

Veterinary economics[®]

The business of client and patient care

INCLUDES THE
dvm360[®]
toolkit
Social media



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"I left the thermometer you-know-where"

Just fess up to clients ...

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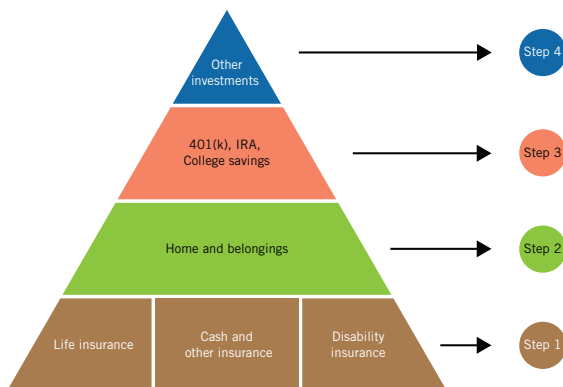
Gimme shelter A dvm360 Google+ Hangout

ASPCA veterinarian Dr. Jed Rogers and private practitioner Dr. Jeff Werber sat down with *dvm360* editor and news channel director Kristi Reimer to discuss the current state of veterinarians' work (or conflict) with shelters and rescue groups. The two shared stories of how the relationships between veterinarians in private practice and those who work in shelter medicine can be formed and nurtured, plus, what it's like to work on the other side of the nonprofit divide. To watch the archived video on demand, head over to dvm360.com/shelterhangout.



Personal finance: What associates need to know

Personal finance is easy for some—and extremely tough for others. If you could use a personal finance philosophy reset for yourself or a veterinary associate you know, try this pyramid. Download it now at dvm360.com/pyramid.



BizQuiz: *Can you spot employee theft?*

You may trust your employees, but are you certain there are no thieves among your staff? It may be a skill you never have to draw on, but it never hurts to be prepared with strategies to address theft in your practice. Test yourself today at dvm360.com/theftquiz.



It's a family affair:

Introducing
*the Veterinary
Economics
Career and
Family Survey*

This new survey, designed by *Veterinary Economics* contributors Drs. Eden Myers and Ryan Gates, aims to provide information about how veterinarians' careers and families affect each other. We will share results in an upcoming issue. Finish the survey, and you can download "The Best of Benchmarks" PDF for free. To get started on the survey, head to dvm360.com/familysurvey.



Get social *Posts and tweets about vaccination facts & figures*

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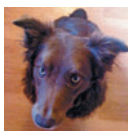


Veterinary economics®

The business of client and patient care

We asked our team: Where did your pet come from?

JESSICA ZEMLER
A friend of a friend was about to relinquish



Cassie to a shelter but she found a home with us instead!

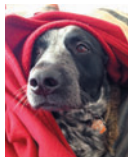


ADRIENNE WAGNER
Ike was a rescue pup.



JENNIFER VOSSMAN, RVT
I adopted Montana from Maple Woods Community College vet tech program.

KATIE JAMES
Shelter! I fell in love with



Blitz while volunteering at the shelter walking dogs.



DR. THERESA ENTRIKEN
Grimm and Fleur were cardboard-box castaways at the veterinary hospital door; Severus—drenched, rescued near a stream.

Mission
To give practicing veterinarians the business tools, insights, ideas and inspiration they need to fuel their passion for practice; run a well-managed, profitable business; enhance client loyalty and satisfaction; and maximize their patients' well-being.

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When euthanasia is a valid choice

Reader sympathizes with a DVM making the tough call.

I would like to comment on “Gone too soon? When ethics and euthanasia conflict” (July 2014). I know it’s hard to euthanize a young, healthy pet with aggression issues. I’ve been in the veterinary field for more than 30 years and, unfortunately, I’ve seen the opposite side of waiting out an aggression issue or thinking it’s a “flake.”

Years ago I had a dog that “nipped” a toddler who came to visit. Was there too much excitement? Probably. Even the ER doctor treating the child felt bad

for the dog. Then the dog bit my daughter. Again, we thought, “Just an accident,” but we were more cautious. My neighbor’s son spent the weekend with us and played with the dog, everything seemed fine. A week later, the dog attacked this boy, unprovoked. After 90 stitches to the child’s face, the stress of living with children and an unpredictable dog was too much and we put the dog down.

In aggression cases where children are involved, I feel this is the best option. We can’t



Gone too soon? When ETHICS and EUTHANASIA CONFLICT

There are bound to be shades of gray in difficult decisions, but is euthanasia too often the end result?



When speaking with a friend the other day who always shows an interest in what I do, I told him about a sad case in which I euthanized a healthy 5-year-old Great Dane. The reason was a severe case of head-on-trauma aggression. The pet was a rescue that looked terrifically well in owner—so much so that there was destructive behavior when the owner left the house. A few attempts of anti-depressants only made the problem worse. In the owner made observations and only went places where she could take the dog. Unfortunately, anxiety turned to aggression at first with other large dogs, but then with any dog during to walk in front of the house. The Great Dane would turn into the Incredible Hulk, and the window blinds and anyone in the vicinity would pay the price. One day the owner's grandson was a little too close when a dog walked by and he got the front end of the aggression. The owner told herself it was a fluke and that she would make sure the grandchildren don't play near him or the windows. But one day he would come home of his Mr. Hyde personality. With no one else left who could give him to and without the financial means to pursue consultation with a veterinary behavioral specialist, she felt she had only one choice. After a long conversation, so difficult as it was, I agreed. After telling my friend this story, he asked about covering all of the dog's teeth. Wouldn't that make him less of a threat and therefore allow him to stay alive and in the house? I told him that would be unethical. Certainly there are dogs that have their teeth because of dental disease or an immune-mediated reaction to their teeth and need to have them all pulled. But removing all the teeth from a dog with a healthy mouth is something we simply don't do. I explained that a dog without teeth doesn't become harmless; the dog can scratch or knock someone down, especially over this case. Our conversation did get me thinking, do veterinary ethics being less than to pressure euthanasia? Should a dog be euthanized that won't stop making an apartment or another what the owner tries? There are scratching cats that keep their houses and lives when they're declawed. In the Europe and Australia, veterinary ethics have made this illegal. In some areas, there are widely recommended procedures to spay and neuter dogs and cats is deemed unacceptable and unethical. For some of these issues, there will never be a black-or-white answer. The best we can do is talk about them and push the envelope in areas where it can be pushed. *vs*



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expect children to know how to behave around an aggressive dog. Have I second-guessed my choice in keeping this dog after the first incident? Yes! I know there's no black-and-white answer, but where children are involved, euthanasia must be strongly considered.

*Audrey Shaner
Technician and business manager
Gilbertville, Pennsylvania*

Growth: Is it real? or dollars just shifted?

I am ready to hypothesize that our profession has learned very little since the recession started. An article (“State of the Industry”) in AAHA’s June 2014 *Trends* analyzed the percentage of practices that experienced significant growth since the recession with the intent to give us tips on how we could all do a better job attracting clients and generating income. Here’s the rub: There was no data indicating the age of the practices that were surveyed, discussion of the short and long-term health of the regional economy for the owners that responded, or how many new practices had opened in each respondent’s demographic. The author concluded that we could all be equally successful if we followed these growing practices’ examples. But the question remains, what growth might be a result of redistribution, not

actual growth within our industry? And how about those nice, shiny new colleges of veterinary medicine opening? Other professions are recognizing an imbalance between supply and demand in their ranks—why can’t we? Never mind that we already have more graduates than the marketplace can absorb—let’s throw more into the workforce. How long will I be returned to dust before the state and national associations start making an earnest effort to address these financial challenges? When will we see a real study addressing the economic challenges in the marketplace? Until then, let’s keep smiling and lower our prices, because frankly, we may be worth a little less than we thought.

