. Appropriate feeding programs need to be customized for each household and should incorporate the needs of all cats for play, predation and a location to eat and drink where they feel safe."

The statement and client brochure help identify strategies that cat caregivers can use to provide a proper feeding environment that makes their cats happier and helps them avoid both overfeeding and underfeeding, the release states. The materials also emphasize the use of feeding programs, which should take into account whether or not the cat is indoor-only or has outdoor access, the other pets in the home, and if the cat is aged or has debilitations of some kind.

To read the full consensus statement and see the client brochure, visit catvets.com/guidelines/practice-guidelines/how-to-feed.
Bayer announces plans to exit animal health industry

Company will focus on core businesses of pharmaceuticals, human health, crop science.

Bayer Animal Health’s parent company—Bayer AG, based in Leverkusen, Germany—announced changes this week to its global business portfolio, including exiting the animal health industry.

The company says it is assessing available options for exiting its animal health business and looking for new ways to use those resources. “Although this unit offers growth options in an attractive market, Bayer intends to allocate the investment resources necessary to support Animal Health to Bayer’s core businesses of Pharmaceuticals, Consumer Health and Crop Science,” the release states.

Bayer Animal Health is headquartered in Shawnee, Kansas, and employs about 550 people, according to the Kansas City Business Journal. The Journal also reports that Bayer intends to sell the Animal Health business.

“We have made very good progress with Bayer’s strategic development in recent years ... [and] we are laying the foundation to sustainably enhance Bayer’s performance and profitability,” says Werner Baumann, chairman of the board of management for Bayer AG, in the release. “With these measures, we are positioning Bayer optimally for the future as a life science company.”

Bayer is also exiting consumer health categories that include the sun care (Coppertone) and foot care (Dr. Scholl’s) product lines and divesting its 60 percent interest in German site services provider Currenta.

According to Bloomberg, Bayer is under mounting pressure from investors since its $63 billion takeover of crop-sciences company Monsanto initiated a round of lawsuits.

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Petco and Express Scripts announce online pharmacy alliance

New business partnership promises dog and cat owners access to their pets’ prescription medications from their homes.

Petco has joined forces with Express Scripts to offer the owners of dogs and cats online pharmacy services through its websites, petco.com and petcoach.co, according to a Petco release. The news comes less than a week after the pet specialty retailer’s announcement that it will soon ban pet foods and treats with certain artificial ingredients.

According to the new joint press release, Express Scripts dispenses more than 100 million human prescriptions every year with 99.9 percent accuracy—a feat made possible in part by the company’s automated pharmacy technology, tamper-proof packaging and weather algorithms.

“By leveraging the industry-leading technology and fulfillment processes Express Scripts already has in place, we’re able to offer pet parents an easier, more affordable, faster and more convenient way to get the medicines their pets need,” says Petco’s chief innovation and digital experience officer, Brock Weatherup, in the release.

While Petco sells products for small pets, fish, reptiles and birds, its online pharmacy currently caters to dogs and cats only. Once the pet retailer confirms a pet’s prescription with its veterinarian, the medication is shipped to the pet owner’s door within 24 to 48 hours. Petco’s online pharmacy service also offers a price-match guarantee, and ordering can be done through the retailer’s website or app.

To learn more, visit petco.com/pharmacy.
UC Davis veterinarians honored for saving K-9 officer’s life

When German shepherd Haakon suffered a ruptured bladder, the UC Davis veterinary team performed a lifesaving surgery.

UC Davis School of Veterinary Medicine reports that its veterinary team successfully saved the life of San Joaquin County K-9 Haakon this past March.

Haakon’s handler, Deputy Joshua Stillman, first noticed that the 7-year-old German shepherd was sluggish one night after work.

“We came up to UC Davis and found that he had a broken uterine tub, basically leaking urine into his body cavity,” Stillman says in a release from the university.

Haakon was immediately rushed into surgery, where the UC Davis veterinary team removed a large portion of his bladder that was necrotic.

At the same time, the surgical team performed a preventative gastropexy on Haakon, because of his breed’s susceptibility to bloat and gastric dilatation-volvulus.

“German shepherds and some other large-breed dogs are prone to developing a condition where their stomach fills with fluid and air and rotates on itself,” says Ingrid Balsa, MEd, DVM, DACVS, assistant professor of clinical, surgical and radiological sciences at UC Davis. “So having a gastropexy can prevent that twisting of the stomach.”

According to the release, Haakon has had one prior brush with death. In 2014, he was stabbed while trying to apprehend a suspect.

“The suspect had a knife and he had cut [Haakon’s] neck. We pulled him out and took him to a vet hospital in Stockton and they saved him,” Stillman says.

At a special awards ceremony, the San Joaquin County Sheriff’s Office presented the UC Davis veterinary team with a plaque and a donation check for their work on Haakon.

The release states that Haakon has fully recovered and is back at work. As he nears retirement, Stillman hopes Haakon can join the whole Stillman family full time.
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Opioids and veterinarians
> Continued from the cover

ians to join in the fight against human opioid abuse.

"While opioids are just one part of the veterinarian's medical arsenal for treating pain in animals, it's important to understand the role veterinarians, who stock and administer these drugs, play in combating the abuse and misuse of pain medications," Gottlieb says. "While each state has its own regulations for the practice of veterinary medicine within its borders, including regulations about secure storage of controlled substances like opioids, veterinarians should also follow professional standards set by the AVMA in prescribing these products to ensure those who are working with these medications understand the risks and their role in combating this epidemic."

Putnam also notes that the FDA is recommending veterinarians use alternatives to opioids for pain management when appropriate.

"We're educating pet owners on the safe storage and disposal of opioids; we're advising veterinarians to develop a safety plan in the event they encounter a situation involving opioid diversion or clients seeking opioids under the guise of treating their pets; and we're taking steps to help veterinarians spot the signs of opioid abuse," Putnam says. "We've also provided a list of additional resources on opioid abuse and proper disposal of unused medications, advice on how to keep opioids and other medications safe in a veterinary clinic or other veterinary facility, and access to federal opioid training, among other resources."

The AVMA did not respond to requests for comment for this story, but in a statement the veterinarian's role in addressing the opioid epidemic, the association acknowledges a role—albeit a limited one—in mitigating abuse.

"As healthcare providers who administer and prescribe controlled substances, we recognize our responsibility in contributing to solutions for this crisis," the AVMA declares in its statement, while also recognizing some key differences between human and animal medicine. "Many unique aspects of the practice of veterinary medicine must be considered in the development of laws and regulations that govern the use of opioids and controlled substances in animal patients."

While the AVMA supports continuing education and ongoing work to develop extended regulations to mitigate opioid abuse, the association stops short of supporting a blanket extension to the veterinarian's role in electronic prescribing and prescription drug reporting. The association suggests in its statement that veterinarians should be exempt from accessing pet owner prescription data when prescribing animal medications due to a lack of training and knowledge about why the pet owner's medication was prescribed.

"Veterinarians are not trained to evaluate the appropriateness of a human prescription and are not trained in the privacy practices surrounding human medical information," the AVMA states.

The association also supports the "exemption of veterinarians from mandatory electronic prescribing for controlled substances due to the lack of veterinary electronic medical record compatibility with electronic prescription programs. Remediation of this problem would require funding, resulting in an increased financial burden to taxpayers and clients." Additionally, the AVMA suggests that when prescription drug monitoring and reporting are required, that software be developed equivalent to that of human healthcare software, and that more research be completed on how veterinary prescriptions intersect with human medicine and the opioid epidemic.

Mark Cushing, JD, CEO and founder of the Animal Policy Group, says there are just 17 states that now require veterinarians to report to prescription drug monitoring programs, but the number is growing—and for good reason.

"You cannot make the case that veterinarians don't have any involvement with opioids or controlled substance," Cushing says. "There's no question that opioids are part of veterinary practices. But does that obligate veterinarians to have a broader social responsibility in their practices to try and slow the use of controlled substances more broadly by society? This is where viewpoints split. Some veterinarians think they are not a big enough part of the problem, and others think everyone needs to take steps to minimize use and access."

The number of states requiring veterinarians to join in efforts to mitigate the opioid crisis is growing, partly due to the scope of the problem and partly due to awareness, Cushing says. He thinks the FDA's call to continue to increase the veterinarian's role and Commissioner Gottlieb's assertion that veterinarians are obligated to be part of the solution simply because they handle opioids makes sense.

"It's a very simple premise," Cushing says. "We want veterinarians to have a seat at the table when discussing what laws are going to be changed and how it's going to impact veterinary medicine."

—Lisa Perius, executive director, Indiana Veterinary Medical Association

"We want veterinarians to join in the fight against human opioid abuse. "While opioids are just one part of the veterinarian's medical arsenal for treating pain in animals, it's important to understand the role veterinarians, who stock and administer these drugs, play in combating the abuse and misuse of pain medications," Gottlieb says. "While each state has their own regulations for the practice of veterinary medicine within its borders, including regulations about secure storage of controlled substances like opioids, veterinarians should also follow professional standards set by the AVMA in prescribing these products to ensure those who are working with these medications understand the risks and their role in combating this epidemic."

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ing says of Gottlieb’s position. “I think a progressive veterinarian today will understand that. I think it’s foolish given the scope of the problem to try and carve veterinarians out and say we are special, trust us, we care—but don’t ask us to do anything when it comes to the opioid problem.”

Some state veterinary medical associations are seeing the trend toward increasing regulation on veterinarians and working to be part of the solution, Cushing says. One of these is the Indiana Veterinary Medical Association.

