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FEELING *chewed up?*



When clients take a bite out of you, use these tips to redirect their most challenging behaviors. **p18**

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FEELING *chewed up?*

When clients take a bite out of you, use these tips to redirect their most challenging behaviors.

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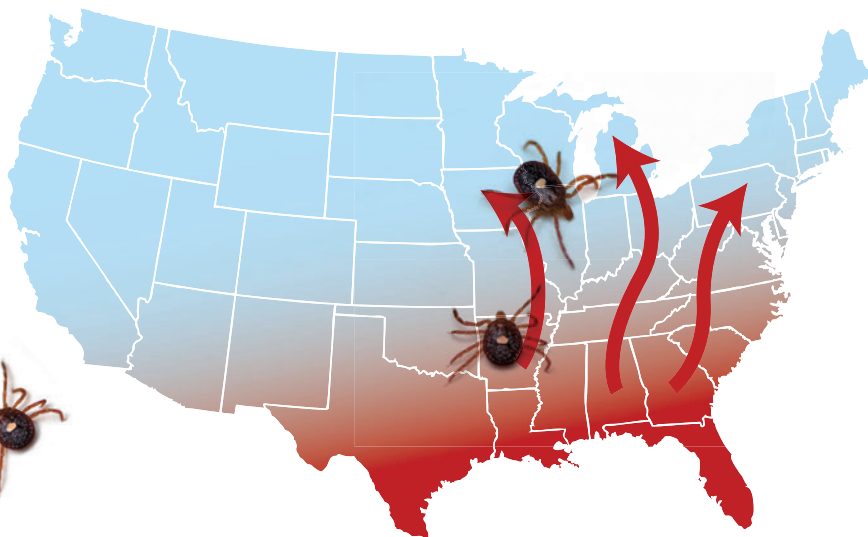
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The lone star tick, once thought to primarily occupy the southern portion of the country, is gradually expanding into northern and eastern states. Populations of this aggressive tick—known to carry pathogens causing ehrlichiosis, Rocky Mountain spotted fever and cytauxzoonosis—are now being identified as far north as New York and Maine. Read more about this spread at dvm360.com/lonestartick.



3 **NEW** Behavior Tools

New tools may offer some relief for pet owners and their furry friends. Veterinary behaviorist Dr. Lisa Radosta offers the three new tools at dvm360.com/goodpet to help patients be on their best behavior.



Prep for **Purr-fect Exams**

Ensure cats get the veterinary care they deserve by alleviating fear and stress in your exam room. Visit dvm360.com/purfectexams for five tips to keep cats purring at your practice.

Is your boss *building*?

Dr. Parva Bezruczyk, owner of Arizona Animal Wellness Center in Gilbert, Ariz., reveals how clients and staff shaped plans for her new hospital at dvm360.com/teamdesign.



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Mission

To inspire receptionists, credentialed technicians, practice managers, and veterinary assistants to build strong relationships with co-workers, improve their communication skills, and educate clients with confidence in order to enhance their contributions to a veterinary practice and maximize every patient's well-being.

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Laugh it up

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When GRIEF WEIGHS ON you

Q *Six months ago I lost my beloved pet. Over the past several weeks I've been struggling to deal with the sad parts of my job. I can work a double shift and deal with angry clients, but I still can't room a euthanasia appointment. It seems like I'm always on the verge of tears.*

"I'm sorry you're going through such a hard time," says Sharon DeNayer, a *Firstline* Editorial Advisory Board member and the practice manager at Windsor Veterinary Clinic P.C. in Windsor, Colo. "It sounds like this pet was your very special pet, and I can certainly relate to that. I have had a difficult time since our dog, Farrah, died, as she was my special angel. We became particularly close when I was sick a year and a half ago. Even though I was surrounded by our other animals after Farrah died, and even though I am closely bonded with all of them,

I've still felt a real emptiness without Farrah. The pain is still there, although it has softened over time."

It's hard enough working through your own grief, but it can be much harder when you're also grieving for those patients and clients you've been close to, DeNayer says. Many super staff members leave the veterinary profession for this very reason. "You may need a little sabbatical from your position," DeNayer says.

It's also important to find someone you can talk to about your feelings, whether it's a confidant or a grief counselor who understands pet loss. If you like to write, consider creating your own book about your pet—whether it's stories or pictures of your pet's life or letters to your pet.

"You've realized by now that healing from a loss doesn't happen quickly," DeNayer says. "Nurture your soul. Your friends and family would love to help. Accept their gifts of caring and time. Be alone when you wish. And when you wish to spend time with others, select hopeful, positive people. Your pet will live in your heart forever. Enjoy your fond memories."

Sharon DeNayer suggests these resources:

- > *When Helping Hurts: Compassion Fatigue in the Veterinary Profession* (AAHA Press, 2013)
- > *Healing Your Grieving Soul: 100 Spiritual Practices for Mourners* (Companion Press, 2009)
- > *Healing Your Grieving Body* (Companion Press, 2009)
- > *When Your Pet Dies: A Guide to Mourning, Remembering and Healing* (Companion Press, 2004)
- > *A Peaceful Path: A Supportive Guide Through Pet Loss* (CenterPeaces, 2012)
- > "When Caring Hurts: Managing Compassion Fatigue," a free team training course at VetMedTeam.com.



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Ask Shawn

I'm fed up with my bad manager

I love my job but our office manager is a big problem. She's very unprofessional and rude. She has given a tongue lashing to many clients and driven them away. I and my other team members suspect that she's stolen money, and we're sick of her attitude, the disrespect to others and her laziness. She's even left out a sheet of paper listing all of our wages in the treatment area where everyone sits to use the computer. We confronted the owner about our concerns. He will have brief chats with her, but it only does good for a couple of hours. Help! —Dusting off my resumé

Dear Dusty Resumé:

Wow! Get that resumé ready. I've heard of discomfort with confrontation, but this owner really needs to step up and be the leader the practice needs.

I'll tell you all of the right things to do, but it sounds like you've tried some of them and still have received no help from the owner.

In this case the owner is the key. I always tell my employees I can protect them from everyone but me, the owner. Everyone else can be expected to change, but if the owner won't change, then there's no system that will make him different.

In general, people have to be in enough pain to change. If everything you've confronted the owner with is not enough pain, apparently the owner is perfectly happy with the way things are. Given

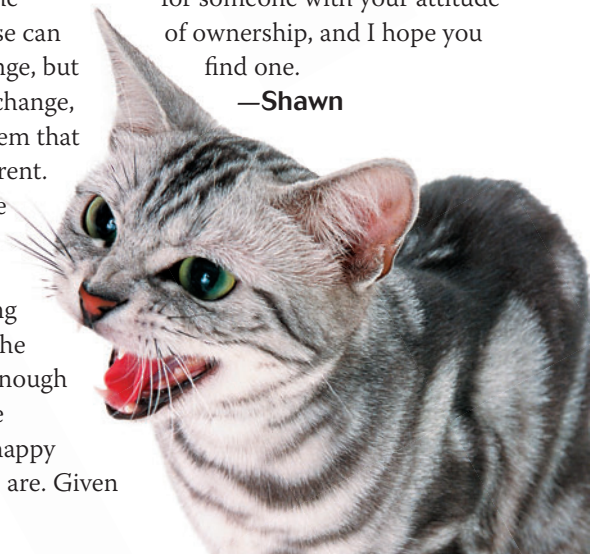
that you have already tried professional confrontation, going over the manager's head and every other trick under the sun, I think it might be time to look elsewhere for work.

Good luck! There are many great practices who are looking for someone with your attitude of ownership, and I hope you find one.

—Shawn

Need help now?

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Got a question? Ask Shawn.

Maybe you're tired of babysitting your team members. Perhaps you're looking for strategies to beat a bully. Shawn can help. **Shawn McVey, MA, MSW**, is a member of the *Firstline* and *Veterinary Economics* Editorial Advisory boards and CEO of McVey Management Solutions in Chicago. Email your questions for him to firstline@advanstar.com, then visit dvm360.com/mcvey to read McVey's advice on other hot topics. And catch Shawn live Oct. 31 at CVC San Diego. Visit thecvc.com to learn more.





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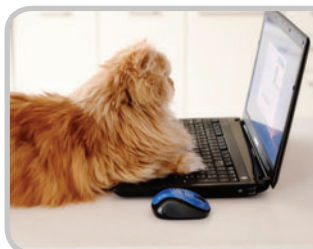
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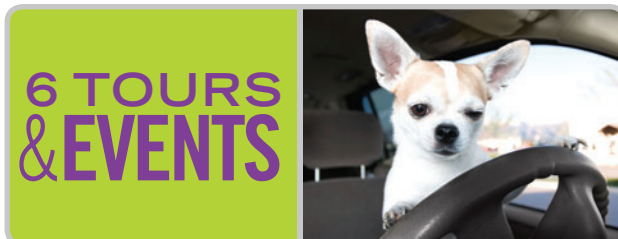


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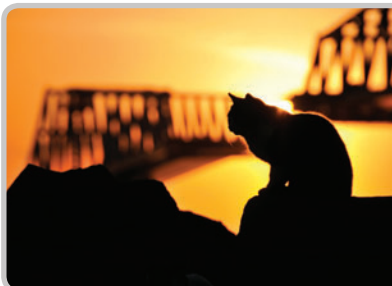
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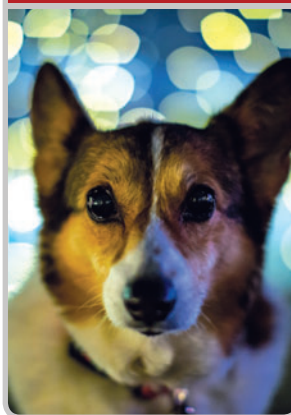
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3 tips to better dental care

Patricia March, RVT, VTS (Dentistry), says you can improve pets' oral health by making three important changes in your practice:

1. Take dental radiographs
2. Train your entire team—from the receptionist to the technician to the veterinarian
3. Advertise and promote the importance of dental health

Then catch March live at CVC San Diego Oct. 31 to Nov. 3. She'll be teaching clinical techniques courses on dental techniques for technicians and digital dental imaging. Visit thecvc.com to learn more.



