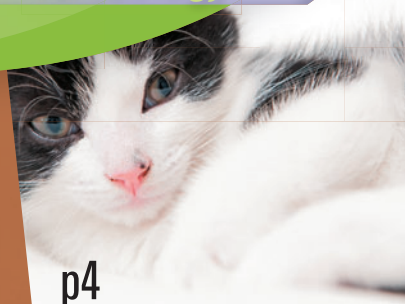


## *How to* **SHATTER** *your* **TEAM'S MOTIVATION**

Micromanage your team and watch them wilt in 6 simple steps. (Psst—we've also got tips to survive a micromanager.) **p9**



**p4**

### **INDOOR CATS?**

Learn to talk to pet owners about parasites

### **GET A RAISE**

using training to position yourself for greatness **13**

### **FILL DOWN TIMES**

with these 7 ideas **14**

### **BLOCKED!**

How to handle clients who won't listen **16**

### **BURNOUT BUSTER:**

Heat up your career with these hot training tips **18**





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<sup>1</sup> Of dogs showing a preference in two studies, all dogs preferred HEARTGARD Plus Chewables to TRIFEXIS™ (spinosad + milbemycin oxime) beef-flavored chewable tablets; Executive Summary VS-USA-37807 and VS-USA-37808.

<sup>2</sup> Opinion Research Corporation, Heartworm Prevention Medication Study, 2012. Data on file at Merial.

<sup>3</sup> Ask your Merial Sales Representative for full guarantee details.

See brief summary on page 19.

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#### 4 | Ask the experts

Parasite prevention for cats



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> Lyme disease:

What's your role?

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Free marketing ideas

## How to **MICROMANAGE** YOUR **TEAM** and **SHATTER** **MOTIVATION**

Watch your team wilt with these six steps to push, bully and completely overwhelm them.

**page 9** *By Donna Recupido, CVPM*



### SKILL BUILDER

#### 7 tips to fill down times

The schedule's only half full and the day's dragging. But there's lots to do to help the patients in your care if you know where to look.

**page 14**

### CLIENT COMMUNICATION

#### When clients block you

Train your team to navigate the barriers difficult pet owners create with these four steps to be heard.

**page 16**

*By Brent Dickinson*

WHAT'S NEW  
on **dvm360**  
Find it all here.  
**.com**

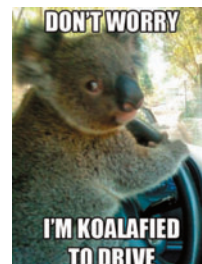
## Comfort cats in a towel wrap

Dr. Sophia Yin demonstrates how a simple towel wrap can help keep cats—and your staff—comfortable and safe during an examination. Watch the video now at [dvm360.com/towelwrap](http://dvm360.com/towelwrap).

## POSTS AND TWEETS

### ABOUT FEAR-FREE TACTICS

Share the techniques your clinic uses to eliminate pets' fear with prewritten posts and tweets for clients who follow your social media feeds. Get them here at [dvm360.com/socialfearfree](http://dvm360.com/socialfearfree).



### 17 most lovable, laughable animal memes on the web

Check out how animals are taking over the Internet at [dvm360.com/animalmemes](http://dvm360.com/animalmemes).

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## April pet calendar

### ASPCA PREVENTION OF CRUELTY TO ANIMALS MONTH



### AMERICAN RED CROSS NATIONAL PET FIRST AID AWARENESS MONTH

### NATIONAL ANIMAL CONTROL OFFICER APPRECIATION WEEK

April 13-19

### NATIONAL PET ID WEEK

April 20-26

### NATIONAL KIDS AND PETS DAY WORLD VETERINARY DAY

April 26

### NATIONAL ADOPT A SHELTER PET DAY

April 30



## 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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# Parasite prevention for the indoor-only cat

**Q** *When I offer our practice's recommendations for parasite prevention, cat owners often ignore our advice, saying, "My cat doesn't go outside." What can I say to educate these pet owners and protect the health of these cats?*

**"I** think the personal stories and connections help a lot, but they have to be relevant," says Dr. Jane Brunt of the CAT-lyst Council. For example, Dr. Brunt says when she is speaking to people with seniors in their home, she tells about her 80-year-old mother's cat Tulip that was "indoors-only" and

used to scoot right in front of her mother's bed.

"Seniors frequently get up at night—often barefoot—and when I learned Tulip had roundworms I was horrified that my mother was at risk," Dr. Brunt says.

Dr. Brunt encourages veterinary teams to share their own stories and situations from their lives, from family members and friends and even from unnamed clients to show the impact on the household.

"We also use the Centers for Disease Control data to point out that 10 percent of potting soil was found to contain

roundworm eggs," Dr. Brunt says. For more great tips and facts you can use to create your own customized script to talk to pet owners about parasite prevention for indoor cats, visit [dvm360.com/parasitefacts](http://dvm360.com/parasitefacts).

## Need help now?

Get answers—fast—with Firstline Hotline. You can email us at [firstline@advanstar.com](mailto:firstline@advanstar.com) or direct-message us on Facebook at [facebook.com/FirstlineMag](https://www.facebook.com/FirstlineMag) or Twitter at [@firstlinemag](https://twitter.com/firstlinemag).



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<sup>1</sup>Kruger JM, Lulich JP, Merrill J, et al. Proceedings. American College of Veterinary Internal Medicine Forum 2013.  
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CHANGE THEIR FOOD.  
CHANGE THEIR WORLD.

# Lyme tick DISEASE AND EDUCATION

## What's your role?

Learn how the whole team can work together to educate pet owners about ticks and Lyme disease threats to help protect pets and their owners.

### PRACTICE MANAGER

Stock up on Lyme disease and tick education handouts, and place them in your reception area and hand them out to clients. Hint: You can find free handouts on building your practice's protocol and more in the tick toolkit at [dvm360.com/toolkit](http://dvm360.com/toolkit).