“They saw legislation begin to be introduced and got engaged,” Cushing says. “They created an internal task force to educate themselves and members. They went to the state capitol and met with committees, they met with the state health department. They began to talk through concerns and possible regulations, and how to implement them. They worked through pretty much all of the issues quietly.”

Lisa Perius, executive director of the Indiana Veterinary Medical Association, credits the board of directors of the association with leading the charge when it became clear that Indiana’s governor was making the opioid crisis an area of focus.

“We can’t put our heads in the sand. It’s not just the human side,” Perius says. “We want veterinarians to have a seat at the table when discussing what laws are going to be changed and how it’s going to impact veterinary medicine, and how to educate members on what is going on at the state level.”

A prescription drug monitoring program (PDMP) was already in place in Indiana for human medicine, and by 2021, veterinarians will have to query pet owners prior to writing prescriptions, Perius says. Veterinarians will also have to complete two hours of continuing education training on opioid prescribing before renewing controlled substance registrations. IVMA is now working on legislation to clarify certain requirements of the new regulation, including what pet owner queries will look like in the PDMP, supply limitations for opioid prescriptions, and other veterinary-specific issues. The IVMA’s early involvement brought forth questions that can now be asked well before regulatory deadlines, and provides ample time for education, she says.

“We look at this as another proactive way to close any potential impact points where someone could figure out how to get a medicine,” Perius says. “It’s a way to be able to tighten up any point where they could make any kind of inroad to access.”

Cushing says some practices are concerned about the cost of implementing new regulations. While there is little specific cost data, Cushing says many practices already have electronic health records, so software costs and the labor costs associated with queries on PDMPs should be not be exorbitant. Fighting against a call to become involved in opioid abuse reduction measures, however, could be costly in terms of public relations and the good reputation of veterinarians.

“Every state in the country has a huge opioid problem, period. Regulators don’t have the goal of punishing veterinarians. They don’t start out with a bias, but they don’t know what they don’t know about how veterinary practices work,” Cushing says. “Get in front of it and work it out.”

Rachael Zimlich is a former reporter for dvm360. In addition to freelance writing, she works as a registered nurse at the Cleveland Clinic in Cleveland, Ohio.
Practice Manager of the Year

> Continued from the cover

one-on-one meeting, her response was sheer excitement. She’s a new leader and thrilled about her new journey. When I saw her response, I realized if I didn’t enter my application, I was giving her permission to doubt her own accomplishments and the imposter syndrome would attack her. If one of my goals is to lead others to be strong, live with self-awareness but overcome self-doubt, I had to lead by example and overcome my own self-doubt.”

The judges have spoken

Morgan was picked from dozens of entrants who were then whittled down to 10 finalists announced during Fetch dvm360 in Kansas City in August. Her win was announced during Fetch dvm360 in San Diego in December.

Morgan’s entry was a “well-written, detailed account of a manager experiencing the direct impact she had on practice and team,” said one judge. “(Her entry) clearly explained her thought process and the ‘why’ behind her decisions.”

Another judge praised her approach to the morale and management problem: “Loud applause for putting the brakes on, allowing the dust to settle and establishing some trust within your technician team before making any more changes.”

The team at the Veterinary Hospital Managers Association (VHMA) was just as impressed.

“I had the opportunity to tour Angelina’s hospital in October while the

“I sat, wide-eyed. This meant it was me running solo with a $9 million practice, never having actually handled a budget.”

—Angelina Morgan, CVPM, dvm360/VHMA Practice Manager of the Year

VHMA’s conference was in Baltimore,” says executive director Christine Shape, CAE. “It was impressive to see how her efforts enhanced the efficiency and organization of the facility and made real the information and details contained in her application.”

“Angelina embodies the qualities of a high-performing practice manager,” says VHMA President Jim Nash, MHA, CVPM. “She sets high standards and leads with confidence, knowledge, motivation and ingenuity.”

Read on for excerpts from Angelina Morgan’s award-winning entry …

Q Describe an instance when you adapted to change at your practice or change in the veterinary marketplace with courage and creativity.

A In 2015, I had been working for a year or so for a multispecialty emergency hospital in one of my first positions in veterinary medicine: office manager. Around the beginning of 2015, our CEO visited the hospital. This was only maybe the third time I had interacted with her in person. She was about three hours outside of our area, so we didn’t see her much. This day, she was coming to let us know that our executive director—who had been training me—was taking leave on sabbatical. We had also recently fired our medical director. I sat, wide-eyed, and listened to the words coming from her mouth. This essentially meant it was me running solo with a $9 million practice, never having actually handled a budget or done anything beyond running the front desk and making the technician schedule. Tough times were ahead.

The CEO started visiting the hospital more frequently and mentoring me. This change was proving to be difficult for the team, because there were no established protocols in place. The executive director had handled almost everything personally, and there wasn’t much on paper.

Employees were jumping ship and by the time we were able to stop the hemorrhage, I had accepted over 33 resignations in five months. I dove in head first and teamed up with one of our senior clinicians. Together, we rallied our team and started making more independent decisions that made sense to us, in real time. We held one-on-one meetings with employees off site to get a sense of what they were feeling. We started delegating project areas and tasks. We reached out to other hospitals for advice on how they were doing things.

The team saw us respond to this change by taking ownership. They began to take ownership themselves and would come to the table with solutions to their problems instead of merely complaining about nothing getting done. As a result, we were able to develop and implement new growth positions that highlighted employee skill sets. We built a charge nurse team, we promoted an individual exceptionally gifted in inventory management to a full-time salaried inventory position, and we appointed a technician manager. As we started to create our own structure, the CEO responded by promoting me to practice manager.

Q Describe an instance when you needed to make a crucial decision. How did you gather information from people and resources? How did you make the decision?

A When I joined my current practice group, the hospitals had seen significant turnover, and employee morale was at a critical low point. Within my first 40 days, it was apparent the leaders were keeping the
I began mentoring the team leaders. Some of them felt empowered and renewed, and our weekly one-on-ones were successful. Others wanted to improve and grow but found roadblocks. Each hospital in our two-location group had different management roles and reporting structures. Nothing was the same from one location to the other. One of the leaders had been given the title of operations manager in one location and was overseeing the day-to-day and reported to me. She had been with the company for many years. Under my mentorship, she established leadership meetings and improved protocols for many areas. However, the role wasn’t finding success. In the other location, we had a client service manager but no operations manager. It became apparent that part of the morale issue was the inconsistency. Together with my managing DVM, we made the decision to create the same role in each hospital and eliminate the operations manager and client service manager positions. Each hospital would now have an office manager who reported to the hospital administrator.

That meant the operations manager found herself in a pay bracket out of line with any benchmarked position comparable to the number of employees and annual revenue. We made the decision to eliminate her position and offer her the office manager position. This position did come with a significant pay reduction, appropriate for the responsibilities and hospital function. While the office manager role defined her role better and offered her a path to future growth, she saw it as a demotion because of the pay reduction. She declined, accepted a severance package and her last day was the very next day.

When I joined our team, they were still reeling from the abrupt loss of yet another technician manager. Many applications were coming in, but the qualifications weren’t there. Within the first month, though, it was apparent that the team responded well to their shift leads. They trusted them, and they felt safe with them. Our managing DVM felt strongly that a technician manager needed to be credentialed to manage. I challenged her convictions by suggesting we hit pause on the technician manager position and instead mentor and grow our shift leads. She agreed to try the plan for a few months.

The shift leads and I met as a group monthly, and I met with each of them individually every other week. We talked through problems, the history of the company, past management changes, personnel issues and conflict resolution. We created open lines of communication to the team. Quite rapidly, we noticed employees becoming more vocal. They felt they were being heard. These shift supervisors were their representatives. Protocols were being enforced, people were being held accountable and gossip was no longer tolerated. But there were many tears, a product of many years of stress melting out of them.

We set the goal of six months with shift supervisors to see if we all felt a technician manager was still needed. We hit that mark, and as a group, they said it was time. They felt they had done the groundwork to bring the team back together and be more receptive to a manager.

We decided we would no longer open positions of this level externally without reviewing our talent first. As a result, two of the shift supervisors applied for the position along with five other employees and we went through a formal interview process. I set up time for each internal candidate to meet with one of our national recruiters to mark up and improve their resumes as if they were applying externally. They went through interview coaching. They came to their interview with me dressed as professionals and ready to passionately answer my questions.

In the end, we selected the two shift supervisors to act as co-managing technician managers. When we announced this at our all-staff meeting, there was genuine excitement from all team members. Both overnight and day teams cheered and congratulated the two new managers.

Describe an instance when you influenced and motivated others, encouraged a team atmosphere, or took the initiative on an important problem or project. Provide details about your leadership qualities. Was your project a success?

As a certified veterinary practice manager, I’m an active member in the VHMA and review their blogs and chat boards frequently. I attend veterinary conferences, where I’ve built a great network of peers. I graduated from Purdue University’s Veterinary Practice Management Program and stay connected to their newsletters and Facebook posts on new initiatives. I communicate frequently with our state board and also partner with our animal cruelty investigations team. I also stay in the know through our corporate partner, NVA. They offer many lectures and training opportunities.

I have one-on-one meetings with my managers and check in with each employee personally about once a quarter. By sharing new knowledge or ideas with the leadership team, I get their buy in and it makes it that much easier to disseminate policy changes or innovation in our field.
We know you’re busy. And we know you’re likely behind on the reading you’ve been meaning to get done—so let us help you out. If you can only read 10 articles this year, these are the ones that caught the veterinary profession’s eye in 2018, based on dvm360.com web traffic analytics. Check them out and stay in the know.