WORLD RABIES DAY is Sept. 28

The American Humane Association reports an average of

400 to 500 cases of rabies in domestic animals in the United States each year.

To find a local event or to create an event to educate pet owners in your area, visit dvm360.com/rabiesday.

Taming Teeter's tipping trick

Our three-legged clinic cat Teeter is notorious for lying in the lab. Unfortunately, he has a habit of stretching out and pushing things off the counter. Our glass immersion-oil bottle is one of them. The solution to broken glass and oil everywhere is this: Put the immersion oil in a syringe, remove the needle, label it with a hazard sticker and cap it. The doctors love it.

—Kim Fish

Practice manager
Seville Animal Hospital
Seville, Ohio



>>> Team members tame Teeter's totter issue with a special solution to manage this feline's mischief.

An ode to smartphones at work

A year or so ago, when smartphones became so fun and necessary, we noticed that every team member, from doctors to kennel technicians, appeared surgically attached to their phones. Even team leaders who should know better had their phones out constantly. Half of my Facebook newsfeed was posts by employees who I was pretty sure were on duty.

The hospital administrator and I knew we could not simply issue a policy that said no phones at work or you're fired, because our practice owner is a very kind person who doesn't want team members to be sad—even if she's paying said team members to play on their phones. So the hospital administrator asked me to write something funny to go along with her new policy on phone use. So I wrote, "Can You Put Your Phone Away?" Humor is

indeed truth. It can also be therapeutic.

I think our team members got the point. We issued the new phone policy along with this poem to every medical team member and also posted it in our ICU.

—Dr. Cindi Welch

Medical director

I-20 Animal Medical Center, Arlington, Texas

Can you put your PHONE AWAY? a reminder poem



I thought I told you yesterday
To please
Go put your phone away.

How many times must I resay?
To please ...
Go put your phone away.

You do not need
Your phone at work.
That's right.
You don't.
Don't be a jerk.
With your phone you work halfway.
It's time to work and not to play.

"But ... I need my phone," you whine.
Your teary eyes begin to shine.
"It's just for work!"
"I'll keep it hid!"
But what you say is
Not what you did.
You'll have to trust us
When we say
That humans *can* survive a day
Without a phone
Clutched in their hand
Like drug-addicted contraband.

You might need that phone in Iraq.
Or if you had a heart attack,
A friend could Google "CPR"
And drive real fast to an E.R.

If you're driving in the hood,
Cell phones can be really good.
Keep in touch with Mom and Dad.
Learn to make a shrimp salad.
Sing a song and dance a dance.
Text stuff of significance.

But you do not need your phone today.
Not even on a holiday.
You cannot concentrate on work.
Without it, you won't go berserk.

Facebook "friends"
Will all survive,
Won't wonder
If you're still alive.
Those precious shoes
You saw online
Will still be there at 5:09.
Your loverboy will be OK
If you don't text without delay.
And if he's not,
Then what's the deal?
You really want to date that heel?

But ...
If you put your phone away,
Life gets great without delay!
And unicorns come out to play,
And bring you gifts on your birthday
(like fancy cakes upon a tray!)
And management
Will shout, "Hurray!"
(... and you'll go on being paid)

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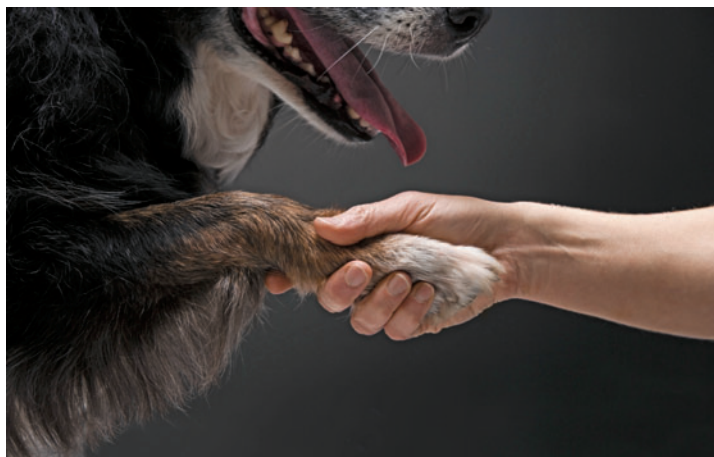
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THE VHMA FILES: *Connect with* clients

Surveys let clients rate your performance before they take their frustrations online.

By Christine Shupe, Executive Director, VHMA



If anyone's ever told you, "What you don't know can't hurt you," let me say, "They're wrong." Feedback can sometimes sting. But it also can be enormously helpful. Those of us in veterinary medicine—essentially a service industry—know that. Once we fail to offer services in a way that satisfies our clients and ensures the well-being of our patients, we're headed for failure. And those who can most effectively evaluate our services are those who use our services.

That means, as competition within the veterinary field increases, practices must do their best to not only treat their patients but also to ensure their

clients are satisfied with the overall patient experience. How will you figure out how best to satisfy? Designing and implementing a good survey is one of the most effective strategies to obtain performance information and identify areas where we can change and improve.

Listen up

When managers ask, "Why should I survey?" I respond, "Consider the alternative!" When clients have a great experience, they want to tell others about it. When clients have a bad experience, they want to tell the world.

When we're angry and upset, we want to vent. And one way

to ensure your complaints are heard is to post on social media. A poorly written but venomously negative review can be more entertaining and reach a wider audience than the kind words a client posts. A survey can help. Surveys provide a forum for venting disappointment and dissatisfaction. Clients benefit by getting the complaints off their chest, and the practice benefits by understanding any issues with service or care and taking steps to rectify the situation.

The first step

Practices that earn a strong, loyal client base often do so by measuring client satisfaction in an organized manner regularly. When you ask clients to share their opinions and evaluate their pet's care, your practice sends a strong message: We care about what you think and will re-evaluate our way of doing things to create a pleasant experience.

Surveys can come in many forms, so it's important to choose one that works best for your clientele. The options include face-to-face interviews,

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BRIEF SUMMARY:

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DESCRIPTION:

Enrofloxacin is a synthetic chemotherapeutic agent from the class of the quinolone carboxylic acid derivatives. It has antibacterial activity against a broad spectrum of Gram negative and Gram positive bacteria. Each mL of injectable solution contains: enrofloxacin 22.7 mg, n-butyl alcohol 30 mg, potassium hydroxide for pH adjustment and water for injection, q.s.

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Based on the studies discussed under the section on Animal Safety Summary, the use of enrofloxacin is contraindicated in small and medium breeds of dogs during the rapid growth phase (between 2 and 8 months of age). The safe use of enrofloxacin has not been established in large and giant breeds during the rapid growth phase. Large breeds may be in this phase for up to one year of age and the giant breeds for up to 18 months. In clinical field trials utilizing a daily oral dose of 5.0 mg/kg, there were no reports of lameness or joint problems in any breed. However, controlled studies with histological examination of the articular cartilage have not been conducted in the large or giant breeds.

ADVERSE REACTIONS:

No drug-related side effects were reported in 122 clinical cases treated with Baytril® (enrofloxacin) Injectable Solution followed by Baytril® Tablets at 5.0 mg/kg per day.

For medical emergencies or to report adverse reactions, call 1-800-422-9874.

ANIMAL SAFETY SUMMARY:

Adult dogs receiving enrofloxacin orally at a daily dosage rate 52 mg/kg for 13 weeks had only isolated incidences of vomiting and inappetence. Adult dogs receiving the tablet formulation for 30 consecutive days at a daily treatment of 25 mg/kg did not exhibit significant clinical signs nor were there effects upon the clinical chemistry, hematological or histological parameters. Daily doses of 125 mg/kg for up to 11 days induced vomiting, inappetence, depression, difficult locomotion and death while adult dogs receiving 50 mg/kg/day for 14 days had clinical signs of vomiting and inappetence.

Adult dogs dosed intramuscularly for three treatments at 12.5 mg/kg followed by 57 oral treatments at 12.5 mg/kg, all at 12 hour intervals, did not exhibit either significant clinical signs or effects upon the clinical chemistry, hematological or histological parameters.