*Lee Stuart, DVM
Palm Coast, Florida*



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Will third-party plans work for me?



Q: I'm thinking of promoting a third-party payment option to clients. Anything I should be ready for?

Third-party payment plans remain a hot topic, but one of the oldest complaints about them is that the clients who need them don't qualify. This used to be true, but now it seems like everyone wants a separate card to use for their pets, which helps. It will always be true that some folks still won't qualify—that's where nonprofits can help.

But always take a look at all the options available and the nature of the procedure before turning someone away, says Dr. Jeff Rothstein, MBA, *Veterinary Economics* Editorial Advisory Board member and president of the Progressive Pet Animal Hospitals and Management Group in Michigan.

Dr. Rothstein's practice offers a third-party pay-

ment option as well as an in-house payment plan.

"If we had a \$1,500 surgical procedure, we have the ability to charge half up-front and then set an auto-payment of \$250 a month for three months," Dr. Rothstein says. "Our accounts receivable is low so we take little risk doing this for established clients, and we turn away few procedures or treatments."

The other concern, of course, is with fees for third-party payment plans.

Dr. Rothstein pays an effective rate on his practice's credit card processing of about 1.7 percent. The minimum with one of the major third-party companies is about 4.9 percent, but can rise to 13 percent. **VE**

Free care for veterinary practice employees: *Good or bad?*

Q: We want to give the team a 3 percent bonus to use at our practice. Employees who leave can take 50 percent of the balance (cash) with them or leave it for future use. OK?

While giving back to employees is a great idea, doing it this way could run afoul of tax laws, says Mark McGaunn, CPA, CFP, who works with veterinarians and veterinary practices at McGaunn & Schwadron, CPAs in Boston.

"In this instance, the \$800 is really compensation," McGaunn says. "If employees are able to cash out at the end of their employment, this money should be running through the payroll system. If you're taxing the money when you give it initially, that's fine. But if it's free care and the

employee won't pay anything out of pocket for a \$200 procedure, during an IRS audit it would cause a problem.

An option might be to give an employee discount or reduced pricing on food or retail products sold in the clinic.

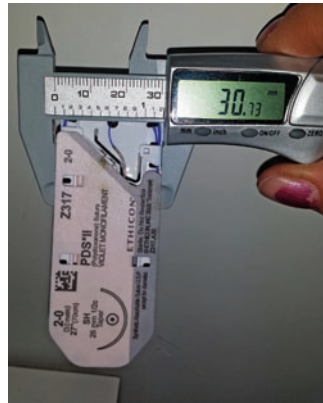
"In the eyes of the IRS, a 20 percent discount is fine. More than that is a problem," he says, "Or if the employees want to purchase food or retail products at the hospital, you could reduce the price to cost. So the employee wouldn't have any additional out-of-pocket cost on the item." **VE**

Use suture pack to measure

Here's a quick way to find a 3cm margin when a caliper isn't handy.

When removing a mast cell tumor, a 3cm margin is recommended. What do you do if your doctor doesn't have a scalpel handle with measurements on it, and you don't have a sterile caliper? Give them a pack of PDS suture. The plastic part of the suture pack is exactly 3cm.

*Melissa Meredith, CVT
Aroma Park, Illinois*



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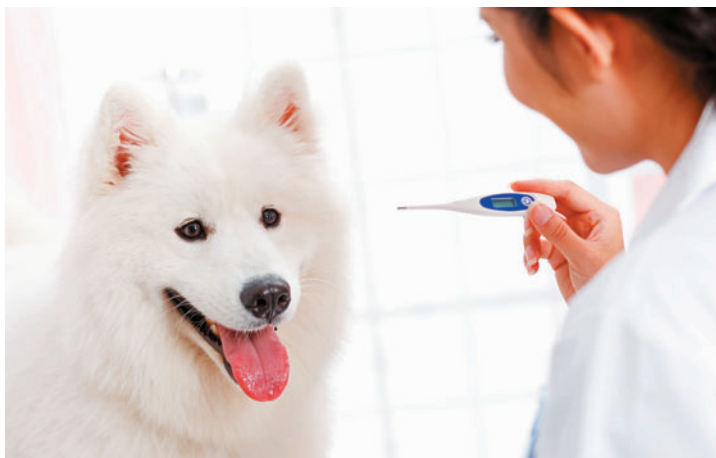
Admitting mistakes isn't as detrimental as you'd think.

Saying “I'm sorry” can actually strengthen trust. *By Marty Becker, DVM*

When I first started practicing in southern Idaho in 1980, parvo had swept into our community and my partner went out of town for his first real vacation in five years. The clients didn't know me, the team didn't trust me and I was worried sick about making a mistake. I was doing pretty well until the end of the second week of practicing alone: A pet owner checked out, took their dog out to the car and brought back in the thermometer I had forgotten to take out of the dog's you-know-what.

Flushed, my mind raced. I had to admit I made a mistake and say I was sorry. I remember thinking this was a big mistake and the client wouldn't trust me to see their pets but would rely on my partner.

Two months later, they brought another pet into the practice. To see *me*. Poking fun at myself, as I inserted the thermometer, I asked them if they trusted me to remember to remove it this time? With a smile they said, “We never gave the missing thermometer thing another thought. But we were



impressed when you called back the next day to check on Sam and said you thought you might have made a mistake in the antibiotic you prescribed.” I had asked them to come in and exchange what I'd sent home. They told me they liked somebody who is confident and competent, but they valued more somebody who is compassionate, emotionally connected, can admit mistakes and build trust.

Talk about a teachable moment. Since then, when I've made the wrong diagnosis, my prognosis was off, or the treatment plan didn't work as expected, I say I made a mistake, am sorry and outline how we

can make it right or what steps we'll take to make it less likely to happen in the future.

Far from diminishing my reputation or the economic vitality of the practice, these immediate, sincere admissions served to build trust, repeat visits and referrals. True trust means always saying you're sorry when you make a mistake. **VE**



Veterinary Economics Practice Leadership Editor and CVC speaker Dr. Marty Becker is author of *The Healing Power of Pets: Harnessing*

the Amazing Ability of Pets to Make and Keep People Happy and Healthy. Dr. Becker also practices at North Idaho Animal Hospital in Sandpoint, Idaho.

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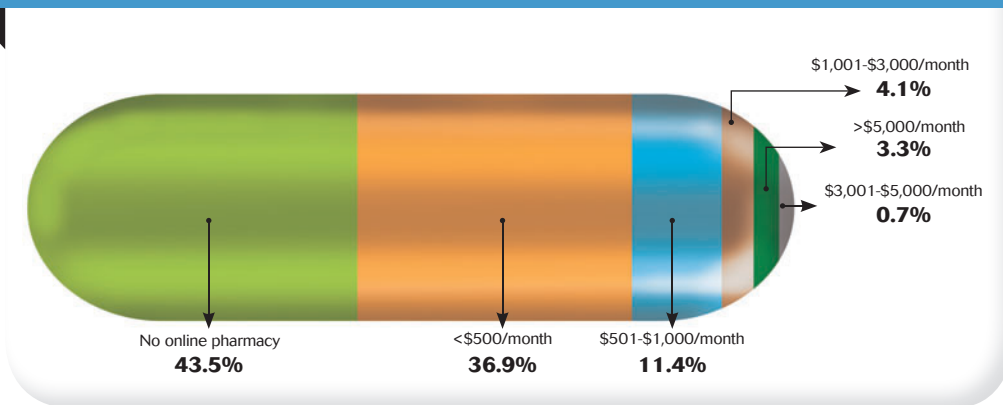
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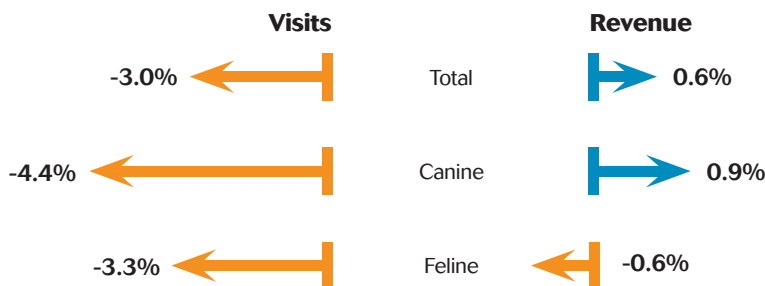
This monthly column covers market data, industry trends and more. For more, head to dvm360.com/datacenter.

