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Pets, Social Media and Your Practice
Pets have gone viral on social media, so much so that social networks should be called social “petworks.” Learn why your practice should get on board.

The Best and Worst States for Retirement Living
Where you live can play a huge role in your retirement plan and can help you keep your current lifestyle. Find out where your state ranks.

Don’t Make These Meeting Mistakes
Meetings are necessary for productivity in veterinary practices, but it can be easy for them to get off track. We highlight five common mistakes to avoid.
Understanding Veterinary Suicide

When it comes to psychiatric disorders, depression and suicidal thoughts, veterinarians are, most unfortunately, leading the way.

Don’t suffer in silence, be aware of the symptoms and seek out professional help when needed.

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A Profession in Crisis

The numbers are staggering. According to the American Foundation for Suicide Prevention, 121 people commit suicide every day in the United States. The Centers for Disease Control and Prevention notes that suicide claimed the lives of more than 44,000 Americans in 2015—more than twice the national homicide rate. Suicide was the second leading cause of death among 14- to 34-year-olds, the fourth leading cause among 35- to 44-year-olds, and the fifth leading cause among 45- to 54-year-olds.

Suicide affects all walks of life. It happens every day in every corner of the country. The causes are myriad, and the results are devastating. Family and friends facing this unimaginable loss are left feeling overwhelming sadness, anger, rejection, confusion and guilt.

Although the exact reasons remain unclear, the veterinary profession has seen an increasing number of suicides in recent years. Among the cited reasons is occupational stress, which often leads to prolonged psychological and moral distress. Veterinarians, who operate in a profession that accepts euthanasia as a way to end suffering, have easy access to lethal drugs. In addition, cultural issues within the profession—including perfectionism, the fear of being judged as inadequate, and the stigma of perceived failure—make it difficult for many veterinarians to admit there is a problem, to seek help, and to talk about the issue.

But that is changing. The conversation has begun, and we’re joining in this month with two important articles on the subject. In our cover feature, Dr. Tad Coles, who himself overcame significant mental health issues, outlines the differences between burnout and compassion fatigue in the veterinary profession and offers a number of assessment tools veterinary professionals can use to evaluate their own mental health. Second, Greg Kelly offers eye-opening statistics that reveal the scope of veterinary suicide and the multifactorial reasons behind it, as well as guidance for self-care.

To move forward as a profession, veterinarians must stop suffering in silence and realize that sometimes you just can’t do it alone. We hope that the information we provide this month spurs the conversation onward. Help is available. Be there for each other. If a coworker seems to be suffering, reach out. The more we talk, and the more we look out for one another, the quicker the profession can return to a place of passion.

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Twice a year, VetPartners meets to discuss current topics affecting the veterinary industry, veterinary schools and veterinary practices. In July 2017, the Mid-Year Meeting convened in Indianapolis, and the agenda included two sessions on one very timely topic: diversity.

**INCLUSION OF THE LGBTQ COMMUNITY**

Mike Chaddock, DVM, EML, associate dean of administration at Michigan State University College of Veterinary Medicine and vice president of the Lesbian and Gay Veterinary Medical Association, presented an overview of the current status of the LGBTQ community within the veterinary industry. Patterson Veterinary sponsored the presentation, which was moderated by training specialist Shelley Johnson, BS, CVPM.

During the session, Dr. Chaddock provided data indicating that the veterinary industry can do much better with regard to its attitudes and actions toward LGBTQ veterinary professionals and clients, and he offered suggestions for achieving that goal. Inclusiveness, he said, is beneficial not only to veterinary practice employees but also to a practice’s bottom line.

**Veterinary Professionals**

According to survey research, Dr. Chaddock said, only 48 percent of individuals who self-classify as LGBTQ disclose that information to their employers. Closeted employees also report significantly greater dissatisfaction with their rate of career advancement, are less likely to trust their employer and are much more likely to leave their company within three years. This low rate of openness may be due in part to the fact that 29 states do not protect employees from being fired as a result of sexual orientation.

Data show that discrimination against LGBTQ employees has negative consequences for those workers’ mental and physical health. Discrimination of one type also implicitly legitimizes other forms of prejudice and discrimination. It follows logically that employees who are comfortable revealing their LGBTQ status will be healthier, happier and perform better at work.

What can practices do to demonstrate their acceptance of all types of employees to current and future veterinary team members? It starts at the top, with the owner showing a commitment to running an LGBTQ-supportive hospital. Recruitment efforts can go beyond merely describing the practice as “an equal opportunity employer” and explicitly state that it has a nondiscrimination policy with regard to sexual orientation and gender identity.

Practices may also consider offering diversity training, using a wide range of suppliers that include companies owned or controlled by minorities of all kinds and marketing to and participating in LGBTQ community events and organizations. Dr. Chaddock noted that while practices that do not have any LGBTQ employees may believe they would not be welcome at LGBTQ events, the opposite is true. “There are fewer of us,” he said, “so we welcome all the community support we can get.”

**Pet Owners**

Veterinary hospitals may be missing key opportunities to win new clients, Dr. Chaddock noted. An estimated 78.5 percent of individuals who self-classify as LGBTQ own a pet, he said, and 75 percent report loyalty to service providers who are friendly to LGBTQ individuals. “We ask our friends about businesses in the community that are inclusive,” Dr. Chaddock said. “If they’re not, then my community is generally not going to frequent those businesses often.”

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The next VetPartners meeting is scheduled for January 31, 2018, just prior to the VMX Conference in Orlando. Visit VetPartners.org for information.
Veterinary practices can demonstrate friendliness toward the LGBTQ community by placing a rainbow sticker in a window or reception area. “That sends a strong message to the LGBTQ community,” he said, “and those who are not LGBT individuals are not going to be offended by it.” A selection of lifestyle magazines in the lobby area also makes a statement about inclusiveness.

Dr. Chaddock noted that open-ended client documentation will be perceived as more welcoming, such as replacing the word “spouse” with “partner” on intake forms. He also asked that practices with websites consider adding a statement about their inclusivity, because the lack of one sends a negative image. “Silence is communication,” he said.

**IMPROVING ETHNIC DIVERSITY AND ACCESSIBILITY**

The veterinary profession is the least diverse of all health care professions, according to James (Jim) Lloyd, DVM, PhD, dean of the University of Florida College of Veterinary Medicine, and data show that this lack of diversity may be affecting the care of animals in the United States, as well as the makeup of the profession.

**Serving the Underserved**

In his talk about market segmentation, Dr. Lloyd reported on a study that looked at pet spending over 25 years from 1980 to 2005. Study data showed that 50 percent of animals in U.S. pet-owning households received veterinary care in 1980, compared with only 30 percent in 2005. Notably, he said, “those households that continued to spend money on their pets were spending substantially more than in previous years.”

Not surprisingly, study results also showed that pet owners who were more likely to incur veterinary expenses were older, owned their own home, earned more money and had a higher education level. What was less expected, Dr. Lloyd noted, was that “after correcting for various demographic factors, the study showed that people of color were 8 percent to 12 percent less likely to seek veterinary services for their pet than white pet owners.”

As the divide between financial classes has become more dramatic, he noted, veterinary services have continued to be available to middle- and upper-class pet owners but have become less available to the lower classes and those near or below the poverty line.

One opportunity to address underserved animals would be to create a business model that can service lower-income households. Often, veterinarians worry about nearby nonprofit veterinary clinics, but data have not substantiated this concern. Low- or no-cost services enable clients to have their pets cared for, often for the first time. These clients would not seek these services normally, so this population is naïve to veterinary care.

Services provided may include basic vaccinations, neutering and pain control. Reducing disease, unwanted litters and pain benefits all animals in an area, whether the treatment occurs in a traditional or nonprofit clinic. All people and pets deserve care and love, regardless of income or social status. Providing low-cost services can be profitable and satisfying.

**Diversity Among Veterinary Professionals**

Additional data from 2005 indicated that 35 percent of the population at that time was nonwhite, whereas only 15.8 percent of veterinary students were nonwhite. The veterinary industry, Dr. Lloyd said, needs to do a better job of recruiting students of color. An estimated 70 percent of veterinary students report that they chose their career by age 15. This indicates that the profession needs to reach out to children well before that age to create enthusiasm about becoming a veterinarian.

After graduating, many new veterinarians return home or move to an area close to where they grew up. One theorized method of getting veterinarians into underserved communities is to recruit in those communities. Outreach and education may be performed on a personal or community level, and exposure to veterinary services may generate interest among children who had previous experience with veterinarians.

The University of Florida College of Veterinary Medicine is taking a unique approach to this issue. According to Dr. Lloyd, Florida suffers from a shortage of veterinarians in particular communities, such as within the southern urban centers. The college plans to open an extension of its teaching facility in the Miami-Dade area to provide services to the community and to offer outreach and support. South Florida has a large Hispanic population, yet few Hispanic individuals apply to veterinary school.

Current data show that the incoming class of veterinary students at the university is 79 percent white (21 percent minority) and 80 percent female (20 percent male). While these shifts are an improvement over the 2005 data, they still do not match the makeup of either Florida or the United States as a whole. Dr. Lloyd noted that the veterinary industry – and the animals we care for – may be better served by a diverse population of veterinarians who more closely mirror the diversity of the country.