Read all about it!
The top 10 veterinary news articles of 2018

From big box retail and mental health research to the ever-controversial CBD products, here’s what you, our readers, were most interested in this year.

What’s Amazon doing in the pet consumables market?
Amazon surprised many animal health insiders recently by announcing its intention to expand into the pet retail market, causing whispers and worries about how retail may be affected at veterinary clinics. The dvm360 team got a peek inside the retail giant’s thought process at the NAVC E-Commerce Summit.

9 dvm360 Investigative Report: Where have all the good dogs gone?
This three-part special report explores the critical questions behind where our dogs come from, what the future of animal sheltering might look like and the secret world of dog auctions.

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STUDY SHOWS TRAMADOL HAS NO EFFECT ON PAIN SCORES FOR OSTEARTHRITIS
Researchers from the University of Georgia have found that tramadol is ineffective in alleviating signs of pain associated with osteoarthritis in dogs, according to a release from the Morris Animal Foundation (MAF), which funded the study. But experts differ on whether this controlled substance still has a place in veterinary pain management.

Merck study: Veterinarians have normal mental health but poor well-being
The findings of a study spearheaded by Merck Animal Health, unveiled Feb. 6, 2018, during VMX in Orlando, Florida, show that veterinarians are not plagued with mental health problems when compared with the general population, but they do experience significant stress—or, put another way, lower levels of well-being. “The good news is that veterinary medicine does not have a mental health crisis,” senior analyst John Volk of Brakke Consulting told the dvm360 team during a private briefing on the results of the study, an extensive investigation of veterinarians designed to quantify the prevalence of mental illness and stress in the veterinary profession.

Walmart’s offerings will soon include veterinary care
PetIQ, a pet health and wellness company, announced plans to open 20 VetIQ Petcare clinics in Walmart locations by the end of May 2018. This isn’t the first partnership between the two companies, as Walmart has carried PetIQ’s products for many years. The expanded alliance comes after PetIQ’s acquisition of VIP Petcare in early 2018 and is part of PetIQ’s plan to bring veterinary services to major retailers in order to gain a larger share of the veterinary products and services market.

6 mistakes to avoid in the veterinary ER
Does the idea of a dog presenting with pale mucous membranes, a weak pulse and a heart rate of 190 beats/min make your knees sweat? Do you get tachypneic when you see a dyspneic cat fish-mouth breathing in front of you? If you don’t see emergency cases every day, you’re in the right place—this article discusses how to avoid common errors in emergency patients and save your patients’ lives. Having practiced everywhere from a busy inner-city emergency room to the ivory tower of academia, Dr. Justine Lee has seen these mistakes made and has made them herself.

FDA alerts veterinarians, pet owners about neurologic risks associated with isoxazolines
The newest class of flea and tick preventative products has generated reports of muscle tremors, ataxia and seizures, but the FDA says the products are still safe for most animals.

Grit vs. grades: Veterinary schools face potential flaws in admissions system
There’s no question that the veterinary profession has changed through the years in its demographic makeup, from a profession that was mainly made up of men to one that becomes more and more female each year. But is veterinary medicine lacking diversity in other areas? Are there groups of people who would make great veterinarians but are pushed out before they can even complete an application? And what does that mean for the profession?

PetIQ’s acquisition of VIP Petcare in early 2018 and is part of PetIQ’s plan to bring veterinary services to major retailers in order to gain a larger share of the veterinary products and services market.

Cornell takes the lead in cannabidiol research
Still wondering if CBD oil lives up to the hype, or if you’ll go to jail for recommending it? Research from Cornell backs the claims, and the federal government seems to be loosening the noose on veterinary recommendations.
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The importance of in-clinic veterinary blood donor programs

A recent public exposure of a canine blood supply company leaves Dr. Nicholas Dodman asking all those who love dogs to consider the best practices for blood donation. By Nicholas H. Dodman, BVMS, DACVA, DACVB

Blood transfusion, a procedure that should bring nothing to mind but its lifesaving effects. But it has recently come to my attention that one of the most prominent commercial canine blood banks—Hemopet in Garden Grove, California, which claims to supply blood to 40 percent of the veterinary clinics in North America and Asia—keeps dogs in disturbing substandard conditions. An eyewitness from People for the Ethical Treatment of Animals (PETA) documented that hundreds of “retired” racing greyhounds—whose blood is coveted because they commonly have the canine equivalent of a universal blood type—are caged for up to 23 hours a day in small kennels or crates.

As I looked at photographs and video footage of the dogs’ living conditions, I was concerned about the lack of adequate bedding for such lean, thin-skinned dogs. They showed signs of hair loss, calluses and pockets of accumulated fluid under the skin, which are likely the result of prolonged confinement and pressure on their joints. These issues, if not addressed, can lead to painful open sores and infections.

PETA’s eyewitness noted that the dogs barked and howled incessantly. As we all know, constant exposure to noise, confinement to small spaces and a lack of stimulation cause high levels of stress, which may have contributed to the diarrhea that many reportedly suffered from and to the fighting that occurred among those who were caged together, resulting in bite wounds and other injuries.

Up to 10 percent of the dogs’ blood was extracted every 10 to 14 days. In my opinion, removing so much blood so frequently is dangerous to their health and compromises the quality of the blood taken.

Hemopet bills itself as a “rescue” for retired racing greyhounds even though it takes and sells their blood for 18 months or longer before ever allowing them to be available for adoption. The blood-collecting aspect of this registered nonprofit earns it over $1 million a year but does nothing to benefit the dogs held captive there. To keep them in prison-like conditions with limited space—lying in crates or muzzled in kennels—for 23 hours a day is inhumane. From what I can see, they don’t have any semblance of a natural life, just a barren existence with very limited opportunities to engage in natural canine behavior.

These dogs are helpless to save themselves, but veterinarians and canine guardians can help them. Veterinarians can encourage their clients to volunteer large, healthy dogs occasionally to have their blood drawn and stored for transfusions. Many veterinary clinics and teaching hospitals at veterinary schools have a pool of regular volunteers that donate blood periodically and then go right back home. Some facilities even have bloodmobiles, similar to those used in American Red Cross blood drives. Often, clinics offer discounts on services, free exams or other incentives to guardians who volunteer their dogs a couple of times a year to give blood.

A study published in Journal of Applied Animal Welfare Science concluded that “nonprofit, community-based canine volunteer donor programs for animal blood banks can be successful while maintaining high safety standards and ethical treatment of volunteers.”

Animals whose blood is collected for transfusions belong in loving homes, not cages. As more veterinarians develop ethical blood-collection practices and more clients ask for and support them, fewer animals will be incarcerated in cages and used as living blood bags.

Reference

Nicholas H. Dodman is professor emeritus of animal behavior and behavioral pharmacology at the Cummings School of Veterinary Medicine at Tufts University.
Personal Accounts

narrative highlights poor lifestyle choices

The anonymous veterinary associate who wrote the Personal Account “An associate veterinarian paying down $110K in debt” (November issue of dvm360) needs more than financial help. Not only is she stressed by her financial situation, she’s not making good dietary and lifestyle choices. In one week she picked more than 15 fast food or fatty restaurant options! Nowhere does she mention exercise in her schedule and expense log. Walking is free! Stress can make one reach for poor food choices. Read The Hacking of the American Mind by Robert Lustig, MD. This underpaid and overworked associate needs to be encouraged to take care of herself; otherwise she won’t survive to pay off her loan and enjoy being debt-free.

—Janet Lawson, DVM, MPVM; Half Moon Bay, California

Shorter workweek means greater financial challenges

The veterinarian who wrote “An associate veterinarian paying down $110K in debt” describes some frustrating financial difficulties. I honestly didn’t pay much attention to the details of the actual expenditures. Of note, however, was the limited workweek. I do think the trend in our profession is toward shorter hours. But it is very difficult for most to make a decent living working 30 to 32 hours a week. I do think the trend in our profession is toward shorter hours. But it is very difficult for most to make a decent living working 30 to 32 hours a week. I would imagine it could be done in some very busy clinics with higher transaction fees. Otherwise, I’m afraid the majority will find it necessary to work a 45- to 50-hour workweek to pay the bills.

—Ralph Pope, DVM, DABVP
(canine/feline practice)
Collierville, Tennessee

Thanks for getting the word out about student debt

The November issue of dvm360 magazine had fantastic and very relevant content. It is getting the word out about student debt, and even though our “leadership” has been slow to respond, at least there has been some positive movement.

Interesting that one of the chief culprits—the AAVMC (the veterinary colleges collectively)—is charged with finding solutions! Maybe a hard look at tuition cost relative to training to make a sufficient living and serving society deserves some consideration. A total transformation in our education and delivery system is in order and maybe the discussion has begun! The individual and collective health of our profession is at stake!

I had better shut up as this only was meant to compliment dvm360 on continuing to deal with significant issues. Hang in there and keep up the good work.

—Robert C. Brown, DVM
Herndon, Virginia

A vote against adopting the ‘veterinary nurse’ title

Thanks for the views of Liz Hughston, MEd, RVT, CVT, VTS, presented in the article “RNs fight techs over ‘nurse’” (October dvm360). She has said eloquently what I also believe. The numbers listed by NAVTA on whether technicians want their title changed to “veterinary nurse” are skewed, with “con” being much higher than reported.

—Donna Shepherd, LVT, CVT
Mesa, Arizona
Why are we arguing about who can use the term ‘nurse’?

The acrimonious debate over the potential title change for veterinary technicians is ridiculous, says Dr. Michael Petty.