Info capsule: Practices' online pharmacy revenue



The September edition of the Veterinary Hospital Managers Association (VHMA) Insiders' Insights surveyed members about their online pharmacy. About 80 percent said they didn't have one or that it didn't make much money. Some practices struggle with the cost to run an online pharmacy, which products to carry and how to price them, and marketing the online store.

How do your August numbers stack up?



The VHMA thought that shifts in visits and revenue for August 2014 compared to August 2013 may be related to the fact that new-client growth for 2014 as a whole has trended down. Depending on current clients to provide growth isn't realistic; expense management becomes essential if revenue growth is flat.

Stuck in a *sorry strip mall*? All is not lost

Spiff up your leasehold location with client-pleasing improvements.

By Dan Chapel, AIA

Nothing impresses a client more than their first impression of your veterinary practice. It could be the way your hospital stands out in the retail center ... or the convenient parking space right next to the front door ... or the pleasant odor pet owners notice when they come in. First impressions are important!

If you're stuck with a strip mall's aging exterior, consider these items you can improve—or ask the landlord to hop to:

> Live up your lighting.

Make sure parking and driving areas are adequately lighted, paying particular attention to client safety and convenience. Some spaces should be extra wide for clients who are unloading pets or carriers.

> Pay attention to parking.

Your lot's paving should be in good repair. Parking spaces and directional arrows should be clearly striped.

> Evaluate your entrance.



>>> A few simple touches, such as the attractive plants, well-kept parking area and highly visible sign designating the entrance of Complete Pet Animal Hospital in Litchfield Park, Arizona, can help your leasehold practice rise above its surroundings.

Your entrance should be easily visible from all parking areas.

> Pay attention to plants, fences and other outside touches.

Unfortunately, the size of landscape areas, fences and the type and number of plants are often controlled by your building's owner. If you have room, pick a few low-maintenance plants (hopefully with some colorful blooms) and plant them in pots flanking your entrance.

> Create a place to potty.

Want bonus points? A marked urination area for pets entering the hospital is a helpful convenience for clients.

> Snaz up your sign. Most

shopping center or strip mall signs have a number of smaller tenant signs all competing for attention. If you're able, try to redesign your sign to make it stand out and grab the eyeballs of passers-by. And make certain the signage above your entry is clear and easy to spot as well.

Fixing things for your location-challenged hospital is never a one-size-fits-all answer. But you'll get your best results if you always think first of your clients and their pets. **VE**

Dan Chapel, AIA, has designed more than 600 facilities, including at least two Veterinary Economics Hospital of the Year Award winners. Chapel is also a Veterinary Economics Editorial Advisory Board member.

Color your way to better pet care



Use these coloring sheets to educate your littlest pet owners—and their parents—about the tasks and responsibilities children can assume with supervision.

Children are an important link in the chain of pet care. Copy the forms at dvm360.com/color and use these tips to educate pet owners, big and small:

Step 1: Color your way to a smile

When little pet owners enter your practice, offer up the coloring sheets and a box of washable crayons or colored pencils. Invite children to draw a picture of their own pet and, using child-safe scissors, cut it out with an adult's supervision.

Step 2: Interact with the paper pet

Using the dishes, bowl and leash they colored, kids can interact with the pet. One of your team members can show the children the daily care a pet needs and the activities they can help with, depending on their ages. Consider these sample chores—and discuss with your team the activities

you recommend for children, depending on their ages. Just remind parents that these activities should happen under an adult's supervision for the child's and pet's safety.

At age 10 or older, most children can offer most of the care a pet needs but they still need a parent's supervision to make sure they don't forget tasks, overfeed or underfeed, for example. **VE**

Ages 4 to 6

- > Pet your pet every day.
- > Brush your pet with help from an adult.

- > Offer up a treat by placing it on the ground for your pet to pick up.

Ages 7 to 9

- > If you have a dog, practice walking him or her with a parent's help.
- > Play ball with your dog or "fish" for your cat with a fishing pole toy.
- > Practice tricks such as "shake hands" with your dog.

Ages 10 and older

- > Feed the pet using a measuring cup and with a parent's supervision.





The war is } OVER }

Veterinarians fighting nonprofits are on the wrong side in pet owners' eyes. Here's one practice working with rescues to alleviate suffering and find new clients. *By Eden Myers, DVM*

While private practices and nonprofit shelters providing veterinary medical services elsewhere (like Alabama and Texas) are at each others' throats for getting in each others' pockets, one clinic has figured out a way to make the shared mission to improve pet welfare work for everybody—business and nonprofit.

Animal Care Clinic is a growing private practice in Huntington, West Virginia. The clinic—built 50 or so years ago—serves a clientele of modest means. The current owner, Dr. Mark Ayers, bought it in 1995. Dr. Ayers also owns and manages nearby Ayers Animal Clinic and was the only veterinarian at both clinics for a number of years.

Chad Ferrell has been practice manager at Animal Care Clinic since 2003. In 2009, six years after becoming manager and a year into the recession, Ferrell went to Dr. Ayers with a plan to grow the clinic. He wanted to actively pursue rescue organizations as clients. Dr. Ayers was doubtful, but Ferrell had a proven track record managing the clinic, numbers that made sense and a passion for the work. Dr. Ayers said he was willing to try it if the clinic's full-time associate veterinarian, Dr. Ginger

Ellis, was on board. Being a dedicated rescue advocate herself, she was.

First-year success

Ferrell's plan limited the practice's exposure to risk. He offered a set discount to one rescue group and evaluated weekly revenue, and examined the year-end tax return to decide to continue or not.

"The tax return revenue was up," Ferrell says. "Not much, but it was up. So we kept doing it."

Would the clinic have been up without this move, just from the recovery that followed the recession?

"Maybe. But we were growing, and other clinics weren't," Ferrell says. "The [drug] reps would talk about how hard it was to get time here because we always had appointments; the delivery guy would say how our orders were bigger. Now we're looking for another doctor, when some [other local clinics] are closing a half-day a week."

Time to socialize

One demonstrable difference? The clinic's Facebook page. Animal Care Clinic has nearly 1,100 followers; Ayers Animal Clinic, right up the road, under the same ownership and management

dvm360
leadership
CHALLENGE
Working with
shelters

Anger can spill into veterinarians' relationships with nonprofit shelters and rescues, so we're trying to heal the divide with information and advice here and in the pages of our sister magazines this month ...

Find it all here
dvm360

Can this relationship be saved? A close look at the contentious relationship between private practice veterinarians and nonprofit groups—plus where there's more collaboration than competition.

Veterinary
medicine

A view from both sides. Read the inside story of one veterinarian's transition to shelter medicine and discover the obstacles—and rewards—he's seen.

firstline

Come together. Get updates on the veterinary technician Shelter Medicine specialty as well as tips on how shelter and practice team members work together to protect pets in need.

philosophy but without the rescue work, has barely 600 followers. “Every time I get a notice that we have a new follower, I click on who it is,” Ferrell says. “Almost all their mutual friends are associated with rescue.”