References available at VMDtoday.com.
Engaging Clients Through Technology

SOMETIMES THE SIMPLEST APHORISM is the truest. "Client communication is key," says Amanda Landis-Hanna, DVM, manager of veterinary outreach for PetSmart Charities. "That’s not really breaking news, but I’ve heard a lot of specialists talk about engaging with their clients through technology. They’re using white boards and drawing or sketching out the condition or the concerns, or making a list of various treatment options," she says. "I’ve also heard quite a few practitioners mention things like FaceTime to be able to speak with both pet parents at the same time."

Some specialists have clients videotape them in short clips on the client’s cellphone to make sure the information gets relayed appropriately. “Additionally,” Dr. Landis-Hanna notes, “specialists have been texting or emailing their clients with additional follow-up information to ensure all the details get passed along to Mom and Dad when they get home.”

Practice Owners: Look Beyond Profitability

MIKE DICKS, PHD, director of veterinary economics for the American Veterinary Medical Association, says most veterinary practices focus only on profitability when they really need to consider both profitability and the asset turnover index.

“We typically see a lot of focus on the income statement, the profit and loss statement, but very little focus on the balance sheet,” he says. “The asset turnover index is how many sales the practice can generate per dollar of fixed assets it has.” He says the combination of profitability and the asset turnover index is what creates return on investment.

“Because veterinarians have most of their assets in the practice, in the land and buildings, they don’t think it’s necessary to do that,” he says. “But every veterinarian and every business owner has the potential to generate income for themselves and to generate net worth or wealth. So, it’s really important to understand both of those. You don’t want to just generate cash income and not have something to sell at the end.”

Telephone Interview Tips

THE TELEPHONE INTERVIEW is the important first step toward having a face-to-face meeting with your employer, says Gary Vroegindewey, DVM, MSS, DACVPM, director of One Health at Lincoln Memorial University. To be successful, he says, make sure to do a few things before and during the interview.

“First, dress the part. Even though you’re on the phone, dress as though you’re going for a live interview. It puts you in a professional state. You want to make sure you get rid of distractions — doorbells, kids, pets barking. I’d absolutely have your resume there so you can refer to anything the interviewer might ask about. Take notes. It’s also very important to ask who all is on the call, so you know not only who is there, but what role they play in the hiring process.”
Meditation: A Bicep Curl for the Brain

MEDITATION AND MINDFULNESS ARE KEY practices for veterinary care providers to adopt in their daily lives, says Marie Holowaychuk, DVM, DACVECC, critical care specialist and veterinary wellness advocate for Critical Care Vet Consulting in Calgary, Alberta, Canada.

“When I think of mindfulness,” she says, “I think of being in the present moment, doing things with intention, on purpose, and really observing with nonjudgmental, open-minded curiosity. That present-minded focus allows us to stop multitasking, which is what we do most of our days, and start monotasking.”

Dr. Holowaychuk sees meditation as a formal practice for mindfulness and how we cultivate mindfulness. “If we find ourselves getting carried away by our thoughts, we bring ourselves back to our breath, back to the present moment. That focus of attention on our breath and on the present moment during the meditation practice is like a bicep curl for the brain every time we do it.”

Get Real With Your Smartphone

AMERICANS ARE STUCK on their smartphones. “Two-thirds of Americans today own smartphones, and 46 percent say they can’t live without theirs,” says Camala Bailey, CPA, CVA, a financial and practice adviser for veterinary professionals. “Thirty-six percent would choose it over TV, and 87 percent of millennials say it never leaves their side.”

So, how can you manage your smartphone? Bailey says to get real: “Turn it off when you’re talking to people. Don’t be talking while you’re looking at your phone. Ban your phone in the car. If you’re with somebody, have a conversation. If you like to listen to the radio, listen to the radio instead of worrying about the dings on your phone.”

Bailey suggests taking the first 30 minutes of your day to meditate, have some coffee, read the newspaper, relax. “What a great way to start the day, instead of seeing if you have a client email.” And, last but not least, she says, turn your phone off before you get into bed.

The Healthy Mind Platter

OVERWHELMED BY DAILY TASKS? There’s a simple visual model to keep on track. “The healthy mind platter is a very useful model for what all veterinarians and animal-related professionals need every day to stay healthy,” says Elizabeth B. Strand, PhD, LCSW, founding director of veterinary social work at the University of Tennessee College of Veterinary Medicine.

What’s on the healthy mind platter? Dr. Strand says exercise is probably the most important item. Also: “sleep, down time (doing nothing – which most veterinarians don’t allow themselves), focus time (using your medical knowledge to solve problems), social time (connecting with others), time in (meditation, journaling, prayer), play time (hobbies) and good food.”

“Every day — every day — a veterinarian has to have all those things to maintain wellness,” she says. “Those are my marching orders.”

How Practice Ownership Can Help You in Retirement

KARL SALZSIEDER, DVM, JD, CVA, owner of Salzsieder & Associates, TPSG, LLC/DBA Total Practice Solutions Group—Northwest, says veterinary practice ownership can be a solid part of a retirement plan. “If you’re semi-retiring and continuing to own your practice, you can slow down your work schedule and get money from your practice as an indefinite return on investment,” he says, “as long as you have the cooperation of your employees, co-partners or shareholders.” For those who plan to retire fully, “then the practice sale is the way you can get money to put into an investment account to help give you longevity of retirement,” Dr. Salzsieder says.
Compassion Fatigue and Burnout: History, Definitions and Assessment

Don’t suffer in silence, be aware of the symptoms and seek professional help when needed.

By Tad B. Coles, DVM, MRSS-P, CCFP

Burnout and compassion fatigue continue to be hot topics in veterinary medicine, but many people don’t really understand the difference between them. One thing is for sure: If you’re suffering from either, the best thing to do is reach out and get help.

Denial is a strong force at play in veterinary professionals who may be suffering from burnout or compassion fatigue. The first step, however, is in admitting that there is a problem. The information presented in this article is meant to arm veterinary professionals with valuable tools to navigate these potentially devastating challenges and return to practice feeling refreshed and remembering why you entered the field in the first place.

BURNOUT
The first time the term “burnout” was used in a psychological sense was in 1974 by German-born American psychologist Herbert J. Freudenberger, who used the term to describe symptoms he himself had experienced: “exhaustion, disillusionment and withdrawal resulting from intense devotion to a cause that failed to produce the expected result.” Although Freudenberger was in a thriving New York practice, he suffered from perfectionism and had a self-imposed, missionary zeal to help addicts. He worked from 8 a.m. to 7 p.m. in
a ritzy area on the Upper East Side and then went to a free clinic in the Bowery and worked until 2 a.m.³

Soon after the publication of “Burnout: The High Cost of High Achievement,” Freudenberg-er’s seminal text on the topic,⁴ the Maslach Burnout Inventory (MBI) was constructed to measure the syndrome.⁵ Eventually, the MBI (which is available for purchase at mind garden.com) was designed to assess three components of burnout: emotional exhaustion, depersonalization and reduced personal accomplishment.⁶ Maslach found that burnout was the result of mismatches in at least one of six areas⁷ (Figure 1).

There is considerable interaction among these six areas, often with values playing a central, mediating role that varies with the individual and his or her particular circumstance. For example, people may be more willing to accept workload mismatch if they are compensated well financially and socially.

Burnout is often associated with depression and decreased job satisfaction. People who are more prone to depression are also more prone to burnout, but empirical studies have demonstrated a clear distinction between depression and burnout in that the latter is always job related.⁷ Although job dissatisfaction and burnout are correlated and linked, they are not identical. Certainly, job dissatisfaction can lead to burnout and vice versa, but both may be affected by other factors, such as heavy workload, improper tools, ineffective training and poor working conditions.

Burnout studies focus on relationships usually between the health care provider and client but also between the provider and coworkers, friends and family.⁷ While detachment by clinical distance has often been advised as a method of protection, excessive detachment results in cynicism, callousness and even dehumanizing interaction with clients.⁷ Initial studies of burnout involved only health care professionals; then, in the 1990s, the concept of burnout was used in the educational field and a variety of other professions, some of which are not people oriented.⁷ Thus, one difference between burnout and compassion fatigue is that burnout can occur without empathy and compassion, but compassion fatigue cannot. Freudenberg and fellow psychologist Gail North developed a description of the 12 phases of burnout⁸ (Figure 2).

**COMPASSION FATIGUE**

Compare the 12 phases of burnout with the following five phases of compassion fatigue,⁹ and you may notice symptomatic overlap:

1. **Zealot:** The caregiver is motivated by idealism and ready to serve and problem solve, wants to contribute and to make a difference, volunteers to help and is full of energy and enthusiasm.

2. **Irritability:** The caregiver begins to cut corners, avoid client contact, mock peers and clients, denigrate his or her own efforts at wellness, lose concentration and focus and distance oneself from others.

3. **Withdrawal:** The caregiver loses patience with clients, becomes defensive, neglects self and others, is chronically fatigued, loses hope, views self as a victim and isolates self.

4. **Zombie:** The caregiver views others as incompetent or ignorant; loses patience, sense of humor, and zest for life; dislikes others; and becomes easily enraged.

5. **Pathology and victimization or maturation and renewal:** “In this phase, the caregiver can choose pathology and victimization or maturation and renewal. Pathology and victimization result when no action is taken.”⁹ Maturation and renewal are possible only when the caregiver acknowledges the symptoms of compassion fatigue.