### RECEPTIONIST

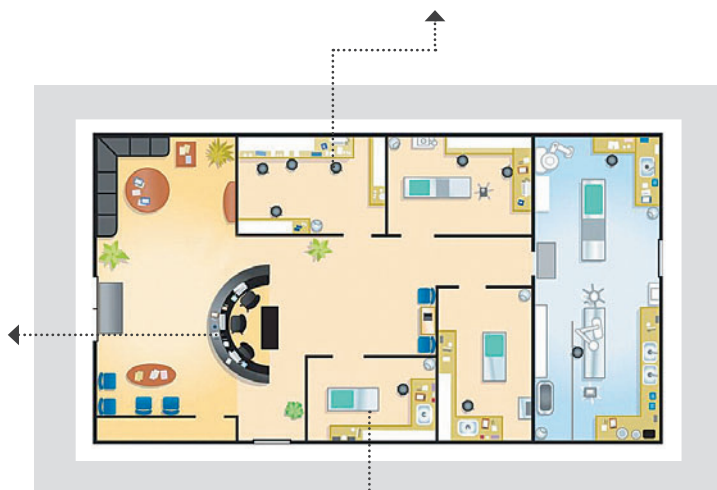
You're the first line of defense to educate pet owners. Clients often need to hear recommendations five to 10 times before it sinks in. To start a tick discussion, use questions like, "What preventives are you using for Roscoe?" and "How often do you take Harley for walks outside?"

### TECHNICIAN

Talk to pet owners about the common myths of Lyme disease. Use the form at [dvm360.com/lymeform](http://dvm360.com/lymeform) to prepare answers to seven big Lyme disease myths. And don't forget to remind clients that it's important to keep up with prevention, even when temperatures drop.

### VETERINARIAN

Set protocols for parasite prevention so your whole team reinforces your message. For example, your protocol might call for using in-clinic tests that detect common tick-borne diseases and you may define which parasite prevention you recommend and why.





# This week, 3 cases of flutd.



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

#### Indications

SENTINEL® SPECTRUM® (milbemycin oxime/lufenuron/praziquantel) is indicated for the prevention of heartworm disease caused by *Dirofilaria immitis*; for the prevention and control of flea populations (*Ctenocephalides felis*); and for the treatment and control of adult roundworm (*Toxocara canis*, *Toxascaris leonina*), adult hookworm (*Ancylostoma caninum*), adult whipworm (*Trichuris vulpis*), and adult tapeworm (*Taenia pisiformis*, *Echinococcus multilocularis* and *Echinococcus granulosus*) infections in dogs and puppies two pounds of body weight or greater and six weeks of age and older.

#### Dosage and Administration

SENTINEL SPECTRUM should be administered orally, once every month, at the minimum dosage of 0.23 mg/lb (0.5 mg/kg) milbemycin oxime, 4.55 mg/lb (10 mg/kg) lufenuron, and 2.28 mg/lb (5 mg/kg) praziquantel. For heartworm prevention, give once monthly for at least 6 months after exposure to mosquitoes.

#### Dosage Schedule

Body Weight	Milbemycin Oxime per chewable	Lufenuron per chewable	Praziquantel per chewable	Number of chewables
2 to 8 lbs.	2.3 mg	46 mg	22.8 mg	One
8.1 to 25 lbs.	5.75 mg	115 mg	57 mg	One
25.1 to 50 lbs.	11.5 mg	230 mg	114 mg	One
50.1 to 100 lbs.	23.0 mg	460 mg	228 mg	One
Over 100 lbs.	Administer the appropriate combination of chewables			

To ensure adequate absorption, always administer SENTINEL SPECTRUM to dogs immediately after or in conjunction with a normal meal.

SENTINEL SPECTRUM may be offered to the dog by hand or added to a small amount of dog food. The chewables should be administered in a manner that encourages the dog to chew, rather than to swallow without chewing. Chewables may be broken into pieces and fed to dogs that normally swallow treats whole. Care should be taken that the dog consumes the complete dose, and treated animals should be observed a few minutes after administration to ensure that no part of the dose is lost or rejected. If it is suspected that any of the dose has been lost, redosing is recommended.

#### Contraindications

There are no known contraindications to the use of SENTINEL SPECTRUM.

#### Warnings

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

#### Precautions

Treatment with fewer than 6 monthly doses after the last exposure to mosquitoes may not provide complete heartworm prevention. Prior to administration of SENTINEL SPECTRUM, dogs should be tested for existing heartworm infections. At the discretion of the veterinarian, infected dogs should be treated to remove adult heartworms. SENTINEL SPECTRUM is not effective against adult *D. immitis*.

Mild, transient hypersensitivity reactions, such as labored breathing, vomiting, hypersalivation, and lethargy, have been noted in some dogs treated with milbemycin oxime carrying a high number of circulating microfilariae. These reactions are presumably caused by release of protein from dead or dying microfilariae.

Do not use in puppies less than six weeks of age.

Do not use in dogs or puppies less than two pounds of body weight.

The safety of SENTINEL SPECTRUM has not been evaluated in dogs used for breeding or in lactating females. Studies have been performed with milbemycin oxime and lufenuron alone.

#### Adverse Reactions

The following adverse reactions have been reported in dogs after administration of milbemycin oxime, lufenuron, or praziquantel: vomiting, depression/lethargy, pruritus, urticaria, diarrhea, anorexia, skin congestion, ataxia, convulsions, salivation, and weakness.

To report suspected adverse drug events, contact Novartis Animal Health at 800-637-0281 or the FDA at 1-888-FDA-VETS.

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1/14

## PEARLS of practice

# Dig into DIET PLANS



By Ciera Miller, CVT

During office visits, pet owners often ask questions about their pet's nutrition. To answer their questions effectively, we use these steps to boost compliance:

**> Start with an exam.** The doctor will evaluate each pet based on their dietary needs, such as weight control and disease management.

**> Give guidelines for feeding.** Next we create a customized diet plan for each pet. We use a nutritional index that lists the most common diets and their caloric content to quickly combine the pet's dietary need, the caloric content of a certain diet and the pet's optimal daily caloric intake to create a unique diet.

loric intake to create a unique diet.

To create an index for your practice, use Excel to create a spreadsheet of the calories in the foods you recommend. Then you can plug in the patient's weight and the desired caloric content for daily feeding recommendations tailored to the pet. This way, you send every pet home with a customized diet plan to follow.