Ferrell encourages his team members as well as rescue volunteers and fosters to share on social media. “The staff is on Facebook almost all the time, posting pics of their own pets, so they get that,” he says. “We want others, 15 minutes after they walk out of here, posting to all their friends about how glad they are that Animal Care Clinic got them in right away even though [the client] is just a foster and how much they appreciate us getting Fluffy on meds today instead of her having to wait until tomorrow to start feeling better.”

Building long-term credibility

The longer the practice continues with rescues, the more the clinic benefits, Ferrell says. But it wasn't easy to build support from the rescue community. He put in the hours: “There was about six months when every Saturday, it was a choice between go do something I wanted to do, or do something I knew I needed to do to make this work.”

Ferrell spent most of that time at adoption events in nearby malls and neighboring towns. The rescues were thrilled to have a clinic representative there. Ferrell lent credibility, and potential adopters were more willing to stop and check out the animals. He would answer general questions from potential adopters, give talks on specific topics like adopting older dogs from the shelter, or vaccination and preventive care schedules. He gave away a few promotional items the clinic got for free: dog toys, flea and tick preventives, and puppy and kitten care books, courtesy of a pet food company. And he tucked an Animal Care Clinic business card inside each book or brochure.

Growing the business

Ferrell's plan paid off. While the first rescue he worked with was a small group that didn't last,



Working with rescues: Takeaway tips

- 1. Run the numbers.** Pricing as well as revenue and new-client goals should work for your practice in your market with your profit margin.
- 2. Find and continue to inspire team members who share your passion.** It's just not possible any other way.
- 3. Educate rescue administrators, volunteers, fosters, donors and adopters.** You benefit them (smarter pet advocates), you benefit your practice (grateful and educated clients) and you benefit the pets. Show *and* tell them!

Not all rescues are created equal

When money gets tight, you want to work with organizations that halt intake or put additional effort toward fundraising rather than trying to cut costs by asking to pay less for care or by shortcuts in exams, testing and more. An organization that brings a lot of animals through the clinic, Pitiful Paws Rescue, occasionally goes on intake hold when their bill gets too high. “We totally suck at intake hold,” laughs Pitiful Paws Rescue co-founder Desiree Huff, “so it's a good thing people respond when we make an appeal!”

the plan did. By the end of 2010, when the original rescue had broken up, two more came to the clinic to ask to become clients.

Today, the clinic works with more than 30 organizations, many across state lines, ranging from single individuals to groups with their own full-time veterinarians on staff. The plan worked so well that business outgrew Dr. Ayers' ability to keep up with both practices, and Ferrell bought Animal Care Clinic in 2013.

Ferrell estimates that 20 percent of the animals the clinic cares for are rescues, with between 10



Find it all here
dvm360
Rescued tips

Get a city practice's advice on setting ground rules to work with nonprofits at dvm360.com/workingwithshelters.

LEADERSHIP challenge

and 20 coming through the clinic for the first time each week. “And that’s just the new ones,” Ferrell says. “That doesn’t count booster visits, if they get sick, and when they come in for their surgeries.”

At a time when other practitioners complain that nonprofits have stolen all their spay and neuter business, Animal Care Clinic has a weeks-long surgery backlog at prices that guarantee reasonable profit.

The rescue work also is not limited to spays, neuters and vaccinations—the bread and butter that many veterinarians resent the loss of so keenly. Each of these rescues has its own protocols, depending on mission and resources. Most cover FeLV/FIV/heartworm screening for cats. Many also have standing authorization for fecal exams and parvo tests for dogs with diarrhea or skin scrapes for animals with itching and hair loss.

No “us vs. them”

Clinic employees are all just as passionate about pet health as Ferrell, so rescuers get a consistent message of what services are needed and why that care is worth

Rescue pricing

To make sure Animal Care Clinic doesn’t lose money, practice owner Chad Ferrell calculated the cost and necessary profit margin for a bundle of services he saw as most useful to rescued animals: physical exam, distemper parvo vaccine combo, rabies vaccine, spay or neuter, fecal test and heartworm test. He gives a 25 percent discount, and the clinic still makes money. If organizations ask to buy individual services, the clinic can’t offer the same discount because of the increased time to handle those transactions individually.



paying for. There is no temptation at Animal Care Clinic to see it as “good-hearted rescuers” vs. “money-grubbing veterinary clinic” because, as Ferrell puts it to any employee who complains, rescuers also pay the bills. Early on, one key technician exclaimed, “Omigod, these rescue people think we’re at their beck and call!” Ferrell responded on the spot: “Omigod, these rescue people are paying your check!”

Sometimes coordinating care for rescues bringing in so many animals at once can be complicated. Some rescues don’t always have advance notice about incoming animals or what condition they’ll be in. Frequently, these are animals that need to be examined, and possibly treated, immediately. There’s nothing quite like having two litters of parvo pups, a hit-by-car dog and a trap full of feral cat neuters come in over the space of an hour ... on top of a full surgery and appointment schedule. Oh, and 10 health certificates to be written for dogs leaving tomorrow at 5 am.

The two-hour lunch

One technique Ferrell uses to provide some buffer is holding onto a long-held tradition at the clinic: the two-hour lunch. Originally instituted to give Dr. Ayers more flexibility when he was the only veterinarian at both clinics, the lengthy lunchtime has proven very useful the more rescue work the clinic does.

On not-so-crazy days, everyone gets a much-





Delegate away!

For a good working relationship with a shelter or rescue to financially and logistically work in practice, Ferrell says time management and delegation are a must: "None of this will work in one of those clinics where the doctor has to do everything. It can't be the doctor doing all the client education. But a technician can spend an hour talking to a rescue while the doctor and another technician see four more rooms. It's all about how you can get the work done, and how each person can be making the most money for the clinic with their time."

needed break. On crazy days, the clinic buys lunch.

Ferrell also cultivates a lot of patience for what other clinics would call drama. He realizes staff members are asked to be extra-flexible at work and juggle a lot of rapidly changing tasks. And that takes a toll. It can leave everyone short on patience or unable to summon the skill to negotiate day-to-day conflicts calmly. But it is that same emotional investment that makes the whole thing spin.

When I interviewed technician Steph Dunkle about the craziness of serving so many masters in practice, everything came to a halt in the

middle of a hurricane of paper-work and treatments. Not lifting her eyes from the forms in her hands, Dunkle told me, "It's worth it when they get homes." Heads nodded around the room, then the whirl of activity started back up.

Rescue isn't a panacea for every pet, nor will cultivating rescue work be the be-all and end-all solution for every private practice trying to compete in a crowded market. But it can work, and save lives and alleviate suffering along the way. **VE**

Dr. Myers is an associate working in Austin, Texas. She runs the website justvetdata.com.



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Managing your social media in 1 hour per week p2

PLUS



Get social!

Social media is here to stay—and in order to see and be seen, you have to participate! For expert ideas on how to get started, finesse your current strategy, or avoid common mistakes, head over to dvm360.com/socialtoolkit.

Your social media tools:



Team handout

A social media policy for your practice

>> PLUS 4 social media mistakes you DON'T want to make

p04



Facts & figures

What your peers think about social media—and how they actually use it

p05



Videos

>> Dr. Ernie Ward on how team members help make your clinic's social media successful

>> Drs. Andy Roark and Dave Nicol with the top 10 ways to blow it on social media

>> Dr. Andy Roark on the importance of being funny to increase engagement

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Marketing tool

>> Prewritten posts and tweets on annual exams

>> The comprehensive post & tweet topics

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Take Action

>> Easy video ideas for YouTube

>> Handout: Help clients show love for your clinic

p08

Manage your social media in 1 hour a week

Your clients are using Facebook, Twitter and LinkedIn. If you want them to see you, use these 6 steps to manage your presence. (And stop wasting your time!)