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**Figure 1. Burnout Mismatches According to Maslach⁷**

- **Control mismatch** often refers to having insufficient authority or power.
- **Community mismatch** can refer to social isolation or chronic unresolved conflict with coworkers.
- **Workload mismatch** usually refers to taking on too much work, but it can also refer to doing the wrong kind of work when lacking the necessary skills — causing exhaustion.
- **Reward mismatch** may refer to insufficient financial compensation, social recognition, or self-acknowledgment or pride in a job well done — causing feelings of inefficacy.
- **Fairness mismatch** can occur with unequal pay or workload, shoddy employee evaluations, inappropriate promotions and poorly handled grievances. Fairness on the job confers respect, and unfairness generates emotional upset, emotional exhaustion and cynicism.
and takes direct action to overcome it. If the caregiver chooses pathology and victimization, he or she becomes overwhelmed and may leave the profession or develop somatic illness. On the other hand, if the caregiver chooses maturation and renewal, he or she becomes strong, resilient and transformed.

**Burnout can occur without empathy and compassion, but compassion fatigue cannot.**

The overlap is interesting, but one differentiation is that burnout tends to be chronic and generalized, whereas compassion fatigue is acute, associated with a particular relationship and centered around compassion and empathy.

The term *compassion fatigue* was first coined in 1992 when registered nurse Carla Joinson described a unique form of burnout that affected caregivers and resulted in a “loss of the ability to nurture.”10,11 This form of burnout (1) was related to a variety of stressors, including long hours, heavy workload and the need to respond to complex patient needs such as pain, trauma and emotional distress; (2) resulted in nurses feeling tired, depressed, angry and detached; and (3) was associated with ineffective performance.11

The terminology describing compassion fatigue is imprecise. It is common for authors to define terms within specific studies to clarify what they mean.

In an extensively researched thesis on the topic of compassion fatigue and associated terms, Amanda Depippo, a graduate student from the University of South Florida, stated in her dissertation that the term “secondary traumatic stress” (STS) was originally used by professor and trauma expert Charles R. Figley, PhD, to describe compassion fatigue.12,13 Dr. Figley stated that compassion stress, compassion fatigue, STS and secondary traumatic stress disorder (STSD) are equivalent terms.14 He also considered compassion fatigue, STS and STSD to be nearly equivalent to post-traumatic stress disorder (PTSD), “except that exposure to a traumatizing event by one person becomes a traumatizing event for the second person.”14

Dr. Figley suggested that “perhaps PTSD should stand for primary traumatic stress disorder, rather than posttraumatic stress disorder because every stress reaction is ‘post’ by definition.”14 He wrote, “Caring people [sometimes] experience pain as a direct result of their exposure to another’s traumatic material…. This situation – call it compassion fatigue, compassion stress or secondary traumatic stress – is the natural, predictable, treatable and preventable unwanted consequence of working with suffering people.”14

The idea that working with people in pain could cause problems for the caregiver is not new. Transference of emotions from the suffering patient to the therapist is common, as is countertransference – the redirection of the therapist’s feelings toward the patient.

Transference and countertransference of pleasant and unpleasant emotions, and associated conscious and unconscious reactions between a psychotic patient in pain and his or her therapist, was a topic of much discussion between neurologist Sigmund Freud and psychologist Carl Jung in the first decade of the 20th century.

The idea that trauma – such as physical injury, rape, assault, witnessing another’s death and the like – could cause psychological problems is, likewise, not new. Before being included in the third edition of the “Diagnostic and Statistical Manual of Mental Disorders” (DSM-III) in 1980, PTSD was known as railway spine, traumatic war neurosis, stress syndrome, shell shock, battle fatigue and a variety of other terms.15,16

Both the DSM-517 and the World Health Organization’s global standard for disease...
categorization, the International Classification of Diseases (ICD-10), list PTSD. Burnout is listed in the ICD-10 as a state of vital exhaustion under the category of problems related to life-management difficulty. Compassion fatigue, on the other hand, which has similar but less severe symptomatology compared with PTSD, is not listed in either the DSM-5 or the ICD-10.

**ASSESSMENT**

**Professional Quality of Life Scale**

A common measurement of compassion fatigue and burnout, the Professional Quality of Life (ProQOL) Survey describes compassion fatigue as comprising burnout and secondary trauma. This 30-question, five-point Likert scale assessment developed by Beth Hudnall Stamm, PhD, gives scores for compassion satisfaction, burnout and secondary traumatic stress. It is free to use and available on the ProQOL and AVMA websites.

Taking the ProQOL can help you answer the question “Do I have compassion fatigue, burnout or something else?” Your score can show you how much compassion satisfaction your job brings you and help you differentiate between burnout and secondary trauma—the latter of which is roughly equivalent to compassion fatigue.

Another handy assessment of burnout comes from the online training website Mind Tools (Table 1).

Individuals who get a “normal” score on the ProQOL or similar scales but think they may be having problems should dig a little deeper. At a recent conference presentation, very few members of the audience had concerning scores on the ProQOL, but many had concerning scores on the Compassion Fatigue Scale and the Secondary Traumatic Stress Scale.

**Compassion Fatigue Scale**

The Compassion Fatigue Scale, a less extensive investigation of compassion fatigue, determines relative agreement with 13 statements and, like the ProQOL, scores for secondary traumatic stress and burnout components of compassion fatigue (Table 2).

<table>
<thead>
<tr>
<th>Table 1. Checking Yourself for Burnout</th>
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<tbody>
<tr>
<td>0 = Never</td>
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<tr>
<td><em>1. I feel run down and drained of physical or emotional energy.</em></td>
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<td><em>2. I have negative thoughts about my job.</em></td>
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<td><em>3. I am harder and less sympathetic with people than perhaps they deserve.</em></td>
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<td><em>4. I am easily irritated by small problems, or by my coworkers and team.</em></td>
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<td><em>5. I feel misunderstood or unappreciated by my coworkers.</em></td>
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<tr>
<td><em>6. I feel that I have no one to talk to.</em></td>
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<td><em>7. I feel that I am achieving less than I should.</em></td>
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<td><em>8. I feel under an unpleasant level of pressure to succeed.</em></td>
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<td><em>9. I feel that I am not getting what I want out of my job.</em></td>
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<tr>
<td><em>10. I feel that I am in the wrong organization or the wrong profession.</em></td>
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<td><em>11. I am frustrated with parts of my job.</em></td>
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<td><em>12. I feel that organizational politics or bureaucracy frustrate my ability to do a good job.</em></td>
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<tr>
<td><em>13. I feel that there is more work to do than I practically have the ability to do.</em></td>
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<tr>
<td><em>14. I feel that I do not have time to do many of the things that are important to doing a good quality job.</em></td>
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<tr>
<td><em>15. I find that I do not have time to plan as much as I would like to.</em></td>
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**Score**

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**Secondary Traumatic Stress Scale**

The Secondary Traumatic Stress Scale has 17 statements based on PTSD symptoms described in the DSM-IV (Table 3). These symptoms are classified in the scale as representing the following factors:

- **Intrusion**—statements 2, 3, 6, 10, 13
- **Avoidance**—statements 1, 5, 7, 9, 12, 14, 17
- **Arousal**—statements 4, 8, 11, 15, 16

**PROVIDER RESILIENCE**

A handy way to assess your resilience is via a mobile phone app called Provider Resilience. Developed to help health care providers guard against burnout and compassion fatigue when helping veterans, the Provider Resilience app has many features that are useful for any health care professional.

The main screen is a dashboard with a Resilience Rating gauge. The value is based on the data you input via:

- **Vacation clock**
- **Resilience builders/killers quiz (recommended daily)**
- **Burnout toggle chart (recommended weekly)**
- **ProQOL assessment (recommended monthly)**

You can keep track of how you have done by checking on charts that display your burnout and ProQOL scores over time. This is a...
Table 2. Compassion Fatigue Scale
Consider the following statements about your work/life situation. Check the box that best reflects your experiences using the rating scale 1 through 10.

<table>
<thead>
<tr>
<th></th>
<th>Never/Rarely</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I have felt trapped by my work.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I have thoughts that I am not succeeding in achieving my life goals.</td>
<td></td>
<td></td>
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<tr>
<td>c. I have had flashbacks connected to my clients.</td>
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<td></td>
</tr>
<tr>
<td>d. I feel that I am a “failure” in my work.</td>
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<td></td>
</tr>
<tr>
<td>e. I experience troubling dreams similar to those of a client of mine.</td>
<td></td>
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<tr>
<td>f. I have felt a sense of hopelessness associated with working with clients/patients.</td>
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<tr>
<td>g. I have frequently felt weak, tired or rundown as a result of my work.</td>
<td></td>
<td></td>
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<tr>
<td>h. I have experienced intrusive thoughts after working with an especially difficult client/patient.</td>
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<td></td>
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<tr>
<td>i. I have felt depressed as a result of my work.</td>
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<td></td>
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<tr>
<td>j. I have suddenly and involuntarily recalled a frightening experience while working with a client/patient.</td>
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<td></td>
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<tr>
<td>k. I feel I am unsuccessful at separating work from my personal life.</td>
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<tr>
<td>l. I am losing sleep over a client’s traumatic experiences.</td>
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<tr>
<td>m. I have a sense of worthlessness, disillusionment or resentment associated with my work.</td>
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</table>

NOTE: Secondary trauma items (c, e, h, j and l); job burnout items (a, b, d, f, g, i, k and m)

very functional, well-conceived app with lots of features. There are cartoon jokes to add humor, simple physical exercises that can be done in the office and alphabetically sorted “value cards” for contemplation or use as a daily devotional.