These diet plans often make nutrition discussions more efficient, and they improve pet owner compliance, which leads to happier, healthier pets.

Ciera Miller, CVT, is a Firstline Editorial Advisory Board member and a technician at Metzger Animal Hospital in State College, Pa.



## Get paid for your great idea

Have a pearl to share? Send it to [firstline@advanstar.com](mailto:firstline@advanstar.com). We'll pay \$30 for every tip we publish.





# THE **PROTECTOR** HAS ARRIVED.

Dogs should be tested for heartworm prior to use. Mild hypersensitivity reactions have been noted in some dogs carrying a high number of circulating microfilariae. Treatment with fewer than 6 monthly doses after the last exposure to mosquitoes may not provide complete heartworm prevention. For more information, please see product insert on page 8.

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\*A. caninum

\*\* Prevents flea eggs from hatching; is not an adulticide.

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# How to MICROMANAGE YOUR TEAM and SHATTER MOTIVATION



Watch your team members wilt before your eyes with these steps to push, bully and completely overwhelm them. Then read these team tips to heal the breaks.

*By Donna Recupido, CVPM*

**W**hen the victims of micromanagers first start working at a practice, they often possess an energy that's almost uncontrollable. They have so many ideas and dreams for the practice, the team and the clients. They have a to-do list 10 pages long of ideas, policies and protocols they want to implement. And then the micromanager steps in and smashes their spirit.

Micromanaged team members wake up in the morning uninspired. They drag them-

selves into work every morning with the plan just to survive eight hours, never missing a chance to glance at the clock to see how much closer they are to freedom. Although that list of great ideas still sits on their desk or in their locker or tucked underneath next week's schedule, they barely look at it and now just do what it takes to get through the day. There is no above and beyond. Creativity is dead. The smile and energy are replaced by sighs and the afternoon blah. I've been there.

I've felt like:

- > What's the point?
- > Nobody notices what I do.
- > Nobody cares.
- > I'm not able to use my skills that I worked so hard to gain.
- > I will just collect my check and go home.

For some this may be called a dream job, but for those team members and managers who, like me, embrace their practice as if it were their own, this is pure, mental torture. We didn't get into veterinary medicine for the money. We all know that,

right? We did it because we want to make a difference. And then the micromanager strikes.

### How they suck us in

Micromanagers are motivation killers. That might sound harsh, but I truly believe it. And if you have been the victim—yes, I feel you are being victimized if you are being micromanaged—you may agree.

Now let's talk about how micromanaging hurts. I'm a highly driven person. I'm detail-oriented—OK so some call it obsessive. I'm trustworthy and I embrace my career. I don't just view it as a job and I'm very passionate about the veterinary profession, client service and practice management. This is what I have done for 25 years and what I will continue to do until I have the wonderful pleasure of retiring.

During those 25 years I have encountered my share of micromanagers, most of them disguised as supportive, non-controlling, trusting owners. Yep, that's how they sucked us in. They told us they needed a manager. They told us they went to school to be doctors and had no desire to manage. They told us they were turning over the reins to us and would support us in all that we did. They told us we would meet regularly to ensure we were both working toward the same goals and visions. Yep, that's

what they told us. Of course we took the job. It's a dream job. Then it happens. We quickly find out that what they told us is maybe what they believe they want, but it's in no way what they're able to provide.

### Good intentions, bad results

In the defense of micromanagers, I believe that they truly do want what they told us when we interviewed, but they don't know how to achieve it. They are victims too—of their own experiences. I would bet money that most micromanagers have trust issues and may be perceived as control freaks because of it. Perhaps they were burned by someone they did let have some control. Maybe they are perfectionists who often found themselves disappointed by the work done by others and felt it wasn't what they wanted—and certainly not to their standards. I bet they are passionate about veterinary medicine and their practice. It's their entire life, so I imagine turning over the reins to another person is difficult, especially combined with negative experiences and the challenges of building a relationship with a new team member who hasn't yet met the trust level.

### How to break free

So now we know how we got here and how everyone feels. And whether you're the micro-

manager or the team member, you have two choices: Wreck your relationship or be the super glue to heal the breaks. Consider these six solutions team members and managers can use to make—or break—their relationships:

**How to break your team:** Ignore job descriptions and do as you please.

**Be the super glue:** If you're a micromanager, before you hire anyone you need to sit down and write—or read—the job description for the team member joining your practice. Be realistic about what you want them to do—and about what you're willing to allow them to do. Be prepared to live by this job description and be honest with yourself.

**How to break your team:** Embellish your abilities.

Find it all here.  
**dvm360**  
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### Are you a micromanager?

Find out whether you're managing or micromanaging with the quiz at [dvm360.com/micromanagequiz](http://dvm360.com/micromanagequiz).



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**Be the super glue:** If you are a team member, evaluate your skill set and accomplishments and be prepared to share them as you interview to start gaining the owner's or manager's trust. Demonstrate your specific accomplishments throughout your career. Be honest in what you can do. Don't say you can handle all accounting and financial reporting when in reality you wouldn't know a P&L from an A&W. This will lead to distrust and only make the micromanager kick in full force.

**How to break your team:** Resist authority.

**Be the super glue:** If you're a manager or team member, understand that no matter how passionate you are, this is not your practice and ultimately you have to meet the goals and follow the orders of the owner. You are the vehicle to reach those goals, working along with the owner. This doesn't mean you can't have your own ideas to present to owners, but if they say no, then it's no. If you want to do it your way, then buy a practice.

It's an excellent idea to identify your passions and values to ensure you work at a practice with leaders who embrace those same passions. If you're passionate about client education you aren't going to be satis-

fied in a practice with leaders who see no value in it.

**How to break your team:** Skip team meetings and ignore goals.

**Be the super glue:** Once you've created a team of owners, manager and leaders, you need an agreement that this team meets at least monthly to keep the lines of communication open. This allows the team to show the micromanager what they've accomplished and helps the micromanager let go a bit and trust more. There's no way to be on the road to achieving the same goals and visions if you don't communicate. So these meetings are essential to build that relationship.

