IMPORTANT SAFETY INFORMATION:

SENTINEL® SPECTRUM® Chews (milbemycin oxime/lufenuron/praziquantel). Dogs should be tested for heartworm prior to use. Mild hypersensitivity reactions have been noted in some dogs carrying a high number of circulating microfilariae. Treatment with fewer than 6 monthly doses after the last exposure to mosquitoes may not provide complete heartworm prevention. For complete product information refer to the product insert on page 5.

*SENTINEL SPECTRUM Chews protects against heartworm disease, 4 intestinal parasites, and prevents flea eggs from hatching.

**Prevent flea eggs and maggot-like larvae from developing.

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Empowered women empowering others

Well-being
Overcoming burnout

Career
Expanding your role

Pain management
Pediatric and geriatric anesthesia considerations

Practice management
Avoiding toxic practice cultures
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.

BRAVECTO Chews for Dogs:
The most commonly reported adverse reactions include vomiting, decreased appetite, diarrhea, lethargy, polydipsia, and flatulence. BRAVECTO Chews have not been shown to be effective for 12-weeks’ duration in puppies less than 6 months of age. BRAVECTO Chews are not effective against lone star ticks beyond 8 weeks of dosing. 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.

For complete product information, refer to the product insert on page 2.

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Designed for dogs and puppies 8 weeks of age and older, and weighing 4.4 pounds or greater. Once puppies reach 6 months of age, they can transition to extended-duration BRAVECTO Chews.

BRAVECTO 1-MONTH CHEWS

EXTENDED-DURATION BRAVECTO® CHEWS

With the introduction of BRAVECTO® 1-Month Chews, BRAVECTO will now be able to protect dogs across all life stages.

To learn more, contact your Merck Animal Health sales representative.

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WITH BRAVECTO®

LIFE IT'S FOR & STAY START WITH BRAVECTO®
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(fluralaner) Chews for Dogs

BRIEF SUMMARY (For full Prescribing Information, see package insert)

Caution:
Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

Indications:
Bravecto 1-Month kills adult fleas and is indicated for the treatment and prevention of flea infestations (Ctenocephalides felis) and the treatment and control of tick infestations (Dermacentor variabilis, American dog tick) and *Ixodes scapularis* (black-legged tick) for one month in dogs and puppies 8 weeks of age and older, and weighing 4.4 pounds or greater.

Bravecto 1-Month is also indicated for the treatment and control of *Ancylostoma caninum* (tiree star tick) infestations for one month in dogs and puppies 6 months of age and older, and weighing 4.4 pounds or greater.

Contraindications:
There are no known contraindications for the use of this product.

WARNINGS

Human Warnings:
Not for human use. Keep this and all drugs out of the reach of children. Keep the product in the original packaging until use, in order to prevent children from gaining direct access to the product. Do not eat, drink or smoke while handling the product. Wash hands thoroughly with soap and water immediately after use of the product.

Keep Bravecto in a secure location out of reach of dogs, cats, and other animals to prevent accidental ingestion or overdose.

Precautions:
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 is not effective against *A. caninum* in puppies less than 6 months of age.

The safety of Bravecto 1-Month has not been evaluated in breeding, pregnant and lactating dogs.

Adverse Reactions:
In a well-controlled U.S. field study, which included 271 dogs (201 dogs were administered Bravecto 1-Month every 30 days and 70 dogs were administered an oral active control [an isoxazoline] every 30 days), there were no serious adverse reactions associated with treatment. Over the 90-day study period, all observations of potential adverse reactions were recorded.

Dogs with Adverse Reactions in the Field Study

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>Bravecto Group: Percentage of Dogs with the AR During the 90-Day Study (n=224 dogs)</th>
<th>Active Control Group: Percentage of Dogs with the AR During the 90-Day Study (n=70 dogs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pruritus</td>
<td>7.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>3.0%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Vomiting</td>
<td>3.0%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Decreased Appetite</td>
<td>3.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Liver enzymes (Serum ALP or ALP) greater than twice the upper reference range*</td>
<td>1.0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Lethargy</td>
<td>1.0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Weight loss (&gt;10%)</td>
<td>0.5%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

*Alanine aminotransferase (ALT); alkaline phosphatase (ALP)*

One dog in the Bravecto 1-Month group with a history of seizures managed with anticonvulsant medication had seizure activity 28 days after its first dose; the dog received its second dose later the same day. No additional seizures occurred during the study. One dog in the control group with no history of seizures had seizure activity 12 days after its second dose. The dog was started on anticonvulsant medication and no additional seizures occurred during the study.

During the palatability assessment, four dogs coughed within 1 hour of dosing with Bravecto 1-Month. Palatability was not assessed in the control group.

In well-controlled laboratory effectiveness studies, one dog and three puppies administered Bravecto 1-Month had diarrhea (with or without blood).

Post Approval Experience (2019):
The following adverse events are based on post-approval adverse drug experience reporting for fluralaner.

Not all adverse events are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data.

The following adverse events reported for dogs are listed in decreasing order of reporting frequency: Vomiting, lethargy, diarrhea (with or without blood), anorexia, pruritus, polydipsia, seizure, allergic reactions (including hives, swelling, erythema), dermatitis (including rashes, pruritus, redness), tremors and ataxia.

Contact Information:
To report suspected adverse events, for technical assistance or to obtain a copy of the Safety Data Sheet (SDS), contact Merck Animal Health at 1-800-224-5318. Additional information can be found at www.bravecto.com. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FOA-VETS or online at http://www.fda.gov/vets.

How Supplied:
Bravecto 1-Month is available in five strengths (45, 100, 200, 400, and 560 mg fluralaner per chew). Each chew is packaged individually into aluminum foil blister packs sealed with a permeable paper backed foil lid stock. Product may be packaged in 1, 3, or 4 chews per package.

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Rev. 05/20
Empowered women empowering others
Alyssa Mages, CVT, has found a way to combine her love of veterinary medicine with her passion for inspiring others to reach their full potential.

Well-being
Burning the candle at both ends

Practice management
6 ways to be more efficient with Fear Free

Practice management
How to kick toxic practice cultures to the curb

Pain management
Pediatric and geriatric anesthesia considerations

Diagnosis
The medical benefits of urine

Client communication
Why and how to educate your clients about One Health

Client communication
So much to say, so little time

Career
Amplifying the voice of veterinary technicians everywhere

Fun!
Veterinary technician poem
To ensure adequate absorption, always administer SENTINEL SPECTRUM Chews to dogs immediately after meals. Milbemycin oxime consists of the oxime derivatives of 5-didehydromilbemycins in the ratio of approximately 89% (C.15,0-Ao, MM 557.2) and 20 % (C.15,0-Ao, MM 541.8). Milbemycin oxime is classified as a macrocyclic antibiotic.

