DEBUNKING common pet food myths

Busting popular pet food misconceptions, plus how to discuss them with clients.

Dentistry
Tips for mastering oral radiography

Client communication
Talking CBD with pet owners

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Why we vent—and what we should do instead
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IMPORTANT SAFETY INFORMATION:

BRAVECTO 1-MONTH Chews are for dogs 8 weeks of age and older. Side effects may include itching, diarrhea, vomiting, decreased appetite, elevated ALT, lethargy, and weight loss. Fluralaner is a member of the isoxazoline class. This class has been associated with neurologic adverse reactions including tremors, ataxia, and seizures. Seizures have been reported in dogs receiving isoxazoline class drugs, even in dogs without a history of seizures. Use with caution in dogs with a history of seizures or neurologic disorders. BRAVECTO 1-MONTH Chews are not effective against A. americanum in puppies less than 6 months of age. For full prescribing information, see next page.
**Dosage Schedule**

**Dosage and Administration:** Bravecto 1-Month is not effective against 4. A minimum of 6 months of age (see Effectiveness). The safety of Bravecto 1-Month has not been evaluated in breeding, pregnant and lactating dogs (see Animal Safety).

**Adverse Reactions:**

- In a well-controlled U.S. field study, which included 271 dogs (210 dogs were administered Bravecto 1-Month every 30 days and 71 dogs were administered at an active control [see Issued]) every 30 days), there were no serious adverse reactions associated with treatment. Over the 90-day study period, all adverse events of potential adverse reactions were recorded.

**Dosages with Adverse Reactions in the Field Study**

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**Dosage over 123.0 lb should be administered the appropriate combination of doses.**

**Precautions:**

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Contents

January/February 2021 | Vol. 17 No. 1

5 Client education: Fact or fiction? Debunking common pet food myths

8 Oncology: The team-based approach to cancer care

12 Dentistry: Tips for mastering dental radiography

15 Client communication: Talking CBD with your clients

18 Technology: The latest on pet wearables

20 Well-being: Venting: More hurtful than helpful in veterinary practice

22 Work-life balance: Work in a busy emergency department? Here’s how to get out on time

24 Fun! Brush up on dental radiography

“If we’re going to cry, let’s make them tears of happiness.”

—Bash Halow, LVT, CVPM
Fact or fiction? Debunking common pet food myths

A veterinary technician nutrition specialist busts some popular pet food misconceptions and explains how best to discuss them with clients.

By Erica Tricarico, Managing Editor

Thanks to Dr Google, pet owners are exposed to a great deal of misleading information about canine and feline nutrition, and in turn may be providing their pets with a diet that is less than ideal. At a recent Fetch dvm360® virtual conference, Robin Saar RVT, VTS (Nutrition), exposed some of the top pet nutrition–related misconceptions. Share these with clients whenever you can—during appointments, as part of your on-hold phone messaging, and online.

Myth 1: Meat should be the primary ingredient in pet food.

Ingredients on pet food packaging are typically listed in descending order by weight, which means it is impossible to tell the true volume or quality of any ingredient. “We also cannot be sure how the ingredients are being used to provide nutrients or how available those nutrients are for absorption,” Saar said.

She warned that manufacturers can manipulate a diet formulation by setting multiple ingredients to the same weight, making the food seem more appealing to the buyer. “A package that lists meat as the No. 1 ingredient could be kind of fake because the meat could be providing a lower percentage of protein yet weigh the same as the next 5 to 10 ingredients,” Saar explained.
Myth 2: A high-protein diet is superior.

Pet stores often market diets with 25% to 35% protein, which is well over the 18% required by the Association of American Feed Control Officials (AAFCO). According to Saar, not only can excess protein turn into fat, but it can cause flatulence or intermittent bad stool in some pets. “It’s the quality, not the quantity, of protein in the diet that matters,” she said. Eating more of a poor-quality protein is not better, and having higher protein doesn’t mean that the protein is digestible or that the food will be better for the pet, she added.

Myth 3: The more fruit and vegetable ingredients the better.

Although clients may think a long list of fruit and vegetable ingredients is healthier for their pets, what that ingredient list doesn’t reveal is which nutrients those fruits and vegetables are providing and for what purpose, said Saar. Some nutrients are used as antioxidants to help preserve the food. The fact is that fruits and vegetables don’t necessarily make pet food healthier. Owners must do their research to find out the quality of the ingredients and what exactly they add to the pet’s diet.

Myth 4: Organic and all-natural pet foods are healthier.