**How to break your team:** Create vague to-do lists and instructions for team members.

**Be the super glue:** If you might be a micromanager, make sure you have set clear expectations for every task you want team members to handle. Mistrust often comes from team members not performing the tasks to the same level you know you could accomplish. This usually happens when you create non-specific, unclear tasks and don't follow up. After you set clear expectations, routinely check in to evaluate the

progress and make tweaks. Do this in the beginning with everything you assign. You don't have a working relationship yet where each other's expectations are clear. As the working relationship builds, so will the trust. Still continue to check in at regular meetings.

**How to break your team:** Be impervious to others.

**Be the super glue:** Micromanagers and team members—be vulnerable. Vulnerability is not a sign of weakness. It's a sign of strength. No one person knows it all. We all need help. We are much better as a team than we are as individuals. You know that saying, there is no "I" in team? Well it holds true here. Owners must admit they didn't study practice management and they need the manager's help. Managers must admit they don't know it all and can't do it all and need the guidance and support of owners and the knowledge and support of their team.

If you build relationships slowly on a foundation of trust, support and communication and you work toward common visions and goals, the micromanager will slowly let go. Or if you start with a non-micromanager, they may never show their ugly head. **FL**

*Donna Recupido, CVPM, is the hospital administrator at Veterinary Specialty Care in Charleston, S.C.*

# Get ahead of the learning *Curve*

Train new employees—or get your team on the same page—with expectation logs. Hint: Team members, you can master these skills to position yourself for a raise.

By Mandy Stevenson, RVT

**D**o you have a training plan for new team members? Does it need updating? Here's help. To build a team of well-trained employees you need clear expectations. Whether you're training a new employee or you're the new person joining a practice, an

expectation log can ease the transition. Expectation logs help team members learn to meet the practice's goals.

## Lost in a training loop?

Start by outlining a training program in your practice handbook to go with an expectation log that details what you want new hires to master in an allotted amount of time. In addition to skills, you may also choose to train and test on current services and products. And don't forget to plan a 90-day evaluation to monitor progress.

If you're looking to accelerate your career, you can also use the expectation log to demonstrate your skills, push for new training and show how you're an asset to your team. It helps justify an increase in pay or benefits, not to mention the empowerment you will feel. This is another way to make sure that merit, not just seniority, is part of your practice's compensation.

## Circle up your team

When you introduce an expectation log, explain that it's a tool designed to help team members reach the goals you set. Your logs will be different for every department. And once team members complete the logs, your training will focus on practice excellence.

If you can maximize the work ethic of your new team members with a tailored learning curve and a welcoming environment, they're more likely to become a permanent, positive part of your practice. Making continuing education and cross-training a long-term goal for all team members keeps everyone at the top of their game. So take time to create an ongoing knowledge center to help everyone be their best. When your team members can offer all of their knowledge, they feel good about their work and stay ahead of the curve. **FL**

*Mandy Stevenson, RVT, is a Firstline Editorial Advisory Board member and a technician in Creighton, Mo.*

**Sample veterinary technician expectation log**

Describe the expectation log and ask the trainee and trainer or initial tasks the new team member to perform each week. Trainee begins with the same level of knowledge you expect. Create logs for each task in your practice. The logs are used to track the trainee's progress, monitor the trainee's progress, and provide feedback to the trainee.

Remember, your practice will have its own requirements for accomplishing these training goals. For example, you might use the training log to help trainees understand the importance of the practice's goals. You may also use the training log to help trainees understand the importance of the practice's goals. You may also use the training log to help trainees understand the importance of the practice's goals.

Apply knowledge to practice and monitor the practice's progress.

Practice should be completed under the supervision of a trainer.

Find it all here.

**dvm360.com**

**Master your job**

Visit **dvm360.com/expectationlog** for a sample five-week technician expectation log. Then go to **thecvc.com** to register for CVC in Washington, D.C., May 8 to 12. You'll find team and manager training, wet labs and more.

# 7 TIPS TO FILL DOWN TIMES

The schedule is only half full and the day is dragging. But there's lots to do to help the patients in your care if you know where to look.

Check out this quick chart of tasks from Brian Conrad, CVPM, practice manager for Meadow Hills Veterinary Center in Kennewick, Wash., and choose a few you're trained to do to fill down times in the schedule and help the pets in your care.



## Practice patience with patients

Go ahead, cuddle them. The pets in your care can never have too much attention. And while you're at it, you can make sure each animal is clean, warm and dry, take their weight and temperature, take them on potty walks, prepare medications to send home with clients and ask team members what else you can do to lend a hand.



## Build the bond with bandanas

Bella and Brutus prance with an extra spring in their step when they're stylishly adorned in their brand new bandanas. Send these precious pooches home with flair by cutting bandanas into three sizes—small, medium and large—to send home with patients.



## Dive into dental carts

Keep pets' bright whites sparkling. Check your stock of dental diet samples, oral health chews and other product giveaways. And make sure to label and bag products according to the pet's size.



## Clean up, clean up—put your things away

Try the white glove test—do you see dirt? When you're down on four paws, what do you see? Then take another gander from the client's eye view. What can you spiff up? To get started, clean exam rooms. Wipe down every surface, including clinic doors, cabinets, counter tops, drawers, shelves, floors and cages. Then wipe down the lab and remove blood from centrifuges. And keep the laundry moving.



## Strive to sterilize

Help the rest of the clinical team by pitching in to keep your surgical suite and other areas of the hospital in tiptop shape. For example, if you're trained to do these tasks you can clean, vacuum and mop the surgical suite, clean surgical instruments, put surgery packs together and run the autoclave.