Lufenuron is a benzo[4,5]imidazobenzene derivative with the following chemical composition: N-(2,5-dichloro-4- 1,3,5-triazinyl) nicotinamide. Hexahydro-4H-pyrazino[2,1-a]isoquinolin-4-one. Praziquantel is an isoquinolone anthelmintic with the chemical name 2-(Cyclohexylcarbonyl)-1,2,3,6,7,11b-hexahydropyrazino[2,1-a]isoquinolin-4-one.

**Indications:** SENTINEL SPECTRUM Chews are indicated for the prevention of heartworm disease caused by *Dirofilaria immitis* for the prevention and control of flea populations (*Ctenocephalides felis*), and for the treatment and control of *Dirofilaria immitis*, *Toxocara canis*, and *Toxascaris leonina* adult heartworm (*Ancylostoma caninum*, adult whipworm (*Trichuris vulpis*), and adult tapeworm (*Dipylidium caninum*, *Taenia solium*, *Echinococcus multilocularis* and *Echinococcus granulosus*) infections in dogs and puppies two pounds of body weight or greater and six weeks of age and older.

**Dosage and Administration:** SENTINEL SPECTRUM Chews should be administered orally, once every month, at the minimum dosage of 0.23 mg/kg (0.5 mg/kg) milbemycin oxime, 4.55 mg/kg (10 mg/kg) lufenuron, and 2.28 mg/kg (0.5 mg/kg) praziquantel for heartworm prevention on the same day for at least 6 months after exposure to mosquitoes (see EFFECTIVENESS).

<table>
<thead>
<tr>
<th>Body Weight</th>
<th>Milbemycin Oxime per chewable</th>
<th>Lufenuron per chewable</th>
<th>Praziquantel per chewable</th>
<th>Number of chewables</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 to 8 lbs.</td>
<td>2.3 mg</td>
<td>46 mg</td>
<td>22.8 mg</td>
<td>One</td>
</tr>
<tr>
<td>8.1 to 25 lbs.</td>
<td>7.5 mg</td>
<td>115 mg</td>
<td>57 mg</td>
<td>One</td>
</tr>
<tr>
<td>25.1 to 50 lbs.</td>
<td>11.5 mg</td>
<td>230 mg</td>
<td>114 mg</td>
<td>One</td>
</tr>
<tr>
<td>50.1 to 100 lbs.</td>
<td>23.0 mg</td>
<td>460 mg</td>
<td>228 mg</td>
<td>One</td>
</tr>
<tr>
<td>Over 100 lbs</td>
<td>Administer the appropriate combination of chewables</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EFFECTIVENESS**

Treatments with fewer than 6 monthly doses after the last exposure to mosquitoes may not provide complete protection against infection. Prevention is more effective when used consistently throughout the year, regardless of season. In areas where fleas are common year-round, monthly treatment with SENTINEL SPECTRUM Chews should be administered daily from mating through weaning.

To minimize the likelihood of flea reinestation, it is important to treat all animals within a household with an approved flea protection product, as necessary.

**Intestinal Nematode and Cestode Treatment and Control**

Dogs may be exposed to and can become infected with roundworms, whipworms, hookworms, and tapeworms throughout the year, regardless of season. Clients should be advised of appropriate measures to prevent reinfection of their dog with intestinal parasites. As a pre-exposure period for *E. multilocularis* may be as short as 26 days, dogs treated at the labeled monthly intervals may be reinfected and shed eggs between treatments.

**Contraindications:** There are no known contraindications to the use of SENTINEL SPECTRUM Chews.

**Warnings:** Not for use in humans. Keep this and all drugs out of the reach of children.

**Precautions:** Treatment with fewer than 6 monthly doses after the last exposure to mosquitoes may not provide complete protection against heartworm infection.

**Storage Information:** Store in a dry place at controlled room temperature, between 59° and 77°F (15°-25°C).
“K"eep on keepin’ on.” “Push through.” “When the going gets tough, the tough get going.” “You got this!” “Fake it till you make it.” “Dig deep.” “Every day I’m hustling.” Do any of those phrases instill peace? I’ve said them all at one point or another during times when, in all honesty, I didn’t have anything left to give. They became empty words poured into a hollowness that grew over time. I was burned out, fried, and frazzled.

How did I get here?

I recalled a time when my peers looked to me for guidance and support, but now my mental health was suffering. Wondering what I could do to change this and to help those who rely on me, I started to do some research. Finding more than I had bargained for or was able to digest, I narrowed the research down to my industry and, voilà—validation that I wasn’t crazy.

Dangers of burnout

Burnout is serious. Fortunately, there are many avenues to address it and, even better, prevent it. According to an article published in the Journal of Veterinary Emergency and Critical Care, burnout is common among veterinary nurses and technicians. Not surprisingly, it’s also associated with numerous undesirable outcomes for us and for our patients.

Preventing burnout

Let’s visit the concept of prevention. How can we stop burnout before it starts? Where you are placed in the hierarchical structure at your practice likely determines the impact you can impart, at least initially. As they say, every journey begins with that proverbial first step, a small movement creating ripples onward, outward, and upward. Talk to your manager or supervisor about what you’re feeling, seeing, and experiencing. Then, offer a few solutions.

A private conversation can eventually lead to a practice- or company-wide discussion that will, hopefully, result in positive change. Assessing the care provider-patient ratio and setting protocols in place so it isn’t exceeded is key. Additionally, creating a platform that allows everyone on your team to be heard is crucial. Provide physical outlets and emotional support options for team members. Encourage them to use their personal days. You could also try advocating to make sick leave and personal leave separate.

Knowing your breaking point

Recognizing when you’re singed before you burn up and out is vital. What are some signs that you may be on the brink? Fatigue, irritability, making mistakes when that is not what you do, feeling ‘off’—none of these should be ignored or be a source of shame. Your feelings are valid; they are yours and will affect not only you but your team.

Speak up, speak out, and you’ll help not only yourself but many others. Take a deep breath, enjoy nature, or delve into a great book or movie. Get moving: Ride your bike, run, swim, or do yoga. Call someone, journal, paint, or bake. Take time to be with yourself and be OK with who you are and where you are. If you’re not OK, then you know it’s time to make a change and stop the fire from spreading.