THE BOTTOM LINE
Why is it important to know whether you have burnout or compassion fatigue or both? Because action plans addressing these problems differ.

Treatment of burnout focuses on identifying and addressing areas of mismatch by changing the individual and/or the organization. With compassion fatigue, on the other hand, one needs help increasing resilience by improving empathic ability and empathic response. The focus is on improving self-care, maintaining appropriate detachment and increasing social support and a sense of satisfaction.

In an article titled “The Myth of Compassion Fatigue in Veterinary Medicine,” Dani McVety, DVM, cofounder and CEO of Lap of Love Veterinary Hospice, describes an incident in which she was inappropriately berated by a client. The client had made questionable pet-care decisions and angrily struck out at Dr. McVety when the result was disagreeable. Rather than taking the attack personally, Dr. McVety apologized for her part in the misunderstanding and focused on providing the owner with treatment plan options. It was a poignant way to move past the client’s guilt and hurt feelings and help the patient. As she explained in a recent video on the Veterinarian’s Money Digest® website, Dr. McVety realized that her angst about this situation was not the result of compassion fatigue but rather “ethical fatigue.”

My assessment is that Dr. McVety faced an incident of burnout related to values and
**Table 3. Secondary Traumatic Stress Scale**
The following is a list of statements made by persons who have been affected by their work with traumatized clients. Read each statement, then indicate how frequently the statement was true for you in the past seven days.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Very Often</th>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>2. I felt emotionally numb.</td>
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<tr>
<td>3. My heart started pounding when I thought about my work with clients.</td>
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<tr>
<td>4. It seemed as if I was reliving the trauma experienced by my client.</td>
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<tr>
<td>5. I had trouble sleeping.</td>
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<tr>
<td>6. I felt discouraged about the future.</td>
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<tr>
<td>7. Reminders of my work with clients upset me.</td>
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<tr>
<td>8. I had little interest in being around others.</td>
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<tr>
<td>9. I felt jumpy.</td>
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<tr>
<td>10. I was less active than usual.</td>
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<tr>
<td>11. I thought about my work with clients when I didn’t intend to.</td>
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<tr>
<td>12. I avoided people, places or things that reminded me of my work with clients.</td>
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<tr>
<td>13. I had trouble concentrating.</td>
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<tr>
<td>15. I was easily annoyed.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>16. I noticed gaps in my memory about client sessions.</td>
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<td></td>
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</tbody>
</table>

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**NOTE:** “Client” is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work, such as consumer, patient, recipient and so forth.

reward mismatch between herself and her client. Compassion fatigue may be an overused term, but it is certainly not a myth. Her article and video provide an excellent example of why we need to learn as much as we can about burnout and compassion fatigue, use the correct terminology and get professional assistance as needed. With symptoms overlapping among burnout, compassion fatigue, depression, substance abuse and other mental problems, we may be unable to self-diagnose, much less self-treat.

While I have studied these conditions in depth, when it came to addressing my own issues, I found that getting professional help was imperative. So many of us feel a stigma regarding failure that prevents us from reaching out for a helping hand. But remember what Sir William Osler said: “A physician who treats himself has a fool for a patient.”

References available at VMDtoday.com.

**Dr. Coles,** a certified compassion fatigue professional (CCFP) and Missouri recovery support specialist-peer (MRSS-P), is a well-being advisor, medical writer and founder of Compassion Fatigue Coach. He is also the medical director at Two Dogs and a Cat Pet Club in Overland Park, Kansas.
Your love of animals, not your love of business, fuels your desire to be the best veterinary practice owner you can be. But without a solid business structure in place and a plan designed to help you meet your goals, there's a good chance you won't fulfill your vision.

To keep employees paid and the lights on, practice owners often wear many hats. During times of high stress and increasing demands, you'll most likely have to triage the situation to ensure that critical issues (e.g., seeing patients, following up with clients, dealing with staff problems) remain your top priority. Just remember that when you spend the majority of your time in the trenches, it becomes harder to see the bigger picture. A practice owner should always begin with the end in mind, but it's never too late to start the process.

**PRIORITIZE PRACTICE HEALTH AND WELLNESS**

Just as they perform routine wellness exams on patients, practice owners must prioritize regular checkups on their business. Not only will this exercise enable you to spot red flags before they become pressing issues, but it will also help you develop the strategies necessary for increasing your practice's profitability, streamlining the succession planning process and growing an abundant nest egg for your future.

To set a course that will help you reach your desired destination, you must first determine your starting point. Knowing your practice's true value tells you its worth to an interested buyer today and illuminates areas of opportunity and key drivers that will affect its value tomorrow. Equipped with that knowledge, a practice owner can work with a trusted business adviser to develop a roadmap for improving practice profitability and, ultimately, value.

**FACTORS THAT DETERMINE PRACTICE VALUE**

A practice's value is determined by both internal and external factors, including how the professional valuator applies different approaches and methodologies. In a nutshell, the three driving factors that affect value are cash flow, rate of return, and sustainable growth. Here's how it breaks down.

**Financial Position**

We’ve all heard the phrase “cash is king.” Well, cash enjoys a healthy reign over veterinary practices. Your practice's cash flow is a key driver of value and an excellent indicator of future return on investment. Additionally, cash flow trends are very important. Irregularities and volatility from year to year can cause concern for a potential buyer, whereas a trend of consistent growth is more reassuring. Listed below are other financial factors to consider.

- **Retirement:** If you’re planning to retire in the next three to five years, start preparing for the sale today so that when your cash flow level reaches its peak, you will be in a better position to seize the opportunity.
- **Clean books:** Clean financial records lessen a buyer's perceived risk. So, if you tend to run nonpractice expenses (e.g., personal vehicle, family cellphone plans, personal vacations) through the books, begin separating them out so that your practice's financial statements reflect only true practice expenses.

*By Mary Beth Koester, CVA*
A second set of eyes: Financial statement reviews or audits by an outside accounting firm and strong internal controls increase the confidence of potential buyers, making your practice more desirable.

Goodwill
If your practice relies on the work of a single doctor who knows every client and treats every patient, then your reputation and your practice’s reputation are, essentially, viewed as one and the same. This situation becomes problematic when it’s time to transfer goodwill in a sale.

The difficulty or ease with which goodwill is transferred from seller to buyer depends on whether it belongs to the owner (professional/personal goodwill), the practice (enterprise goodwill) or a combination of the two.

In a one-doctor practice where the goodwill is significantly professional goodwill, there is a chance that when the owner leaves and the buyer takes over, the clients and patients will leave, as well. To avoid this type of risky situation, a transition plan is essential. It should outline the steps and actions you and the buyer will take to introduce the buyer to clients and staff and reinforce the buyer’s veterinary skills and professionalism.

In comparison, a multiowner and multidocotor practice that has sound management systems in place, a medical protocol that is practiced consistently and clients who are seen by different veterinarians in the practice is an example of enterprise goodwill. In this situation, clients are bonded to the practice — its reputation and brand — rather than to one specific doctor. A practice that has built up its enterprise goodwill is a less risky investment to a potential owner because the goodwill is easier to transfer in a sale.

Timing
If you are making plans to sell your practice, be aware of how important timing can be in maximizing its value. With good planning, you can aim to exit your practice at the height of its performance. But, as often happens in life, your plans may be affected by unforeseen events, such as owner burnout or illness. Here are three considerations that can impact your practice’s value.

• Burnout: Practice owners suffering from burnout are less likely to pay close attention to the little things, and all those little things can add up and make a huge impact on the bottom line. Additionally, when an owner becomes unmotivated to manage, the staff often perceives the change and the practice culture shifts accordingly. When employees are less motivated and engaged, productivity and efficiency decrease. In the end, the practice’s value suffers.

• Mentorship: If your plan is to sell your practice to an associate veterinarian, having enough time to implement a mentorship program is key to a successful transition. Depending on the associate’s level of experience, the process of preparing for ownership could take anywhere from one to three years.

• Interest rates: Interest rates and credit availability can affect the sale of your practice. When interest rates drop, borrowing costs are lower, which means a potential buyer can afford to pay more.

With good planning, you can aim to exit your practice at the height of its performance.

• Cash flow: Increasing gross margins and decreasing operating expenses lead to increased sustainable cash flow, which equates to a higher practice value.

• Rate of return: The rate of return required by an investor incorporates the level of risk an investor is willing to accept to own your practice versus another practice. Riskier practices are viewed as less valuable to investors. Identifying and minimizing risk areas is key for increasing your practice value.

• Sustainable growth: Continued sustainable growth adds value to the practice. Closely monitoring revenue and profitability and developing strategies for sustainable growth increase the value of your practice.

Buyer
The reason behind your decision to conduct a practice appraisal (e.g., sale, divorce, litigation, buy-sell agreement, financing), as well as the type of buyer to whom you are selling, can also affect the overall value of your practice.