## Love your laboratory

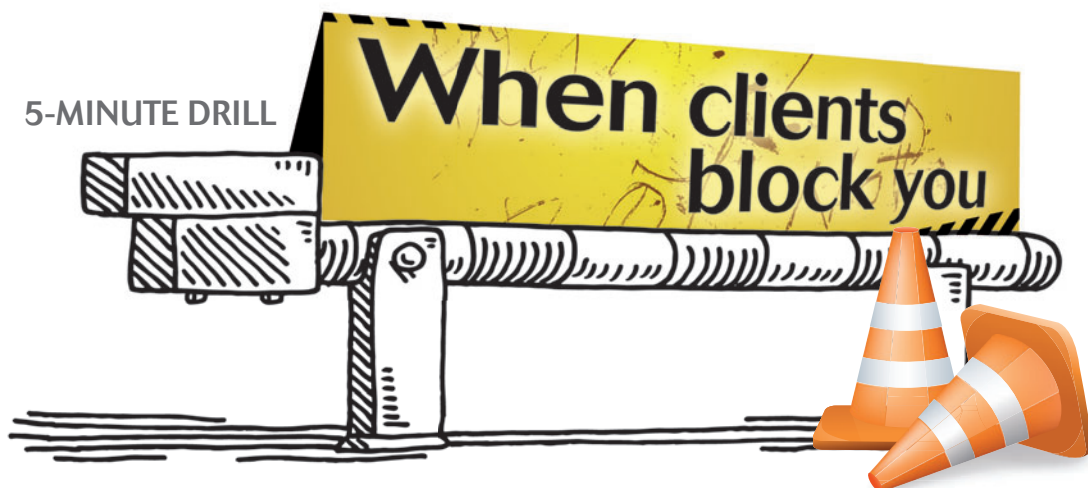
The TLC you give this area keeps the day running smoothly and means pets get fast, accurate results when the schedule picks back up. So take a minute to clean microscope lenses of oil, using wipes and alcohol. Collect abandoned blood tubes and make sure they're packaged and ready to go. And dispose of all unneeded slides and blood and urine tubes.



## Help out with handouts

How to house train your dog, help for chronic intestinal disease and tips to recognize the signs of osteoarthritis—we've got handouts for that and much more at **dvm360.com/forms**. So restock your forms in the waiting area. And place new ones in the treatment area, including hospital day sheets, surgery sheets and home care instructions.





Train your team to navigate the barriers difficult pet owners create with these four steps to be heard.

By Brent Dickinson

A recent visit with a new client quickly turned sour when the client wouldn't stop talking—and thought everything she said was right.

We call these clients blockers. They block you out when you speak and leave the practice with no new information—sometimes thinking they've taught you a thing or two. And the pet's health issues may be ignored or mistreated because their blocker owners don't get your message—and they don't offer the care you recommended. You've got to stop them. And you can do it with persistence.

### 1. Get your point in

Despite the blocker's ability to push you out of your own sentences and always be "right," you must do what it takes to say what you're trying to say. It's suitable to start your sentence over—again and again, if needed. Sometimes this will help people realize they're blocking you.

Your clients pay your team to be their source of good information. When clients start with, "I read on the Internet" or "I heard from a friend," stop them and explain the facts.

### 2. Charge appropriately

Blockers take up a lot of our time. When the visit spills over into the next client's time and you're not getting your points across, give the blocker the heads up. "I'm having trouble getting my points across to you in the time your appointment allotted. We can continue this conversation in another appointment. I'll have a team member help you schedule another visit on your way out." This may be enough to get their attention.

### 3. Document everything

You should be doing this well already, but documentation is very important. If the owner put their pet in harm's way because they ignored you, your notes from the visit protect you.

### 4. Block them back

When all else fails, it's time to tell these clients to pack their bags. Consider the liability associated with clients who don't let you speak and railroad you with their own information. Would you want pets to be put in harm's way because clients keep you from communicating? When you can't perform your duties because clients resist your efforts, it's time to cut the cord. When your team strives to be amazing, you'll make room for them to shine by removing clients who don't help you meet your goals for patient care. **FL**

*Brent Dickinson is the practice manager at Dickinson-McNeill Veterinary Clinic in Chesterfield, N.J.*

Find it all here.  
**dvm360**  
.com

#### Unblock talks with clients

Use the free team training tool at [dvm360.com/blocktool](http://dvm360.com/blocktool) to role play how to handle blocker clients. And if all else fails, check out [dvm360.com/fireclient](http://dvm360.com/fireclient) to learn how to say goodbye to clients you can't help.



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# Burnout buster: Seek CE

Head off burnout and heat up your career with these hot tips to grow in your profession and offer the highest level of service and care for people and pets at your practice.

*By Kyle Palmer, CVT*

**Y**ou've worked at a veterinary practice for many years. You're at the top of your game. You love your career and you've taken step after step to advance professionally. So what's next? Depending on your area of passion within veterinary medicine, you may have many options to fan the flames of your love for your work.

In my 20-plus years of time in this field, I've been forced to contemplate the reasons why certain team members simply move on after a matter of time. Is it burnout? Lack of adequate compensation? Too few opportunities to advance? You can tackle some of these challenges by pursuing additional training, whether it's to obtain veterinary credentialing, obtain a CVP, pursue a Veterinary Technician Specialist (VTS) distinction or another goal. For example, I earned my credentials as a technician and began pursuing my VTS in dentistry while still working as a practice manager. Here's what I've learned about the process and what you should expect:

**1 Make an investment.** Additional training does mean an investment of your time and money. For example, the continuing education requirements for a VTS are significant. In addition to lectures, there are a required number of wet labs to meet the demands of the program, and qualifying CE may not be accessible without some travel.

**2 Get buy-in from your boss.** Along with devoting a majority of time during practice to the discipline, expect to perform paperwork and reading to fulfill the criteria. In my training, I need patient records for that paperwork, and it would be difficult to complete those tasks outside of the work environment. The support of your employer is an invaluable asset in moving through any one of these programs.

Naively, I didn't ask or include my employer in the decision to begin in the dental program—or even tell anyone for several months. I didn't want to attract a lot of attention and I wanted to make sure it was something I could do before I was openly invested. A risk for sure, but fortunately, the owner of our practice is generous with my CE allowance and supportive of any advancement that benefits our practice.