Words such as “natural,” “organic,” and “holistic” are trending right now, but are foods with these labels actually healthier for pets? Not necessarily, said Saar. There is no research to support claims that natural or organic foods provide better nutrients. AAFCO defines natural as a product that is derived solely from plant, animal, or mined sources that have not been produced by a chemically synthetic process. The label must state “with added vitamins and minerals” because these must be synthetically synthesized. According to Saar, no product can be 100% natural.

As defined by AAFCO, pet foods labeled as organic have restrictions on the use of feed, antibiotics, hormones, and living conditions, as well as on pesticide use for crops. Although the US Department of Agriculture (USDA) certifies all ingredients that are going to be listed as organic and human grade, it only certifies foods intended for the human food chain, says Saar. So, once the product goes into the pet food chain, it is no longer under the purview of the USDA.

Additionally, clients may think that pet foods with “holistic” stamped all over the packaging are made with wholesome ingredients. But because there is no definition for the word holistic when it comes to pet food, there’s no evidence that these diets are more beneficial to pets.

Myth 5: Byproducts are waste.

It’s commonly believed that byproducts contain drugs and/or roadkill and other waste products. The fact is that byproducts are a highly digestible source of many nutrients that are missing in muscle meat, and they don’t include hair, horns, teeth, hooves, stomach or intestinal contents, drugs, or feathers, said Saar. (Hydrolyzed pet foods may contain feathers.)

What many clients may not know is that some byproducts are considered human grade (think pork and beef liver, tripe, spleen), and there are benefits to using as many parts of the animal as possible. Doing so decreases land waste, the release of nitrogen into the atmosphere, and the total number of sacrificed animals, said Saar.

Myth 6: Gluten and grains are bad for pets.

Gluten-free and grain-free diets are growing in popularity among pet owners, but are they all they’re cracked up to be? The answer, according to Saar, is a resounding no. “The carbohydrates and proteins provided by grains add nutritional value and structure to pet food,” she said, “and grains spare protein by providing energy that allows protein to be used to build or maintain muscles and tissue.” Saar also noted that sensitivity to gluten is rare in dogs and has never been reported in cats.
How to discuss pet nutrition myths with clients

Make it positive. Clients may feel badly because they don’t understand all they should about pet nutrition. To let them know they are not alone in being misinformed, try using statements such as these before busting those myths:

• “I’ve heard other clients say that.”
• “Am I understanding that your concerns are [repeat what they said]...?”
• “This is such a great point....”

Make it personal. Saar recommended sharing pet nutrition stories with your clients to help drive your point home. (Bonus: This also shows them that other pet owners share their misperceptions.)

Give them more. Be as specific as you can in making your recommendations, and point clients to reliable sources where they can learn more.

Give them time. For clients considering a major change in their pet’s diet, the information you share may be a lot for them to digest (pun intended). Step out of the room for a second to give them some time to think. If they still are undecided when you return, email your recommendations and revisit the topic during their next appointment.

Myth 7: Raw food diets are superior to kibble.

Many pet owners think raw meats are best for their dogs and cats because that’s what they would eat in the wild. Well, maybe, but our pets are not living in the wild, and therefore may not be able to tolerate raw meats. Here are a few considerations Saar said you should share with clients thinking about making the switch to raw:

• **Contamination.** Pathogenic bacteria, such as *Escherichia coli*, *Salmonella*, and *Clostridium*, from raw ingredients can lead to potential health risks for vulnerable individuals living in the household, including babies, elderly people, and those with a compromised immune system. Sources of contamination can include dishes used to prepare and feed raw foods, the food itself, and the pet’s saliva and feces.

• **Balance.** Without an AAFCO label on the food, the owner does not know whether the diet is balanced, said Saar, and this can easily lead to a nutrient excess or deficiency for the pet. For example, raw liver fed to a cat daily as a main diet ingredient will cause vitamin A toxicity.

• **Bones.** Uncooked bones in raw foods can fracture the pet’s teeth, or tear or block the esophagus, stomach, or intestines.

Myth 8: Cats can eat vegan diets.

“Cats are true carnivores, and they really need meat,” said Saar. They must have taurine and arginine in their diet, for example, and these ingredients are only found in meat. Cats that are deficient in arginine can become deathly sick within hours, said Saar. “A vegan diet for cats is almost impossible to do.” You may need to opt for a vegetarian diet, which includes eggs and milk, she added.

The takeaway

With so much information at their fingertips, it’s no wonder clients flock to the internet for answers to their pet food questions, but it’s our job to provide them with accurate pet nutrition information, said Saar. Recommend trusted online resources to encourage self-learning while controlling the content, she advised. At the end of the day, we all just want what’s best for our animal companions.  