REFERENCE

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Empowered women empowering others

Alyssa Mages, CVT, has found a way to combine her love of veterinary medicine with her passion for inspiring others to reach their full potential.

By Amanda Carrozza

Alyssa Mages, CVT, is a self-proclaimed “recovering marine biologist” who traded boats and ocean life for scrubs and emergency veterinary medicine. A graduate of Manor College, Mages spent 17 years as a successful veterinary professional and adjunct professor, but her career had not yet stopped evolving. She pivoted once again, this time adding entrepreneur to her résumé and teaming up with longtime friend Caitlin Keat to launch a business they are confident will have a lasting and positive impact on the veterinary industry.

In speaking with this dynamic duo, it is clear their passion is outpaced only by their drive. They are simultaneously insightful and sincere; there is no doubt you want Mages and Keat in your corner. Even the name of their budding company evokes their mission and values: Empowering Veterinary Teams (EVT). And that’s exactly what they do.

EVT provides comprehensive, multidisciplinary veterinary training and content that meets the industry’s ever-evolving needs and provides clients with the tools necessary to create positive and dynamic work environments.

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EVT provides comprehensive, multidisciplinary veterinary training and content that meets the industry’s ever-evolving needs and provides clients with the tools necessary to create positive and dynamic work environments.

“Our [adage] ‘Inspire, Instruct, Impact-Together’ is what we do for each other and what our ultimate goal is in the work that we do,” says Mages, the company’s chief visionary officer. Keat serves as the chief operating officer.

Mages’ career did not start with a veterinary rally cry, however. As a marine biologist, Mages could not shake the feeling that something was missing. She soon started volunteering at turtle and shark rescues on her days off and quickly realized veterinary medicine was her calling. Upon returning home at the end of the research season, Mages volunteered at the general veterinary practice where her cats were patients. “I was hooked and worked my way up,” she explains.

After working and volunteering at veterinary hospitals in both the United States and Canada, Mages earned her veterinary technology degree and acquired her CVT credentials in 2012. “It was the best decision I ever made,” she insists.

Mages thrived in her career in emergency medicine and went...
on to become an education development coordinator, which required her to oversee the onboarding, growth, and training of a 200-member practice. “It has definitely not been a straight line,” she concedes.

Although she enjoyed her position as an educator in the veterinary hospital, Mages felt constrained. “There was still so much I wanted to do,” she explains. “Being in veterinary medicine for 17 years, it was evident that there were things I would love to change.”

Her desire to branch out on her own and affect the industry came to a head 3 years ago as Mages and Keat discussed their roles as working moms in demanding industries. “I told her I could not do it anymore. I was working 60-plus hours a week, I didn’t see the kids, I did not feel like I was making a difference, and there was so much that needed to change. I had to do something,” she says. “That was the turning point.”

When it came time to make the leap, Mages knew exactly who she wanted to jump alongside her. Her friendship with Keat was formed by chance on a plane ride and solidified on the steps of the Taj Mahal (true story). “Alyssa’s ideas shoot for the moon, and I am the one who designs the rocket and maps out how long it will take,” Keat says.

Since launching in October 2019, EVT has worked with hospitals and veterinary companies to fine-tune aspects of their workplace standards that will keep them at the forefront of the industry. “Veterinarians go to college and veterinary school, but unless they have chosen to take a business path during their undergrad, they are not trained in management and business,” Keat explains. “Then they go out in the world and often find themselves managing people or buying a practice without a safety net. That is what we are here to be: the safety net. We bring our experience in managing and leading teams to make things easier for practices.”

“Veterinary support teams are the backbone of a practice and our industry,” Mages adds. “Not to take anything away from the incredible doctors that are out
The cane corso that stole Alyssa’s heart

Their is a quintessential story of a pup who proudly chose her family. “She is a goofy, blubbery, slobbery mess and we love her,” Mages proclaims as she recounts the story of first meeting her cane corso, Kekona—which means “second” or “second chance” in Hawaiian.

“The practice I was at would work with a lot of different rescues in the area,” she explains. “The rescues would take in puppies from bad situations, like the puppy mills in Lancaster, [Pennsylvania], and bring them to us for initial care before trying to find them homes. It was the week before Christmas and a litter of cane corsos came in. The entire litter was born blind, either in 1 eye or both.”

Mages describes her initial impression of Kekona as “10 pounds of soft black and white fuzziness.” Kekona, who was the runt of the litter and blind in both eyes, was inconsolable the entire day. Although many people at the hospital tried, no one could get her to stop crying.

“I happened to be working at my desk that day and they asked me to hold her. She immediately curled into my arms and fell asleep,” Mages says. She knew right then she had found her newest family member.

“I am a cat person; I have always been a cat person,” she confesses. “I love dogs but grew up with cats, and I speak their language.” Still, Mages texted her husband asking if the family could foster the puppy. “I knew full well that if I brought her home the week before Christmas that she was never leaving. And here she is 3 years later.”

Kekona has since needed to have both eyes removed, but she knows commands, is comfortable around the house, and is wonderful with Mages’ 2 children. At 92 lbs, Kekona is still considered the runt of the litter—her siblings weigh upward of 140 lbs—but the Mages family is proud to call her theirs.

there, but the nurses, technicians, assistants, and client service representatives are running the day-to-day.” She and Keat work hand-in-hand with practices to provide the skills necessary to run more efficient, well-trained teams. “It gives them empowerment and grows the practice from the inside out, which creates an even bigger investment in what they do from day to day,” she says.

Included in their array of services are live and recorded webinars, leadership seminars, hands-on workshops (Mages crafts the manikins herself), training programs, and training materials designed for a hospital’s specific needs. Some clients choose to work with EVT for long-term projects, while others opt to take advantage of Mages’ extensive knowledge in one-day seminars. “We meet you where you are with what you need,” she says. “We can take practices from A to Z and everywhere in between.”

Whether meeting virtually or in person, for 1 day or 1 month, EVT
strives to make their clients as excited about the tools and education they provide as Mages and Keat are. Mages recently led a 2-hour CPR class at a rural hospital in Pennsylvania. “Their practice manager is top-notch and the team is so keen to learn new things,” she explains. “They were very invested and excited.”

In working with a practice in Vancouver, British Columbia, EVT has created training materials that will set the standard for the hospital’s staff moving forward. “We are working on leveling and skills so that when you come into the job you know what you need to do to get to the next level and it doesn’t change from person to person,” Keat says.