Oral treatment of 15 to 28 week old growing puppies with daily dosage rates of 25 mg/kg has induced abnormal carriage of the carpal joint and weakness in the hindquarters. Significant improvement of clinical signs is observed following drug withdrawal. Microscopic studies have identified lesions of the articular cartilage following 30 day treatments at either 5, 15 or 25 mg/kg in this age group. Clinical signs of difficult ambulation or associated cartilage lesions have not been observed in 29 to 34 week old puppies following daily treatments of 25 mg/kg for 30 consecutive days nor in 2 week old puppies with the same treatment schedule.

Tests indicated no effect on circulating microfilariae or adult heartworms (*Dirofilaria immitis*) when dogs were treated at a daily dosage rate of 15 mg/kg for 30 days. No effect on cholinesterase values was observed.

No adverse effects were observed on reproductive parameters when male dogs received 10 consecutive daily treatments of 15 mg/kg/day at 3 intervals (90, 45 and 14 days) prior to breeding or when female dogs received 10 consecutive daily treatments of 15 mg/kg/day at 4 intervals: between 30 and 0 days prior to breeding, early pregnancy (between 10th & 30th days), late pregnancy (between 40th & 60th days), and during lactation (the first 28 days).

DRUG INTERACTIONS:

Concomitant therapy with other drugs that are metabolized in the liver may reduce the clearance rates of the quinolone and the other drug.

Enrofloxacin has been administered to dogs at a daily dosage rate of 10 mg/kg concurrently with a wide variety of other health products including anthelmintics (praziquantel, febantel), insecticides (pyrethrins), heartworm preventatives (diethylcarbamazine) and other antibiotics (ampicillin, gentamicin sulfate, penicillin). No incompatibilities with other drugs are known at this time.

WARNINGS:

For use in animals only. The use of this product in cats may result in Retinal Toxicity. Keep out of reach of children.

Avoid contact with eyes. In case of contact, immediately flush eyes with copious amounts of water for 15 minutes. In case of dermal contact, wash skin with soap and water. Consult a physician if irritation persists following ocular or dermal exposure. Individuals with a history of hypersensitivity to quinolones should avoid this product. In humans, there is a risk of user photosensitization within a few hours after excessive exposure to quinolones. If excessive accidental exposure occurs, avoid direct sunlight.

For customer service or to obtain product information, including Material Safety Data Sheet, call 1-800-633-3796.

PRECAUTION:

Quinolone-class drugs should be used with caution in animals with known or suspected Central Nervous System (CNS) disorders. In such animals, quinolones have, in rare instances, been associated with CNS stimulation which may lead to convulsive seizures.

Quinolone-class drugs have been associated with cartilage erosions in weight-bearing joints and other forms of arthropathy in immature animals of various species.

The use of fluoroquinolones in cats has been reported to adversely affect the retina. Such products should be used with caution in cats.

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Bayer HealthCare

Bayer HealthCare LLC, Animal Health Division
Shawnee Mission, Kansas 66201 U.S.A. December, 2003

Baytril®

(enrofloxacin)

Antibacterial Tablets For Dogs and Cats

BRIEF SUMMARY:

Before using Baytril Tablets, please consult the product insert, a summary of which follows:

CAUTION:

Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

Federal law prohibits the extralabel use of this drug in food-producing animals.

INDICATIONS:

Baytril® (brand of enrofloxacin) Antibacterial Tablets are indicated for the management of diseases associated with bacteria susceptible to enrofloxacin. Baytril Antibacterial Tablets are indicated for use in dogs and cats.

CONTRAINDICATIONS:

Enrofloxacin is contraindicated in dogs and cats known to be hypersensitive to quinolones.

Dogs: Based on the studies discussed under the section on Animal Safety Summary, the use of enrofloxacin is contraindicated in small and medium breeds of dogs during the rapid growth phase (between 2 and 8 months of age). The safe use of enrofloxacin has not been established in large and giant breeds during the rapid growth phase. Large breeds may be in this phase for up to one year of age and the giant breeds for up to 18 months. In clinical field trials utilizing a daily oral dose of 5.0 mg/kg, there were no reports of lameness or joint problems in any breed. However, controlled studies with histological examination of the articular cartilage have not been conducted in the large or giant breeds.

ADVERSE REACTIONS:

Dogs: Two of the 270 (0.7%) dogs treated with Baytril® (brand of enrofloxacin) Tablets at 5.0 mg/kg per day in the clinical field studies exhibited side effects, which were apparently drug-related. These two cases of vomiting were self-limiting.

Post-Approval Experience: The following adverse experiences, although rare, are based on voluntary post-approval adverse drug experience reporting. The categories of reactions are listed in decreasing order of frequency by body system.

Gastrointestinal: anorexia, diarrhea, vomiting, elevated liver enzymes

Neurologic: ataxia, seizures

Behavioral: depression, lethargy, nervousness

Cats: No drug-related side effects were reported in 124 cats treated with Baytril® (brand of enrofloxacin) Tablets at 5.0 mg/kg per day for 10 days in clinical field studies.

Post-Approval Experience: The following adverse experiences, although rare, are based on voluntary post-approval adverse drug experience reporting. The categories of reactions are listed in decreasing order of frequency by body system.

Ocular: Mydriasis, retinal degeneration (retinal atrophy, attenuated retinal vessels, and hyperreflective tapeta have been reported), loss of vision. Mydriasis may be an indication of impending or existing retinal changes. Gastrointestinal: vomiting, anorexia, elevated liver enzymes, diarrhea

Neurologic: ataxia, seizures

Behavioral: depression, lethargy, vocalization, aggression

To report adverse reactions, call 1-800-422-9874.

ANIMAL SAFETY SUMMARY:

Dogs: Adult dogs receiving enrofloxacin orally at a daily dosage rate of 52 mg/kg for 13 weeks had only isolated incidences of vomiting and inappetence. Adult dogs receiving the tablet formulation for 30 consecutive days at a daily treatment of 25 mg/kg did not exhibit significant clinical signs nor were there effects upon the clinical chemistry, hematological or histological parameters. Daily doses of 125 mg/kg for up to 11 days induced vomiting, inappetence, depression, difficult locomotion and death while adult dogs receiving 50 mg/kg/day for 14 days had clinical signs of vomiting and inappetence.

Adult dogs dosed intramuscularly for three treatments at 12.5 mg/kg followed by 57 oral treatments at 12.5 mg/kg, all at 12 hour intervals, did not exhibit either significant clinical signs or effects upon the clinical chemistry, hematological or histological parameters.

Oral treatment of 15 to 28 week old growing puppies with daily dosage rates of 25 mg/kg has induced abnormal carriage of the carpal joint and weakness in the hindquarters. Significant improvement of clinical signs is observed following drug withdrawal. Microscopic studies have identified lesions of the articular cartilage following 30 day treatments at either 5, 15 or 25 mg/kg in this age group. Clinical signs of difficult ambulation or associated cartilage lesions have not been observed in 29 to 34 week old puppies following daily treatments of 25 mg/kg for 30 consecutive days nor in 2 week old puppies with the same treatment schedule.

Tests indicated no effect on circulating microfilariae or adult heartworms (*Dirofilaria immitis*) when dogs were treated at a daily dosage rate of 15 mg/kg for 30 days. No effect on cholinesterase values was observed.

No adverse effects were observed on reproductive parameters when male dogs received 10 consecutive daily treatments of 15 mg/kg/day at 3 intervals (90, 45 and 14 days) prior to breeding or when female dogs received 10 consecutive daily treatments of 15 mg/kg/day at 4 intervals: between 30 and 0 days prior to breeding, early pregnancy (between 10th & 30th days), late pregnancy (between 40th & 60th days), and during lactation (the first 28 days).

Cats: Cats in age ranges of 3 to 4 months and 7 to 10 months received daily treatments of 25 mg/kg for 30 consecutive days with no adverse effects upon the clinical chemistry, hematological or histological parameters. In cats 7-10 months of age treated daily for 30 consecutive days, 2 of 4 receiving 5 mg/kg, 3 of 4 receiving 15 mg/kg, 2 of 4 receiving 25 mg/kg and 1 of 4 nontreated controls experienced occasional vomiting. Five to 7 month old cats had no side effects with daily treatments of 15 mg/kg for 30 days, but 2 of 4 animals had articular cartilage lesions when administered 25 mg/kg per day for 30 days.

Doses of 125 mg/kg for 5 consecutive days to adult cats induced vomiting, depression, incoordination and death while those receiving 50 mg/kg for 6 days had clinical signs of vomiting, inappetence, incoordination and convulsions, but they returned to normal.

Enrofloxacin was administered to thirty-two (8 per group), six- to eight-month-old cats at doses of 0, 5, 20, and 50 mg/kg of body weight once a day for 21 consecutive days. There were no adverse effects observed in cats that received 5 mg/kg body weight of enrofloxacin. The administration of enrofloxacin at 20 mg/kg body weight or greater caused salivation, vomiting, and depression. Additionally, dosing at 20 mg/kg body weight or greater resulted in mild to severe fundic lesions on ophthalmologic examination (change in color of the fundus, central or generalized retinal degeneration), abnormal electroretinograms (including blindness), and diffuse light microscopic changes in the retina.