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The team-based approach to cancer care

When veterinarians and veterinary teams collaborate, workflow is smoother, and patient and client care improve.

By Kelsey G. Gustafson, Associate Editor

There is a fine line between a group and a team, according to Erika Krick, VMD, DACVIM (Oncology), and Lindsay Hallman, CVT, colleagues in the oncology unit at Mount Laurel Animal Hospital in New Jersey. And when working in veterinary medicine, the difference matters. During a lecture at a recent Fetch dvm360® virtual conference, the duo explained the differences between teams and groups and shared their process of applying a team-based approach to the care of oncology patients.

A group vs a team

Groups typically work on a series of tasks assigned by a leader. Working independently, group members aren’t aware of the bigger picture, so they don’t have the luxury of seeing how their tasks contribute to the whole. “When we think about a group, it’s a number of individuals who are working together, but not necessarily collaborating,” Krick said. “As a result, there is very little coordination between members.”

By contrast, team members work together with a unified purpose, vision, and value to achieve a shared goal. In a team setting, all members understand how their individual tasks fit together toward making that common goal a success. “The
success of a team, therefore, really depends on the ability of all members to collaborate," she said.

Effective communication

"Communication is a prime and essential factor for a successful team," Krick continued, adding that communicating effectively with each other improves efficiency and flow and reduces errors and stress.

“We are here to provide the best possible care and compassion to not only our patients and our clients, but also our fellow colleagues and each other,” Hallman said. "We really focus on effective communication.”

So what are the hallmarks of effective communication? The team should follow these simple rules:

• Be clear, honest, and sincere.
• Communicate in an appropriate setting, without distractions.
• Always encourage questions and clarify understanding where needed.
• Understand the perspectives of all involved.
• Acknowledge emotional responses but communicate with rational responses and interactions.

Day-to-day duties of a cohesive oncology team

Hallman provided an overview of the daily workflow for the oncology team at Mount Laurel Animal Hospital. The team meets in the morning at a whiteboard, where they round to ensure that everyone knows the plans for each patient for the day. The team does initial consults, diagnostic workups, chemotherapy visits, and recheck visits throughout the day. They also do their best to communicate well and plan ahead with the other hospital team members to schedule diagnostic imaging. Recheck visits are scheduled by technicians at checkout to reduce the burden on the reception staff. Other daily tasks include impromptu internal consults, answering phone calls and emails, and teaching veterinary students.

“As you probably can imagine, communication is integral to each of these tasks, and so doing our best to communicate effectively within our team really helps to improve the efficiency and flow of our service,” Hallman said.

The pair also outlined their specific roles for technicians and veterinarians.

Nursing roles

• Client communication
• Initial patient assessment
• Patient handling
• Diagnostic sample collection and processing
• Diagnostic imaging
• Chemotherapy dose-checking and preparation
• Medical record completion
• Phone and email triage
• Maintaining order and flow

Clinician roles

• Calculate chemotherapy doses.
• Determine whether it’s appropriate for a patient to receive chemotherapy on a given day.
• Discuss chemotherapy side effects with clients.

• Complete medical records.
• Reach out to referring veterinarians.
• Implement a double-checking system to reduce error.

COVID-19 challenges

In light of the many pandemic-related challenges, this year has brought new shared obstacles for treating patients with cancer. With the sensitivity of a cancer diagnosis, Hallman expressed the need for compassion, patience, and perspective when dealing with clients whose pet has cancer. One of the obstacles Hallman identified is managing the patient without the owner present. “This is particularly challenging for patients that are new to the practice,” she said. “Breaking bad news over the phone is awful, especially when [the client hasn’t] had any prior contact with the team who is diagnosing and treating their animal.”

When the situation becomes challenging, Hallman said, it’s important to recognize and expect emotions to run high sometimes. According to her, veterinary nurses have the ability to either escalate or de-escalate these situations rather quickly. “If we are feeling attacked and taking it personally and displaying the same discontent to the client that they are giving us, then it’s going to be like a mirror,” she said. “We will just continue mirroring each other back and forth, and then nobody benefits at the end of the day.”

Compassion is a huge strength in rectifying these challenging and uncharted situations.
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Tips for mastering veterinary dental radiography

To consistently obtain diagnostic intraoral radiographs, keep these important points in mind.