**3 Trade benefits for you and your employer.** As an exempt employee in our state, I am able to trade extra commitment to my job for other benefits—in this case extra CE budget. In addition to my regular amount, I've been willing to work on dentistry cases on my day off in exchange for attending continuing education at national veterinary meetings that focus on veterinary dentistry. While my employer would probably allow me to work on case logs during work hours I simply

## 4 steps to start a VTS Program

Currently, the veterinary profession offers advanced technician credentialing in 11 disciplines: dentistry, anesthesia, internal medicine, emergency and critical care, behavior, zoological medicine, equine veterinary nursing, surgery, clinical practice, nutrition and clinical pathology. Each program is sanctioned as an academy by the National Association of Veterinary Technicians in America (NAVTA) committee that oversees the programs. Each two-year program requires a certain level of experience as a credentialed technician before you're accepted and consists of case logs, case reports, work with a mentor, continuing education and the ability to demonstrate proficiency in the field. After you complete the course work, you must pass a national exam to earn the VTS distinction. Follow these steps to prepare:

1. Select a program area that you are passionate about. For more information on programs, visit [dvm360.com/VTSinfo](http://dvm360.com/VTSinfo).
2. Make sure you qualify to apply. Review the guidelines on the website before submitting your application.
3. Contact a potential mentor and make sure that he or she will be willing to assist you through the process.
4. Complete and submit an application to the program. Application processes are often extensive, so you will need to invest a great deal of planning before you're accepted.

don't have the time and can only get those done by coming in on the weekends.



**Be prepared to look beyond your practice for assistance and resources.** While many veterinary practices may have all of the components

## Heartgard® Plus

(ivermectin/pyrantel)

### CHEWABLES

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

**INDICATIONS:** For use in dogs to prevent canine heartworm disease by eliminating the tissue stage of heartworm larvae (*Dirofilaria immitis*) for a month (30 days) after infection and for the treatment and control of ascarids (*Toxocara canis*, *Toxascaris leonina*) and hookworms (*Ancylostoma caninum*, *Uncinaria stenocephala*, *Ancylostoma braziliense*).

**DOSAGE:** HEARTGARD® Plus (ivermectin/pyrantel) should be administered orally at monthly intervals at the recommended minimum dose level of 6 mcg of ivermectin per kilogram (2.72 mcg/lb) and 5 mg of pyrantel (as pamoate salt) per kg (2.27 mg/lb) of body weight. The recommended dosing schedule for prevention of canine heartworm disease and for the treatment and control of ascarids and hookworms is as follows:

Dog Weight	Cheewables Per Month	Ivermectin Content	Pyrantel Content	Color Coding On Foil Backing and Carton
Up to 25 lb	1	68 mcg	57 mg	Blue
26 to 50 lb	1	136 mcg	114 mg	Green
51 to 100 lb	1	272 mcg	227 mg	Brown

HEARTGARD Plus is recommended for dogs 6 weeks of age and older. For dogs over 100 lb use the appropriate combination of these chewables.

**ADMINISTRATION:** Remove only one chewable at a time from the foil-backed blister card. Return the card with the remaining chewables to its box to protect the product from light. Because most dogs find HEARTGARD Plus palatable, the product can be offered to the dog by hand. Alternatively, it may be added intact to a small amount of dog food. The chewable should be administered in a manner that encourages the dog to chew, rather than to swallow without chewing. Chewables may be broken into pieces and fed to dogs that normally swallow treats whole.

Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes after administration to ensure that part of the dose is not lost or rejected. If it is suspected that any of the dose has been lost, redosing is recommended.

HEARTGARD Plus should be given at monthly intervals during the period of the year when mosquitoes (vectors), potentially carrying infective heartworm larvae, are active. The initial dose must be given within a month (30 days) after the dog's first exposure to mosquitoes. The final dose must be given within a month (30 days) after the dog's last exposure to mosquitoes.

When replacing another heartworm preventive product in a heartworm disease preventive program, the first dose of HEARTGARD Plus must be given within a month (30 days) of the last dose of the former medication.

If the interval between doses exceeds a month (30 days), the efficacy of ivermectin can be reduced. Therefore, for optimal performance, the chewable must be given once a month on or about the same day of the month. If treatment is delayed, whether by a few days or many, immediate treatment with HEARTGARD Plus and resumption of the recommended dosing regimen will minimize the opportunity for the development of adult heartworms.

Monthly treatment with HEARTGARD Plus also provides effective treatment and control of ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*). Clients should be advised of measures to be taken to prevent reinfection with intestinal parasites.

**EFFICACY:** HEARTGARD Plus Chewables, given orally using the recommended dose and regimen, are effective against the tissue larval stage of *D. immitis* for a month (30 days) after infection and, as a result, prevent the development of the adult stage. HEARTGARD Plus Chewables are also effective against canine ascarids (*T. canis*, *T. leonina*) and hookworms (*A. caninum*, *U. stenocephala*, *A. braziliense*).

**ACCEPTABILITY:** In acceptability and field trials, HEARTGARD Plus was shown to be an acceptable oral dosage form that was consumed at first offering by the majority of dogs.

**PRECAUTIONS:** All dogs should be tested for existing heartworm infection before starting treatment with HEARTGARD Plus which is not effective against adult *D. immitis*. Infected dogs must be treated to remove adult heartworms and microfilariae before initiating a program with HEARTGARD Plus.

While some microfilariae may be killed by the ivermectin in HEARTGARD Plus at the recommended dose level, HEARTGARD Plus is not effective for microfilariae clearance. A mild hypersensitivity-type reaction, presumably due to dead or dying microfilariae and particularly involving a transient diarrhea, has been observed in clinical trials with ivermectin alone after treatment of some dogs that have circulating microfilariae.

**Keep this and all drugs out of the reach of children.**

In case of ingestion by humans, clients should be advised to contact a physician immediately. Physicians may contact a Poison Control Center for advice concerning cases of ingestion by humans.

Store between 68°F - 77°F (20°C - 25°C). Excursions between 59°F - 86°F (15°C - 30°C) are permitted. Protect product from light.

**ADVERSE REACTIONS:** In clinical field trials with HEARTGARD Plus, vomiting or diarrhea within 24 hours of dosing was rarely observed (1.1% of administered doses). The following adverse reactions have been reported following the use of HEARTGARD: Depression/lethargy, vomiting, anorexia, diarrhea, mydriasis, ataxia, staggering, convulsions and hypersalivation.