By Andy Roark, DVM

There is no doubt that people today are looking online for their veterinary care providers. That being said, there is also a valid need to expend marketing resources wisely. With that in mind, here is a six-step plan for maintaining a useful social media presence by devoting just one hour per week. Let's get started.



Dr. Andy Roark is the founder/managing director of veterinary consulting firm Tall Oaks Enterprises, LLC. Check him out on Facebook or @DrAndyRoark on Twitter.

1 Set reasonable expectations

Just like with a workout routine, you can't expect to put in minimal time and get herculean results. However, focusing your efforts in an efficient, meaningful way can give you results in the long term. You shouldn't expect to get thousands of fans, but rather to communicate with—and stay in the minds of—people who may actually bring their pets to you for care. You're going for quality in your connections, not quantity.

2 Remember your brand

Yes, the photo of the cat smoking a pipe you saw on the Internet may have been hilarious, but is that the picture you want associated with your clinic? Every post or tweet you put out should fit the brand image you want to build in people's minds. If in doubt, err on the side of caution and come across as caring and professional.

3 Pick a platform

It's better to have a single, well-run presence than a half-dozen neglected and disorganized efforts that all make you look bad.

For most practices, I recommend a Facebook business page. The other social media sites are great, but Facebook is easy to learn. It's also the largest network by far, and the number of posts you need to stay visible is manageable.

Facebook's recommendation system also helps put your page in front of people who live in your geographic area, and that's a big plus.

4 Find your content

No one wants to see you pitching your sales and services 24/7. They want follow your practice because you share information that's interesting, educational, helpful, funny and engaging. You should give them what they want (with a moderate dose of information about your practice, of course).

One easy way to do this is to let other people create the content and deliver it to you so that you can share the best of it with your own clients. Email newsletters are a wonderful way to get articles, blog posts and videos delivered right to your inbox. Some of the best media outlets you can sub-

scribe to are from the AVMA, (gratuitous plug alert!) dvm360.com and ASPCA Poison Control. When you need great content for your social media outlet, voila!

5 Use a scheduler

Now that you have clear goals, your brand on your mind, and a host of helpful, funny, interesting, educational and engaging content that you're ready to share, it's time to take action.

First, schedule one hour per week as social media time. Then create a plan for what content you want to put out over the next seven days. Use a web-based program to schedule your posts automatically at designated times.

My favorite scheduler is Hootsuite (hootsuite.com). Users can write their posts, attach files or links, and then set the date and time for the information to appear on Facebook, Twitter and other outlets. It's free to use, and once you decide how often you want to put out information, you can set your entire week in a single sitting.

The greatest activity on Facebook is on weekdays at 3 p.m., followed by 11 a.m. and 8 p.m. Wednesday at 3 p.m. is consistently the busiest time in the week, while Sunday is the slowest day. Keep these patterns in mind when deciding how best to schedule your posts.

6 Monitor what's happening

Once your social media initiative is up and rolling, you can't take your hands totally off the wheel. You must be responsive when clients communicate through your social media channel. Have notifications about client comments sent to your clinic via a regularly checked email address. And decide up front who will address these comments.

When clients reach out in this way, don't panic. You don't have to respond immediately, like you would if they showed up in person. Twenty-four hours (48 on a weekend) is a good response time and won't leave clients feeling ignored.

Like global warming and Justin Bieber, social media is an unstoppable force. It's undeniably changing and improving the way we communicate with pet owners. Even if you have

the most cutting-edge medical practice, you run the risk of seeming outdated without a presence in social media. So carve out an hour a week to log in and have fun with it. Then get back to the work of being a vet.



Ready-made content makes your "social" life a breeze

Cut down your time spent by using the prewritten posts and tweets from [dvm360](http://dvm360.com). You'll find client-facing posts and tweets on topics including pain management, behavior and nutrition—just to name a few! Copy and paste the content right into your Hootsuite account, scheduling it out at your leisure. Check it out at dvm360.com/postnow or go to page 7 of this toolkit for examples.



KNOWING THE *Boundaries*

Set the team on the right social-media track at your practice with this customizable policy.



For your own customizable version of this tool, go to dvm360.com/socialtoolkit.

As everybody dives into the world of online networking and social media, you need to be sure your team members know their boundaries when it comes to talking about work on the web. Try customizing this sample policy for your practice.



4 social media mistakes you DON'T want to make

1 Humble pie

When owners of Amy's Baking Company went on Gordon Ramsay's "Kitchen Nightmares" show, it got hot in the kitchen. In addition to the fiery on-air exchanges between Ramsay and the restaurateurs, the show aired footage that made the owners seem downright nutty. They took to social media sites to explain—or rather hysterically rant—their side of the story. The couple's postings went viral and caused an enormous backlash, forcing the restaurant to close for several days.

2 Post politics

There are many stories about employees accidentally posting their personal views. That's what happened when a Kitchen Aid employee discussed his negative opinion of President Obama. This accident cost the tweeter his job and proved to be a mess for Kitchen Aid that took weeks to clean up.

3 McMayhem

In 2012 McDonalds asked customers to post their stories about McDonalds using the hashtag

#mcdstories. And customers came through. In just two hours, there were more tales of unhealthy food and bad service than calories in a Big Mac. This tweet proved to be the real fat in the fryer.

4 TMI FTW!

Imagine one manager's surprise when her veterinarian turned in her notice ... on Facebook! It was against company policy and TMI for this DVM's online followers. The resulting swirl of online traffic had prospective employers gasping OMG.

dvm360 conducted a survey of nearly 3,000 veterinarians and team members, asking them to evaluate their information sources.

77% of survey respondents own a smartphone.

Of those **77%**,

What veterinarians think *by the numbers*

63%

use their smartphone for social media.



81%

of social media users use one or more of these platforms: Facebook, Twitter, Pinterest, Google+, LinkedIn, YouTube, Instagram.

For millennials, this jumps to **96.7%**

This is what they use those platforms to do:

40% use social media several times a day

6% use social media once a week

60% use Facebook both personally and professionally

38% use YouTube both personally and professionally

Why do they bother?

Top answer from men: To educate and connect with veterinary clients.

Top answer from women: To connect with veterinary peers.

42%

49%

Your clients, on social



200 LIKES

Let's say your practice Facebook page receives **200 Likes** this month. If the average Facebook user has 234 friends, that's 46,800 potential exposures for your business—for free.

1 TRILLION VIEWS

Each month, 800 million unique users visit YouTube and 72 hours of video are uploaded every minute. In 2011, YouTube had more than 1 trillion views, or around 140 views for every person on Earth. More than half of videos on YouTube have been rated or include comments from the community. For every click on dislike, YouTube videos get 10 likes.

SOURCE: DVM360'S "WHAT VETERINARIANS THINK" STUDY, 2014.



No phone handy? No problem.
The videos are ready to watch at
dvm360.com/socialtoolkit.



Watch and learn: Social media made easy

Wherein cute cat photos can actually save lives.

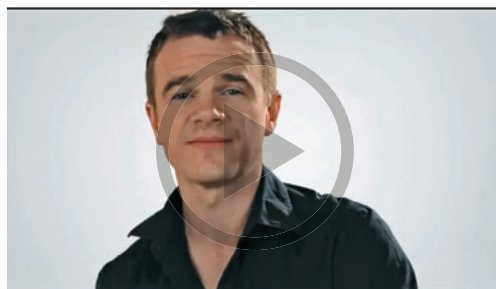
If our experts agree on one thing, it's that social media is one of the most powerful business tools you have at your disposal. It can be a very efficient way to connect with clients. Best of all? It's FREE. So take these tips to heart and watch your business boom.