By Benita Altier, LVT, VTS (Dentistry)

Obtaining a full-mouth series of dental radiographs can seem daunting for many veterinary technicians, especially in hospitals that do not incorporate the practice into daily routines. The easiest and fastest way to master the techniques required to produce diagnostic-quality radiographs is through in-person professional training. A veterinary technician with specialty certification in dentistry is a true expert with the education and experience to help your team succeed without the fear and frustration of practicing on anesthetized patients (Figure 1). In addition to helping your team learn the simplest positioning...
techniques, this person can help ensure that all team members are on the same page regarding client education, workflow during procedures, and interpretation of the images once obtained.

Training for dental radiography is best done on specimens or bone skulls to ensure a quality learning experience without the stress of caring for a live animal. We learn best from our mistakes; however, let’s not make them with a patient under anesthesia if at all possible.

Timing

Obtain the full-mouth series of radiographs early in the procedure, immediately after the patient is anesthetized and stabilized. Doing so helps get the diagnostic process started with some objective data.

Once you have the radiographs, you will likely find more pathology and need to call the client for treatment approval. If you wait to obtain radiographs until everything else is done with the patient’s mouth and the client doesn’t answer when you call for treatment authorization, the patient’s time under anesthesia may be extended unnecessarily.

Patient positioning

Patients should be positioned in the same way each time a radiograph is obtained. With sternal and dorsal head positioning, ensure that the patient’s hard palate is parallel to the tabletop (Figure 2). If you wish to obtain the radiographs with the patient in a lateral head position, make sure the hard palate is perpendicular to the table. I prefer to obtain full-mouth dental radiographs with the patient initially in sternal positioning for the maxillary views and then in dorsal recumbency for the mandibular views.

Achieving consistent results can be very challenging if you are not using these specific patient head positions. If the patient’s head is oblique (not straight), you must position the beam using bisecting angles, a method many find troublesome, time-consuming, and prone to error.

Don’t depend on any one view to determine the presence or absence of pathology if something seems questionable. When you are unsure about what you may be seeing, obtain a second or even third view from a different horizontal perspective than the original survey view of that tooth or area.

❱❱❱ Make sure the patient is adequately premedicated and then maintained under a surgical plane of general anesthesia for the entire procedure. ❱❱❱

Anesthesia safety

Analgesia and anesthesia are critical when obtaining dental radiographs. Make sure the patient is adequately premedicated and then maintained under a surgical plane of general anesthesia (ie, unable to respond to stimuli) for the entire procedure.

Avoiding sensor damage involves having an exceptional understanding of analgesic principles and how to determine a patient’s depth of anesthesia properly, observing constantly and adjusting depth accordingly while preventing hypotension and other complications. Do not place the sensor in the mouth of a patient that is not fully anesthetized and intubated.”

Figure 2. Proper palate-parallel head positioning for oral radiography. Note that the hard palate of each patient is parallel to the tabletop.
A patient’s jaw tone and reflexive mouth closure can cause significant destruction of the sensor. To avoid sensor damage, particularly by dogs, wedge a bite-block object—such as an old section of endotracheal tube (larger size for dogs) or a dental wedge—between the molars on at least 1 side of the mouth. This will prevent an unexpected bite-down by the patient (Figure 3).

**Efficiency**

Once you have training and a repeatable technique, your speed will improve. But at first, prioritize technique over speed. Dental radiographs must contain the tooth or teeth and bone surrounding them as desired; there must not be elongation or foreshortening distorting bone or tooth. Some parts of mouth (eg, tooth root, alveolar bone) cannot be seen with the naked eye. These, in particular, are of the utmost importance. With practice, you will be able to expose about 1 image per minute and, with daily practice on every dental patient, every time, you will become even more efficient and consistent.

**Troubleshooting**

It’s important to have a thorough understanding of what can cause problems when obtaining dental radiographs. This comes down to 3 variables, which I call the ABCs: A—animal, B—beam, and C—sensor, phosphor plate, or film. The operator must objectively measure each of the 3 ingredients in the formula to get consistently diagnostic radiographs. When you get an image that isn’t diagnostic, ask yourself what caused the error. Was it the animal’s head position (A), the beam’s angle or rotation (B), or the sensor’s location in the mouth (C)? When you determine what caused the issue, fix that and try again (Figure 4).

**The bottom line**

Learning dental radiography is challenging, but don’t give up. Becoming proficient involves at least 1 serious learning opportunity, practice without added stress or pressure from your team, and ongoing evaluation of what is working well and what you still need to learn and practice more.
The United States appears to be growing increasingly comfortable with the recreational use of cannabis, as evidenced by the fact that 4 more states legalized its use during the November 2020 elections, bringing the total to 15, plus the District of Columbia. With this acceptance has come increased interest in the medicinal use of cannabidiol (CBD), a nonpsychotropic compound derived from hemp that is often used to treat issues such as pain, anxiety, and insomnia.