The pair is also working closely with Scopio Labs to generate custom training materials, content, and videos. “It has helped cutting-edge AI technology get into practices and make a difference,” Mages says.

In addition to working one-on-one with clients, EVT hosted its first virtual conference in February. The I4 Intervention, which stands for “inspire, impact, and instruct with incentive,” was held during lunch hours and at no cost to attendees. “The [conference] was really about starting the conversation around what we have been working on with our practices and bringing mental health into the forefront of our discussions,” Keat explains. The weeklong event focused on technical aspects such as mastering the process of tele-triage as well as learning how to overcome imposter syndrome and incorporate wellbeing practices into the average workday.

The company hopes to host 2 virtual conferences each year, with the next tentatively scheduled for August 2021. “It is really to make sure we are recognizing that support teams need support more than 1 week each year. That is what it stemmed from,” Mages says, “Vet tech week is great, but they need more.”

Keep in mind, all of this was accomplished at the height of a global pandemic. Again, these are 2 women you want in your corner.

Mages says she could have never imagined her career taking the trajectory it has. “I have wanted to swim with the whales since I was 4. But you know what, I did. I swam with pilot whales, dolphins, sharks, and sea turtles. It was incredible, but it segued into a different path.”

Both women are thrilled their paths have led them to EVT and that they can now share their passion with industry peers. “Having flexibility and control over our schedules and the vision of the company is huge. It has allowed us to grow beyond the situations we were in professionally before this. We are not held back by titles or roles and we roll up our sleeves and get it done,” Keat says.

And Mages no longer has the feeling that something is missing from her career. “I can actually see and feel that we are making a difference,” she says, “We are connecting with so many like-minded people. I do not know if that would have necessarily happened if we were not forced into the virtual space. I appreciate the growth and the ability to have aha moments—both my own and to give that to people. It’s just so powerful.”

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DVM0521VA
ways to be more efficient with Fear Free

Simple and effective Fear Free strategies to help your anxious patients feel more relaxed and save you time.

By Julie Liu, DVM

Many veterinary professionals agree that Fear Free is a great concept, but some argue that the protocols take too long to be practical. I admit, I had my reservations when I became Fear Free certified several years back, mainly because I was already comfortable identifying fear in dogs and cats. But it wasn’t until I became certified that I realized I had to rethink everything I knew about being a veterinarian, from exams to surgery to client education.

The more I incorporated Fear Free principles into my daily routine, the more instinctual the process became. Cats that were untouchable without injectable sedation could now be examined with feline-friendly handling and anxiolytics. Dogs that once thrashed during restraint were peacefully being vaccinated while licking a smear of squeeze cheese on the wall.

Fear Free emphasizes that a patient’s emotional health is just as important as their physical health. Whether you’re considering individual certification or seeking ways to save time, the following Fear Free techniques are a great place to start.

1. Be prepared

Have you ever started an exam on a patient only to find that the otoscope is across the room? Or maybe you forgot to pull up the vaccines. Not only does this waste time, but taking your hands off and putting them back on a patient can trigger a startle response. Save time and reduce stress by collecting samples in the exam room rather than bringing a patient to the treatment area. That way, they won’t be forced to adjust to new, high-traffic surroundings while waiting to be seen by a technician. Most exam rooms have a drawer that’s not being used, so fill them with syringes, needles, butterfly catheters, and sample tubes.

2. Stock up on treats

Who doesn’t love giving patients treats? Getting a fearful patient to take a treat from you during an exam can transform their emotional state. The more relaxed they are, the smoother
the visit will be. If you’re seeing a patient for an annual exam or a concern that’s not gastrointestinal, try serving them pea-sized, tasty treats during the exam. If you need your hands to be free during vaccinations or when handling sensitive areas, spread squeeze cheese or squeezable treats on a surface at the level of the patient’s face to encourage positive experiences.

**3 Anticipate and treat for pain**

Fear and pain are often intertwined. For example, if you try to take x-rays of a limping patient without analgesics or sedation, you risk increasing their fear level and needing 3 team members to assist with restraining them. And potentially further injuring the patient. I never used to use pain medication for severe otitis, but then it dawned on me that there was a reason dogs with a history of recurring ear infections were head shy or tried to bite during routine otoscopy. They were afraid of the pain.

Even rethinking your approach to needle pokes can reduce fear among patients and promote efficiency in the clinic. How many times have you had to administer several vaccines to a patient only to find that by the second vaccine, the pet is agitated and needs more restraint? Have you ever been unable to draw blood from a patient because they jerked every time you got the needle into the vein? Rethinking your needle size (my default is now 25 gauge for vaccines) and pretreating the area with an inexpensive lidocaine cream such as SuperNumb are both Fear Free approaches that can save time and reduce the patient’s stress levels.

**4 Provide stability**

The fear of falling is common among patients, yet we routinely put them on slippery scales or exam tables or grab them by their hocks and swing them through the air into dorsal recumbency for a cystoscopy. Instead, take 5 extra seconds to place a towel or a nonslip mat on the scale or exam table. Use the inclined plane approach for dorsal recumbency by angling the pet’s back against your kneeling body and let them slide down your chest and thighs into the trough. The more stable your patient feels, the easier they will be to handle.

**5 Consider wants versus needs**

When a technician comes in with a patient history on a clipboard with a page with multiple paragraphs on it, you know you’ll be tackling several health concerns. If you try to work up every problem, you’ll get behind, and the result is an overwhelmed pet. Fear Free asks you to consider a patient’s wants versus its needs. Ask yourself these 2 questions first: (1) What is medically essential for that patient to have done during their visit? (2) What can wait until a recheck 2 weeks later with anxiolytics on board? Prioritizing what’s most important will help you stay on time for your appointments while minimizing fear, anxiety, and stress.

**6 Use anxiolytics routinely**

The COVID-19 pandemic has brought extensive changes to the veterinary profession, including an unprecedented number of owners who now are receptive to previsit anxiolytics for their pets. Remember, don’t wait until a patient shows signs of aggression to have that conversation. Just because the patient didn’t try to bite or scratch this time doesn’t mean they won’t during their next visit (especially if we continue to ignore the signals they’re sending). If you advocate for a patient when they’re showing mild to moderate signs of stress, you’re creating an insurance policy to help future veterinary visits go much more smoothly.