Scan the QR codes below with your smartphone to watch these videos now.



Involve the team

Dr. Ernie Ward explains how team members are crucial to the success of the clinic's social media presence, because team members are the source of much of the content. Expanding team members' roles as content creators will add authenticity and precision to your social media strategy.



Don't blow it

Drs. Dave Nicol and Andy Roark are experts at applying social media in the world of veterinary medicine. It just so happens that the two are also experts at playing bumbling novices. Here they demonstrate the top 10 ways to blow it on social media. Do you see any similarities to the way your clinic handles online interaction?



Focus on the funny

It's easy to be goofy on Facebook and Twitter, but not for business, right? Actually, Dr. Andy Roark says humor fosters the elusive, magical word that everybody's after: engagement. By increasing your funny and otherwise likeable posts and tweets, you ultimately do a better job of spreading your message.



dvm360's social media marketing

Use your social media network to stress the importance of these preventive care topics to your client base.

The dvm360.com team wrote Facebook posts and tweets for your team to use to raise awareness of key health care issues with your clients and to help you encourage clients to visit and get the care their pets need. Get started today by visiting dvm360.com/postnow and copying the prewritten posts and tweets on these topics:

Check out these posts and tweets about annual exams



If we haven't seen your pets all year, then painful conditions could be going undetected and untreated. Set up an appointment today so we can be sure everything is A-OK.

Myth #245: Indoor cats don't need preventive care. Schedule Roxy's annual exam and we'll set the record straight. #pet #pethealth #petcare

When was the last time we saw your #pet? The more we see your cat or dog, the sooner we can detect problems. #petcare

When you don't bring your pets in for regular exams, we can't spot conditions like heartworm disease or kidney failure. Set up a time so we can examine your cat or dog.

- Annual exams
- >> Adopting a pet
- >> Canine aggression
- >> Important vaccinations
- >> Feline dental care
- >> Itchy ears
- >> Cat stats, facts & folklore
- >> Pain prevention
- >> Ways to pay
- >> Fleas
- >> Year-round flea and tick protection
- >> Older pets' failing senses
- >> Inappropriate elimination
- >> Life stages
- >> Holiday pet hazards
- >> Fear free veterinary visits
- >> Puppy & kitten care
- >> Dermatology
- >> Fun pet facts
- ... and many, many more!

Scan the QR code to send this tweet right now!





TAKE ACTION:

EASY VIDEO IDEAS for YouTube

Give a hospital tour

Have your most charismatic employee give a brief walking tour of your hospital, from the front desk through the exam rooms and into the treatment area. Shoot your video while the hospital is open for business so viewers can see your team in action. Then, post it on your practice website and on your Facebook feed. Ask your Facebook friends to share the video so their friends can see what your hospital looks like.

Showcase your equipment

Narrate steps while taking dental x-rays and then have a doctor describe the findings. Show what ear mites look like under the microscope. Make a video of a technician performing preanesthetic testing. And teach with instructional videos for clients—show clients how to brush pets' teeth, clean ears, give pills and trim nails.

Promote what's new

Welcome a new doctor or staff member with a brief video interview about his or her areas of medical interest, expertise and family pets, then post it on the "About our practice" page on your website, and tweet a link to that page. If you start offering a new drug, explain what it does for pets. If your practice does boarding and grooming, show off your suites and describe the pampering pets will get. Invite people to drop in for a personal tour. Even if the service isn't *brand new*, showing it on video makes it feel fresh.

This instructional handout for clients explains how to post a review on the two of the most popular platforms, Google and Yelp. To download your copy, visit dvm360.com/socialtoolkit.

One more tip

Help clients show *love* for your clinic

Most of our new clients now find us on the web and potential clients search reviews and compare the "star" ratings of each hospital. Writing those reviews isn't always easy, and there are many steps involved. To encourage reviews we make it as easy as possible by giving a brochure to clients that gives them step-by-step instructions on how to write a review for our clinic.

—Robert Henrickson, DVM
Manhasset Animal Hospital
Manhasset, N.Y.



Practice software: The right tool for the job

Work through this list of questions before signing a contract with a management software provider. *By Bash Halow, CVPM, LVT*

Long ago, I learned a lesson: Don't buy a potato tiller if you're planning to plant hay. Just like any other tool, you want to match your practice software to the job you're trying to accomplish. Here's a guide for how to do that:

Questions to ask yourself and your team

Before your purchase, sit down with your most thoughtful practice leaders and review the following questions with them.

- > How can the software help our practice make each point of client interaction superb? (Identify each step in your service cycle before thinking through this question.)
- > How does the software tell us we're living up to our service, care and financial goals? What information does our financial advisor need from the practice management software to do her job well?
- > Who on our staff can help us all use the software to its best ability, and what kind of investment are we willing to make to use this tool to its highest capability?
- > Am I, or is someone in my office, knowledgeable enough to lead our efforts to set up the practice management component of the new software? How about the system's inventory management component?
- > What will we need the software to do five

years from now that we're not doing now?

- > Do we have multiple locations or will we have multiple locations in the future? Will the locations need to share client information and other data?
- > Are we interested in purchasing this software because our current system doesn't work or because we never bothered to learn how to use it?
- > Rank the following in order of importance: financial data, medical record data, patient data, client data, client communication, internal communication, and integration with outside software.
- > Will I need to log into my software using a mobile device or laptop from my island retreat in the Bahamas? If so, is this software up to the task?

Questions to ask the vendor

Next, hitch up your jeans and park a foot on the bottom rail of the fence. It's time to talk to your local rep about what the software can do for you.

- > "Can you give me the number for your support desk? I'd like to call them now to see how long it takes to get them on the phone."
- > "Does your software function effectively with mobile devices (iPads, tablets, smartphones)?"



continued on page 19

Software comparison guide

Software	No. of practices using	Software cost	Features	Record migration?
AI Galaxy and AI Genesis (Animal Intelligence Software) animalintelligence.com	More than 200	Varies based on in-clinic server or cloud-based versions	Finances; medical records; client and patient data; communications management; multiple integrations with ancillary services; medical records fully integrated with inventory, pharmacy, communications, email, invoicing and estimates; client referral tracking; optional boarding module; personalized referral letters and client handouts; interactive digital imaging utility with DICOM capability; integrated credit card processing; accounts receivable and billing; appointment scheduler; business reporting; inventory ordering.	Yes; time and cost vary.
AVImark avimark.net	More than 10,000	Roughly \$7,400 (training, data backup, technical support, software)	Financial reporting; electronic medical records; reminders and marketing communication tools; information search; integration with more than 50 vendor partners.	Basic integration: \$1,650
Cornerstone (IDEXX) idexx.com/ cornerstonedemo	Not reported	\$6,399 (foundation software)	Core financial, medical, patient and client data; client communication capabilities with Pet Health Network Pro; compliance assessment tool; electronic whiteboard; inventory management; advanced specialty, referral and emergency practice tools; reporting and performance measurement with more than 400 reports; appointment management; staff scheduling tools; training available through IDEXX Learning Center.	Yes; time and cost vary.
eVetPractice.com (SERG Solutions) evetpractice.com	More than 100	Varies, from \$100 to \$200 per month	Cloud-based. Exportable sales and accounts receivable reports; SOAP-based medical records; demographic patient data; service and appointment reminder system; whiteboard.	Yes; time and cost vary.
ezyVet ezyvet.com	Not reported	Monthly subscription	Cloud-based. Financial data, medical record data, patient data, client data, client reminders and communications, in-clinic communication, integration with other software.	Yes; time and cost vary.
Hippo Manager hippomanager.com	Not reported	Monthly subscription based on no. of DVMS	Cloud-based. Financial management (point of sale and invoicing), medical records, DICOM viewer, inventory management, appointment scheduler, patient reminders.	500
Infinity (ImproMed) improved.com	More than 6,000	Varies	Accounts receivable; boarding; health certificates; client communications; DICOM; appointment scheduler; image viewer; take-home instructions; travel sheets.	Yes; time and cost vary.
MedaVet medavet.com	Six	Based on no. of DVMS	Cloud-based service to guide clients after pet undergoes surgery or treatment of a serious illness. Includes calendar of care tasks, email and text message reminders, learning material, uploaded photos, notes, text and video instructions, and more.	Will transfer current postsurgical-care instructions
Vetter Software vettersoftware.com	Hundreds	Monthly subscription based on no. of users and patients	Cloud-based. Scheduling, electronic medical records, patient profiles and histories, client profiles and histories, contact management, inventory and billing, reminders (automated email and text messaging), export capability to other financial/marketing/email software applications.	Yes; time varies.
VetOfficeSuite.com vetofficesuite.com	Not reported	Monthly subscription based on no. of clients	Cloud-based. Client and patient demographics; scheduling; automated email reminders for appointments, vaccines and preventives; inventory; procedures; transactions; financial and practice reports; complete electronic medical record.	Yes; time and cost vary.