DRUG INTERACTIONS:

Compounds that contain metal cations (e.g., aluminum, calcium, iron, magnesium) may reduce the absorption of some quinolone-class drugs from the intestinal tract. Concomitant therapy with other drugs that are metabolized in the liver may reduce the clearance rates of the quinolone and the other drug.

Dogs: Enrofloxacin has been administered to dogs at a daily dosage rate of 10 mg/kg concurrently with a wide variety of other health products including anthelmintics (praziquantel, febantel, sodium disphenol), insecticides (fenthion, pyrethrins), heartworm preventatives (diethylcarbamazine) and other antibiotics (ampicillin, gentamicin sulfate, penicillin, dihydrostreptomycin). No incompatibilities with other drugs are known at this time.

Cats: Enrofloxacin was administered at a daily dosage rate of 5 mg/kg concurrently with anthelmintics (praziquantel, febantel), an insecticide (propoxur) and another antibacterial (ampicillin). No incompatibilities with other drugs are known at this time.

WARNINGS:

For use in animals only. In rare instances, use of this product in cats has been associated with Retinal Toxicity. Do not exceed 5 mg/kg of body weight per day in cats. Safety in breeding or pregnant cats has not been established. Keep out of reach of children.

Avoid contact with eyes. In case of contact, immediately flush eyes with copious amounts of water for 15 minutes. In case of dermal contact, wash skin with soap and water. Consult a physician if irritation persists following ocular or dermal exposure. Individuals with a history of hypersensitivity to quinolones should avoid this product. In humans, there is a risk of user photosensitization within a few hours after excessive exposure to quinolones. If excessive accidental exposure occurs, avoid direct sunlight.

For customer service or to obtain product information, including Material Safety Data Sheet, call 1-800-633-3796.

PRECAUTIONS:

Quinolone-class drugs should be used with caution in animals with known or suspected Central Nervous System (CNS) disorders. In such animals, quinolones have, in rare instances, been associated with CNS stimulation which may lead to convulsive seizures.

Quinolone-class drugs have been associated with cartilage erosions in weight-bearing joints and other forms of arthropathy in immature animals of various species.

The use of fluoroquinolones in cats has been reported to adversely affect the retina. Such products should be used with caution in cats.

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Bayer

Bayer HealthCare LLC

Animal Health Division

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phone interviews, mailed questionnaires, emailed questionnaires and even paper-and-pencil surveys at checkout. To choose the best survey format, examine your budget and staff availability. For example, do your team members have time to administer a face-to-face survey after an appointment, or would a low-cost, low-manpower survey as the client leaves the office fit the bill?

Some practices email sur-

veys after a visit. Others are experimenting with putting QR-code-activated materials in examination rooms that point clients to online surveys. Another strategy is to attach a brochure-sized survey card and postage-paid envelope to the invoice at discharge. The goal is to put the survey in the hands of clients as soon as possible to give them a way to immediately air their comments.

Ask the right Qs

Tailor your questions to issues that are specific to your practice: satisfaction related to services, costs and products; staff evaluations; or general perceptions of the hospital or practice. Be sure to focus on loyalty: Would you return to this practice?

Whether the response is positive or negative, encourage respondents to elaborate. While some demographic information can be helpful, decide which information is essential to improving services. If you can't use the information, don't ask the question.

How you structure your survey questions is important. Closed questions allow respondents to choose from several responses. These questions can be true or false, multiple choice, ordered by rank, or rated. On the other hand, open-ended questions encourage the respondent to craft a personal

response. When constructing the survey, keep in mind that it shouldn't be too long or complicated. If the respondent struggles to decipher questions and the time to complete the survey expands, the response rate will most likely suffer. Keep it short and simple.

Have a goal

Deciding how the practice will use survey results is critical. Tabulate the responses as they are received and share positive responses with your team. They're a great morale booster. Deal with negative comments discreetly and efficiently without involving the entire practice, unless the issue affects the whole practice. Make time to discuss the results at a team meeting and decide what specific changes, if any, you'll make to address issues that clients raise.

A client survey can provide a valuable snapshot of how well you're serving clients, offering an accurate measurement of current client satisfaction levels as well as a rating of the importance of each aspect of your practice to your clients.



Christine Shupe is the executive director of the Veterinary Hospital Managers Association. The association is dedicated to serving professionals in veterinary management through education, certification and networking.

Brainstorming Client surveys

To evaluate your service and satisfaction, use this approach to gather meaningful information from your team. Brainstorming sessions encourage participants to share ideas and insights that may not come up in conversation. There are two stages that provide the foundation of an effective team survey. Keep in mind, brainstorming sessions don't end happily. The session planning is where they are successful. Use this checklist to prepare for brainstorming sessions with your team.

Meeting preparation

1. Identify the key participants. Invite team members who represent a variety of perspectives within the practice. Determine whether participants represent a wide range of thinking styles.
2. Meet with participants to discuss the purpose of the session. Explain the agenda and the role of each participant. Set the tone for the session.

Meeting exercise

A facilitated session helps participants connect with their ideas and perspectives. Before participants arrive, be sure you have a list of topics and questions that will be discussed. Assign each participant a topic to discuss. Encourage participants to share their thoughts, feelings, and ideas. Encourage participants to build on each other's ideas.

Client satisfaction survey

How did you feel about the survey?

Question	Strongly agree	Agree	Disagree	Strongly disagree
1. The survey was easy to understand.				
2. The survey was interesting.				
3. The survey was helpful.				
4. The survey was a waste of time.				
5. The survey was too long.				
6. The survey was too short.				
7. The survey was well designed.				
8. The survey was easy to complete.				
9. The survey was a good idea.				
10. The survey was a waste of time.				

Find it all here.

dvm360.com

Quizzing your clients

Use the discussion guide at dvm360.com/VHMA to brainstorm questions for your own client survey. The sample client survey form at dvm360.com/clientsurvey offers a survey template to get started.



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SAMPLE SCRIPT: Talk to clients about online pharmacies and home delivery

Clients may turn to Internet pharmacies because they think it's more convenient or believe they'll save money. You've probably known the frustration of receiving the prescription request sent from an online pharmacy. When this happens, Kyle Palmer, CVT, a *Firstline* Editorial Advisory Board member and practice manager at Silver Creek Animal Clinic in Silver-ton, Ore., follows this two-step protocol:



Step 1: Compare the on-line price with the price at the practice. Palmer also checks all other online options.



Step 2: Follow up with the client. "If we're cheaper, which we often are, that's a fairly quick and easy phone call," Palmer says.



you: "Mrs. Jones, we are happy to provide you with a script that you may use at your preferred retailer. I just wanted to let you know we also offer home delivery, and our prices are competitive with online retailers. If you like, I can mail the preventive or prescription and arrange to have more mailed to you on your preferred schedule. Is this something you'd be interested in?"



If you aren't cheaper, but you could be with some adjustment of your price, also follow up with clients. You might say:



you: "Mrs. Smith, I'm also frustrated that this medication is available to you online at a lower price than I've been able to offer. Because of that, I've negotiated a way to get a better price for you and keep our practice competitive."



Depending on the client, Palmer says you may discuss additional benefits of buying from your practice:

- > A 100 percent guarantee from the manufacturer of the product when purchased from your practice.
- > A medical guarantee when purchased from your practice.



Preventing portly pets

"She's fluffy, not fat," or "He's just big boned." Sometimes it's hard to help pet owners see their pet's weight problem. But their denial can have serious consequences. Use the form at dvm360.com/petobesity to teach pet owners about the ideal weight for their precious pooches and furry felines.

ProHeart® 6

(moxidectin)

Sustained Release Injectable for Dogs

CAUTION:
Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION:
ProHeart 6 (moxidectin) Sustained Release Injectable consists of two separate vials: One vial contains 10% moxidectin sterile microspheres and the second vial contains a specifically formulated sterile vehicle for constitution with the microspheres. No other diluent should be used. A clear or translucent appearance of the vehicle is normal. Each mL of constituted drug product contains 3.4 mg moxidectin, 3.1% glyceryl tristearate, 2.4% hydroxypropyl methylcellulose, 0.87% sodium chloride, 0.17% methylparaben, 0.02% propylparaben and 0.001% butylated hydroxytoluene. Hydrochloric acid is used to adjust pH.

PHARMACOLOGY:
Moxidectin is a semi-synthetic methoxime derivative of nemadectin which is a fermentation product of *Streptomyces cyaneogriseus* subspecies *noncyanogenus*. Moxidectin is a pentacyclic 16-membered lactone macrolide. Moxidectin has activity resulting in paralysis and death of affected parasites. The stage of the canine heartworm affected at the recommended dose rate of 0.17 mg moxidectin/kg body weight is the tissue larval stage. The larval and adult stages of the canine hookworms, *Ancylostoma caninum* and *Uncinaria stenocephala*, are susceptible. Following injection with ProHeart 6, peak moxidectin blood levels will be observed approximately 7-14 days after treatment. At the end of the six month dosing interval, residual drug concentrations are negligible. Accordingly, little or no drug accumulation is expected to occur with repeated administrations.

INDICATIONS:
ProHeart 6 is indicated for use in dogs six months of age and older for the prevention of heartworm disease caused by *Dirofilaria immitis*.
ProHeart 6 is indicated for the treatment of existing larval and adult hookworm (*Ancylostoma caninum* and *Uncinaria stenocephala*) infections.