Julie Liu, DVM, is a Fear Free relief veterinarian in Austin, Texas. She’s also a freelancer and a mentor.
Veterinary teams are a robust mix of individuals who share 2 common goals: to save and to heal their furry patients. But what happens when personalities and ideas clash? According to Emily Shiver, CVPM, CCFP, CVBL, things can get rather tempestuous.

“In every practice, we have many different people who make up our team, and each of those people has their own values, beliefs, attitudes, and behaviors,” she says. “Sometimes when you smush all of that together in an [animal] hospital, it can become quite turbulent.”

At a recent Fetch dvm360® virtual talk, Shiver, regional director of operations for Family Vet Group, identified common practice culture killers and offered guidance and solutions for nurturing a healthy and compassionate workspace.

It starts at the top

According to Shiver, if you’re experiencing an uptick in toxic behavior at your practice, the first place to look is management. “I always say it starts on top. So, every single thing we in management positions do can affect our team. Whether we like it or not, that’s the truth,” she says.

So, what causes an increase in negative behaviors? A few key contributors include a lack of structure (eg, no clear policies or procedures, scheduling issues), undefined expectations (eg, how your practice communicates with clients and each other, job deadlines), no core values, and a lack of investment in your team.

If your practice is suffering from any (or all) of the above, consider doing the following:

• **Create/share core values, a mission, and a vision.** These are the fundamental beliefs of your practice that outline what will and won’t be tolerated. Shiver strongly recommends involving the entire team in this process.

• **Set and follow through with clear expectations.** Everyone should know the consequences of toxic behaviors, and managers should immediately address those who practice them.

• **Show that you care.** Provide your team members with a platform to be heard, appreciated, and respected. If you take good care of your team, they will perform at their highest level, Shiver says.

Additionally, she recommends taking time daily to listen to each team member—either collectively or individually—to discuss what did and didn’t go well that day.
Combating burnout and compassion fatigue

One of the most challenging hurdles within the profession is identifying and preventing burnout and compassion fatigue. A shortage of veterinary staff has led to both, causing many skilled individuals to leave the industry. To help avoid this scenario, consider changing team members’ responsibilities. For example, if a technician is displaying increasing signs of chronic stress, switch their role to that of a receptionist or client service representative. “Even if the change is for half a day, it can change their mindset,” Shiver says.

When it comes to improving mental health among your team, proper scheduling goes a long way. Shiver recommends trying out 4/10 scheduling (a 4-day work-week with 10-hour days), which gives your team an extra day to unplug and reset. “Have regular check-ins and take the extra few minutes to see how you can help. Showing your appreciation and care can go a long way,” she says.

Deal with tough conversations

Practice managers tend to overlook toxic behavior, especially when it’s coming from a long-term team member. “When a technician of 15 years has their bad behavior overlooked, it brings me to the question: Who doesn’t like to have tough conversations?” Shiver says. As a manager, your job is to mediate complex situations and come up with solutions.

Here are some of Shiver’s strategies for approaching these challenging conversations at your clinic:

- **Teach your team how to have tough conversations.** When team members have disagreements, your job as the mediator is to create a space for them to talk it out with each other. Encourage both parties to provide constructive feedback.
- **Improve emotional intelligence.** In the beginning, there may be a lot of tears and team members feeling attacked, but this is normal when building emotional intelligence, Shiver says. “Let them know this isn’t personal,” she says, “and that a solution needs to be created.”
- **Break up cliques.** If you see team members competing or breaking off into smaller groups, it’s your job to be the driving force and break them up. Make sure you remain neutral. Don’t take sides.

The bottom line

By improving your practice culture, you’ll observe a positive change in the attitudes and behaviors of your team and also in your practice. “If your team comes to work every day and they are living in a positive practice culture and feel cared for and appreciated, they will take good care of your clients and stellar care of your patients. What that will do over time is create organic client growth,” Shiver says.

4 easy ways to promote team spirit

**Use peer reward platforms.** Platforms such as Bonusly, an engaging recognition and rewards software program, are great for enhancing team morale and increasing retention.

**Create fun challenges and rewards.** Shiver suggests involving your drug representatives with prevention challenges and rewards such as escape room excursions and team dinners.

**Give the gift of time.** Before the COVID-19 pandemic, many practices were overscheduled and/or understaffed and often discouraged staff from taking time off. Make sure your team members have time to unwind and spend with their families.

**Design personal blueprints.** These help foster career growth for each team member. Shiver recommends following this structure:

- Identify 3-month, 1-year, and 3-year goals.
- Create action plans that address both personal and career goals.
- Determine roadblocks.

“Get to know the goals of each team member. Not only does it make them feel good, but it helps [you] understand them better,” Shiver says, adding that giving team members the chance to map out what they are looking for will make the practice a more desirable and rewarding place to work.
Pediatric and geriatric anesthesia considerations

Understanding the pharmacodynamics of sedative, analgesic, and induction agents will improve safety and stability for all your anesthesia patients, regardless of age.

By Rebecca A. Packer, MS, DVM, DACVIM (Neurology/Neurosurgery)

Age is not a disease, but it can be a risk factor when it comes to administering anesthesia. At a recent Fetch dvm360® virtual conference, Katrina Lafferty, BFA, RLAT, CVT, VTS (Anesthesia/Analgesia), a senior technician in the anesthesia and surgery department at Wisconsin National Primate Research Center in Madison, talked about risk factors and considerations for anesthesia in neonatal, pediatric, and geriatric patients.

Age and organ development

A veterinary patient is considered neonatal from birth to weaning (about age 6 to 10 weeks) and pediatric from weaning to reproductive maturity (about age 5 to 6 months). It is important to remember that neonatal and pediatric patients are not just small dogs or cats. Rather, they should be thought of as still completing development of their organ systems. Lafferty noted that during the neonatal and pediatric phases of development there is a shift from placental/maternal control of circulation and organ function to the puppy’s or kitten’s own circulatory system and organs, and as a result these young patients have unique anesthesia considerations.

Although geriatric patients have fully developed organs, the organs begin to wear out as animals age. The age this occurs at varies by patient size, with small-breed dogs being considered geriatric at about age 9 years, midsize canine breeds at about age 9 to 10 years, and cats at about age 8 to 10. Although some pets may seem “young at heart,” these are the ages at which we should start to consider that either overt or occult organ system comorbidities may be present.

Physiologic considerations

Lafferty took the audience through the body system by system to discuss the various considerations when developing anesthesia protocols for these patients.