Veterinary Economics requested key facts from practice software providers.

Mobile functionality?	Training	Technical support	Warranty
Yes (cloud version)	Online, on-site at extra cost	Phone	45-day money-back guarantee
Not at this time	On-site, video, phone, webinar, and more	Phone, email, online chat	N/A
Yes, on in-clinic tablets; diagnostic lab results can be viewed on smartphones, iPads and other tablets.	On-site and online	Online and phone, Monday to Saturday	Hardware warranties available
Yes (smartphones, iPads and other tablets)	Online, on-site at extra cost	Phone, email, online chat	Guaranteed 99.7% uptime
Yes; reduced number of features on smartphone and tablet	On-site	Online and phone	N/A
Optimized for iPads and other tablets	Online	Online and phone	Guaranteed 99.5% uptime
Yes (smartphones, iPads and other tablets)	Various options	Phone, online	N/A
Yes (smartphones, iPads and other tablets)	On-site and online	Online	N/A
Yes (smartphones, iPads and other tablets)	Online	Email and phone	N/A
Yes (smartphones, iPads and other tablets)	Online	Phone, webinar and remote log-in seven days a week	N/A

continued from page 17

> What kind of investment do I need to make on my side for an on-site IT director? Or, on the other hand, how much would it cost for you to handle it?

> Does your software support cloud-based storage and server capabilities? Or how much would I need to invest in a new server or to upgrade my server?

> Are there online tutorials, video training tutorials and so forth to help answer my questions after the installation process? Can you show me these?

> Is there a practice in my area that uses your software that would allow me to visit? May I watch them use the software and ask them questions?

> Are there three references I can call to ask about their experience with your software and the installation process?

> List all the ways I can use the software to communicate with my clients.

> List the third-party platforms and equipment with which your software integrates.

> Demonstrate how your software helps me improve my client compliance.

> Is your software company owned by or partnered with another company? If so, what is that company?

> If there's a problem with the data transfer from my old software, to what extent will your company work to resolve the issues and correct the mistakes?

Once you've answered these questions with the input of your team, you'll be confident you've chosen the right tool for running a veterinary practice—not planting potatoes. **VE**

Bash Halow is co-owner of Halow Tassava Consulting in Indianapolis.

What's bugging your team now?

Firstline asked team members to name their biggest frustrations in practice. Here's a sample of their answers—in their own words—and tools to boost morale and efficiency.



They say: "I'm frustrated by the lack of consistency in procedures and policies. Our owner will set up a policy that is supposed to be absolute and then ignore it if she wishes—or modify it without informing anybody."

What you can do: You're the boss, apple-sauce. And you can do what you want—just be prepared for team members to notice. Sticking to the policies you create is a hallmark of a good leader. And team members are more likely to follow your protocols if you stick to them too.

TOP 10 FRUSTRATIONS

1. Low pay and lack of benefits
2. Clients who can't afford care
3. Noncompliant clients
4. High cost of doing business and keeping practice finances in line
5. Not enough time to complete duties
6. The poor economy
7. Coworkers who cause conflicts or have bad attitudes
8. Clients who complain about the cost of veterinary care and don't understand the value of the service we offer
9. High turnover and lack of qualified candidates
10. Difficult clients

They say: "I'm frustrated by clinic owners and staff members not wanting to change anything. They just want to rehash the same complaints about over-the-counter products and low-cost shelter and clinic competition."

What you can do: Everyone needs to vent sometimes, but you may be surprised to discover your team members want to work with you on solutions when the venting is over. Think about how you can reframe the negative conversations in your practice to focus on making a plan with specific, measurable, attainable, realistic and timely (SMART) goals.

CHOOSE YOUR ATTITUDE



They say: "I'm frustrated by the lack of advancement opportunities. It's highly unlikely that I can be promoted to veterinarian."

What you can do: Start by encouraging team members to think about training they need to take the next step in their jobs. Offer the quiz at dvm360.com/earmore to help them plot a career path (And if a team member aspires to seek a DVM, maybe you can offer mentorship.)

They say: "I'm frustrated by my owner. I feel personal issues should stay private. You shouldn't take them with you to work. Leave them at the front door!"

What you can do: You've probably experienced the frustration of a team member who overshares. Have you ever been guilty—maybe just a little bit? To put yourself to the test, try the "Choose Your Attitude" exercise at dvm360.com/badattitude. [ve](http://ve.com)

SOURCE: 2013 FIRSTLINE TEAM TRENDS STUDY



products360

Dechra Veterinary Products Canine endocrine medication

Dechra Veterinary Products announces the addition of Levocrine chewable tablets to its endocrinology product line. The product provides levothyroxine sodium to aid in the treatment of canine hypothyroidism. The tablets are available in 180- and 1,000-count bottles with doses that include 0.1 mg, 0.8 mg and 1.0 mg.

For fastest response visit dechra-us.com or call (866) 933-2472



DermaZoo Pharma Omega-3 supplement

DermaZoo Pharma has released EPAZoo Omega-3 liquid, a lemon-flavored, concentrated source of 360 mg EPA (eicosapentaenoic acid) and 240 mg DHA (docosahexaenoic acid), plus vitamin E. EPAZoo contains USP-grade fish oil from wild-caught fish that has been mercury-tested at less than 0.1 ppm. Each bottle is stabilized with a nitrogen blanket before sealing. The product is available for dogs and cats in an 8-oz pump bottle (237 ml).

For fastest response visit dermazoo.com



Hippo Manager Cloud-based practice management software

Hippo Manager Software has released a cloud-based practice management system for veterinary practices. Hippo Manager's online software handles medical records, scheduling, inventory, reports, security, disaster recovery, invoicing and point-of-sale transactions and can be accessed from anywhere with an Internet connection. Users pay a low monthly subscription that covers everything. Hippo Manager has partnered with DRE Veterinary for streamlined purchasing and inventory and Veterinary Data Services for data conversions.

For fastest response visit hippomanager.com



Bimeda Equine ringworm medication

Bimeda has launched a microsized griseofulvin powder product available in 15-g pouches containing 2.5 g of the active ingredient. This oral product is active against superficial fungi that cause tinea (ringworm) of the skin and hair. The fine particle size provides greater surface area for absorption and drug availability for fungistatic action in the skin and hair. It may be given in a small amount of feed or in a drench.