**What your clients want**

Interest in CBD also continues to grow among pet owners. Stephen Cital, RVT, RLAT, SRA, VCCS, CVPP, VTS-LAM, laboratory manager in the Department of Neurobiology at Stanford University, cofounder of the Facebook group Veterinary Cannabinoid Academy, and member of the dvm360® Editorial Advisory Board, cites results of a recent survey in which nearly 70% of veterinary clients brought up the issue of CBD use during consultations with their veterinarian.
A variety of factors appear to be driving client interest, including the fact that cannabis has become more mainstream, says Stephanie McGrath, DVM, PhD, assistant professor of neurology at Colorado State University College of Veterinary Medicine and Biomedical Sciences. “I also think pet owners and families are using it more for their own ailments, so it’s becoming more enticing to try it on their dogs,” she adds. “And lastly, I think the fact that there is some research out there now has helped veterinarians and pet owners feel a bit more comfortable with its use.”

**What the data show**

Studies in the United States and abroad have examined the use of CBD to treat a variety of conditions in animals, including seizures in dogs with intractable idiopathic epilepsy, osteoarthritis (OA) pain in dogs, noise-induced fear in dogs, and more.2-5 Many studies found CBD to be effective with minimal to no adverse effects.

A study on canine OA pain, for example, concluded that CBD “exerts robust and quantifiable anti-inflammatory properties in experimental systems” that were translatable in a randomized, double-blind, placebo-controlled trial in a spontaneous canine model of OA.6 Another study on OA pain in dogs, published in *Frontiers in Veterinary Science,* reported a similar reduction in signs.8 Efficacy was also indicated in a study on the use of CBD, in conjunction with conventional antiepileptic treatment, to reduce seizure frequency in dogs.4 Such results are promising, but Cital notes that there are some important nuances to CBD research that must be considered. "CBD comes from a plant that contains more than 500 compounds," he explains. "Everyone focuses on CBD and THC [tetrahydrocannabinol, the psychotropic compound found in marijuana], but there are hundreds of different things in these products. A variety of factors can change the cannabinoid or terpene profile, for instance, so every product really is different. When you have a success or a failure of a particular product in a study, those data are really specific to that particular product, so we can’t easily extrapolate that another product is going to work the same.”

McGrath confirms: “We are still at the beginning of figuring this drug out. We had to start with the foundation—the pharmacology and safety studies. We are just getting started with some small clinical trials. While some of the studies are encouraging, we have a long way to go.”

**What to talk about**

Although clients are increasingly turning to CBD for themselves and their pets, the legality of CBD can be confusing for veterinary team members, many of whom may avoid discussing CBD with clients out of fear. But there’s good news: In 2018, the US Department of Agriculture declared hemp—which contains a THC concentration of 0.3% or less by dry weight—to be legal. “The federal government decriminalized hemp and legalized the CBD molecule as long as it is derived from a particular plant, but it also gave states individual power to regulate it as they see fit,” Cital reports. “To my knowledge, there are only a handful of states that don’t allow CBD use, even if it’s derived from legal hemp.”

Cital says veterinary team members shouldn’t feel nervous about discussing CBD with interested clients, even in states where CBD is illegal, because such conversations fall under harm reduction. “People keep saying, ‘I can’t even use the word CBD in my clinic,’ which is not true,” he states. “I would actually say [not discussing CBD] goes against the oath they took as veterinarians or technicians to do no harm, because you are not informing the client about safety and efficacy. It’s all about education.”

However, Cital encourages practices to avoid words such as prescribing or dispensing. “Those are words specific to FDA-approved medications or devices and many state pharmacy acts,” he explains. “Because hemp is in a weird gray area as an animal supplement, it does not require FDA approval, just like you don’t need FDA approval for glucosamine/chondroitin. As long as these products are not making medical claims on their packaging or in their advertisements, they are considered an animal supplement and are legal.”
When it comes to client education, McGrath suggests focusing on the potential adverse effects and drug interactions. “CBD is likely not safe for every animal at every dose,” she says. “We are still learning a lot about this drug, but we do know there are some precautions that should be taken. And pet owners should know to the best of their ability what product they are purchasing. There are a lot of concerning products on the internet and on store shelves whose claims may not be founded. Therefore, researching a company and its products is imperative.”