Cardiovascular function

It is important to realize that baroreceptors are not fully mature until about age 12 weeks. As a result, blood vessels in puppies and kittens are unable to vasoconstrict to maintain blood pressure, so the only driver of cardiac output is heart rate. Whereas adults can increase contractility by 300% to offset deficits, neonatal and pediatric patients can only achieve a 30% increase in contractility. Further, hypoxia drives bradycardia, which perpetuates this cycle of low blood pressure. In a practical sense, this means a greater risk for profound hypotension, bradycardia, fluid overload, congestive heart failure, and pulmonary edema. In addition to normal physiologic risk factors, an estimated 17% of puppies and 5% of kittens may have undiagnosed heart defects. For this reason, all murmurs should be evaluated before anesthesia is performed.

Geriatric patients may have similar physiologic limitations but for different reasons. Instead of a cardiovascular system that is not yet fully developed, the risk in geriatric patients is that this system will fail to compensate because it is worn out. These older patients are similarly unable to cope with hypotension because their baroreceptors may be unable to compensate to the extent necessary. They also have difficulty increasing cardiac output when necessary because of fibrosis and thickening of the heart or valves and altered cardiac conduction.

Physiologic and clinical anesthesia risks in geriatric patients are identical to those in puppies and include profound hypotension, bradycardia, fluid overload, congestive heart failure, and pulmonary edema. Geriatric patients are also at increased risk for cardiac defects, although these are degenerative rather
than developmental. Twenty-five percent to 33% of dogs over 9 years of age have evidence of heart disease (eg, valvular disease, dilated cardiomyopathy, arrhythmias). Cats may similarly have an increased risk for hypertrophic cardiomyopathy and arrhythmias with increasing age.

**Respiratory function**

Young animals also have immature respiratory systems, in that their ribcage is very flexible and compliant, and their intercostal muscles are weak and underdeveloped and can fatigue easily when taxed. They have an increased oxygen demand, and their chemoreceptors are less sensitive to changes in oxygen and carbon dioxide. Overall, young animals are less able to compensate when physiologic parameters require it. As a result, neonatal and pediatric patients are at greater risk for overinflation, atelectasis, respiratory fatigue, and hypoxemia. Clinically, this means we should always preoxygenate these young patients.

Geriatric patients also have similar concerns, but from weaken ed (atrophied) intercostal muscles, lower elasticity of lung tissue, pulmonary fibrosis, decreased elastic recoil of the lungs, decreased chest wall compliance, and decreased laryngeal and pharyngeal function. Although the reasons are slightly different, the anesthetic risks in geriatric patients are similar to those in neonates. Geriatric patients are at increased risk for atelectasis, impaired pulmonary diffusion, respiratory infections, and prolonged extubation and recovery. Just as with neonatal and pediatric patients, it is important to always preoxygenate geriatric patients.

**Hepatic function**

Continuing the discussion of organ system development, Lafferty said that the immature hepatic system of neonatal and pediatric patients results in low glycogen stores, decreased gluconeogenic ability, and an immature cytochrome P450 system that limits drug metabolism as well as the ongoing metabolism of endogenous products. Clinically, with regard to anesthesia considerations, patients may have normal glycemic regulation when awake but are still at risk for hypoglycemia 1 to 2 hours into anesthesia. Further, extended drug elimination times and prolonged recovery should be expected due to the immature capacity for metabolizing anesthetic and sedative agents.

Geriatric patients also have a reduced capacity to metabolize drugs because of decreased microsomal enzyme activity, decreased liver mass, and decreased hepatic blood flow. Similar to pediatric patients, risks include hypoglycemia and prolonged recovery times; additional hepatic function risks in geriatric patients include hypo-proteinemia, coagulopathies, and hypothermia.

**Renal function**

The renal system is fully functional at approximately 3 weeks of age, so these very young patients may be at risk for prolonged recoveries or fluid overload due to decreased glomerular filtration and clearance rates, decreased reabsorption of amino acids and phosphate, and low concentrating ability. Geriatric patients are also at risk for renal insufficiency or renal disease. Clinically, geriatric patients may be less able to regulate blood pressure and more likely to have acid-base imbalances, azotemia, dehydration, and hypoproteinemia. Lafferty noted that even in normal patients, general anesthesia causes up to a 40% reduction in renal blood flow and glomerular filtration. So caution is required in patients with the potential for renal impairment.

**Clinical implications**

As a result of these immature or failing organ systems, including central nervous system, gastrointestinal, or endocrine system abnormalities, we must consider accommodating the pertinent risks when performing premedication, anesthesia induction, anesthesia maintenance, sedation, analgesia, fluid therapy, and peri-anesthetic monitoring and patient support (ie, temperature maintenance, intubation and extubation, and recovery). A key factor in evaluating risks in any patient is a complete and thorough physical examination. Lafferty mentioned a study in which a thorough physical examination in a population of geriatric dogs identified at least 1 previously unrecognized problem in 80% of cases.

Rebecca A. Packer, DVM, MS, DACVIM (Neurology/Neurosurgery), is an associate professor at Colorado State University College of Veterinary Medicine and Biomedical Sciences in Fort Collins. She is active in clinical and didactic training of veterinary students and residents and has developed a comparative neuro-oncology research program at Colorado State University.

**REFERENCE**

Among the various bodily fluids, the pale yellow by-product of the urinary system is underrated. However, it has proved to be of considerable importance throughout history. In ancient times, urine was used as a fertilizer, applied in tanneries, and added to smelling salts, medicines, and mouthwash. In fact, physicians once called it the “divine fluid,” owing to its numerous applications, not the least of which was evaluating the health status of individuals. Urinalysis can provide valuable insights into the pathology of various conditions.

Urine sampling: Why and how?

Urine can reveal the health status of the urinary system, particularly the kidneys. Strict hygienic measures should be maintained when collecting urine samples, and a fresh sample is always preferred. Urine samples can be collected by 3 methods:

- Cystocentesis (preferred and most accurate method)
- Catheterization
- Midstream free flow

Urine samples should be evaluated within 30 minutes. If this is not possible, they may be stored at 4 °C (39 °F) for up to 24 hours. Refrigeration does not significantly alter the pH or specific gravity of urine but may result in the precipitation of crystals.

Physical characteristics of urine

Color and transparency

The color of normal urine can range from pale yellow to amber, depending on the amount of urochrome present in the sample. Brown-colored urine may suggest hemoglobinuria, and urine that is faint pink in color may indicate congenital porphyria or urolithiasis.