Editor’s note: This letter is in response to the article “RNs fight vet techs over ‘nurse’” from the November issue of dvm360 magazine.

As a nurse shark that has descended from a long line of nurse sharks, I am vehemently opposed to the adoption of the title “nurse” to describe veterinary technicians. It was bad enough when humans who care for other humans adopted the term—this additional insult will just dilute the meaning and value of my species.

In all seriousness, there is enough tribalism in today’s world (political affiliations, religion, race, etc.) without arguing about a name change that is only meant to more properly describe the duties that veterinary technicians perform. I have always been bothered by the title “technician,” which seems more appropriate to describe other jobs in the medical field, such as laboratory technician.

The veterinary nurses in my practice perform the same duties as an LPN or RN. I would even argue that they’re more qualified for many procedures than most human nurses are—for example, anesthesia and dentistry. To claim that one segment of the medical profession “owns” a job descriptor is ridiculous. And by the way, Ms. Haebler’s claim that veterinarians are never referred to as physicians, although true in the U.S., is not true in other parts of the world. Titles vary depending on geography.

I hope that this argument over what our veterinary nurses are called is settled within the veterinary community and not subject to pressure from other industries like it is right now. Next month I am going to write an opinion from the nurse shark’s distant relative, the doctor fish, about the misappropriation of that poor creature’s name as well.

—Michael C. Petty, DVM, CVPP, CMA, CCRT, CAAPM
Canton, Michigan

I have always been bothered by the title “technician,” which seems more appropriate to describe other jobs in the medical field, such as laboratory technician.
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Hip replacement in cats is not new news

One reader notes that this procedure dates back over a decade.

I read the article “Veterinarians perform Purdue’s first-ever hip replacement on a cat,” published in the September 2018 issue of dvm360, with interest. Thank you for raising awareness that total hip replacement is entirely feasible in cats and highlighting that the procedure provides much better outcomes than performing a femoral head osteotomy. Femoral head osteotomy (FHO) was reported in 1966 and is outdated technology in most instances.

However, hip replacement in cats compared to FHO was reported more than 10 years ago. The dvm360 article would have been much more informative if the academic literature would have been at least cited as a reference. Many cats have received a hip replacement during the last decade even though the cat reported on was the “first-ever” at Purdue. As such, the article appears to be more of an interest story and perhaps marketing from Purdue rather than a real factual “first-ever” as it is portrayed.

—William D. Liska, DVM, DACVS
Katy, Texas

Reference

Pets on the street may be better off than their counterparts indoors

I am not advocating for more homeless people owning pets, but in response to “Can you believe that homeless guy owns a pet?” by Dr. Mike Paul (see the November issue of dvm360), I’d like to add a couple things.

Let’s look again at that person living on the street with a pet. Pretty awful situation, right? No, actually, it’s not so bad. I frequently work with, and stop to speak with, people living on the streets. I believe most of these owners feed their pets first and feed them as well as they possibly can. Most of the pets are slim but not underweight. There definitely is not the obesity problem we see rampant in pets with real houses, endless bowls of food and too many treats.

These pets have a real job—to watch over and protect their owner. They are not alone for endless hours inside with nothing to do. They are attentive and often (though not always) well-socialized. They do not have the compulsive and anxiety-related behaviors we see in pets with real houses who have nothing to do but sleep and wait.

These animals get exercise. Their owners cover a lot of ground walking between the church, the soup kitchen, and the shelter (if pets are even allowed) or viaduct where they live. The mental and physical benefits of walking every day are considerable.

I advocate that money and a roof are not what make a good home. These pets are adored by their owners and their basic needs are often covered. Sure, they could use medical care and, yes, some have chronic conditions untreated. And so do the pets I see whose owners could afford to do more.

Oh, and yes, as Dr. Paul mentioned, the mental health benefits to the owner are immeasurable. To say these folks should not have their beloved pet reeks of not understanding the life of the person or the pet. Would that animal really be better off adopted and left home alone eight to 10 hours each day with a big bowl of food and nothing to do? I think not.

—Susan McMillan, DVM
Old North End Veterinary Clinic
Vet to Pet Mobile Veterinary Service
Burlington, Vermont
Meet Dr. Seasoned!

Wedding bells are ringing for Dr. Greenskin—what does her growing family mean for her veterinary career ambitions and her future life?

Little known to our readers, Dr. Greenskin has fallen in love! While she’s been hard at work as an associate veterinarian at Doc Codger’s clinic, she’s also managed to sneak in regular date nights with a wonderful fellow she met online. His name is Will Seasoned, and he moved to the same town several years ago after attending medical school and completing residency.

Before moving to his new home, Will downloaded some online dating apps to try to meet someone interesting. Will and Greenskin were surprised to find each other and discover that they were a perfect match! As a bonus, Greenskin found out Will owns two beautiful border collies.

Today is finally the big day! With the stress of planning the offer to Dr. Codger well behind her (check out the entire journey at dvm360.com/campfield), and with things at work mostly stabilizing since the corporate takeover, Greenskin and Will have seized the moment to get hitched and start planning their lives together.

Thinking that perhaps things do work out for the best, Greenskin has been contemplating starting a family, which makes her wonder if a corporate lifestyle is the best option after all. When she and Will first got together, he made a few comments and observations about her fiancée’s work schedule—specifically, that she was on call all the time without necessarily being compensated for it. But ever since Practice Gobblers Inc. sent Doc Codger on his merry way, “on call” is no longer in the practice vocabulary.

And some added efficiencies mean Dr. Greenskin arrives home in time for dinner much more frequently than before the buyout. Will has begun to think that marrying a veterinarian isn’t actually the worst decision ever!

All wrapped up in the wedding festivities, Greenskin hasn’t spent too much time thinking about her career lately. It may be that she feels more settled as an employee of a large corporation. She’s letting go of ambitions to take over the world one pet at a time and realizing that caring for one animal and client at a time—day in and day out—is really more of a job than her vision of a “real” career. And maybe that’s OK! This may be a natural progression for someone who worked hard to achieve the DVM dream but is now shifting her focus to her personal and family life.

The vows are done, the rings are on and the chapel is full of smiles and happy tears. The organ starts as she begins the walk of her life, hand in hand with the one she loves. At work or at home, Dr. Seasoned is ready for whatever lies ahead!

Dr. Greenskin has come so far in a short few years. Are you happy with how she’s handled the twists and turns of her early life as veterinarian? Would you like to follow her career as Dr. Seasoned? What path would you like to see her embark on?

Let us know your thoughts and cast your vote on the future of Old School, New School by emailing dvmnews@ubm.com.

Dr. Jeremy Campfield lives near Sacramento, California, with his family, including an aging mini Aussie and an obstreperous pitbull mix that some mistake for a chocolate Lab (to the delight of her owners).
How rude!

Bullying isn’t limited to the playground these days. And when it comes to your veterinary workplace, bullying can affect everything from team member morale to your financial bottom line.

In March 2018, I wrote a column in dvm360 titled “When did everybody get so rude?” It examined incivility and aggression in society and how these kinds of interactions impact us daily. One of the places rudeness appears most often is the workplace, affecting customers, employees and management. Recently I was in a restaurant where a couple of waitresses were engaging in a rude conversation within earshot of customers. My dinner was not ruined, but it was certainly made unpleasant by them. I left a good meal in a nice restaurant feeling full but having paid for a bad experience. I believe that left unchecked, bad behaviors get worse, and incivility is no exception.

Where does incivility lead?
As you can imagine, incivility can be costly to your business. For example, I will think twice before returning to that restaurant. Incivility also has negative effects on morale and productivity and can even increase employee turnover. While the cost of civility is minimal—a smile, recognizing someone by name, a morning greeting—incivility reduces participation and commitment, resulting in inappropriate emotional responses and dysfunctional and aggressive thinking.

Dig a little deeper …
Continual incivility can progress to workplace bullying. This behavior doesn’t have to be physical or even that overt—it involves interpersonal hostility, persistent verbal and nonverbal aggression, personal attacks and social ostracism. It is deliberate, repeated and directed at another individual. It is an effort to control another employee and often impacts the entire organization.

How common is workplace bullying?
According to Forbes, a survey conducted by Judy Blamdo of the University of Phoenix indicates that almost 75 percent of employees have been subjected to or have witnessed workplace bullying. Gary Namie also reported in “Workplace bullying: Escalated incivility” in the Ivey Business Journal that as many as one in six workers have experienced bullying, but targeted persons rarely raise the issue because of embarrassment. Perhaps because the bully is often in a superior position, frequently nothing is done even when the issue is raised.

Why should employers care about bullying?
Here’s why veterinary practice owners and managers need to be concerned about bullying in their practices:

- Much like other forms of harassment, workplace bullying can require a significant amount of time to resolve grievances.
- It’s costly. Liability from civil proceedings can be substantial. And bullying targets—often some of the most talented employees—may be driven out. We all know turnover takes a financial toll.
- Bullying often results in poor morale and undermines employee commitment and productivity throughout the practice.
- If a business has a reputation for tolerating bullying, it may be difficult to recruit and retain employees.

How do you prevent bullying in your practice?
The answer is to control incivility in your practice before it progresses to bullying. In her 2016 book Mastering Civility: A Manifesto for the Workplace, Christine Porat presents some surprising statistics about the impact of incivility. Workers who are treated with incivility are more likely to reduce their work effort, spend less time at work, experience a decline in performance and even intentionally reduce the quality of their work. They are also more likely to express decreased commitment to the organization, take their frustration out on customers and seek other employment. (Though not before incubating and transmitting their negative attitude.)