**SAFETY:** HEARTGARD Plus has been shown to be bioequivalent to HEARTGARD, with respect to the bioavailability of ivermectin. The dose regimens of HEARTGARD Plus and HEARTGARD are the same with regard to ivermectin (6 mcg/kg). Studies with ivermectin indicate that certain dogs of the Collie breed are more sensitive to the effects of ivermectin administered at elevated dose levels (more than 16 times the target use level) than dogs of other breeds. At elevated doses, sensitive dogs showed adverse reactions which included mydriasis, depression, ataxia, tremors, drooling, paresis, recumbency, excitability, stupor, coma and death. HEARTGARD demonstrated no signs of toxicity at 10 times the recommended dose (60 mcg/kg) in sensitive Collies. Results of these trials and bioequivalency studies, support the safety of HEARTGARD products in dogs, including Collies, when used as recommended.

HEARTGARD Plus has shown a wide margin of safety at the recommended dose level in dogs, including pregnant or breeding bitches, stud dogs and puppies aged 6 or more weeks. In clinical trials, many commonly used flea collars, dips, shampoos, anthelmintics, antibiotics, vaccines and steroid preparations have been administered with HEARTGARD Plus in a heartworm disease prevention program.

In one trial, where some pups had parvovirus, there was a marginal reduction in efficacy against intestinal nematodes, possibly due to a change in intestinal transit time.

**HOW SUPPLIED:** HEARTGARD Plus is available in three dosage strengths (See DOSAGE section) for dogs of different weights. Each strength comes in convenient cartons of 6 and 12 chewables.

For customer service, please contact Merial at 1-888-637-4251.



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# NexGard™ (afoxolaner) Chewables

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

## Description:

NEXGARD™ (afoxolaner) is available in four sizes of beef-flavored, soft chewables for oral administration to dogs and puppies according to their weight. Each chewable is formulated to provide a minimum afoxolaner dosage of 1.14 mg/lb (2.5 mg/kg). Afoxolaner has the chemical composition 1-Naphthalenecarboxamide, 4-[5-[3-chloro-5-(trifluoromethyl)-phenyl]-4,5-dihydro-5-(trifluoromethyl)-3-isoxazoly]-N-[2-oxo-2-[(2,2,2-trifluoroethyl)amino]ethyl].

## Indications:

NEXGARD kills adult fleas and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*), and the treatment and control of American Dog tick (*Dermacentor variabilis*) infestations in dogs and puppies 8 weeks of age and older, weighing 4 pounds of body weight or greater, for one month.

## Dosage and Administration:

NEXGARD is given orally once a month, at the minimum dosage of 1.14 mg/lb (2.5 mg/kg).

## Dosing Schedule:

Body Weight	Afoxolaner Per Chewable (mg)	Chewables Administered
4.0 to 10.0 lbs.	11.3	One
10.1 to 24.0 lbs.	28.3	One
24.1 to 60.0 lbs.	68	One
60.1 to 121.0 lbs.	136	One
Over 121.0 lbs.	Administer the appropriate combination of chewables	

NEXGARD can be administered with or without food. Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes to ensure that part of the dose is not lost or refused. If it is suspected that any of the dose has been lost or if vomiting occurs within two hours of administration, redose with another full dose. If a dose is missed, administer NEXGARD and resume a monthly dosing schedule.

## Flea Treatment and Prevention:

Treatment with NEXGARD may begin at any time of the year. In areas where fleas are common year-round, monthly treatment with NEXGARD should continue the entire year without interruption.

To minimize the likelihood of flea reinfestation, it is important to treat all animals within a household with an approved flea control product.

## Tick Treatment and Control:

Treatment with NEXGARD may begin at any time of the year (see **Effectiveness**).

## Contraindications:

There are no known contraindications for the use of NEXGARD.

## Warnings:

Not for use in humans. Keep this and all drugs out of the reach of children. In case of accidental ingestion, contact a physician immediately.

## Precautions:

The safe use of NEXGARD in breeding, pregnant or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures (see **Adverse Reactions**).

## Adverse Reactions:

In a well-controlled US field study, which included a total of 333 households and 615 treated dogs (415 administered afoxolaner, 200 administered active control), no serious adverse reactions were observed with NEXGARD.

Over the 90-day study period, all observations of potential adverse reactions were recorded. The most frequent reactions reported at an incidence of > 1% within any of the three months of observations are presented in the following table. The most frequently reported adverse reaction was vomiting. The occurrence of vomiting was generally self-limiting and of short duration and tended to decrease with subsequent doses in both groups. Five treated dogs experienced anorexia during the study, and two of those dogs experienced anorexia with the first dose but not subsequent doses.

**Table 1: Dogs With Adverse Reactions.**

	Treatment Group			
	Afoxolaner		Oral active control	
	N <sup>1</sup>	% (n=415)	N <sup>2</sup>	% (n=200)
Vomiting (with and without blood)	17	4.1	25	12.5
Dry/Flaky Skin	13	3.1	2	1.0
Diarrhea (with and without blood)	13	3.1	7	3.5
Lethargy	7	1.7	4	2.0
Anorexia	5	1.2	9	4.5

<sup>1</sup>Number of dogs in the afoxolaner treatment group with the identified abnormality.

<sup>2</sup>Number of dogs in the control group with the identified abnormality.

In the US field study, one dog with a history of seizures experienced a seizure on the same day after receiving the first dose and on the same day after receiving the second dose of NEXGARD. This dog experienced a third seizure one week after receiving the third dose. The dog remained enrolled and completed the study. Another dog with a history of seizures had a seizure 19 days after the third dose of NEXGARD. The dog remained enrolled and completed the study. A third dog with a history of seizures received NEXGARD and experienced no seizures throughout the study.

To report suspected adverse events, for technical assistance or to obtain a copy of the MSDS, contact Merial at 1-888-637-4251 or [www.merial.com/nextgard](http://www.merial.com/nextgard). For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VEIS or online at <http://www.fda.gov/AnimalVeterinary/SafetyHealth/ProductSafetyInformation>.