CBD is available in a variety of forms, with liquid being the most common, Cital says. CBD-infused dog chews are also popular. Like McGrath, Cital encourages veterinary professionals and clients to make sure they are using a quality product. “I do not support companies that refuse to offer a certificate of analysis,” he says. “We tested nearly 30 veterinary products, and found some with no CBD at all. Others also had high levels of led and arsenic.”

With thousands of members, the Veterinary Cannabinoid Academy is a good source of information on the veterinary use of CBD and other cannabis compounds, and offers a variety of resources for office educators. In addition, Springer Nature is in the production phase of a textbook that summarizes current studies on CBD, along with additional information. It will be available in both e-book and print editions.

Don Vaughan is a freelance writer based in Raleigh, North Carolina.

REFERENCES
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“People keep saying, ‘I can’t even use the word CBD in my clinic,’ which is not true.”

—Stephen Cital, RVT, RLAT, SRA, VCCS, CVPP, VTS-LAM
Among the many changes in veterinary practice brought on by the coronavirus disease 2019 pandemic, veterinary professionals increasingly are relying on technology for deeper insights into the health of their patients. For example, telehealth puts the veterinary team in clients’ homes, allowing them to observe patients in their typical environment instead of having to rely on the pet owner’s description of issues.

According to Lisa Lippman, DVM, lead veterinarian at Off Leash Veterinary Care in New York, New York, another relatively new technology veterinary teams use to gain better patient insights involves pet wearables—special collars or medallions attached to a collar to help track behavior, safety, and health. Far beyond the Fitbit, today’s wearables can provide GPS tracking and monitoring of resting and sleep patterns, vital signs, licking and scratching behavior, and more.

In a lecture sponsored by Sure Petcare at the November Fetch dvm360® virtual conference, Lippman shared the benefits and challenges of wearables.

### Technology of wearables

- According to Lippman, most wearables on the market today offer some or all of the following features:
  - RFID (radio-frequency identification) sensors
  - GPS trackers
  - Motion sensors
  - Bluetooth
  - Accelerometer sensors
  - Cameras/lights

Lippman noted that wearables can be used in conjunction with other connected devices, such as pet doors and feeders, to gain a more comprehensive view of pet health.

“With the wide selection of wearables on the market, you can easily find one that functions for you or your clients with a design that you love,” Lippman said, “because, let’s face it, fashion and function should go together.”
The size of the global pet wearable market was valued at $1.6 billion in 20191 and is only expected to grow because of increasing awareness of pet health, Lippman said. “We really cannot underestimate how many people have these technologies and will be using them, and [if you haven’t yet] you’ll be seeing them in practice.”

**Benefits of wearables**

One benefit of wearables is the ability to track a pet’s behavior. Without wearables, we rely on clients to provide information about the pet, Lippman said, hoping that the client is as detailed and accurate as possible. With wearables, the veterinarian can simply open the data section on the app and instantaneously receive crucial insight for diagnostic and treatment planning.

“I often ask [clients], ‘On a scale from 1 to 10, how itchy is your pet?’ and they give me a lengthy answer that is not 1 to 10,” Lippman said. “So, I have to ask again, ‘OK, what’s a number?’ How amazing would it be if I could see that data right in front of me?”

The insight wearables can provide has the potential to help veterinary teams get a better grasp of matching patients’ needs. Although technicians cannot make a diagnosis, by using the app they can get a pretty good idea of what is wrong and what the next steps will be.

Another benefit of wearables is their ability to track a pet’s sleeping pattern. By using the app, veterinary teams and clients can investigate disruptive factors that could be causing a pet to lose sleep. “At night, it is almost impossible to know how well your dog is sleeping, because you’re most likely asleep,” Lippman said. “The nightly sleep score enables you to investigate what might be affecting their sleep patterns.”

Vital signs are another important offering that wearables provide. Wearables offer a noninvasive way to monitor patients even when they cannot come to the practice. Wearables can provide a lengthy history to aid patient assessment.

**Challenges**

Although wearables clearly have many upsides for pet health, they can be costly for some clients. In addition to the cost of the unit, which Lippman said ranges from $90 to $150, some companies require a monthly subscription typically ranging from $5 to $10. In addition, the advanced technology in most of the devices consumes a lot of power, so they tend to require frequent charging. Lippman also advised attendees to explain to clients that a wearable does not replace a microchip. Owners should view microchipping and wearables not as a choice of either option, but the need for both. “I always stress that while a wearable helps you keep tabs on your pet,” Lippman said, “it really should not replace a microchip. Microchipping is really an important way to help make sure that your pet is returned home safely if they get lost.”

**REFERENCE**

Venting with our coworkers may feel good at the moment but, according to Bash Halow, LVT, CVPM, owner of Halow Consulting and dvm360® Editorial Advisory Board member, it is counterproductive, habit-forming, and unprofessional.