Remember, nature does not tolerate a vacuum and turnover can result in new villains. It can allow behavior to spread to a previously great employee. Confronting workplace bullying is the only way to minimize destructive behaviors.

Dr. Mike Paul is a former executive director the Companion Animal Parasite Council and a former AAHA president. He is currently the principal of MAGPIE Veterinary Consulting. He is retired from practice and lives in Anguilla, British West Indies.

Michael Paul, DVM
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A culture of ‘no’: When regimented rules stunt practice growth

Should this doctor learn to say yes more often to his clients, even if it means bending rules and inconveniencing his veterinary team?

D

r. Smith owned a practice in an affluent East Coast suburb. His clientele was well-informed and able to afford cutting-edge medical care for their pets. Before becoming a veterinarian, Dr. Smith was in the military for eight years. He believed the regimentation he learned in the Army helped him run his veterinary clinic effectively.

As is often the case in upscale suburban areas, there was a good deal of competition from other veterinary hospitals in the community. Eventually Dr. Smith noticed that his income and practice growth were stagnating. His practice offered excellent veterinary care, competitive fees and efficient customer service—why were the neighboring practices beating him?

Dr. Smith decided to retain a veterinary consultant to assist him in making changes that would increase practice growth. He was skeptical of the value of a consultant because he believed that no one knew his practice better than he.

The practice management consultant told Dr. Smith that team members were too comfortable saying no to pet owners.

The consultant spent two weeks at the practice, then scheduled a meeting with Dr. Smith to discuss his findings. At the meeting, the consultant confirmed what Dr. Smith already knew: The medical care was excellent, the fees competitive and the staff delightful.

However, the consultant also stated that team members were too comfortable saying no to pet owners. For example, when clients asked for a single heartworm preventive pill, they were told the product could only be purchased in packages of six. When a client called late in the day wanting to be seen right away—anxious about her dog’s non-emergency issues—the staff said the dog could only be seen the next day at the first available opening. When a client called and asked that Dr. Smith return his call, the staff responded that Dr. Smith would not be in for two days but that another doctor would be glad to speak with him.

Dr. Smith pushed back a bit. All of the responses his team had given were appropriate and necessary for fairness among clients and staff alike.

The consultant defended his critiques, stating that a private practice succeeds only when excellent medicine is combined with excellent customer service. He recommended that the practice’s "culture of no" be changed. It was true, the consultant allowed, that this would require some inconvenience to the team and unorthodox exceptions to the rules. But, he continued, it was the little things that would make the difference between a practice fighting to maintain the status quo and one that continued to grow.

Dr. Smith listened but disagreed. He believed his clinic must have equitable rules or things would become chaotic. He thanked the consultant for all of his hard work, thinking to himself that consultants were overrated. How could another doctor be glad to speak with him? Adjusting his fees and working harder were the solutions he chose to implement.

Do you agree with Dr. Smith or did the consultant find the practice Achilles’ heel? Tell us at dvmnews@ubm.com.

Dr. Rosenberg’s response

Veterinary practice is a true hybrid between the practice of compassionate medicine and the running of a competitive small business. When a human hospital is the only option within 25 miles and must abide by third-party insurance dictates, rules are set in stone. In veterinary practices where clients have many options, flexible rules and excellent service are invaluable tools. When you say no to a client with a reasonable explanation, they still hear the word “no.” The examples pointed out to Dr. Smith by the consultant all could have had “yes” responses. Sure, they would have been inconvenient and a small burden to Dr. Smith and his staff, but those positive answers would have ultimately resulted in satisfied clients. I would go so far as to prohibit clinic staff members from saying no to clients. If the occasion arises when “no” must be the response, consultation with a supervisor should be required to resolve the situation.

It is truly the little things that shape the affection and allegiance of veterinary clients. Veterinarians unhappy with practice growth should look at the little things. Remember, we’re not doing pet owners a favor when they call for an appointment and are told we can “fit them in at 3:30.” I think that until Dr. Smith understands this, he will continue to be frustrated by his practice’s growth.

Dr. Marc Rosenberg is director of the Voorhees Veterinary Center in Voorhees, New Jersey. Although many of his scenarios in “The Dilemma” are based on real-life events, the veterinary practices, the veterinarians and the employees described are fictional.
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New pet ownership data can help practices grow

Mining the trends identified in the AVMA’s new Pet Ownership and Demographic Sourcebook.

The AVMA’s new Pet Ownership and Demographics Sourcebook, just released in November 2018, spotlights shifting patterns of pet ownership and points to unmet healthcare needs among America’s pets. These present opportunities for veterinarians to improve patient care, attract new clients and even expand services.

Key findings
Here are some ownership trends that can guide your business strategy:

**Pet ownership is on the rise.** The average number of pets in pet-owning households has jumped from 1.5 to 2.2 since 2011. While this doesn’t necessarily mean more veterinary visits, our study did find an increase in total veterinary expenditures. It might be worthwhile to take an inventory of your multipet clients. If the number is significant and includes pets you aren’t seeing enough—or at all—think about ways to structure scheduling, create promotional incentives and deliver service offerings tailored to support clients with multiple pets.

**Dogs are still the nation’s most popular pets,** numbering about 77 million and growing. Nationally, 38 percent of all households owned a dog at year-end 2016—the highest rate since we began tracking in 1982. If your business is seeing a healthy growth in canine patients, consider expanding your inventory of canine products or services to improve patient care, attract new clients and even expand services.

**Pet poultry ownership is on the rise,** up 23 percent in five years. Whether or not you currently offer avian services, the rise in popularity of backyard poultry could pose a growth opportunity for your practice.

**Specialty and exotic pets are also more popular.** Ownership of these animals has grown more than 25 percent, and more than 13 percent of U.S. households owned at least one at year-end 2016. Start asking your clients if they have fish, reptiles or pocket pets that you don’t see, and talk to them about the special healthcare needs of these species. You can reach new clients with exotics by offering an educational seminar to pet-owner groups—and make sure your website and social media reflect these services.

**About one in four pet owners don’t go to a veterinarian for annual preventive care.** The biggest reasons are inability to afford services and believing their pets have not been sick or injured. This suggests a couple of strategies to bring in more pets: communicating the value and benefits of preventive care, and experimenting with different business models—such as monthly payment plans—to capture owners who are having difficulty affording services.

**More than one-third of cat owners see the veterinarian only when their cat is sick, compared to 12 percent of dog owners.** But fewer cat-owning households cite money as a reason. Greater awareness of wellness care for cats is very much needed. Ask current clients if they have cats at home, and talk with them about preventive care if they do. Also use your social media feeds to talk about the importance of wellness care for cats.

DIY presents new opportunities
Another important trend identified in the new report is the popularity of “do-it-yourself” care by pet owners. Some of the most common pet ailments are handled by owners at home, without consulting a veterinarian. These include:

- Hairballs (treated at home by more than 70 percent of owners)
- Canine ear infections (one-fifth of owners)
- Canine heartworm prevention and treatment (nearly half of owners)
- Flea and tick prevention (67 percent of owners).

There’s no simple solution to get all owners to consult you every time they notice a possible health problem. But the frequency of do-it-yourself treatment suggests an opportunity to proactively talk with clients about these conditions and urge them to contact you when they occur. If your hospital uses telemedicine, a virtual consult might offer a convenient way for existing clients to contact you before treating pets on their own. If not, check out the resources at avma.org/practicemanagement/telehealth.

**Tackling obesity for patient well-being**
Veterinarians know that many of America’s pets are overweight or obese, and the new data confirms this. Asked to identify their pets’ weight range based on images representing different body conditions, about 36 percent of cat owners and 34 percent of dog owners chose images that indicated their pets were either overweight or obese.

But very few owners are addressing these weight issues—only 5 percent of all dog-owning households and 6 percent of cat-owning households. Whether owners don’t understand the importance of weight management or don’t realize their pet’s size and shape indicate a weight issue, there’s plenty of opportunity for improvement. Proactively educate clients about weight risks, provide diet and exercise advice, and even offer formal weight loss programs with regular check-ins. Moving more clients to work with you on weight and nutrition can be good for both patients and your practice.

Tools to help you
AVMA members can download a free executive summary of the Pet Ownership and Demographics Sourcebook at avma.org/PetDemo. Use it to better understand ownership patterns and think about ways to expand your business and improve patient care.

Additional resources from the AVMA include the Telehealth Resource Center, the Obesity Toolkit, Backyard Poultry 101, the Partnership for Healthy Pets’ forward booking tools and client brochures. Visit avma.org to find these and more.
A client’s perspective on CCL repair surgery

I learned firsthand how hard these injuries are for pets and their owners.

By Katie James

Last spring, my then-6-and-a-half-year-old Australian cattle dog mix, Blitz, ruptured his right cranial cruciate ligament (CCL). By early July, he was 14 weeks past his tibial plateau leveling osteotomy (TPLO) surgery. Here’s my perspective on the caregiving and recovery process to help you know what concerns your clients might also face during this extensive repair process.

The injury and ER trip
I knew immediately that something was wrong. Blitz went from zooming excitedly around my apartment, to letting out a heart-wrenching series of cries. I was in the kitchen and didn’t see what happened exactly, but he’d gotten excited and started running laps, from the front door to jumping on my bed down the hall and back.

Blitz’s cries continued as he hopped out to the living room on three legs. As an editor and writer for the veterinary industry, I’ve learned enough to recognize the signs of pain and knew it couldn’t wait until morning when my regular veterinarian was open. Luckily, I had a 24-hour emergency hospital about four blocks from my apartment.