The fair market value standard, which is used in most valuations, assumes that the hypothetical buyer will have the same resources and overhead as the seller. This is different from the investment value standard, which attempts to quantify certain synergistic advantages for the buyer. The investment value is typically higher than the fair market value due to the added synergies a potential buyer, such as a corporate consolidator, may have.

GET MORE VALUE FROM YOUR PRACTICE
Regardless of the reason or purpose, having your practice valued is advantageous for business and succession planning. Not only does it provide you with the starting point for developing a management roadmap by highlighting important financial ratios and trends, it also identifies key areas of opportunity for growth and increasing profitability. A valuation allows you to benchmark your practice to key performance indicators and provides a measurement for your growth and success.

Ms. Koester is the manager of valuation services at Rea & Associates, an accounting and business consulting firm in Dublin, Ohio. She is a certified valuation analyst, has written for many veterinary publications and has been a member of VetPartners for over five years. Visit www.reacpa.com/veterinary-valuations to learn more about the benefits of a practice valuation.
A few years ago, I had dinner with a hardworking colleague to celebrate his retirement. He had recently sold his busy small animal clinic in rural Pennsylvania to a younger veterinarian, and he and his wife, who had also recently retired, were contemplating a worry-free life.

We talked about the profession, of course, but also about investing, the economy and retirement. Also at the table was a 19-year-old student who looked desperately bored by our conversation.

After dinner, I told the teenager: “You know, the people you met tonight are millionaires.” He was utterly shocked. He could not believe that those humble, down-to-earth people could be so wealthy.

To him, being rich meant driving a sports car, wearing designer clothes and living in a beautiful mansion. His impression of millionaires was dictated by what he saw on TV and in music videos. To him, millionaires were mostly actors, singers and athletes.

We then talked about the classic best-seller “The Millionaire Next Door” by Thomas J. Stanley, PhD, and William D. Danko, PhD, and what it revealed about most real-life millionaires as opposed to the rich and famous who are glamorized in tabloids. Although the book was published about 20 years ago, its advice remains relevant.

**MILLIONAIRE HABITS AND BEHAVIORS**

### Frugality

Millionaires next door don’t behave or look like millionaires. They are frugal, living below their means as opposed to splurging on gold-plated faucets. Ironically, they could buy gold-covered trinkets but choose not to, because they are not focused on what their neighbors and admirers think. They focus on long-term financial goals rather than instant gratification.

They tend to live in modest homes in humble neighborhoods. They emulate Warren Buffett, one of the richest people in the world, who has lived in the same quaint house in Omaha, Nebraska, for decades, even though he could easily afford a 50-bedroom McMansion in a showy community – and pay for it with cash.

### Purchasing Restraint

Millionaires next door understand the difference between having a high income and being a big spender. They realize that cars, for example, can become a huge expense over the years. Because they prefer financial independence over showing off, they tend to drive modest cars and keep them for a long time rather than trading them in every three years. Similarly, they would rather wear a Seiko watch than a Rolex. This all relates to their attitude toward money. They consciously choose restraint over ostentatiousness.

### Inheritance

Many people think that most millionaires inherit their wealth. In fact, more than 80 percent of millionaires next door did not inherit their wealth or receive financial assistance from their parents. Millionaires next door are self-made, thanks to plain old hard work.

### Compulsive Savers

They stick to a strict budget and keep expenses under control. If they take on debt, it is to buy assets that tend to appreciate, as opposed to consumer debt, which is used to buy things that depreciate. And they certainly don’t use debt to purchase items to compete with the Joneses.

### Investing

Millionaires next door invest their time and money early and wisely. They tend to be compulsive savers. They stick to a strict budget and keep expenses under control. If they take on debt, it is to buy assets that tend to appreciate, as opposed to consumer debt, which is used to buy things that depreciate. And they certainly don’t use debt to purchase items to compete with the Joneses.
than those who work for others,” say the authors. Millionaires next door dedicate 45 to 55 hours to their business each week.

MORE MILLIONAIRE ADVICE
Our young friend was surprised by this description – it was not at all what he thought being a millionaire meant. I made sure he understood that working hard, saving compulsively and investing wisely don’t require living like a scrooge.

And I was surprised – pleasantly – that, instead of running off to chat with his friends on Instagram, he asked me questions about our topic du jour. I shared some advice I heard from a multimillionaire who had recently given a speech locally.

Traditional Versus Residual Income
The jobs described in the book imply trading time for dollars. In the veterinary profession, we use our skills to improve animals’ lives. In exchange for our knowledge, we receive payment from pet owners. But when we take a vacation, the money stops.

But there is a very different source of income: residual, or passive, income. This applies to veterinary practices with multiple associates. While the owner is away, a whole crew keeps working and generating money. It also applies to rental properties. The owner of an apartment complex receives rent money whether working, sleeping or vacationing.

Self-Improvement
Like most successful people, this millionaire is an avid reader. In his speech, he strongly recommended reading self-improvement books on a regular basis. If you read 10 pages every day, he said, you will finish 15 to 20 books a year. Consider how much knowledge and wisdom about leadership, management, personal finance, investments, goal setting and so much more you could absorb from 15 books per year. Don’t have time to read? Then get audiobooks and put time spent commuting or working out to even better use.

As best-selling author Jim Rohn says, “If you want to have more, you have to become more.” And, as many have repeated, “The more you learn, the more you earn.” These quotes are good reminders of the importance of always acquiring new skills. That is the reason we attend conferences, but the concept should apply to other areas of our lives, as well.

Associations
Another classic quote from Rohn: “You are the average of the five people you spend the most time with.” It is important to surround yourself with people who encourage you, motivate you and support you instead of dragging you down, being jealous or crippling your progress.

Millionaires next door invest their time and money early and wisely.

Hard Work
Thomas Edison once said, “Opportunity is often missed when it knocks on the door, because it is dressed in overalls and looks like work.” As discussed above, millionaires are hard workers. They don’t spend their day on Facebook. They also spend a lot of time planning, brainstorming and strategizing. Our millionaire joked that most people dedicate more time to planning a weeklong vacation than they do to planning their lives.

Attitude
Success is an equal opportunity employer. Reaching worthy goals has a lot more to do with your attitude than your background, ethnicity or gender. Our millionaire grew up in a humble family and in a tough neighborhood. Nevertheless, his positive attitude helped him conquer obstacles and make it to the top.

THE BOTTOM LINE
Noting that most people hate change, our millionaire reminded listeners of the quote “If you keep doing what you’re doing, you’re going to keep getting what you’re getting.” Changing your outcome begins with a strong desire to embrace new habits. The millionaire habits discussed here are a great start.

Dr. Zeltzman is a board-certified veterinary surgeon and serial entrepreneur. His traveling surgery practice takes him all over eastern Pennsylvania and western New Jersey. You can visit his website at DrPhilZeltzman.com and follow him at facebook.com/DrZeltzman.

Reference available at VMDtoday.com.
Leadership Lessons

Confidence Killers

What’s at play when employees lose faith in management, and how can management rebuild their trust?

By Louise S. Dunn

In recent years, the veterinary profession has focused on how trust and rapport can help build the veterinarian-client relationship and enable veterinarians to practice better medicine. Being considered trustworthy in the eyes of clients is obviously important, but being considered an authentic and honorable leader in the eyes of your team members is just as vital to a successful practice.

According to a 2016 Edelman Trust Barometer survey, 1 in 3 employees do not trust their employer. The American Psychological Association found that at least half of all workers do not think that their employers are open and honest with them.

Clients who don’t trust their veterinarian may not follow his or her recommendations and instead resort to asking Dr. Google. Others may post messages on social media about that lack of trust.

Similarly, a lack of trust within the veterinary team also has far-reaching effects, namely that employees may not feel connected to the business strategy, may think that the work culture is toxic and may not strive to reach higher performance levels. The result may be a lack of employee engagement that negatively affects client service, team performance and financial success.

TRUST BUSTERS

Because trust in the practice’s leadership among team members is so important, how can owners and practice managers identify problems? The following issues are directly linked to a breakdown in trust:

- **Inconsistent communication:** Messages from practice owners and managers do not match, and leaders fail to tell the truth, walk the talk and consistently do what they say they are going to do.
- **Inconsistent standards:** Leaders play favorites, bend the rules or make seemingly random or haphazard changes.
- **Misplaced benevolence:** Employees are not held accountable, and bad behavior or incompetence is ignored.
- **Broken commitment:** Leaders make promises about training and career advancement and then renge.
- **Elephants in the room:** Practice owners pretend that some problems do not exist because it is easier to ignore them than deal with them.
- **Lack of availability:** Owners or managers never have time to meet with team members, claiming they are too busy to answer questions or listen to concerns.
- **Not giving credit where it is due:** Leaders fail to acknowledge the hard work and contributions of team members.
- **Toxic environment:** Owners and managers lack integrity, gossip about other team members or fail to keep confidences.
- **Micromanaging:** Leaders want excessive control over everything and do not seem to trust others to do their jobs.

Many of these trust busters are tied to management practices, change management and transparency. However, it is easy to fall victim to one of these when involved in challenging management duties, dilemmas and business
At least half of all workers do not think that their employers are open and honest with them.

operations. Think back to a time when the team received mixed messages about an associate doctor leaving the practice or when a discussion about a performance issue, such as arriving late to work, was dropped because the person was highly skilled. It is very easy to get trapped in one of these situations, and team members invariably take notice.