DOSAGE AND ADMINISTRATION:
Owners should be given the Client Information Sheet for ProHeart 6 to read before the drug is administered and should be advised to observe their dogs for potential drug toxicity described in the sheet.

Frequency of Treatment: ProHeart 6 prevents infection by *D. immitis* for six months. It should be administered within one month of the dog's first exposure to mosquitoes. Follow-up treatments may be given every six months if the dog has continued exposure to mosquitoes and if the dog continues to be healthy without weight loss. When replacing another heartworm preventive product, ProHeart 6 should be given within one month of the last dose of the former medication. ProHeart 6 eliminates the larval and adult stages of *A. caninum* and *U. stenocephala* present at the time of treatment. However, persistent effectiveness has not been established for this indication. Re-infection with *A. caninum* and *U. stenocephala* may occur sooner than 6 months.
Dose: The recommended subcutaneous dose is 0.05 mL of the constituted suspension/kg body weight (0.0227 mL/lb.). This amount of suspension will provide 0.17 mg moxidectin/kg body weight (0.0773 mg/lb.). To ensure accurate dosing, calculate each dose based on the dog's weight at the time of treatment. Do not overdose growing puppies in anticipation of their expected adult weight. The following dosage chart may be used as a guide.

DOSAGE CHART					
Dog Wt.		Dose Volume	Dog Wt.		Dose Volume
lb	kg	mL/Dog	lb	kg	mL/Dog
11	5	0.25	77	35	1.75
22	10	0.50	88	40	2.00
33	15	0.75	99	45	2.25
44	20	1.00	110	50	2.50
55	25	1.25	121	55	2.75
66	30	1.50	132	60	3.00

Injection Technique: The two-part sustained release product must be mixed at least 30 minutes prior to the intended time of use (See **CONSTITUTION PROCEDURES** for initial mixing instructions). Once constituted, **swirl the bottle gently before every use to uniformly re-suspend the microspheres**. Withdraw 0.05 mL of suspension/kg body weight into an appropriately sized syringe fitted with an 18G or 20G hypodermic needle. Dose promptly after drawing into dosing syringe. If administration is delayed, gently roll the dosing syringe prior to injection to maintain a uniform suspension and accurate dosing.

Using aseptic technique, inject the product subcutaneously in the left or right side of the dorsum of the neck cranial to the scapula. No more than 3 mL should be administered in a single site. The location(s) of each injection (left or right side) should be noted so that prior injection sites can be identified and the next injection can be administered on the opposite side.

INFORMATION FOR DOG OWNERS:
Always provide Client Information Sheet and review with owners before administering ProHeart 6. Owners should be advised of the potential for adverse reactions, including anaphylaxis, and be informed of the clinical signs associated with drug toxicity (see **WARNINGS, PRECAUTIONS AND ADVERSE REACTIONS** sections). Owners should be advised to contact their veterinarian immediately if signs of toxicity are observed. The vast majority of patients with drug related adverse reactions have recovered when the signs are recognized and veterinary care, if appropriate, is initiated.

CONTRAINDICATIONS:
ProHeart 6 is contraindicated in animals previously found to be hypersensitive to this drug.

HUMAN WARNINGS:
Not for human use. Keep this and all drugs out of the reach of children. May be slightly irritating to the eyes. May cause slight irritation to the upper respiratory tract if inhaled. May be harmful if swallowed. If contact with the eyes occurs, rinse thoroughly with water for 15 minutes and seek medical attention immediately. If accidental ingestion occurs, contact a Poison Control Center or a physician immediately. The material safety data sheet (MSDS) contains more detailed occupational safety information.

WARNINGS:
ProHeart 6 should be administered with caution in dogs with pre-existing allergic disease, including food allergy, atopy, and flea allergy dermatitis. In some cases, anaphylactic reactions have resulted in liver disease and death. Anaphylactic and anaphylactoid reactions should be treated immediately with the same measures used to treat hypersensitivity reactions to vaccines and other injectable products.

Owners should be given the Client Information Sheet for ProHeart 6 to read before the drug is administered and should be advised to observe their dogs for potential drug toxicity described in the sheet.

Do not administer ProHeart 6 to dogs who are sick, debilitated, underweight or who have a history of weight loss.

PRECAUTIONS:
Caution should be used when administering ProHeart 6 concurrently with vaccinations. Adverse reactions, including anaphylaxis, have been reported following the concomitant use of ProHeart 6 and vaccinations (see **WARNINGS**). Prior to administration of ProHeart 6, the health of the patient should be assessed by a thorough medical history, physical examination and diagnostic testing as indicated (see **WARNINGS**). ProHeart 6 should not be used more frequently than every 6 months. The safety and effectiveness of ProHeart 6 has not been evaluated in dogs less than 6 months of age. Caution should be used when administering ProHeart 6 to heartworm positive dogs (See **ADVERSE REACTIONS**). Prior to administration of ProHeart 6, dogs should be tested for existing heartworm infections. Infected dogs should be treated to remove adult heartworms. ProHeart 6 is not effective against adult *D. immitis* and, while the number of circulating microfilariae may decrease following treatment, ProHeart 6 is not effective for microfilariae clearance.

ADVERSE REACTIONS:
In field studies, the following adverse reactions were observed in dogs treated with ProHeart 6: anaphylaxis, vomiting, diarrhea (with and without blood), listlessness, weight loss, seizures, injection site pruritus, and elevated body temperature. Dogs with clinically significant weight loss (>10%) were more likely to experience a severe adverse reaction.

In a laboratory effectiveness study, dogs with 4- and 6-month-old heartworm infections experienced vomiting, lethargy and bloody diarrhea. These signs were more severe in the dogs with 4-month-old heartworm infections, including one dog that was recumbent and required supportive care, than in the dogs with older (6-month-old) infections.

Post-Approval Experience (Rev. 2010)
The following adverse events are based on post-approval adverse drug experience reporting. Not all adverse reactions are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data. The following adverse events are listed in decreasing order of frequency by body system.
Immune: anaphylaxis and/or anaphylactoid reactions, urticaria, head/face edema, pruritus, pale mucous membranes, collapse, cardiovascular shock, erythema, immune-mediated hemolytic anemia, immune-mediated thrombocytopenia (signs reflected in other system categories could be related to allergic reactions, i.e., gastrointestinal, dermatologic, and hematologic)
Gastrointestinal: vomiting (with or without blood), diarrhea with or without blood, hypersalivation
General: depression, lethargy, anorexia, fever, weakness
Dermatological: injection site pruritus/swelling, erythema multiforme
Neurological: seizures, ataxia, trembling, hind limb paresis
Hematological: leukocytosis, anemia, thrombocytopenia
Respiratory: dyspnea, tachypnea, coughing
Hepatic: elevated liver enzymes, hypoproteinemia, hyperbilirubinemia, hepatopathy
Urinary: elevated BUN, elevated creatinine, hematuria, polydipsia, polyuria
Cardiopulmonary signs such as coughing and dyspnea may occur in heartworm positive dogs treated with ProHeart 6.
In some cases, death has been reported as an outcome of the adverse events listed above.
To report suspected adverse reactions, to obtain a Material Safety Data Sheet, or for technical assistance, call 1-800-366-5288.
For a complete listing of adverse reactions for moxidectin reported to the CVM see: <http://www.fda.gov/AnimalVeterinary/SafetyHealth/ProductsSafety/Information/ucm055394.htm>

ANIMAL SAFETY:
General Safety: ProHeart 6 has been administered to a wide variety of healthy dogs six months of age and older, including a wide variety of breeds, pregnant and lactating females, breeding males, and ivermectin-sensitive collies. In clinical studies, two geriatric dogs with a history of weight loss after the initial ProHeart 6 injection died within a month of the second 6 month injection. A third dog who was underweight for its age and breed and who had a history of congenital problems experienced lethargy following the initial injection of ProHeart 6. The dog never recovered and died 3 months later (see **WARNINGS**).

ProHeart 6 administered at 3 times the recommended dose in dogs with patent heartworm infections and up to 5 times the recommended dose in ivermectin-sensitive collies did not cause any adverse reactions. ProHeart 6 administered at 3 times the recommended dose did not adversely affect the reproductive performance of male or female dogs. ProHeart 6 administered up to 5 times the recommended dose in 7-8 month old puppies did not cause any systemic adverse effects. In well controlled clinical field studies, ProHeart 6 was used in conjunction with a variety of veterinary products including anthelmintics, antiparasitics, antibiotics, analgesics, steroids, non-steroidal anti-inflammatory drugs (NSAIDs), anesthetics and flea control products.

Injection Site Reactions: Injection site observations were recorded during effectiveness and safety studies. In clinical studies, ProHeart 6 was administered at six-month intervals to client-owned dogs under field conditions. There were no reports of injection site reactions in these field studies and evaluations of the injection sites revealed no abnormalities.

In a laboratory safety study, ProHeart 6 was administered at 1, 3 and 5 times the recommended dose to 7-8 month old puppies. Injection sites were clipped to facilitate observation. Slight swelling/edema at the injection site was observed in some dogs from all treated groups. These injection site reactions appeared as quickly as 8 hours post injection and lasted up to 3 weeks.