The wait to be seen was a little more than 30 minutes but it felt much longer. Knowing my pet was in pain and that I couldn’t do anything about it was awful. It didn’t help that there was an overtired toddler in the waiting room who was shrieking and working Blitz up further. The veterinarian we saw told me it was one of the clearest examples of a CCL tear he’d ever seen. He didn’t need radiographs to confirm it, just a physical examination.

We were sent home with pain meds and instructions for rest and to call the surgery service in the morning.

Deciding on the next step
The first night post-injury was the worst. Once we got home from the emergency hospital I stayed up with him, willing the meds to take effect faster. I was consumed with guilt. It was my fault. I kept imagining how things would change and I felt like I’d ruined his life. I knew I shouldn’t have let him run like that, but at a stocky then-60 pounds, it was hard to stop him. I knew I shouldn’t have let him jump on the bed. I’d gotten a new, taller mattress a few months earlier and had seen him not quite make it up once—a moment that had made me think, “I should look into getting bedside stairs.” I knew he needed to lose some weight, and I was trying to get the extra pounds off. In fact, we’d just gone running earlier that evening.

The next morning, I called my regular veterinarian and he said they didn’t perform TPLO procedures at his practice. He recommended the emergency-specialty practice near my apartment or the Kansas State (K-State) or University of Missouri veterinary school.

I called K-State, a couple of different practices in the area and the emergency-specialty practice near my apartment or the Kansas State (K-State) or University of Missouri veterinary school.

I called K-State, a couple of different practices in the area and the emergency-specialty practice we’d been at the night before, where they didn’t have a surgeon available for TPLO for a month and a half. I was welcome to call a different branch, though.

I was overwhelmed. The emergency veterinarian had recommended TPLO, so that’s what I asked each practice about. But by the end of my calls, I had two more procedures to think about. I couldn’t completely absorb the details of each surgery over the phone or understand why I’d choose one over the other. I was pretty set on TPLO from the start, so trying to picture something else was difficult. But our dvm360 medical director gave me a super-helpful resource from the American College of Veterinary Surgeons (ACVS) that showed me what each doctor had recommended. (It helped me so much that we worked with the ACVS to create a similar printable handout that can be downloaded from our site for clients: see dvm360.com/CCLhandout.)

The team at K-State made me feel comfortable, and they could get us in in two weeks, so I decided we’d drive the two hours to the veterinary school.

I live on the second floor of my apartment building and spent the next two weeks carrying Blitz up and down the stairs to go out. He’s heavy and I

Blitz, the first night at home post-surgery.
was nervous every time that I’d slip and harm both of us—not to mention it was terrible for my back—but he wouldn’t tolerate a sling, though I tried four different versions.

Time to fix Blitz!
The day of the surgery, both the veterinary student assigned to Blitz’s case and the surgeon assessed Blitz and answered all of my questions. They reassured me that he’d be able to be a dog again after we came out the other side of this, which was a relief. The only thing that surprised me was how long Blitz would have to be activity-restricted—including stairs. It wasn’t going to be hard to keep him still and resting. I’d either kennel-rest him or keep him on a short leash sitting next to me, which he enjoys. But the stairs were going to be a problem.

I’m fortunate to live near my parents, whose home only has two steps up, and they agreed to let us stay with them (thanks, Mom and Dad!). I don’t know how someone who doesn’t have that option would manage the recovery process successfully. I was having back pain after only two weeks of lifting him—I can’t imagine what it would be like to do it for another eight to 12 weeks. No matter how much you try to lift with your knees and not your back, a dog is an odd shape and size to lift. (I feel you, veterinary team members.)

One of the things that I loved about K-State was that they’d monitor Blitz for a few days after surgery, and “my” vet student called me twice a day with updates. It made me feel much better knowing that a team of highly qualified caregivers was watching over him while he was the most fragile and I could pick him up after a few days.

Because Blitz was being treated at a veterinary school, I had the opportunity to enroll him in a clinical trial as part of my calls, I had two more procedures to think about. I couldn’t completely absorb the details of each surgery over the phone or understand why I’d choose one over the other.

I was overwhelmed. The ER veterinarian had recommended TPLO, but by the end of my calls, I had two more procedures to think about. I couldn’t completely absorb the details of each surgery over the phone or understand why I’d choose one over the other.

Back home and on the mend
The morning I picked Blitz up from surgery he’d been a little febrile, so we were sent home with antibiotics in addition to two pain medications and the study supplement. I was nervous loading him in and out of the car, but it all went smoothly.

I realized when we got home that his kennel, which is appropriately sized under normal circumstances, was too small to accommodate Blitz and his e-collar. Not that he was doing a lot of moving around at the moment, but once he was in, he wasn’t going to be able to move around at all. I didn’t want him to be uncomfortable for the two weeks he had to wear the cone, so I turned back around after the two-hour drive home and went to the pet store to buy a Great Dane-sized kennel, which I’ve since dubbed the “Puppy Palace.”

The first few days at home were rough. Blitz had no appetite, and taking multiple medications four times a day plus a protein powder was just not something he wanted to do. The antibiotic alone was four capsules at once four times a day. And they had to be taken with food. I tried everything to get him to eat: softening his food with warm broth, adding his favorite veggies, hiding the meds in peanut butter or cheese, even gently warmed canned food—to no avail. He did love the hard-boiled egg I gave him out of exasperation. At least he ate something. I was having serious second thoughts about being able to continue in the clinical trial, no matter how much I wanted to help future TPLO patients.

A saving grace is that my coworkers were more than understanding when I had to leave in the afternoon to give medication, and they were patient as I worked remotely in the afternoons until we were done with meds. This is just one of perks of working in an industry where people understand the commitments involved in pet ownership, but not all veterinary clients have such flexible and understanding employers.

Once we got past the initial few days of inappetence, the recovery process went a lot smoother. Blitz tolerated the supplement well if I mixed it into peanut butter. I wouldn’t say it was easy, but I wasn’t having to force medication in him anymore, which was nice.

We settled into a routine at my parents’ house. If I wasn’t home, Blitz would stay in his kennel. I wasn’t sure how well this would work, because my parents have a dog of their own who has the run of the house. I had a feeling Blitz would make it known that he didn’t want to be in his kennel, but for the most part he just quietly sat and watched what was going on. When I was home, I’d put him on a leash and hook it under the leg of a chair or table so he couldn’t wander. Then I’d sit right next to him, further cutting down on his want to wander.

Will this happen again?
I was probably overly cautious with the activity restriction, but I was constantly worried he’d overdo it or slip and reinjure something. Or blow the other knee. My parents’ house has an area of wood floor that I couldn’t avoid completely, and I’d make him cross it carefully and slowly when he needed to go out. In the back of my mind I was always thinking of not only his post-surgical knee but also his good knee.

Within 30 seconds of seeing the technician and veterinarian that first night in the emergency practice, they’d both told me that their own dogs had ruptured the CCL in both of their knees.

And did I know, they added, that the likelihood of him doing it again in the other knee was 40 to 60 percent?

I did know it could happen, though those numbers were higher than I’d hoped—because I never want to do this again. The team at K-State further reminded me that it could happen again and gave me the same odds.

Even though I knew I’d followed the recovery instructions closely and had been extremely careful, I was nervous at the eight-week follow-up. What if he’d messed something up and I didn’t know it? I needed to see that the radiographs looked good and have the veterinarian look at him. Of course, it was all fine and they said he was doing great.

After the eight-week checkup, we both felt some relief because Blitz was cleared to begin easing back into walking. I’d essentially placed myself on house arrest because I hated to leave Blitz kenneled day and night. Yes, I’d leave for work or to meet friends on the weekend, but as much as I could I’d sit in my parents’ living room and keep him company. Even so, it was great to get out of the house at times. Prior to his injury, we’d go on a several-mile-long walk after I got off of work each evening, and we both missed it.

Moving cautiously forward
Between the eight- and 12-week follow-ups I thought I’d be hard to keep Blitz from going too far too fast because he felt better, but he was fine with it. I gradually let him off the leash a bit in the house when I could gate him in a single room. After the 12-week final follow-up, we started going on longer walks again to build up his endurance slowly, and he got the run of the first floor of the house after work. I still hadn’t quite worked up the courage to turn him loose in the backyard because I knew he’d all-out sprint, and it gave me a little bit of post-traumatic stress just thinking about it. I knew we’d get there though.

I’ll probably never know if Blitz was on the Fortetropin or if he received the placebo, but his muscle atrophy—and, boy, did his leg muscles atrophy in the two weeks before and two weeks after surgery—almost entirely resolved by 14 weeks, and there was no visible limp at that point either. I’m hopeful that he was on the active supplement and that it works. How cool would that be for future patients?

While this experience was traumatic, and I don’t want to go through it again (fingers crossed he’ll be one of the ones who doesn’t rupture both CCLs), I do think the bond I have with Blitz has become stronger because we’ve spent so much time together. A small bright spot in this journey.
Journal Scan:
In veterinary surgery, check thrice, cut once

Can checklists reduce veterinary surgical complications?

By Amy Van Gels, DVM

As any carpenter knows, the adage “measure twice, cut once” highlights the wisdom of careful planning. Just as a rushed carpenter can cut a board too short by measuring only once, the veterinary team can make simple mistakes that can result in dire consequences for their surgical patients. Surgical complications can range from mild (such as a seroma at the incision site) to severe (such as major dehiscence, profound hemorrhage, multiple organ failure or anesthetic death).

A major study coordinated by the World Health Organization (WHO) and other follow-up studies have found that utilizing surgical safety checklists reduces postoperative complications and mortality in people. A recent prospective study performed at a university animal hospital in Sweden examined the use of surgical checklists in cats and dogs to see if a similar reduction in postoperative complications was found.