TRUST BUILDERS
It is easy to destroy trust, but it takes extra effort to build it back up. The following trust builders can help:

• **Listen and act:** Create an organization that takes employee concerns seriously.
• **Give trust:** Trust others to earn their trust in return. Trust is a two-way street.
• **Communicate values:** Treat all employees fairly without unpredictable behavior.

• **Recognize accomplishments:** Praise others, and celebrate their accomplishments.
• **Don’t ignore mistakes:** These can be learning experiences, so discuss any problems and provide constructive feedback.
• **Share information:** Conduct stay interviews with valued team members (see Build Trust With Stay Interviews), and use open-book management techniques.
• **Respect others:** Develop relationships, solicit opinions and follow through with commitments.
• **Invest in professional development:** Develop employees professionally, and set challenging goals for them.
• **Walk the talk:** Lead by example.

Trust is the glue that holds teams together. It must be part of the strategic plan and is a mission-critical way to promote and sustain business success. Being a high-trust organization will benefit patient care, client service and team performance. But building trust takes time. Train supervisors, managers and all team members about trust busters and trust builders.

Build Trust With Stay Interviews
A stay interview is a one-on-one discussion with current employees who you think may be considering leaving the practice. The purpose of the interview is to identify the factors that keep employees engaged at the practice and what frustrates them enough to consider leaving. Stay interviews can provide great insight into what is — and is not — working in the practice. Here are five questions to ask during a stay interview:

• What could contribute to your doing the best work of your life?
• Do you believe your work here has meaning?
• Do you have any suggestions for how we can improve?
• Do you think any of your skills are being underutilized?
• Do you feel appreciated?

Ms. Dunn is an award-winning speaker, writer and consultant who brings over 40 years of in-the-trenches experience and business education to veterinary management. She is founder and CEO of Snowgoose Veterinary Management Consulting, which helps veterinarians develop strategic plans that consistently produce results.

References available at VMDtoday.com.
The role of animals in American homes is changing. No longer are they seen as security guards, rodent controllers and occasional companions. Today's pets are beloved family members, and they are in more homes than ever before.

A NEW GENERATION OF PET PARENTS
Millennials are a difficult demographic for most industries. Compared with previous generations, they are less likely to own homes and cars, get married or have children at a young age. We often hear young adults are waiting longer to start families, but that is not entirely accurate.

Pet ownership is one area where this generation is far ahead of their parents and grandparents. However, they are more likely to think of themselves as pet parents rather than pet owners. Eight in 10 millennials consider the pet-owning experience important preparation for raising children.1 They are practicing their parenting skills on pets, and health care is a serious issue.

These people are not simply looking for a veterinarian – they are looking for a family doctor. When they come to your office, they are trusting you with their beloved, nonhuman children. If you earn their trust and develop good relationships, these clients can become your most loyal customers – but they have high expectations.

Think of Mom and Dad taking their child to the pediatrician. They have questions, concerns and opinions. They want discussion, answers, advice and guidance. In short, they expect to engage with the doctor. Today's millennial pet parents have similar expectations of their veterinarians.

SHAPED BY THE INTERNET
This generation is unique not only in pet ownership but also in most lifestyle choices and shopping habits. This is the first generation to grow up with the internet at their fingertips. Going online is second nature, a world of information is just a click away and social media relationships are as important as real-life ones.

What does this mean for your practice? It means that client interaction doesn't always happen in your office. If you want to engage with millennials, you need to be where they are – online. Make sure your website is user-friendly and regularly updated. Incorporate online appointment requests, customer portals, digital forms and multiple contact options. Respond to emails as quickly as you do to phone calls.

Perhaps most important, your practice should have a strong presence on social media. This is one of the best ways to engage millennials (and internet-savvy pet owners of all ages). People use networks such as Facebook to talk about their experiences, both favorable and unfavorable, with businesses. They ask online friends for recommendations when looking for a new veterinarian. They also share details of their daily lives, with their furry friends being a favorite topic.

Pay attention to relevant trending topics. For example, last year a video of a cat frightened by a cucumber went viral. A slew of similar videos followed, along with articles explaining the behavior and warning about the stress that these stunts create in animals. At the time, veterinarians were inundated with questions about what actually frightens cats and why. Be ready to join in the conversation online and discuss these topics in your office.

THE MILLENNIAL MINDSET
Millennials are more finicky, frugal, conscientious, informed – and sometimes misinformed
than their parents and grandparents. They tend to research online before visiting a veterinarian, and they are likely to enter your office with very specific ideas about what is ailing their pet and how it should be treated. How can you connect with this unique and increasingly important generation?

• **Offer natural treatments.** Over half of pet owners in this age group will try natural and holistic remedies before turning to conventional veterinary treatment. They appreciate the availability of herbal medicine, therapy as an alternative to surgery, nontoxic flea treatments and similar offerings.

• **Focus on preventive care.** In previous generations, “healthy” was a rather vague concept. While most baby boomers would define health as “lack of illness,” millennials have a broader definition, one that includes diet and exercise. They extend the same focus on wellness to their furry and feathered family members.

• **Choose food carefully.** Seven in 10 millennials prefer to feed their pet food with natural ingredients, and most worry about contamination. Stay up-to-date on the latest trendy brands, because these clients expect you to be able to recommend the best one. If you board animals, be sure to provide (at least optionally) organic, human-grade, non-GMO, all-natural foods and treats. Bowls and toys should be free of BPA and other potential toxins. Also, be aware that this group tends to be environmentally conscious, so eco-friendly green practices are important.

• **Use multi-platform marketing.** The majority of millennial consumers use social media daily, access the internet from multiple devices and interact with brands online. They use the internet to research, so they appreciate educational content. In addition, they are more willing to share advertisements that seem authentic, but they dislike promotional materials that appear deceptive. Offer quality, sharable content that can be accessed on any size device screen.

• **Provide an interactive experience.** Engagement is about two-way communication. Millennial consumers are looking for active discussion; they will not be happy if you lecture them or passively listen. They appreciate openness and friendliness among your staff, and they expect replies when they comment on Facebook posts. About two-thirds of millennials would like more ways to share their opinions and interact with brands.

**CONCLUSION**

If you aren’t marketing to millennials and making an active effort to engage them, then you are missing one of the most important sectors of your market. These consumers are looking for good value, good quality and a high level of engagement. Most of all, they are looking for someone they can trust with their most precious family members.

References available at VMDtoday.com.

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**Millennials are more likely to think of themselves as pet parents rather than pet owners.**

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**PET OWNERSHIP AT A GLANCE**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Pet-Owning Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>79.7 million</td>
</tr>
<tr>
<td>2016</td>
<td>85 million</td>
</tr>
</tbody>
</table>

Nearly 7 in 10 American homes include at least one animal.

The number of pet-owning households is growing.

Americans spent over $69 billion on their pets last year, an increase of about $9 billion over the previous year.

The millennial generation accounts for more than one-third of all pet owners.

Millennials own more than half of all nontraditional pets.

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Mr. Arulrajah is president and CEO of Ekwa Marketing, a full-service internet marketing company that focuses on SEO, social media, marketing education and the online reputations of veterinarians and practice owners. If you have questions about marketing your practice online, call 855-598-3320 to speak one-on-one with Naren.
Modern-Day Plague: Understanding the Scope of Veterinary Suicide

When it comes to psychiatric disorders, depression and suicidal thoughts, the nation’s veterinarians are, most unfortunately, leading the way.

By Greg Kelly

When the Centers for Disease Control and Prevention (CDC) published data in early 2015 on the prevalence of risk factors for suicide among veterinarians, it revealed some shocking statistics:

- 6.8 percent of male and 10.9 percent of female veterinarians have serious psychological distress, compared with 3.5 percent and 4.4 percent of male and female adults, respectively, in the general population.
- 14 percent of male and 19 percent of female veterinarians have suicidal thoughts, three times that of the general U.S. population.
- 24.5 percent of male and 36.7 percent of female veterinarians have experienced depressive episodes since veterinary school graduation, about 1.5 times the prevalence among U.S. adults throughout their lifetime.
- 1.1 percent of male and 1.4 percent of female veterinarians have attempted suicide since veterinary school.

These data were based on results from an anonymous online questionnaire answered by more than 10,000 U.S. veterinarians, among whom 34 percent had been in practice for less than 10 years, 24.6 percent for 10 to 19 years and the remainder for more than 20 years. Nearly 70 percent of respondents were small animal practitioners.

In a statistical quirk, the survey revealed that among veterinarians, suicide attempts actually occur less often than in the general public. The CDC researchers believe that this is because their “ready access to drugs may more often result in lethal suicide attempts, leaving fewer survivors to respond to the survey.”

Never feel any shame in seeking professional help.
These troubling statistics are “not reserved solely for general practitioners,” according to Danielle Carey, DVM, a mixed animal veterinarian practicing in Walla Walla, Washington. “In the last few years, the profession has lost notable behaviorists, surgeons, specialists and technicians to this mental illness,” she said.3

Nor is the scourge of veterinary suicide limited to the United States. A British study, for example, found that the suicide rate among veterinarians in the United Kingdom is at least twice that of other health care professionals and about four times higher than in the general population.4

A MULTIFACTORIAL PROBLEM

David Bartram, B VetMed, DECSRHM, FRCVS, international director of outcomes research for Zoetis and lead author of the British suicide study, narrows down the problem as follows: Veterinarians are (1) high-achieving personality types with all the attendant neuroses, (2) training and practice are natural stress inducers, (3) veterinarians have easy access to lethal drugs, and (4) the profession philosophically accepts euthanasia as a way to end suffering.