A three-year repeated injection study was conducted to evaluate the safety of up to 6 injections of ProHeart 6 administered at the recommended dose (0.17 mg/kg) every 6 months. Mild erythema and localized deep subcuticular thickening were seen in dogs that received four injections in the same area on the neck and in one dog that received two injections in the same area on the neck. Microscopic evaluation on the injection sites from all dogs 6 months after the last injection consistently showed mild granulomatous panniculitis with microvacuolation.

The only adverse reaction seen that was not related to the injection site was weight loss in one dog. Some dogs treated with ProHeart 6 in laboratory effectiveness studies developed transient, localized inflammatory injection site reactions. These injection site reactions were visible grossly for up to 3 weeks after injection. Histologically, well-defined granulomas were observed in some dogs at approximately 5 months after injection.

CONSTITUTION PROCEDURES:
The two-part ProHeart 6 product must be mixed at least 30 minutes prior to the intended time of use.
Items needed to constitute ProHeart 6:

- Microspheres
- Enclosed vent needle (25G)
- Vehicle
- Sterile 20 mL syringe for transfer
- Transfer needle (18G or 20G)

Constitution of the 20 mL vial product.



1. Shake the microsphere vial to break up any aggregates prior to constitution.
2. Using an 18G or 20G needle and sterile syringe withdraw 17.0 mL of the unique vehicle from the vial. **There is more vehicle supplied than the 17.0 mL required.**
3. Insert the enclosed 25G vent needle into the microsphere vial.
4. Slowly transfer the vehicle into the microsphere vial through the stopper using the transfer needle and syringe.
5. Once the vehicle has been added, remove the vent and transfer needles from the microsphere vial. Discard unused vehicle and needles.
6. Shake the microsphere vial vigorously until a thoroughly mixed suspension is produced.
7. Record the time and date of mixing on the microsphere vial.
8. Allow suspension to stand for at least 30 minutes to allow large air bubbles to dissipate.
9. **Before every use, gently swirl the mixture to achieve uniform suspension.** The microspheres and vehicle will gradually separate on standing.
10. Use a 1 mL or 3 mL syringe and an 18G or 20G needle for dosing. Dose promptly after drawing into dosing syringe. If administration is delayed, gently roll the dosing syringe prior to injection to maintain a uniform suspension and accurate dosing.
11. Refrigerate the unused product. The constituted product remains stable for 4 weeks in a refrigerator. Avoid direct sunlight.

STORAGE INFORMATION:
Store the unconstituted product at or below 25°C (77°F). Do not expose to light for extended periods of time. After constitution, the product is stable for 4 weeks stored under refrigeration at 2° to 8°C (36° to 46°F).

HOW SUPPLIED:
ProHeart 6 is available in the following three package sizes.

- | | |
|---|--|
| 1. 1-Pack
20 mL vial product:
1 - 10% moxidectin sterile microspheres - 598 mg/vial
1 - Sterile vehicle - 17 mL/vial | 2. 5-Pack
20 mL vial product:
5 - 10% moxidectin sterile microspheres - 598 mg/vial
5 - Sterile vehicle - 17 mL/vial |
| 3. 10-Pack
20 mL vial product:
10 - 10% moxidectin sterile microspheres - 598 mg/vial
10 - Sterile vehicle - 17 mL/vial | |

For a copy of the Material Safety Data sheet (MSDS) or to report a suspected adverse reaction, call Pfizer Animal Health at 1-800-366-5288.



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FEELING CHEWED UP?

When clients take a bite out of you, use these tips to retrain their most challenging behaviors.

By Portia Stewart

Even the best-intentioned clients sometimes nibble away at your good mood. And every once in a while, you meet a pet owner who mounts a full-on attack. On the next pages, you'll

find tips from the *Firstline* Editorial Advisory Board members below on how to manage your most difficult client interactions—and guidance when the rare out-of-control client strikes.



Rachael Simmons, head receptionist at Veterinary Surgical Specialists in Spokane, Wash.



Debbie Gair, CVPM, a management recruiter and coach with Bridging the Gap in Sparta, Mich.



Kyle Palmer, CVT, practice manager at Silver Creek Animal Clinic, in Silverton, Ore.

Cultivate COMPASSION

Compassion starts with kindness and good listening skills, and it's a critical component to build stronger relationships with pet owners. Consider these activities for your next team meeting to cultivate a compassionate team attitude toward clients:

- > Discuss how you treat clients at your practice.
- > Practice dialogues to understand how you sound when you talk to clients. Find a list of sample scripts to improve client communication at dvm360.com/samplescripts.
- > Discuss how to welcome clients to your practice. When clients walk through the door, you should make eye contact, stand up and greet them with a smile—even if you're with another client. Then say, "Let me finish helping this client and I'll be right with you."
- > Practice activities to promote good listening skills. Start by rehearsing the listening skills at dvm360.com/ crankyclients.



check your ENVIRONMENT

Moods are contagious, and if you're grumpy from an uncomfortable call with Mrs. Demanding, other clients may pick up on it—and reflect that bad mood right back at you.

*“You’re too **EXPENSIVE**. If you really cared, you’d do this for **FREE**.”*

When clients say these words, it hurts, because you do care for pets and you do want to offer the best care for every animal, regardless of price.

You’ll need to rely on communication tools to help pet owners better understand how much you do care and paint a picture of the value of your services.

Consider this scenario

Mrs. Smith shows up 10 minutes before her scheduled appointment. The doctor’s running late, so she waits 25 minutes. The team is obviously irritated that the doctor’s late. After

finally getting into the exam room, the client feels rushed through the visit and she’s presented with a bill for \$150. She’s not impressed.

Flip the situation

Mrs. Smith shows up early. You offer her coffee and ask how she’s doing. Before Mrs. Smith knows it, Dr. Cares is ready to see her and Fluffy. Dr. Cares explains every step of the nose-to-tail exam. Then the technician guides her through, giving the medication Dr. Cares recommends and following up on any recommendations the doctor made. The technician reminds Mrs. Smith to call the practice if she has any concerns once she gets Fluffy home. Then, after your team has taken the time to express how much they care about Fluffy, you present her with the bill. And it’s only \$150 for your careful and focused attention and care.

You can make this happen with most clients at your practice with these simple steps:

- 1 Share your plan for the pet.** Start educating clients the moment they walk in the door.
- 2 Get client buy-in.** Clients need to believe the doctor’s plan offers the best result for the pet’s diagnosis.
- 3 Ask clients, “What questions do you have for me?”** Sometimes there aren’t questions, but always pause and ask.
- 4 Offer a printout of your suggested care.** Clients take this information home to show to other stakeholders in that pet’s life.
- 5 Walk clients through the estimate.** Describe the care you’re offering, and make sure prices are listed. This opens the door for the client to express concerns. For example, the client might say, “I was hoping to only spend \$100 today, not \$150.” Your response: “I can appreciate that. Let’s check with Dr. Cares to see if there are some services we can postpone until next month.”
- 6 Discuss the ways clients can**

pay. You may talk about pet insurance to help cover expenses or introduce third-party payment plans.

Money talks bring up strong emotions, and if clients can’t pay, they may look for a target. So if you get blasted by a frustrated pet owner, don’t let it keep you down. Remember your passion for helping pets and their owners and move on.



Solutions for spoiled clients

Clients can be demanding. And this actually may be a positive sign for your practice—because pet owners think you can deliver everything they expect. Of course, this doesn't mean it's easy to be on the other end of their expectations. So what do you do?

If you can stand it, spoil your clients more

Consider these steps to take your service to the next level:

> Ask yourself how you can exceed expectations.

Make a list of ways to go above and beyond with your client service and care.

> **Set your goal to make every client walk away as raving fans.** You want them to share with their friends and family how great your services are because you spoil them so much—even when they're cranky and they know it.

If clients are spoiling your practice, try to remember these tips

If your spoiled clients are truly wreaking havoc on your team, practice these steps:

> Recognize the “having

a bad day” clients and let go of the bad feelings they leave behind. These out-of-sorts people may say things that are downright hurtful. Use your perspective to let it go.



Reward yourself with a short break or a cup of coffee, and remind yourself that you're good to clients—even those who are having a bad day.

> Try to be

happy. If you approach the next client with the cheerful attitude, that happiness you're trying to project will become genuine in no time.

> **Follow up with angry clients.** A “thinking of you” note or a followup phone call shows you care and want the client's experience at your practice to be everything they expect.

> Retrain bad behaviors.

For example, Mrs. Smith insists you always let her pay for dog food later. You say she must pay at the time of purchase, and she continues to push. Make arrangements with a practice manager or leader to back you up. If Mrs. Smith insists, you can say, “Let me check with my manager.” When your manager agrees, Mrs. Smith will often accept your word.

→ Say *this*,
not *that* ←

Don't say, “No.” Instead, reframe your answers to focus on what you *can* do for them—how you can say “yes.”

Do say, “Here's how I can help you.” For example, “No, Dr. Cares can't see Fluffy today” becomes “Dr. Cares will want to see Fluffy. I can schedule you an appointment for 10 a.m. tomorrow.”