What they did
The postoperative complications of 520 dogs and cats undergoing major soft tissue and orthopedic surgeries were evaluated. The surgical checklist, which was based on the one created by WHO, was read aloud at three essential time points: 1) before anesthetic induction, 2) before the start of surgery and 3) before recovery. The checklists were not used for the first 300 patients but were completed for the final 220. Any complications that occurred during the four to six weeks following surgery were recorded and classified as mild, moderate or severe. The complications between the two groups were then compared.

What they found
A total of 67 postoperative complications occurred. There were significantly more complications in patients whose surgeries did not include a safety checklist (17%) as compared with the group that did (7%).

The most common types of complications were: unexpected additional surgery, surgical site infection and wound complication without infection (such as dehiscence, delayed healing or seroma formation).

There were significantly fewer surgical site infections and wound complications after the implementation of the checklist. A significant difference was not found between the groups regarding the severity of complications or mortality. However, the low number of deaths (one with the checklist, four without) is not sufficient to compare mortality rates between the groups.

Take-home message
Similar to what is seen in people, the use of a surgical safety checklist reduces postoperative complications in dogs and cats. This may be due to the combination of improved surgical team communication, identification of medication errors or equipment oversights, antibiotic administration, and sterility checks, or an overall improvement in the “safety culture” of the practice.

Considering a surgical safety list’s potential to reduce postoperative complications, consider implementing one. Modify the list to fit your needs and update it annually. Keep it short and easy to use for staff compliance.

References

Dr. Amy Van Gels practiced small-animal medicine for seven years before becoming a medical writer and editor.
How to manage your equine client herd

Do you know which clients are prize Thoroughbreds and which ones to just plug in when it’s convenient? That’s step one in a three-step process to work with clients asking to be seen right now. *By Kyle Palmer, CVT*

We know it’s common for horse owners to maintain a relationship with more than one veterinarian, and in many cases, they move quickly to Plan B when their preferred doctor is too busy to see them in 48 hours or less (or in a manner befitting the convenience that they expect on a desired day or time). Given that, are veterinarians left to simply accommodate clients’ every wish or face the threat of losing the appointment? Not necessarily. Here are three steps that I see equine docs take to keep their scheduling needs in mind while also improving client retention.

**Step 1: Figure out who’s really paying your bills**

Most practice software can easily spit out a list of your clients ranked by the amount of money they spend each year. Without question, there are other factors that make a client valuable, but this is a great place to start. Print the list, then take some time and add a ranking based on four other variables (to be clear, you provide the rankings, but let a staff member do the paperwork).

Rank your practice’s top-grossing clients according to:

- how often they get their horses ready for appointments, making your visits more efficient
- whether they’re often demanding or unreasonable about the urgency in which they need seen
- their general willingness to accept your recommendations and take quality care of their animals
- your difficulties in the past collecting for services rendered.

Use this data to drill down to a list of your real top clients so you know who you’ll squeeze into a busy schedule—even when it may cause another client some inconvenience. In other words, when Mrs. Smith (provided she scores high on the above list) calls with an urgent need and your schedule is full, make room for her, even if it means rescheduling a client who may not score as highly on the above rankings.

Clients like Mrs. Smith are the foundation on which your practice is built, and you can’t afford to let them move onto Plan B. As you provide the best and most accessible care to her horses over time, you’ll slowly develop more clients just like her. Letting your schedule get tipped upside down for clients who score poorly on your list poses a long-term danger to your practice, as “A” clients will eventually float off to parts unknown for other doctors to appreciate.
When you do have to reschedule another client, make it clear that you’re attending to an emergency. If possible, make the story relatable by telling them what it is that’s caused the emergency. Most of your clients will appreciate that you take emergent care seriously because they know you’ll be there for them when the time comes. When you’re running late, or unable to be reached, you should always be attending to an emergency—after all, aren’t you? Telling a client that you’re “full” or too busy to address their needs is another way of saying that they aren’t important enough to you.

**Step 2: Ask, “How long?”**

An accurate history needs one very important question: How long has this condition been going on? And you’re the judge of how important the answer is.

Most clients are in a hurry to communicate their observations, and in many cases they assume that a condition that’s been occurring for longer is more severe. While that’s certainly true if an animal hasn’t eaten for days, it’s not at all true for an animal with an occasional cough for the same period of time.

If you get clients to admit they’ve been aware of the condition for some time, you’ve taken away their power to insist that it’s critical to be seen immediately. After all, if it’s so important, why did they wait so long to call you? Fortunately, you don’t usually need to actually say that—it’s just human nature that, once they say it out loud to you, they probably won’t feel like they can play the urgency card.

**Step 3: Don’t ignore your part in negotiations**

You need to understand the two-person negotiation happening when someone calls for an appointment. Do you ask your clients for a time? Do both occur?

The first move should always be a question about what the client had in mind for a day and time. This shows that you start the exchange party what they want. They also have a natural sense of guilt when they can’t give the other client is doing the offering, your scheduler will become increasingly willing to “settle” for all of your trying to satisfy them. Conversely, if the role of the “accepter.” If those roles are reversed, you end up with an appointment that doesn’t work for your busy day.

The more times a client declines whatever day and time is offered, the more likely they become to eventually “settle” as your offers are evidence of your trying to satisfy them. Conversely, if the client is doing the offering, your scheduler will become increasingly willing to “settle” for all of the same reasons. If you handle this exchange strategically, you should be able to schedule non-emergency clients out at least a few days, despite their initial request to be seen immediately. Using the above steps—knowing who your best clients are, assessing urgency, and negotiating well—is a template to help with every scheduling negotiation when someone calls for an appointment. You need to understand the two-person negotiation happening when someone calls for an appointment. Do you ask your clients for a time? Do both occur?

After you hear the client’s “goal” for an appointment, it’s your turn to offer two options that fit as close to their needs as possible. If you’re offering appointment spots at a day or time that wasn’t their choice, don’t draw attention to that—simply let them know that you could schedule them at (fill-in-the-blank time) or at (fill-in-the-blank time). If neither of the two options work for them, select two new options and repeat the process. Continue until they accept one of your recommendations. They will.

Equine clients can be fickle, and successfully scheduling appointments without sending them to their Plan B is a critical skill. If managed correctly, they will schedule with you, even if it takes a bit of time to arrive at a day and time they’re happy with. Most humans have a natural sense of guilt when they can’t give the other party what they want. They also have a natural sense of guilt when they don’t accept something that’s been offered multiple times. As a result, it’s vital that the scheduler (whether the doctor or a team member) ensures that he or she is playing the role of the “offerer” and the client is kept in the role of the “accepter.” If those roles are reversed, you end up with an appointment that doesn’t work for your busy day.

Kyle Palmer, CVT, is a frequent contributor to dvm360 and a practice manager at Silver Creek Animal Clinic in Silverton, Oregon.
So you really want to increase profits?

Try free vaccines, loyalty points or dental discounts.  

By Hannah Wagle

At Fetch dvm360 in Kansas City, veterinary finance guru Gary Glassman, CPA, shared a list of ways for practices to increase value. The list he provided was hefty—chock-full of things veterinary professionals could incorporate immediately. Here are a select few:

**Free vaccines for life—no kidding**

The concept here, according to Glassman, is that veterinary clients pay a membership fee upfront to make this happen. For that, they get their basic vaccines included on a regular basis (once a year for basic vaccines). In exchange, you get the promise that your veterinary client will come in every year for a wellness exam. “You’re trading the price of a vaccine for a wellness exam,” Glassman says in his session. “But that’s so important, because when we get them into a wellness exam, we can sell them another product or educate them on a certain diagnosis.”

“Most importantly? You’re making sure that your practice’s patient is happy and healthy.”

“‘It’s invaluable to us,’” Glassman says. “And you don’t have to do it for all of your vaccines—just the basics. What’s the cost of the vaccine? Not much. How often do we administer it? Yearly. So what are you really giving up here? Not much, yet you gain a lot.”

**Reward programs—what’s old is new again**

Think of loyalty programs outside of the veterinary profession to get behind this one, Glassman says: “If you’re the type who loves frequent-flier or hotel reward points, you know that these sorts of programs work.”

Also a proven fact? People hold those points near and dear. They work to earn them. If this didn’t work, Glassman states, then these big companies and chains wouldn’t be incorporating them into their business.

**Dental discounts—that stick around**

February is National Pet Dental Health Month. Glassman has an entirely new concept that he dropped on attendees: “Every month is National Pet Dental Health Month,” he says. “We should want to make the concept of dentistry important at all times, always.”

In other words, Glassman doesn’t want veterinary clients trained to only think about their pets’ dental health every February. And that can change with the concept of a dental program and discount. “If Ms. Jones comes in for her February dental appointment, we can tell her that if she comes in for a check-up in 30 days, we’ll give her 10 percent off.”

This could work …

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Hospital design?
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A new book from AAHA Press highlights the how-to of the design process for some of the nation’s most important buildings. (Hint: We can all agree that’s your veterinary hospital, right?)

By Brendan Howard

Covering territory from hospital touch-ups to the process of building brand-new facilities, a new book covering veterinary hospital design is available now.

Practical Guide to Veterinary Hospital Design: From Renovations to New Builds (AAHA Press, 2018) provides a detailed look at the design and building of veterinary facilities, including choosing the right property to move into, for owners planning the smallest remodel to the largest ground-up new build, according to a release.