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Continues on page 31



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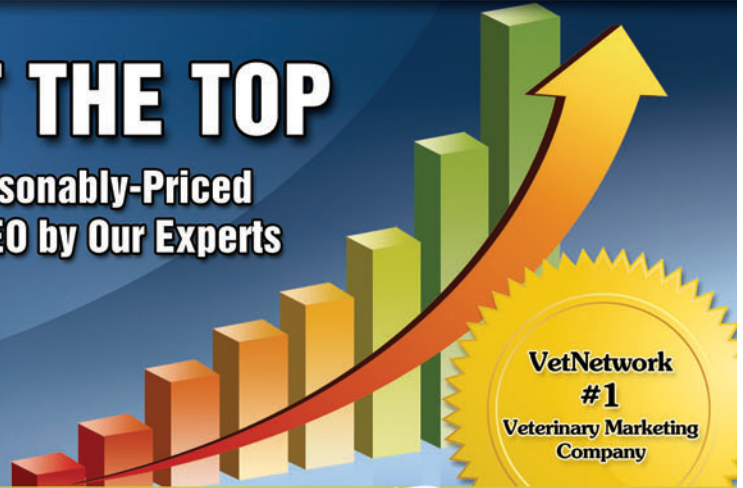
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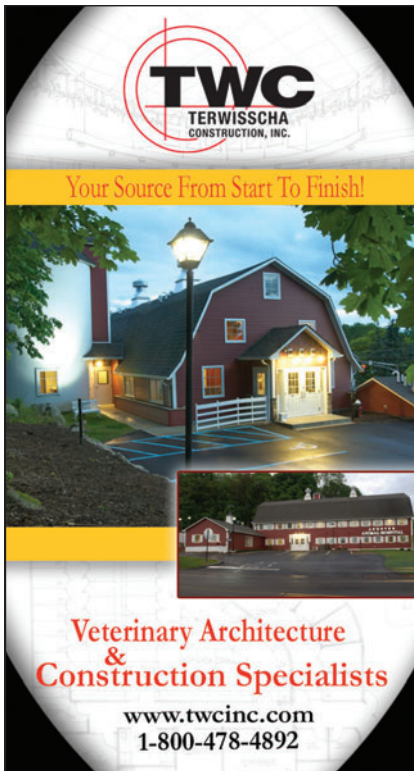
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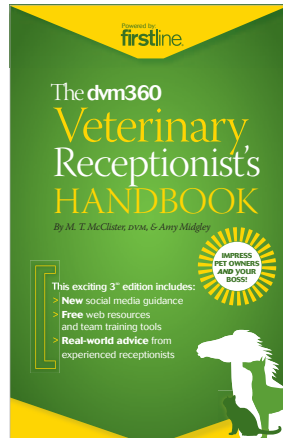
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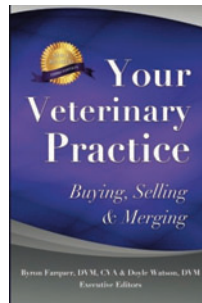


Continued from page 21

Simmons and Associates Practice management book

Simmons and Associates has released the third edition of *Your Veterinary Practice: Buying, Selling and Merging*. The book is published by the Simmons Educational Fund and is designed to assist veterinarians with practice valuation and ownership transitions. It is written and edited by the veterinary practice experts at Simmons, who have documented many issues and statistics from veterinary practice sales, purchases and mergers for more than 37 years.

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A. Total Number of Copies	43,742	42,709
B. Legitimate Paid and/or Requested Distribution		
1. Outside County Paid/Requested Mail Subscriptions Stated on PS Form 3541	24,705	24,980
2. In-County Paid/Requested Mail Subscriptions Stated on PS Form 3541	0	0
3. Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid or Requested Distribution Outside USPS	275	214
4. Requested Copies Distributed by Other Mail Classes Through the USPS	0	0
C. Total Paid and/or Requested Circulation (Sum of 15b (1), (2), (3), and (4))	24,980	25,194
D. Non-requested Distribution		
1. Outside County Non-requested Copies Stated on PS Form 3541	18,235	17,083
2. In-County Non-requested Copies Stated on PS Form 3541	0	0
3. Non-requested Copies Distributed Through the USPS by Other Classes of Mail	0	0
4. Non-requested Copies Distributed Outside the Mail	338	350
E. Total Non-requested Distribution (Sum of 15d (1), (2), (3) and (4))	18,573	17,433
F. Total Distribution (Sum of 15c and e)	43,552	42,627
G. Copies not Distributed	189	82
H. Total (Sum of 15f and g)	43,742	42,709
I. Percent Paid and/or Requested Circulation	57.36%	59.10%
16. Electronic Copy Circulation		
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D. Percent Paid and/or Requested Circulation (Both Print & Electronic Copies)		
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17. Publication of Statement of Ownership for a Requester Publication is required and will be printed in the November issue of this publication.
Name and Title of Editor, Publisher, Business Manager, or Owner:
Kristina Bildeaux, Audience Development Director

Kristina Bildeaux

Date:
9/30/14

I certify that the statements made by me above are correct and complete.

Let's pull each other back from the brink



Dr. Jessica Vogelsang, known as Dr. V among her readers, is a regular contributor to a number of publications and frequently blogs on her website, pawcurious.com.

Recent tragedy in our profession has helped many of us—including me—feel more comfortable coming forward with our struggles. *By Jessica Vogelsang, DVM*

As I sat in the conference room during vet school orientation, I thought I was the only one using a bright smile to cover the fact that I was terrified that maybe I was making the wrong decision.

As I sat in grand rounds hoping to know the answer when I was called on, I thought everyone else had it together while I felt completely clueless.

As I felt my stomach churning while walking into a first job that was a poor fit, I thought I was the only one who started each day with a silent prayer that I wouldn't lose my cool and cry out of frustration.

I also thought I was the only one who couldn't reconcile having a newborn, dealing with postpartum depression and still showing up every day ready to give my work everything I had. And when I finally hit the wall and had to leave a toxic job, I thought I was the only one who wound up, in my view, a failure.

I knew on an intellectual level that I was ready for the chal-

lenges of this career, so I chalked up my anxiety to a character flaw I simply needed to barrel through. If it weren't for the birth of my daughter and the realization that I needed to get help for her sake, I could have continued on for some time living an unhappy existence.

It was a bit of a revelation to realize that it didn't have to be that way. Even more surprising is how many people in our profession have fought the same battles.

In a profession that attracts driven individuals with the combustible combination of exceptional perfectionism and deep empathy, a whole lot of us are swimming around on the brink of drowning. Many people don't even recognize the symptoms of depression or anxiety, and even if they do, the fear of the stigma associated with that diagnosis keeps many more from seeking treatment. We are more scared of the consequences of seeking help than the consequences of not getting help. We know, to

our sorrow, what happens then.

In vet school, we're taught that we are tough, resourceful, and able to shoulder any burden. The first two are true. We're also subtly led to infer that the care we need to devote to ourselves for our own well-being—vacations, exercise, asking for help when needed—are signs of selfishness, a lack of commitment. That is a poisonous line of thought. It goes contrary to every mental health professional's advice for how to live a healthy life, and, coupled with an illness such as depression or anxiety, it can be downright catastrophic.


If one glimmer of hope can be gleaned from Dr. Sophia Yin's tragic death, it is the tentative dialogue I see popping up on the web—veterinarians finally feeling safe enough to admit their struggles. The floodgates are creaking open, each person blinking in surprise as they look at so many people around them and say, "Oh, you too? I thought I was the only one."

You are not. **VE**



Communal thoughts

The veterinary community discusses life, loss and suicide in the aftermath of Dr. Yin's death at dvm360.com/yinreflections.



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A close-up photograph of a man with a beard, wearing a dark t-shirt, smiling broadly and kissing a light-colored dog on the cheek. The dog is looking towards the man. The background is slightly blurred, showing a striped pattern.

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