The transparency of urine in dogs and cats is affected by the presence of epithelial cells, crystals of calcium carbonate, and amorphous urates. However, in horses, cloudy urine may be normal owing to the presence of mucous membrane and epithelial cells. It would be useful to regularly observe or determine the normal color and transparency of a particular patient’s urine to detect any subsequent changes.

Odor and foam

Urine that has a sweet smell may indicate diabetes. In patients with ketonuria, the urine commonly smells of acetone.

Specific gravity

The solute concentration in urine is determined by its specific gravity. A higher specific gravity indicates more concentrated urine. A lower specific gravity indicates more dilute urine, which may be associated with renal diseases.

Chemical characteristics of urine

pH

Estimation of the pH is useful in determining the efficiency of the kidneys to concentrate hydrogen ions and thus maintain the acid-base balance of the body.

Bilirubin

Bilirubin is a by-product of the normal degradation of red blood cells (RBCs). An increase of bilirubin in the urine can indicate liver disease or the abnormal destruction of RBCs. Bilirubinuria (the presence of bilirubin in urine) is sometimes observed in dogs and can be due to a low renal
threshold. In addition, canine renal tubular cells are able to catabolize hemoglobin to unconjugated bilirubin and then secrete it into urine.7

**Proteins**

Proteins in urine can be detected by the dipstick method, which primarily assesses albumin content based on a color change, using indicator dyes such as bromophenol blue. However, bromophenol blue poorly detects globulins such as the Bence Jones protein. The sulfosalicylic acid test is very efficient in detecting albumin and globulins such as the Bence Jones protein, even at low concentrations. However, the most accurate method of diagnosing proteinuria is by determining the protein-creatinine ratio.8

**Ketones**

Ketone bodies, specifically acetone, acetoacetate, and β-hydroxybutyrate, are by-products of fatty acid metabolism. Study results have shown that the dipstick test can efficiently detect acetoacetate to a great extent and acetone to a lesser extent, but is unable to detect β-hydroxybutyrate.9

**Microscopic examination**

The presence of urinary sediments, casts, epithelial cells, hormones, and pus can be associated with clinical or subclinical renal disease, urinary tract infections, neoplasm, or pregnancy. Urine crystals, cells, and erythrocytes may disappear or disintegrate if the urine sample is kept for an extended period.

**Cancer detection**

The diagnosis of neoplastic conditions can be aided by urinalysis. Various cancers of the urogenital system, including the urinary bladder, prostate, and cervix, can be detected in the urine. Even the early stages of pancreatic cancer can be confirmed through urinalysis.

**Conclusion**

The ancient technique of uroscopy was common practice almost until the 19th century. In more modern times, it has been replaced by more accurate and less time-consuming methods. Although advancements have been made, the pace at which technology in this sphere develops may still be lagging. Advanced techniques, such as the polymerase chain reaction, are now being used to detect a wide variety of bacteria in the urine and can thereby facilitate faster diagnosis of urinary tract infections. For example, tuberculosis can be diagnosed using urine samples.

Urinalysis is safe and simple, and as the only requirement from the patient is a urine sample, discomfort or pain is minimized. Greater emphasis should be placed on producing miniaturized point-of-care urinalysis instruments. These instruments should be designed for convenient use by clinicians, field practitioners, and clients and owners. Clients could perform the test and seek appropriate advice from their veterinarian.

The processes of urinalysis have evolved considerably. Further improvements are anticipated in the near future, with progressive scientific and technological advancements.

Jove Jacob is a dvm360 Veterinary Student Ambassador and attends Rajasthan University of Veterinary and Animal Sciences in India.

**REFERENCES**

Why and how to educate your clients about One Health

How to implement this global initiative at your veterinary practice, and strategies to get you started.

By Deborah Thomson, DVM

When you applied to veterinary school, do you remember explaining why you wanted to become a veterinarian? During that time in my life, I viewed veterinarians as people who directly cared for their animal patients, and who indirectly helped those who rely on animals for milk, food, and/or companionship. Long before I had heard of the One Health concept (the interconnection between animal and human health and that of plants and our shared environment), I was already demonstrating the mindset. I answered that school application question many years ago, and today, as a predominantly small animal clinician, I’m always considering One Health approaches to veterinary care.

Why One Health matters

Were you trained to learn about a patient’s environment when collecting their history for the subjective, objective, assessment, plan (SOAP)? For example, is the cat an indoors-only animal? Is she the only pet in the house? Which flea and/or tick preventive does she receive, and when was her last dose? And when you find out that a client is pregnant or there is a young child in the home, do you think twice about prescribing a topical instead of an oral medication?

As veterinarians, we have a lot of influence on the general public because people tend to trust us. We become part of families, receive thank you cards after euthanizing a geriatric pet, and can protect people from various zoonotic diseases through our one-on-one talks after making a diagnosis.

Not convinced yet? Then consider the following One Health–related questions:

- How many times have you discussed the risk of toxoplasmosis in cats with expectant mothers?
- Have you helped to ensure that a giardia-positive puppy does not inadvertently share this parasite with other animals and people?
- Do you think about how you can keep families safe when their dog has leptospirosis?
- What do you say to elderly owners of a dog that you suspect has methicillin-resistant Staphylococcus aureus infection?

The time is now

Start educating your clients about One Health by simply discussing the pet’s condition, the consequences of the illness, and the possible impact the disease can have on them and their family’s health. The answer to why we should educate our clients about One Health is simple: We chose to join this great and influential profession to improve the health and well-being of others. By maintaining a One Health mindset, we can accomplish that mission and much more.

Deborah Thomson, DVM, is the founder and president of One Health Lessons. She is also a 2019-2020 American Veterinary Medical Association Congressional Fellow and a practicing clinician in Virginia.
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A veterinarian recently discussed her challenges with curbside care with me. She explained that her team had finally adjusted to a new routine when one of her favorite patients was suddenly hit by a car and rushed into the clinic. Not only was she devastated, but her schedule was backed up for the rest of the day. There was so much she wanted to say to her clients that day but there was simply not enough time.

Pandemic woes

Perhaps the above story sounds familiar. In addition to curbside care challenges, many veterinary practices are experiencing a staff shortage during the COVID-19 pandemic. Some staff have caught the novel coronavirus and have had to quarantine for 2 weeks. Sadly, some veterinary professionals or their loved ones have succumbed to the disease.