The architect authors—Vicki Pollard, CVT, AIA, and Ashley Shoults, AIA, both from design firm Animal Arts in Boulder, Colorado—say the goal was a “start-to-finish manual” to help new facilities “provide the best care for pets.”

“This was our opportunity to share what we’ve learned over the years about designing spaces for the care of animals from our many wonderful clients,” the pair wrote in an email to dvm360. “We wrote this book to help guide owners in making the decisions that will be fundamental to creating spaces that will promote healing and support the wellbeing of animals, clients, and staff.”

Pollard and Shoults have worked with dvm360 and our Hospital-Design360 conference (fetchdvm360.com/hd) in the past, with work featured on dvm360.com/hd.

The book is available at aaha.org for $134.95 for AAHA members and $174.95 for nonmembers.

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Ruffwear

**Performance dog gear**

Designed to enhance and inspire exploration for canine outdoor adventurers and their human companions, Ruffwear introduces several new performance garments to their line made especially for outdoor winter fun. The Powder Hound Jacket, shown here, is a weather-resistant and insulated jacket. It’s ideal for cold-weather activities with a recycled polyester insulated upper panel and a fleece-lined lower panel that holds in warmth and sheds water, snow and dirt. A full selection of canine coats and accessories is available on the Ruffwear website.

For fastest response visit ruffwear.com

Harness Biotechnologies

**Equine performance and recovery gels**

Harness Biotechnologies has announced its patent-pending natural performance and recovery gels for topical application and distribution of carnosine. Carnosine has been widely studied for its effects on improved wound healing, its antioxidant activity and its anti-aging properties since the early 1900s. Harness’s gels are found to be effective in an hour and offer no loading phase, resulting in faster race times, longer stamina, improved endurance and quicker recovery. Harness Equine Performance and Recovery Gels are “Informed-Sport Certified,” which means they have been tested for banned substances by LGC’s world-class sports anti-doping laboratory.

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For fastest response visit thecloroxcompany.com

Brakke Consulting

**Telehealth market report**

Veterinary industry professionals have many questions about veterinary telehealth, including what exactly telehealth means and whether it’s even permitted by state veterinary practice acts. The Companion Animal Veterinary Telehealth Landscape Report from Brakke provides answers to these questions and more. The report discusses the forces driving the growth of telehealth and the barriers to its adoption, including the regulatory framework governing veterinary telemedicine. More than 20 veterinary telehealth providers are profiled in the report, which also includes surveys of nearly 450 companion animal veterinarians and 500 pet owners.

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New products from Purina and BI target stress in veterinary patients

Canine anxiety causes stress for both pets and owners, but two new products are designed to provide relief for this common condition. Purina Pro Plan Veterinary Diets has launched a probiotic supplement—Calming Care—for managing anxiety, and the FDA has also approved Boehringer Ingelheim’s Pexion (imepitoin tablets) to treat noise aversion in dogs, according to media releases from Purina and the FDA, respectively.

Purina’s Calming Care targets anxiety at the gut, using the probiotic strain Bifidobacterium longum (BL999). According to Purina research scientist Ragen T.S. McGowan, PhD, “Scientific evidence has shown that manipulating gut bacteria through probiotic administration can have a positive influence on anxious behavior in both rats and humans.”

The Purina Pet Care Center conducted a 15-week, blinded, placebo-controlled crossover study, which administered BL999 to 24 Labrador retrievers that exhibited anxious behaviors. Over 90 percent of dogs showed improvement in their anxious behaviors during the study, the Purina release states.

“In addition, dogs in the study showed reduced salivary cortisol concentration, decreases in heart rate and increases in heart rate variability in response to various stimuli—all of which were considered physiologic evidence of improvement,” Dr. McGowan says.

To maintain calm behavior in pets, Calming Care requires ongoing use and is packaged in sachets for once-daily administration.

Pexion, manufactured by Boehringer Ingelheim, specifically treats anxious behavior caused by noise aversion. Dogs with noise aversion may become distressed after hearing loud noises like fireworks, traffic and gun shots, and they will react by hiding, vocalizing, panting, shaking or trembling, vomiting, urinating or defecating, according to the FDA release.

A study of dogs that had previously demonstrated noise aversion behaviors during fireworks evaluated Pexion’s effectiveness. Owners of 66 percent of the dogs receiving Pexion rated the treatment effect as excellent or good, while owners of 25 percent of dogs receiving the placebo rated the drug reported the same effect, the release notes.

Pexion is available in 100-mg or 400-mg scored tablets and should be given to the pet twice daily beginning two days before an expected noise event—such as the Fourth of July or New Year’s Eve—and continued through the event.

Common adverse reactions observed in the study included difficulty standing and walking, increased appetite, lethargy and vomiting. Of 90 dogs that received Pexion as part of the study, three pet owners reported that their dogs exhibited aggressive behaviors while taking the drug, according to the release.

Pexion will be available by veterinary prescription only.

Onsior labeled in Canada for long-term pain management in cats

Elanco has announced that Onsior (robenacoxib) 6-mg tablets for cats are approved in Canada for the treatment of pain and inflammation associated with chronic musculoskeletal disorders, such as osteoarthritis.

Kristin Butler, DVM, veterinary technical consultant with Elanco, says, “This new indication for Onsior tablets for cats is very exciting. Onsior is the first labeled nonsteroidal anti-inflammatory drug (NSAID) in Canada that veterinarians can use to treat chronic painful conditions like osteoarthritis in their feline patients. Veterinarians and cat owners [in Canada] now have an effective, safe and convenient solution when treating chronic pain, allowing cats to enjoy more active lives.”

Onsior is labeled for chronic pain in cats in Europe as well. In the U.S., it is approved only for the control of pain and inflammation associated with orthopedic surgery, ovariohysterectomy and castration in cats for a maximum of three days.
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**February 16-17**
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Orlando, FL
(941) 276-9141
veterinarydentistry.net

**March 2-5, 2019**
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**March 9-10**
American Academy of Veterinary Acupuncture
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**March 19**
Updates in Soft Tissue and Dental Medicine
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icare2019.eu

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**August 23-26, 2019**
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**August 25-26**
19th Penn Annual Conference
Philadelphia, PA
(215) 746-2421
vet.upenn.edu/education/continuing-education/penn-annual-conference

**September 26-29**
Southwest Veterinary Conference
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**October 17-19**
Updates in Endocrinology and Cardiology
Ashville, NC
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For a full listing of events in 2018 and 2019, visit dvm360.com/calendar
Thank you, Momma—and yes, I actually do know what I’m doing

It’s the time of year to reflect on those who’ve shaped our lives as veterinary practitioners and just good human beings, Dr. Brock says.

Every veterinarian has someone to thank for getting them there. In most cases it’s one of the “big six” in life—that is, the four grandparents and two parents. One of them, or perhaps all of them, guided and influenced an easily molded mind into realizing and chasing after a dream.

It’s no easy ride becoming an animal doctor. Just getting into veterinary school is an unbelievably difficult undertaking. Once there, the amount of material thrown at you is staggering. I stacked my notes from vet school in a corner of the room I studied in. Back then, there were no computers, and the faculty would hand out typewritten notes at the beginning of each class. By the time I had finished my four years of vet school, my stack of notes was more than seven feet tall.

This past Thanksgiving, the family gathered at our house for a feast and a weekend of remembering what we’re thankful for. My Momma was there, and at 80 years old she’s the last living member of my big six. She’s still sharp as a tack and agile as a cat. I sat across the living room and watched her tell stories and interact with her great-grandbabies. It reminded me that I made it through all that vet school rigor because of her.

I listened to her tell my oldest daughter how she’s a wonderful mother. My Momma has a way of finding the good things about a person—and not just finding them, but telling them. I watched her and realized she had done the same thing with me.

My Momma made me feel like I was the smartest person alive while I was growing up. She would brag to her friends or other relatives about me when she knew I could hear. She said she couldn’t believe how smart I was, or how fast I could run, or how wonderful I was no matter what endeavor life threw at me—and I believed it.

The years passed and I eventually figured out I really wasn’t all that smart or fast, but it was too late—I had already accomplished things that were beyond my capabilities and didn’t even know it. I am educated far beyond my intelligence, and it’s all because my Momma made me feel like I could do anything.

While she was here, Momma came to the clinic and watched me stick the scope in a few horses’ joints. I have a custom of squirting the lavage fluid that runs through the scope on anyone who wants to watch. I squirted it at her just like all the others. She scolded me like I was a little kid, and everyone in the surgery room laughed and told her she needed to stick around and scold me more.

I’ve scoped nearly 10,000 joints in my career and have had hundreds of people watch me over the years, but having my Momma watch made me nervous. I couldn’t believe it. She wasn’t afraid to ask me a million questions, tell me she couldn’t see what was going on and wonder aloud if I had any idea what I was doing.

I’ve always thought she would have been a wonderful veterinarian. She has great hand skills, a logical way of reasoning through things and the stubbornness of a mule. I watched her watching us repair the broken joint on a racehorse and I could tell that she was proud of me. It still makes me feel happy when Momma’s proud.

My middle daughter, Abbi, is also a veterinarian. She’s doing a one-year internship at Alamo Pintado, an equine clinic in California. I was there two weeks ago to watch her work and listen to what her mentors said about her, and it made me imagine what my Momma must feel when she watches her oldest son work.

I’m thankful for my Momma and all she did for me when I was growing up. I am humbled by her caring, and even though she’s only five feet tall, I believe she could still whoop me if I ever needed it.

Bo Brock, DVM, owns Brock Veterinary Clinic in Lamesa, Texas. His latest book is Crowded in the Middle of Nowhere: Tales of Humor and Healing From Rural America.
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