It’s a “vast and multifactorial” problem, agrees Shana Bohac, DVM, a staff veterinarian at Lakeway Veterinary Clinic in Edna, Texas.5 “Stress, student loan debt, personality, compassion fatigue, frequency of patient death and attitude toward euthanasia all play a role in this abounding problem,” she said.

Like most health care professionals, Dr. Bohac explained, veterinarians are driven perfectionists who don’t like to fail, and when they do — as most humans will — they tend to internalize problems. Also like their colleagues in human medicine, she said, veterinarians must work long hours, sacrifice personal and family time, and face life-and-death decisions every day.

The conditions of compassion fatigue and burnout, common among today’s medical professionals, are growing in the veterinary profession, as well.

“Traits that help us become great doctors and practitioners can also be to our detriment,” said Dr. Carey. She believes that a pillar of veterinary medicine “is to be a voice for the voiceless, but that doesn’t mean every [animal] can be saved — and for many of us, that is a very difficult pill to swallow.”3

She also addresses a form of emotional bullying by some pet owners.3 A trauma “that is unique to the profession is that decisions affecting diagnosis, treatment and quality of life of a patient are dependent on an owner’s financial capabilities,” she noted. “Often compounding this trauma is an owner upset that we cannot perform services at no cost. [Hearing that] we don’t love their pet enough only furthers many veterinary professionals’ isolation and depression,” she said.

Addressing the matter of “emotional labor” in the profession, Marie K. Holowaychuk, DVM, a small animal emergency and critical care specialist in Canada, said clients often ask veterinarians “how they are able to perform emotionally charged and frequently difficult euthanasias.”6 She found that “it is not the euthanasia itself that is difficult, but rather the intense discussions and deliberation that go along with it.”6 The profession requires emotional labor, “which is the process of managing feelings and expressions to fulfill the emotional requirements of our job,” she said. “This sometimes means showing feelings that do not match how we are feeling inside.” Emotional labor, she noted, “is typically much more demanding than the physical and intellectual labors of the work that we do as veterinary care providers.”

TAKING ACTION

The American Veterinary Medical Association (AVMA) states that “taking action to prevent and treat mental illness in veterinary professionals may become more imperative in coming years.” The group points to two other factors affecting veterinarians:

- Women, who statistically experience depression and suicidal thoughts more often than men do,7 now represent about 80 percent of enrolled U.S. veterinary students,5 55 percent of current practitioners8 and 42 percent of veterinary school administrators.9
- The nation’s newly minted veterinarians are facing massive educational loan obligations and related anxiety. The average veterinary medical school graduate carries about $167,000 in student debt, a debt-to-income ratio double that of medical doctors.10

Seek Help

Experts offer some tips for combating this serious problem. First and foremost, veterinarians who believe they are having serious emotional difficulties should never feel any shame in seeking professional help. All doctors must embrace the credo “Heal thyself.” The AVMA lists numerous mental wellness resources for veterinary professionals on its website.

The Professional Quality of Life assessment, available at proqol.org/ProQol_Test.html and on the AVMA website, can help veterinarians determine how they are affected in three areas of compassion — satisfaction, stress and fatigue — and identify where to focus self-care, according to the AVMA.

Regain Your Passion

“Remember what led you into the profession in the first place and how good it felt when you got your degree and then your first job. Identify what it was that made you look forward to going to work each day. Try to regain your passion, dreams and plans for the future,” said Patricia Wohlferth-Bethke, DVM, director of the AVMA’s Veterinary Career Center.

Help One Another

Veterinarians must reconnect with their profession and stand ready to assist each other. Keep an eye on your colleagues and reach out to those you think need a boost. A thoughtful appreciation of the unique professional challenges (the old “you’re not alone” line) can often provide some peace of mind.

Mind Your Physical Health

“Physical health and mental wellness are inextricably related,” according to the AVMA. “Veterinarians face special challenges in this arena because of the physical challenges of the work. If anything, this may make it even more important that they pay attention to physical health. In the workplace, veterinarians need to be mindful of ergonomics and take proper precautions to guard against occupational hazards.”

References available at VMDtoday.com.
Everyone is striving toward some dream or goal, but we all manage and accomplish our dreams differently. We veterinarians who own (or will own) practices are entrepreneurs by nature — which means we are dreamers — but whether our dreams come to fruition depends on who we have around us and how willing we are to ask for advice.

Veterinarians do a very good job of keeping their dreams to themselves. The most successful dreamers are those who share their dreams and build a team around them who can help them fulfill their vision. Instead of bottling up your goals, make a plan to turn those dreams into reality. Here’s how.

**CRYSTALLIZE YOUR VISION**

Be a no-limits dreamer. If you have a practice of the future that you’d like to create, go for it. Don’t let people tell you that you can’t do it — no dream dashers allowed. Envision your project at its most optimal point, and make sure you write down all the details that you see. The more detailed your project is, the easier it will be to describe and build. Whether your project is large or small doesn’t matter. What matters in attaining your dreams is that you have clarity about them.

**BREAK IT DOWN**

You can’t make all your dreams come true at once. Think of going for your dreams as a marathon, not a sprint, and break it down into bite-size pieces. After all, you can only eat an elephant one bite at a time, and you won’t accomplish your dreams unless you take one step at a time.

Getting from the realities of today to your dreams for tomorrow means doing something every day and taking steps, one at a time, toward your ultimate destination. Figure out something you can do each day to move yourself toward that final desired outcome, and then do that one thing. Celebrate your daily accomplishments. Keep your eye on the prize. Imagine it as a big jigsaw puzzle, and each piece is a daily goal. If you put all those individual goals together, you will finish the puzzle and accomplish your dream.

**BUILD YOUR TEAM**

You can’t do it alone, and why would you want to? The most important factor in accomplishing your dreams is to form a few teams that will help you along the way. The more people with whom you share your ultimate dream, the more likely you will be to accomplish it. Surround yourself with like-minded people — not necessarily “yes” people, but those who will support you when needed and give you a reality check when warranted.

One of your teams should include business resources, such as an accountant, an attorney, a financial planner and a practice management consultant. The other team consists of people working in your practice: other veterinarians, your receptionist, managers, animal caretakers and technicians. If you don’t share your dream for your practice, they can’t help you reach it.

Finally, it’s important to look outside these two areas. Describe your ideas to your friends, and ask for their advice. Talk to bankers and investment groups about best practices.

The more people who are aware of your dream, the more likely you will be to find someone who can actually help you achieve it and the faster you will get there. These
individuals can help you identify where you really want to go, and they can keep you on the straight and narrow so you're consistently heading in the right direction. Your accountability coaches will help keep you looking through the windshield — no gazing into the rearview mirror on this important project!

DON'T STOP DREAMING
All veterinarians dream; we just dream differently. Whatever your dream may be, you just have to keep moving forward so you can eventually accomplish it. Although it may not be the same dream as that of the person next to you, it is still a valid and accessible goal for you.

There are generational differences when it comes to dreaming. Younger generations may have dreams related to where they want to go and what they want to experience. Older generations may have more tangible dreams, such as a car, house or new business. But whatever steps you take in life, you won’t make your dreams reality unless you follow a path, set small goals and get help from the people around you.

When you have your team in place and have broken down your long-term goal into smaller daily goals, there's nothing left to do but to go for it. Whether you dream really big and have huge aspirations or you’re thinking on a smaller scale, you need to be making moves consistently toward the finish line.

Never stop dreaming. If we stop dreaming, then we stop moving, and we always want to be moving forward. We always want to be heading toward a better and more optimistic future down the road.

Dr. Weinstein, executive director of the Southern California Veterinary Medical Association, has spoken and written extensively on practice management, team building, leadership, collegiality and marketing. He provides small business and corporate consulting via his company, PAW Consulting, and can be reached at peterweinsteindvmmba@gmail.com.
A client needed an estimate for orthopedic surgery for his Labrador retriever. He called a practice and talked with a newly recruited receptionist. She misunderstood the request and quoted only the surgery fee. Thrilled by the price he was given, the client immediately made an appointment. As the surgery date approached, a nurse called him to explain the anticipated charges, which included anesthesia, medications, radiographs and other incidentals.

The irate client immediately turned to Yelp and posted a scathing review, accusing the practice of using bait and switch. Of course, the mistake was an innocent one resulting from the receptionist’s inexperience, but the damage was done. Countless other clients will read the harsh review, which will only compound the mistake.

Jason Khoo, founder of Search Business Group, a California agency that helps veterinarians “get more clients through the door,” recently put together a brilliant report that outlines the top 10 reasons veterinary hospitals get bad reviews. The report analyzed 1,000 Yelp reviews across 34 cities in Orange County to find the most common reasons for client grievances.

Getting to the Root of Client Complaints

Earning stellar practice feedback requires a team effort. Here’s why practices receive negative online reviews — and how to prevent them.