Don't say, “Our policy says we need to see Rex before we can sell heartworm preventives.” Clients don't care about your policy. Phrases like this often trigger clients' anger.

Do say, “I'm so glad you called, Mrs. Smith. It's been a while since Dr. Cares has seen Rex. Let's get you scheduled for a checkup to make sure Rex is still feeling great. We'll do a heartworm test to make sure Rex can continue heartworm preventives safely. It's also a great chance for us to check up on Rex's health and address your concerns. I have appointments this week on Tuesday at 3 p.m. and Thursday at 6:30 p.m. Which of these times works best for you?”

2 solutions *for angry clients*

SOME experts say apologies have an almost magical power of defusing many tense situations. When you notice a client's short fuse is burning out, you may choose to quickly say, "I'm sorry." Then follow these steps:

- 1 Say, "Let me get a manager."
- 2 Guide the angry client to a quiet place, such as an empty exam room.
- 3 If a client seems to be losing control, do not clarify, debate, contradict or argue with them in any way. This may escalate the problem.

OTHER experts advise avoiding the word "sorry." Instead, they suggest this approach to calm client eruptions:

- 1 Start by saying, "Thank you for bringing this to our attention."
- 2 Listen actively.
- 3 Say, "We will get this resolved for you."
- 4 Involve a manager if necessary.
- 5 Follow up with a call or note, and include the changes in your practice, based on the incident.

Identify and handle out-of-control clients

Maybe they're frustrated about their pet's health. Or they can't afford the care their pet needs.

To protect yourself and your other clients, use these steps:

- > Ask if you can continue the conversation later. Many clients will calm down if you say, "You're welcome to leave."
- > Use phrases like "Just breathe for a minute" or "I know you're upset, just take a moment."
- > Don't argue. Some clients will vent and wind down, especially if you empathize.

Be prepared to take immediate action if you notice these or other warning signs:

- > You suspect drug or alcohol use.
- > A client uses threats.
- > A client seems to be getting

angrier the longer he or she talks and won't stop.

Pay attention to words or body language. If the client is out of control, consider this advice:

- > Stay in public areas. Make sure you're not alone with a violent person and grab a coworker as backup.
- > Tell the client to leave. Stand your ground, and tell the client you will call the police.

Next, take the Practice Safety Bizquiz at dvm360.com/violence. Then learn more about confrontational clients at dvm360.com/staysafe.

Portia Stewart is a freelance writer in Lenexa, Kan.

Team training tool

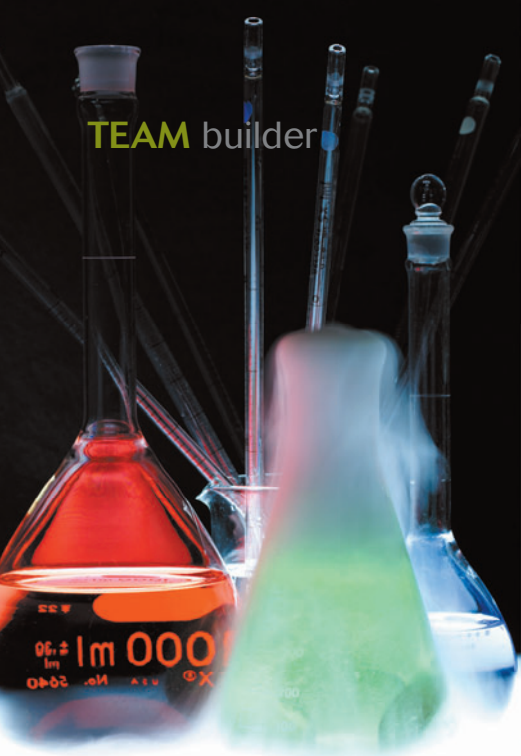


Find it all here.

dvm360

Tough talks

Use the practice cases at dvm360.com/toughclients to rehearse challenging client conversations with your team.



Find the *formula* for **TEAMWORK**

It doesn't take a potion to tame the Jekyll and Hyde behaviors in your practice. Consider these solutions for a more harmonious veterinary team.

By Ernie Ward, DVM, CVFT

There's almost always daily drama in practice that at minimum distracts us—and at its worst, derails our day. This isn't to say that our coworkers are always at fault. It just means that any time you get two people together, there's likely to be the occasional spat. It helps to have a strategy for the dramas we face to better deal with them. Let's look at some surefire stress busters to deal with daily practice drama:

The Drama Dictator

The Drama Dictator is gossipy, passive-aggressive and always looking to stir things up in the workplace. The Drama Dictator is always the victim. Everything is always about her—or him. This person is temperamental and everyone works extra hard not to set this person off. And that's no way to enjoy your work. The Drama Dictators use their form of dramatic manipulation for self gain. They want

more pay for less work, and more recognition without additional responsibility.



The solution: We all know a Drama Dictator. The first step is to tell your manager. If

your boss supports or ignores the Drama Dictator, you still must have the conversation. Write down examples of the behavior you've witnessed and how it negatively affects the clinic and team. Your managers prefer examples instead of your personal feelings and opinions. Be prepared. After the conversation, one of two things will occur:

1. The situation will improve, even temporarily. Just remember, you may need to repeat the process. If you're having to repeat too often or you don't have managerial support, you need to decide how much drama is too much for you.

2. The Drama Dictator will test you. This may include cre-

ating severe drama for you to deal with. Be strong and resolute and know you're only trying to improve the team. When the Drama Dictator unloads on you, your manager should have no course but to terminate the Drama Dictator. If not, you may be stuck with the drama. At that point your leader has clearly indicated a preference for the Drama Dictator's chaos. In this case, it may be time to find another job.

The Bully

Super Tech, Practice Princess and Queen Bee are names often used to describe a practice bully. The bully uses her own experience and knowledge as well as inter-office politics to persecute her victims. The bully is often "in" with a manager, owner or other powerful person at the clinic who helps shield her from suspicion. The bully wants recognition, power and attention. These person-

alities target others to make themselves look better in the eyes of managers and owners. They often bolster their position by holding skills and knowledge close and not teaching or sharing those skills with other team members. They feel best when only they can solve a particular problem. For example, they're the only ones who know where a special drug is kept or how to place orders, or they claim clients prefer them.



The solution: Dealing with a bully requires two challenging steps. You must talk to the bully and you must

talk to the boss. Be focused and calm before engaging in a conversation with the bully. This is a bully, after all. Note specific examples of behavior prepared beforehand that illustrate the issues you want to discuss. Tell the bully that you want a better relationship with him or her. You want the bully to communicate and interact with you and other team members positively. Provide examples and how you'd like to see the interaction change in the future. For example, perhaps a bully says, "I've been here a long time and that's how we do it." A positive change would be, "I appreciate your experience and understand that this way has been working. Because we've been having a few problems lately, I'd like you

to consider this way of doing things that may help the team." With luck, she'll listen. If she blows up or dismisses you, talk to the owner immediately.

Regardless, you want to report the conversation to your practice owner. If the owner is on the bully's side, it's vital to provide specific examples. The owner needs to understand this is a serious problem that hurts team morale, patient care, client service and productivity. In most cases, once you bring the situation to light, it will improve. If it doesn't, don't hesitate to seek employment elsewhere. Life is too short to be bullied. (The "Sample conversation tree" on page 24 offers an example of how to request and prepare for a discussion with the boss.)

The Gabby Gossip

Gabby heard the most salacious story about your coworker Anne. She wants to share it with you and get your opinion. Gabby's always complaining about your clinic, your practice manager and even your veterinarians. What do you do? Office gossip is a major contributor to daily practice drama. Who did what to whom and why often create chasms of conflict and cliques within a team. Not good.



The solution: Stay away from gossipers. Don't engage and don't listen. Gossipers'

negative attitudes have a way of transferring to everyone who listens. Don't get infected. Besides, you don't want to be associated with a rumor that ends up getting someone in trouble. In really bad or persistent cases, it's up to you to report gossiping to your owner or manager.

Computer Cowards

These team members use technology as a shield for their subterfuge. Maybe you've received a snarky text message about a co-worker or boss. Perhaps you've seen a Facebook post about how crummy your clinic is. Many times the offending



Find it all here.

dvm360
com

Transform your team

Firstline board member Julie Mullins shares six steps to help your team beat the stress. Scan the QR code, right, for a photo gallery of activities your whole team will enjoy, or visit dvm360.com/teamfun.



SAMPLE CONVERSATION TREE:

Taking your concerns to the doctor

To prepare for a meeting, write down your thoughts. State the problem in one or two sentences. Next, list two or three specific examples with approximate dates and times. Finally, offer a positive solution. "Fire Mary" isn't what most managers want to hear. Bosses want constructive steps that can help heal your team. Start your conversation with a request that respects your manager's time:

You: Dr. Cares, when you have a minute I'd like a chance to talk to you privately. It's important.

Dr. Cares: Sure! I've got time now.

Dr. Cares: OK. Can it wait until later today?

Dr. Cares: I'm too busy today. Maybe we can talk later this week when things slow down.

You: Yes. If it's alright, I will check the schedule and see if I can block out some free time for us to talk.