Amid all the chaos, pet ownership has skyrocketed. Although we are thrilled that telework is inspiring more pet adoptions, clinics are overflowing with clients who have tons of questions we don’t always have the leisure of answering. Maybe you feel like the time-cruncher veterinarian I was speaking with recently. If you’re feeling pressed, these strategies may help you maximize your day so you can provide the best quality of care to patients and the best service to their owners.

The gift of technology

Telehealth is a simple way to add more time back into your day. For example, daytime triage shortens hold times. If you offer triage after your clinic closes, you can support your clients without personally answering calls.

Telehealth video allows you to see the pet in its home environment, which is especially helpful when there’s a mobility issue. (Cats love not having to get into the carrier to go to their vet!) Virtual visits also free up exam room space, save the client travel time, and usually shorten the time it takes to make a diagnosis. Another lifesaver is software that enables virtual appointments and electronic medical records to be made.

But even with all the above, some clinics think they don’t have time to explore telehealth options because of the conversion process involved.

Fully utilize technicians

Employing technicians and assistants correctly can significantly help veterinarians in a time crunch. Much up-front information gathering can be done separately from the visit, whether by connecting face-to-face virtually, via telehealth, or by telephone.

According to Bob Lester, DVM, veterinarians see around 15 patients a day on average, compared with 22 by optometrists, 24 by general practitioners (GPs), and 30 by dentists. Why the variation? Optometrists, GPs, and dentists employ a team health care delivery model. Lester explains that back-of-the-envelope math shows that a clinic would see a 13% increase in patients if technicians took care of 2 daily. This would allow doctors to take on 2 additional patients.

Chunk, chew, and check

When time is of the essence, information needs to be provided in briefer segments. It may be tempting to say a lot at once or within a shorter time period, but pet owners absorb information better in small doses. Think of enjoying a small chunk of food and taking the time to chew through it. Likewise, your client needs time to “chew” over the information you share. Before you deliver another chunk, ensure they understood what you said.
Given the time crunch, it may mean providing the next chunk by email, phone, or a follow-up visit.

**Relationship building**

Have you ever dealt with a salesperson who rattled off a product’s benefits and rushed quickly to the sale? Your client is not purchasing a refrigerator, but rather entering into a long-term relationship with your clinic. That makes the check-in part an essential ingredient in your client discussions. Your responses will determine whether a relationship is ongoing or off-putting.

Even in good long-term relationships, there will be times when your client is not adhering to your recommendations. Was it because you provided too much information at once? Did they not understand? It’s your job to find out and make the necessary adjustments.

**Words matter**

Let’s face it. Some client conversations are uncomfortable. That’s why choosing your words carefully is key. Avoid using offensive terminology. For example, pet obesity can lead to a wide range of medical conditions if not addressed properly. The problem? Many clients get confused or frustrated by the word obese. I recommend using vocabulary such as a healthy weight, as it takes the focus off the pet’s girth. Discussing body condition scores can also help guide your client to a data-based assessment. In some cases you might use your hands to illustrate an ideal weight.

Additionally, try to avoid using “you statements,” as they can cause some clients to become defensive. Some examples include, “You’re being unreasonable,” and “You should call first,” and “You ought to switch to a prescription diet.”

Using alternative “I statements” is a great way to express your concerns while connecting emotionally with your client. For example, after sensing resistance, you might consider saying, “I want to work with you to find the right remedy.”

There is so much to say and so little time to say it. For more efficient and productive appointments, make full use of technology, technicians, and assistants, and choose your words carefully. This will not only save time, but build strong and long-lasting veterinarian-patient-client relationships.

Carolyn C. Shadle, PhD, is the founder of Interpersonal Communication Services, Inc. Passionate about communicating with clients and teammates, she writes extensively and presents at conferences and hospitals frequently about various aspects of practice management. These include communicating in the virtual world, inclusive communication, gaining confidence when engaging with clients, and managing difficult conversations. She can be contacted at www.veterinariancommunication.com.

**REFERENCE**

So many people are wasting time debating the veterinary technician versus veterinary nurse terminology. My thoughts? I honestly don’t give a hoot—I feel like it makes no difference to the public or nurses. What is worth fighting for is improving veterinary medicine education and shaping it to empower technicians.

I’m most passionate about discussing the numerous opportunities for technicians outside the clinic. It’s often drilled into our heads that we can’t do anything without a veterinarian (eg, perform surgery, make diagnoses, and prescribe medications), but that can be misleading. I challenge all veterinarians and licensing boards to think outside the box because this new movement of solo RVTs, The Veterinary Technician Society Movement, is spreading like wildfire across the country.

My goal is to educate you on all the ways technicians can work outside the clinic.

Forging a new path
As technicians, we play an integral role in assisting veterinarians in clinical settings. However, we should always encourage and uplift those technicians who wish to pursue a career outside the practice. For example, I aid dozens of clients daily, on a call or via Zoom. I educate them on how to supplement their income (or replace it, if they so choose) and create a more flexible work schedule.

Many of my clients have received a lot of pushback from veterinarians and their licensing boards. Some states go to the extreme, stating that an RVT outside a clinic cannot be considered a registered technician. I would ask those who believe this to look at my business and explore what I do and how I am changing veterinary medicine.

How to get started
I recently received a call from a frantic new client whose cat had developed Horner syndrome due to a ruptured eardrum from medication. Although her veterinarian had created a treatment plan, the owner was too nervous to medicate her cat. She was planning on leaving for a 7-day trip and asked the veterinarian whether she could board and medicate her cat. But as there was no staff onsite on Sunday, she was told no.

On the bright side, one of her friends referred her to me. Soon after I received her call, I set up a consultation to discuss her cat’s needs and the veterinarian’s plan. She was very nervous initially, but I put her mind at ease by informing her about the treatment options for Horner syndrome. I updated the family regularly while they were away, as well as the veterinary practitioner. The cat recovered beautifully because she had access to a technician who was able to administer her medication properly.

I know things can’t drastically change in a day or even a year, but as a solo RVT and coach, I am an advocate for us and for change. New rules, new freedoms. Let’s do this!

Serena Pudelski, RVT, is a self-employed veterinary technician and owner of The Traveling Tech and Pet Consultant.
We know you take pride in providing the highest quality of care to your furry patients. As the eyes and the ears of every practice, you help to ensure the hospital’s success. Looking to expand your career outside of the clinic? Head to dvm360.com/view/amplifying-the-voice-of-veterinary-technicians-everywhere or hover your phone’s camera over the QR code to check out the many opportunities available to RVTs.

Vet techs are cool. They always save the day. Even when they get bitten... and thrown up on, they still give love away.

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