“Venting is just a downsized version of losing it. Venting can mitigate some tension and anxiety, but most will agree it’s only helpful in the moment, not long-term,” he said. During a recent Fetch dvm360® virtual conference, Halow shared some things to consider when you want to let off some steam at the clinic.

You’re venting to feel valued

According to Halow, we misconstrue those who gripe as being

Venting: More hurtful than helpful in veterinary practice

Blowing off steam may feel good, but it’s a momentary relief that can carry negative results. Understanding why we vent can help us find healthy alternatives.

By Kelsey G. Gustafson, Associate Editor
egocentric, powerful, and in control, when in reality what they really are is afraid. “The urge to vent is a cry for love, reassurance, and praise,” he said, adding that if you’re going to vent to someone, make sure it’s someone who makes you not only feel heard but valued and understood as well. This type of confidentiality is paramount when your rant is over. “Venting should be viewed as a pathway to a solution, not just a chance to smolder,” he said.

Fiction or reality?
What works us up into a lather is usually all in our heads, Halow said. If the printer goes down, a coworker is MIA, 3 clients are waiting to check out, and the phone is ringing off the hook all at the same time, you may feel the need to vent not because you have failed but because you fear failing. Much of the time, he said, venting is a sign of our own personal demons or battles coming to light. For instance, the inability to understand something the first time can lead you to feel down on yourself, increasing your anxiety and stress levels. We need to recognize that the art of failing and the inability to understand something right off the bat is the normal process of learning. “We stress about things and manifest these thoughts of failure before they even, if ever, happen,” he said.

More harm than good
Venting is a momentary release that can have long-lasting effects. Often, you ultimately feel more alienated than when you began ranting. “The next time you pull a team member aside and vent, ask yourself 30 to 40 minutes later whether you indeed feel better because I can guarantee you that you won’t,” Halow said.

Keep in mind that venting can amplify your colleagues’ anxieties and fears as well, making it a toxic environment for more than just you. According to Halow, everyone has their own issues, demons, and personal battles, and unleashing your negativity onto a coworker is not only unprofessional, but it can trigger their own feelings—and then it becomes a loop of anxieties, stresses, and fears.

Underlying issues
You are thinking, acting, feeling, and responding based on all kinds of subconscious urges and neuroses, said Halow, adding that what you’re really upset about most likely stems from outside the practice and has been festering for quite some time. Don’t shy away from professional help, he advised. Explore various therapies and solutions and take ownership of your happiness.

So, the next time you feel the urge to vent at work, consider the root of what you’re feeling and whether it extends beyond the practice. If it does, that may be a warning sign that you need to address your overall mental well-being. “If we’re going to cry, let’s make them tears of happiness,” Halow said.

The trickle-down effect
“Often, the practice leaders are partially responsible for stoking the anxiety that’s leading up to the venting to begin with,” said Halow. And this behavior has a trickle-down effect. Think of the practice owner who consistently points out team members’ flaws and mistakes. “You gain nothing by watching your team members fail,” he said. “Helping them up and dusting them off and moving along together can benefit your entire team while getting the job done through cohesive effort.”

Working as a team can allow you to experience obstacles, not just as something negative, but as something that can be overcome together, Halow said. Practice leaders should recognize that 1 reason why employees may experience the urge to blow is that the way they are being asked to work also, well, blows. He noted that in the veterinary practice, teams can be placed into 2 silos; those who focus on client and patient care, and those who focus on how to care for clients and patients. “Protocols, paperwork, chart audits, and sign-offs are important, but when they supersede patient care, we risk disengagement, cheat team members of work that’s more fulfilling, and prime them for the need to vent,” he said.

Halow concluded by stressing the need for a stronger, inclusive, and more supportive management style in veterinary practices. “There is empirical evidence that team members who are allowed to care directly for clients and patients are happier, turn over less, are more successful at their jobs, earn their employers more money, have better health and have higher job security,” he said.
TIPS FOR TECHS:

Work in a busy emergency department? Here’s how to get out on time.

There are ways to work more efficiently and finish your shift on time (or close to it) without compromising any other team members.

By Kristina Guldbrand, BS, CVT, CSP

Here's no place like home, there's no place like home, there's no place like home. Try as I might, clicking my heels together has never teleported me to my couch after my veterinary practice shifts end.