You: I understand we're very busy, and I want to talk with you when it won't disrupt our client service or patient care. Can I block out a time on your schedule to speak as soon as it's convenient?

Dr. Cares: Yes, that's fine.

Move to a private area for your conversation.

At the designated time, meet with the doctor.

Dr. Cares: No. I'll grab you when I'm free.

You: I appreciate your time. I know how much you value offering topnotch patent care and client service, and I've noticed a personnel problem that is distracting the team from our work.

If a few days pass and you're still waiting, approach your doctor again with your request.

You: Thank you, Dr. Cares. I look forward to talking to you as soon as you're ready.

Dr. Cares: What's going on?

You: I'm concerned that a team member is disrupting our ability to offer the high-quality service and care for our clients. I've approached the individual and asked her if we could discuss ways to work together more effectively and she was not receptive. I'd like to offer you some specific examples of the disruptive behaviors and help formulate a plan to resolve this issue. For example ...

What to expect: Once you've made your case, give your boss up to seven days to respond. Schedule a followup chat. What every employee deserves is a boss who listens, who carefully considers what's being said and who offers a plan to move forward. If you aren't getting that, it's time to move on.

What if you're the problem?



So maybe team members or managers have mentioned you have a negative attitude. Or you've heard that sometimes you can be hard to talk to or get along with. Be open to others' thoughts. It's rare in life that several people, even two, have the same perception about you unless it's true. This would require a conspiracy against you, and that's highly unlikely in your workplace.

If you feel "everyone's against me" or "no one likes me," it's most likely you, not everyone else. Take time to reflect on what you're being told instead of lashing out at the people telling you. Chances are they're simply trying to help you.

We must take responsibility for how we are perceived by others, regardless of how painful it may be. Listen, reflect and make efforts to improve. The beauty of life is that we can change—if we want to. In the end, be grateful someone had the courage to tell you how to be a better person.

team member who wrote this is an exemplary employee. In fact, you can't recall hearing him or her ever having uttered a negative remark in person.

These staff members are hiding behind electronic communication to sabotage workplace morale. They diss others through email rather than confronting them face-to-face.



The solution: If you encounter harmony-busting comments, act fast to halt the negative flow. These subtle

sarcastic statements separate team members and bolster the position of the Computer Coward. Otherwise, this will quickly escalate to Drama Dictator, Gossip and Bully status. Even worse, you'll be roped into accountability. If you ignore these negative behaviors, you're just as guilty as those who created it.

Start by telling the Computer Coward you'd rather discuss her comments in person.

Tell her you think it may be inappropriate to talk like this without addressing the people accused. At the same time, you need to notify your boss. Depending on what's being said and where, there may be legal implications. Don't think that sarcastic or snarky remarks can't hurt. They do.

Staff training: potent medicine

During two decades as a practice owner, I learned that the best way to avoid drama was through regular structured communication. For my teams, weekly staff training was the solution. I learned that the real magic of training wasn't limited to learning medical information; it was the opportunity to communicate face-to-face with each other. We took time to air grievances on a weekly basis, preventing issues from building up and boiling over. Gathering as a group also allows you to share perspectives and explore

many solutions. Team training also fosters a tribal mentality that leads to confidence and pride and protection of each other, our patients and clients. In this age of social media relationships and scarcity of human contact, regular team training is more important than ever.

Weekly staff training can create a safe space to discuss general issues that affect everyone. One caution: If a team member begins discussing specific personal issues or attacking someone or a group, stop the conversation and offer to discuss it privately later.

If you're experiencing workplace drama, give regular team training a try. It may be the solution your practice has been searching for. **FL**

Dr. Ernie Ward Jr. works at Seaside Animal Care in Calabash, N.C. Catch

Dr. Ward for live team training Sat., Nov. 2, at CVC San Diego. He'll help you with client communication skills and social media.



Are you a *coachable* TEAM PLAYER?



Ready to make game-changing plays in pets' health? You must start by opening yourself to messages from your coaches and practice leaders.

By W. Bradford Swift, DVM

In football, as the clock ticks down to two minutes the referee blows the whistle and the quarterback trots to the sideline to confer with his coach, while the defensive team captain does the same. In a few minutes the game resumes, with both sides having received important input from their coaches at a critical moment of the game. The same coaching can happen in a veterinary practice. And learning to be coachable offers many benefits: better patient care, more career satisfaction, a greater potential for raises and advancement and a more pleasant workplace.

Now imagine what would happen if the quarterback and defensive captain ran to the sideline to talk with their coaches and argued instead

of listening. This an example of an uncoachable player. As powerful and effective as coaching can be, it won't make any real difference in the performance of a team that isn't open to being coached. Let's explore coaching and how committed team players can become coachable.

What is coaching?

Coaching is a special relationship created and maintained through a unique form of communication. A coach and the team speak and listen to each other in a way that they are unlikely to speak and listen to anyone else. Their relationship exists in the conversations they have with each other.

An important part of this coach/player



Coach tip: Start by creating a gap, or area of growth, for your team member.

Say, "Lindy, it's great to have you join the team. As I mentioned in our initial interview, an important part of my job is to empower you to be the best team member possible. Let's explore this further. Where do you see yourself in the next two or three years?"

relationship is the mutually shared commitment. In sports, that commitment is to win as many games as possible. In a veterinary practice, it might be to help the practice continue to grow financially while providing the highest quality care available. It's the coach's job to positively impact the performance of the player. And it's the player's job to listen for the advice the coach provides

and to then take the coaching. Remember that you're on the same team, committed to producing the same result: high-quality care.

How to be coachable

Start by recognizing that, as human beings, we're not automatically open to coaching. Actually, it's worse than that. We aren't open to coaching and we walk around thinking that we are until someone says something that we don't agree with or that doesn't match our personal beliefs. Then our open minds shut faster and with more force than a bear trap.

It's human nature to hear contributions from others as criticism. How much of a difference a coach can have on a player's performance depends on whether the player is willing to listen. Being coachable occurs in your listening.



Player tip: Let's say you decide to try being coachable. First go to your potential coach and ask him or her to share your experiment. You might say, "Dr. Cares, I'm interested in being one of the best employees you've ever had and to learn as much as possible from you. So I want you

to know that I'm open to your suggestions. I promise to listen to them openly and to use your contributions. If at any time you catch me not listening in this way, please remind me so I can correct my listening." Now you've created a coach/player relationship, including expressing your common commitment: your interest in being the best employee possible. With this brief conversation, you have also begun to alter the way you'll listen to your employer. It's also likely your employer will relate to you differently, since he or she realizes you're open to training.

Here are two powerful ways to listen that can help you develop into a coachable player:

1. The try-it-on-and-see way of listening.

Rather than being concerned about whether you agree or disagree with what the other person is saying, be willing to consider what they're saying. Try it on, looking from their point of view, to see what opens up for you.

2. Listen for the contribution in what the other person says.

It's amazing the difference someone can make

Find it all here.
dvm360.com

Seal the deal
An agreement between a coach and player outlines your roles and creates specific shared goals. Visit dvm360.com/coachform for a sample coach/player agreement.

Four-week practice schedule

An important trait of coachable players is their willingness to practice to improve their performance. So here are some exercises you can practice to develop yourself as a coachable team member:

Week one: Start by noticing the automatic ways you listen to people around you. At this point, don't do anything with the way you listen; just notice it. Some of the common, automatic ways of listening are:

- > Listening for agreement or disagreement
- > Listening to judge the merit of the conversation
- > Listening for who's right and who's wrong
- > Listening for someone to take a breath so you can say your piece.

Also, take time to notice how other people are listening to what you say.

Weeks two and three: Pick two people in your life that you are interested in developing a coaching relationship with. It might be one person at your job and another one in some aspect of your personal life. Ask one of them to coach you the first week in a specific

area that you are weak in or that you realize your performance could be strengthened. For example, at work it might be in a technical part of your job, or it might be in how to get along better with difficult clients or other team members.

The next week, pick a new person to coach you in a new area. Notice the different styles and ways people coach. Pick people you admire and respect and who, in your estimation, are competent in the area you are requesting coaching.

Week four: Make a public declaration either at home or at work that for the next week you're committed to being open and available to coaching from everyone in that environment. Play with it and have fun. Notice how many people are dying to contribute to you. Imagine the difference in your personal development by being open to everyone's contribution in your life.



Coach tip: One way to inspire powerful listening, especially for difficult topics, is to be authentically curious. Say, "I'm curious about something that happened the other day in the clinic. Can we explore that for a minute?" For an extended article on this topic, visit dvm360.com/great-coach from our sister publication *Veterinary Economics*.

in your life when you start listening for good advice.

Of course, part of your training is to stay open to coaching. At first, you may hear your employer's comments as criticism. Adjust in those moments to a try-it-on-and-see way of listening. As you develop yourself as a coachable player, you start listening to many others in this way. Suddenly, everyone has something to contribute to you.

Listening will also help you become a powerful team player;

someone who's both open to being coached and who applies it to his or her job performance. Don't be surprised if other people start asking you for coaching. Coachable players often become some of the best coaches. **FL**



Dr. Swift founded the Life on Purpose Institute and wrote You're the Coach: The Transformational Power of Business Coaching (Porpoise Publishing, 2012).

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