## Mode of Action:

Afoxolaner is a member of the isoxazoline family, shown to bind at a binding site to inhibit insect and acarine ligand-gated chloride channels, in particular those gated by the neurotransmitter gamma-aminobutyric acid (GABA), thereby blocking pre- and post-synaptic transfer of chloride ions across cell membranes. Prolonged afoxolaner-induced hyperexcitation results in uncontrolled activity of the central nervous system and death of insects and acarines. The selective toxicity of afoxolaner between insects and acarines and mammals may be inferred by the differential sensitivity of the insects and acarines' GABA receptors versus mammalian GABA receptors.

## Effectiveness:

In a well-controlled laboratory study, NEXGARD demonstrated 100% effectiveness against adult fleas 24 hours post-infestation for 35 days, and was ≥ 93% effective at 12 hours post-infestation through Day 21, and on Day 35. On Day 28, NEXGARD was 81.1% effective 12 hours post-infestation. Dogs in both the treated and control groups that were infested with fleas on Day 1 generated flea eggs at 12- and 24-hours post-treatment (0-11 eggs and 1-17 eggs in the NEXGARD treated dogs, and 4-90 eggs and 0-119 eggs in the control dogs at 12- and 24-hours, respectively). At subsequent evaluations post-infestation, fleas from dogs in the treated group were essentially unable to produce any eggs (0-1 eggs) while fleas from dogs in the control group continued to produce eggs (1-141 eggs).

In a 90-day US field study conducted in households with existing flea infestations of varying severity, the effectiveness of NEXGARD against fleas on the Day 30, 60 and 90 visits compared with baseline was 98.0%, 99.7%, and 99.9%, respectively. Collectively, the data from the two studies (one laboratory and one field) demonstrate that NEXGARD kills fleas before they can lay eggs, thus preventing subsequent flea infestations after the start of treatment of existing flea infestations.

In well-controlled laboratory studies, NEXGARD demonstrated >97% effectiveness against *Dermacentor variabilis* 48 hours post-infestation for 30 days.

## Animal Safety:

In a margin of safety study, NEXGARD was administered orally to 8- to 9-week-old Beagle puppies at 1, 3, and 5 times the maximum exposure dose (6.3 mg/kg) for three treatments every 28 days, followed by three treatments every 14 days, for a total of six treatments. Dogs in the control group were sham-dosed. There were no clinically-relevant effects related to treatment on physical examination, body weight, food consumption, clinical pathology (hematology, clinical chemistries, or coagulation tests), gross pathology, histopathology or organ weights. Vomiting occurred throughout the study, with a similar incidence in the treated and control groups, including one dog in the 5x group that vomited four hours after treatment.

In a well-controlled field study, NEXGARD was used concomitantly with other medications, such as vaccines, antihelmintics, antibiotics (including topicals), steroids, NSAIDs, anesthetics, and antihistamines. No adverse reactions were observed from the concomitant use of NEXGARD with other medications.

## Storage Information:

Store at or below 30°C (86°F) with excursions permitted up to 40°C (104°F).

## How Supplied:

NEXGARD is available in four sizes of beef-flavored soft chewables: 11.3, 28.3, 68 or 136 mg afoxolaner. Each chewable size is available in color-coded packages of 3 or 6 beef-flavored chewables.

NADA 141-406, Approved by FDA

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Duluth, GA 30096-4640 USA

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# PROFESSIONAL growth

needed to provide a candidate appropriate learning in their area, others may not.

Our practice offers professional dental cleanings, evaluation with digital radiographs and extractions. We have never performed advanced services such as endodontics, prosthodontics or restoration. It was clear that to satisfy the requirement of a certain number of case logs in each area, I would need to find a source outside my own practice.

Fortunately, my mentor had a connection with a veterinary dentist in our general area. The opportunity to learn hands-on how to assist with root canals, appliance fitting, vital pulpotomy, and other procedures has familiarized me with the instruments and supplies that I just wasn't using in my own practice. Developing connections with colleagues and specialists in your area is an invaluable resource as you pursue your training goals.

**5 Be prepared to lead.** When you pursue additional training, you position yourself as a leader and an expert in your practice. Another point to ponder: While most states don't yet offer an expanded list of responsibilities for those who have earned a VTS distinction, those with credentials can surely expect a bump in compensation and the respect of others in the veterinary field.

In the future, as veterinary medicine continues to evolve and grow the vital role that technicians play in practice, the VTS designation could occupy a place somewhere between a credentialed technician and a veterinarian. The human medical field has physician assistants and nurse practitioners. Maybe someday veterinary medicine will follow their lead.

If you're focused on advancement, look to training and educational opportunities to boost yourself to new levels of success at work. Lifelong learning is your best tool to beat back burnout, position yourself for raises and promotions and heat up your passion for your job all over again. **FL**

Kyle Palmer, CVT, is a Firstline Editorial Advisory Board member and a practice manager at Silver Creek Animal Clinic in Silverton, Ore. Please send your questions or comments to [firstline@advanstar.com](mailto:firstline@advanstar.com).



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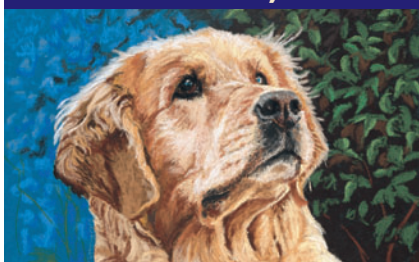


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<sup>1</sup> Straubinger RK, Chang YF, Jacobson RH, Appel MJ. Sera from OspA-vaccinated dogs, but not those from tick-infected dogs, inhibit *in vitro* growth of *Borrelia burgdorferi*. *J Clin Microbiol.* 1995;33(10):2745-2751.

<sup>2</sup> Rice Conlon JA, Mather TN, Tanner P, Gallo G, Jacobson RH. Efficacy of a nonadjuvanted, outer surface protein A, recombinant vaccine in dogs after challenge by ticks naturally infected with *Borrelia burgdorferi*. *Vet Ther.* 2000;1(2):96-107.

<sup>3</sup> Probert WS, Crawford M, Cadiz RB, LeFebvre RB. Immunization with outer surface protein (Osp) A, but not OspC, provides cross-protection of mice challenged with North American isolates of *Borrelia burgdorferi*. *J Infect Dis.* 1997;175(2):400-405.