By Phil Zeltzman, DVM, DACVS, CVJ, Fear Free Certified
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Contact Maureen McKinney to learn more: mmckinney@americanveterinarian.com.
### Your Online Toolbox

<table>
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<tr>
<th>THE ISSUE</th>
<th>WHY IT OCCURS</th>
<th>HOW TO PREVENT IT</th>
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<tbody>
<tr>
<td><strong>1. MONEY</strong></td>
<td><strong>Not surprisingly</strong>, the No. 1 complaint by far (41 percent) involves financial concerns. Like it or not, veterinary medicine is a business, with practices staffed by people who enjoy a paycheck as much as anyone in any other industry. Most clients understand this fact. But, like the pet owner mentioned above, many clients lose their sense of fairness when they are surprised by an invoice that is higher than they expected.</td>
<td>Provide a detailed estimate that is carefully explained to the client before any service is rendered.</td>
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<td><strong>2. VETERINARIAN</strong></td>
<td><strong>More than one-third</strong> (35 percent) of negative reviews are related to a bad experience with a veterinarian. Common complaints include a lack of communication skills, being (or seeming) uncaring and uninterested with patients, rushing appointments and making incorrect diagnoses. The report also includes an important quote: “People will forget what you said. People will forget what you did. But people will never forget how you made them feel.”</td>
<td>Khoo noted, “Clients want to make sure their animals are being well cared for by a veterinarian who understands not only the animal but also the family. Therefore, for the reputation of the business, it’s important to give the animal the best care and to foster the best relationship with the client.” Make clients feel welcome, which means the entire client-facing staff must have good verbal and nonverbal communication skills.</td>
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<td><strong>3. SERVICE QUALITY</strong></td>
<td><strong>Veterinary medicine</strong> is a service industry, so customer service should be paramount. Yet almost one-third of bad reviews (30 percent) are related to poor quality of service, which includes boarding, grooming, physical exams, surgery and other treatments. Complaints after boarding include a pet’s poor appearance, weight loss, the odor of urine or a frightened look. Khoo points out, however, that “one-star reviews for grooming are not because of bad haircuts.” They are usually because the groomer didn’t listen to the client’s wishes or an injury occurred during grooming.</td>
<td>Whatever service is provided, send patients home looking just as good as — or better than — when they arrived. Be honest about issues that occurred during a pet’s stay. If the pet urinated on itself, make sure the pet is bathed, dried and brushed. Always write down special requests when admitting patients. If, during pet drop-off, the owner requests that a microchip be placed or a mass removed, make sure it gets done.</td>
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<td><strong>4. STAFF</strong></td>
<td><strong>Over a quarter of bad reviews</strong> (27 percent) relate to a staff member being rude or having a poor attitude, either in person or over the phone. Some employees were seen taking personal calls instead of taking care of clients, for example. Remember, it takes only one bad apple to ruin someone’s experience.</td>
<td>Identify team members who have a poor attitude, and either retrain those individuals or invite them to explore other career opportunities. Make sure all employees understand the mission and core values of the practice. Choose team members who are excited and happy to come to work, which will translate into happier client experiences.</td>
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<tr>
<td><strong>5. MISDIAGNOSIS</strong></td>
<td><strong>Medicine is not an exact science.</strong> Occasionally we make mistakes. Nineteen percent of bad reviews are related to an erroneous diagnosis. Clients feel angry because they may have spent a lot of money to reach the wrong diagnosis.</td>
<td>Swallow your ego, empathize, be honest and listen to concerns or frustrations. Encourage clients to get a second opinion when in doubt.</td>
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<tr>
<td>THE ISSUE</td>
<td>WHY IT OCCURS</td>
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<td>6. COMMUNICATION</td>
<td>“Miscommunication can often lead to clients misunderstanding treatments and payments,” Khoo explained. Seventeen percent of bad reviews follow an experience with poor communication.</td>
<td>Make sure you or a team member provides a detailed estimate before care is provided. Explain what you are doing to a patient as you perform a physical exam. Use everyday words to make sure clients clearly understand what you are saying. Explain both your recommendations and the financial consequences.</td>
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<td>7. PHONE ETIQUETTE</td>
<td>The “ability to communicate on the phone is a lost art,” Khoo observed. So, it may be no surprise that 10 percent of bad reviews are written following a negative experience on the phone. People hate being placed on hold. A 5-minute hold time is unacceptable.</td>
<td>Respect basic phone etiquette: Be polite, cheerful, focused and respectful. Always ask for permission before putting someone on hold. If you anticipate a long wait, ask for a phone number to call back.</td>
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<td>8. WAIT TIME</td>
<td>“People hate waiting, especially if they set an appointment,” said Khoo – but interestingly, he explained, “usually wait time isn’t the main factor that leads to a one-star review. Typically, a prolonged wait time starts the avalanche of other complaints.” For example, a long wait time may lead to a rushed appointment, which only compounds the client’s anger. Ten percent of negative reviews are triggered by such an experience.</td>
<td>Do everything in your power to stay on schedule. One veterinary study showed that 70 percent of pet owners become irritated after less than 15 minutes of waiting.</td>
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<td>9. DEATH</td>
<td>Death is an inevitable reality in veterinary medicine and can be due to a pet’s old age, end-stage disease or monetary limitations. In any case, said Khoo, 7 percent of “the reviewers are writing based off their emotions.” Pet owners are upset about their pet dying, but they’re sometimes even more upset about how the veterinary staff handles the situation.</td>
<td>Show empathy, and remember the power of the human-animal bond. Grieving is a process, and part of our job is to help clients survive it. We can ask how a client will cope with the loss or honor the pet’s passing. We can provide suggestions, if needed, so that the grieving process is as healthy as possible.</td>
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<td>10. FACILITY</td>
<td>The final complaint in the report relates to facilities (6 percent of one-star reviews). Cleanliness and organization are very important for preventing infection. Unlike human health care facilities, however, veterinary practices are not held to cleanliness standards. Few practices employ a janitor and instead rely on technicians and receptionists to clean and organize the hospital. Poor reviews are posted after visits to a practice that smells like urine or feces, or that looks disorganized or cluttered.</td>
<td>Cleanliness and organization need to be top of mind for all practice employees. Paperwork should be tidy and “accidents” cleaned up promptly. A daily checklist is a good way to make sure everything gets cleaned regularly.</td>
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**Usually wait time isn’t the main factor that leads to a one-star review.**
Why Your Practice Needs a Website

If your practice can’t be found online, you’re wasting money and losing business.

By Chris Panebianco

I t’s hard to imagine a business today that doesn’t have an online presence. Yet the fact is that many still don’t. The results of a recent survey from business-to-business research firm Clutch show that nearly one-third of small businesses in the United States do not have a website.1 While this is an improvement from 2016, when Clutch reported that nearly half of all small businesses didn’t have one,2 there are still many that need to catch up.

If your veterinary practice is among that 30 percent still missing from the internet, it’s time to start building your website — and building it right. If time and money are your barriers, they can be overcome. A practice website is an investment that can reap great long-term rewards and opportunities.

After examining the following reasons why every veterinary practice should have a website, you may agree that the upfront investment is more than worth it.

GET FOUND
What’s one of the first things you do before making a purchase? I’m willing to bet it’s research. I’m also willing to bet you use Google to produce the best results for what you want to learn.

Pet owners are no different. If a pet owner in Syracuse, New York, for example, is looking for a new veterinary practice, that person could easily search “veterinarians in Syracuse.” In return, pages of results will drive the pet owner to practice websites and client reviews. Doesn’t your business deserve to be found by prospective clients?

The bottom line here is that the more easily your practice is found online, the more likely prospective clients are to find you.

MARKET YOURSELF
Your practice website is the place to:
• Describe your practice. Explain who you are, what you do and why clients should bring their pets to you. Feel free to share your philosophy and approach to care, as well.
• Help clients find you. Make it easy for clients to contact you — display your practice address, phone and email address prominently. Note your hours of operation front and center.
• Promote your services. Describe everything your practice offers: surgery, boarding, training, clinical trials, pet loss support, adoption, etc.
• Introduce your doctors and staff. Offer employee bios that highlight the experience, certifications and education of your team. Pictures also help clients put faces to names.
• Leverage word-of-mouth. Do you have happy customers? Ask them to provide a short testimonial or review of their experience. This not only allows you to receive feedback on what you can improve but also serves as an excellent marketing tool.

BUILD CREDIBILITY
A website that authentically reflects your operation can build credibility. Think of your website as your digital storefront, representing how you want people to view your practice — professional, helpful, organized, etc.

EASE YOUR ADMINISTRATIVE BURDEN
Simple tasks can take up a lot of time in the workday. Consider how often your staff handles calls to provide hours, services and directions; schedule appointments; and explain what types of payment you accept. A website can easily address common questions and even offer clients a place to request an appointment without the hassle of calling.

DON’T BE LEFT BEHIND
If these reasons inspire you to build a website (or update an outdated one) but you lack the time, expertise or money to do it on your own, don’t be discouraged. A number of companies and consultants can build you a website that will help your practice grow.

Clutch forecasts that the number of small businesses without a website will drop to as low as 8 percent in 2018. Don’t let yourself fall behind — unable to be found online — and lose business to the competition.

References available at VMIToday.com.

Mr. Panebianco is chief marketing officer for Bankers Healthcare Group (bankershealthcaregroup.com), the leading provider of financial solutions for healthcare professionals. BHG has worked with more than 110,000 practitioners to provide more than $2.7 billion in capital funding.
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