Case in point: I had been listening to Delilah, a Basset hound recovering from surgery for gastric dilation–volvulus, sing me the song of her people for the last 8 hours. After a day of watching her twist her IV line and listening to her pump alarms going off, I was more than ready to leave. But when I got word that Delilah needed a fresh blood transfusion, the vision of driving home in silence felt like a distant dream. I finally went home that day after 21 hours on the clock, but not for long. My next shift started just 5 hours later, and again, I stayed hours after my shift.

That weekend was a wake-up call for me. I realized that the only person who would get me out of work on time was me.

Working in a veterinary practice is not a party from which you can just duck out. When you have an overwhelming number of inpatients and a full waiting room, it's hard to feel like you can just walk out the door when your shift is over. But here are 4 tips that may get you just a little closer to the door when it's time to go.

1. Communicate with your DVM about treatment times

I used to run around the clinic like a madwoman, with treatments due every hour and new patients continually being admitted. I needed to get organized, so I pulled out my treatment sheets to plan a comeback. That's when I noticed Dr Sue was using her highlighter as a weapon.

Dr Sue was loud and proud, and working with her was hilarious. But she rarely thought about how she assigned treatments. The technicians were getting upset because it seemed like Dr Sue didn't care about how much work she...
was putting on them. It was a difficult conversation to start, but after talking it through, Dr Sue was open to working together. We developed a system to help keep our treatments on time and efficient, and devised a way to let Dr Sue know if she was slipping back into her old habits.

2. Round over your cases ASAP

5, 4, 3, 2, 1…Help is finally here! Counting down the minutes until backup arrived was once a normal part of my day. Some days, the new shift would jump right in, and the change was smooth. Other days, we had 3 procedures waiting and triages coming in nonstop, delaying the new shift from taking over. This was one of the factors that frequently kept me in the office late.

When I started working as a relief technician, the logistics of shift change became clearer to me. My goal was to leave on time, so I took a different approach when the other team arrived. Instead of continuing to keep all my cases until the new team member was ready to take over, I would ask to round them and then help with the extra workload. This small switch created a ripple effect. Now, instead of getting stuck with loads of patients to round over, I support my teammates until my time is up.

3. Ask your boss for an assistant

I don’t always have an assistant, but I am much calmer when I do. Not only do technicians have nursing responsibilities, but we also have other duties, such as dog walkers, kennel technicians, and client service representatives. Having so many duties makes it difficult to be as efficient as possible.

The technician shortage was taking its toll, creating severe burnout among staff at my practice. We knew we needed help, but finding another technician seemed impossible. Then one of my team members said she had a cousin who wanted to work in the veterinary field. At first, he came in and shadowed but was quickly hired as an assistant. He made sure patient bedding stayed clean, walked dogs, and checked in on clients—all of which decreased technician workload. Hiring an assistant saved our staff from quitting due to the high workload and saved the practice money.

4. Schedule a fun event

My days seem to be a little better and go faster when I look forward to something at the end of the day. When I was determined to leave my shifts on time, one of the most helpful things I did was schedule something fun after my shift.

I knew I had to plan something that excited me and that I had to pay for. I did not have money to throw around, and if I paid for something, I was darn well going to go. I found a dance class that I had always wanted to take, and I prepaid for it. This created the mindset that I was in control of my time, and that staying late was a choice.

Make a plan

I knew there was no way to go directly from never leaving on time to always leaving on time, so I made a plan and took baby steps. See if these tips might work for you:

- **Set a goal.** How many days a week do you want to leave on time? And what does ‘leaving on time’ mean to you—leaving actually on time, or leaving 15 to 20 minutes after your shift ends? I started with the goal of leaving on time after 2 of my 4 shifts each week.

- **Identify what might happen when you leave on time.** I still wanted to be a team player and didn’t want to leave things half-finished when I left. I made sure I helped others on the floor, prepared food and medications for the next shift, and rounded on my tasks before leaving.

- **Solve your workday puzzle.** If you have 10 things to do today and only 8 hours to finish, how will you do it? Will you need help? What will you do if you get off task? I asked myself these questions at the start of every shift. Preparing myself helped me troubleshoot the unexpected parts of my day and made my shifts much smoother.

**The bottom line**

Everyone knows that staying late is part of the job sometimes, but that doesn’t mean you aren’t in control of your time. If you want balance in your life or feel close to burning out, it’s up to you to get organized and create the changes you need.
In honor of Pet Dental Health Month in February, see if you can find all the dental radiography–related words in the puzzle below. And check out page 12, where Benita Altier, LVT, VTS (Dentistry), shares some great tips for getting diagnostic oral radiographs in your patients. 

Visit dvm360.com for the puzzle answer.

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**Brush up on dental radiography**
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