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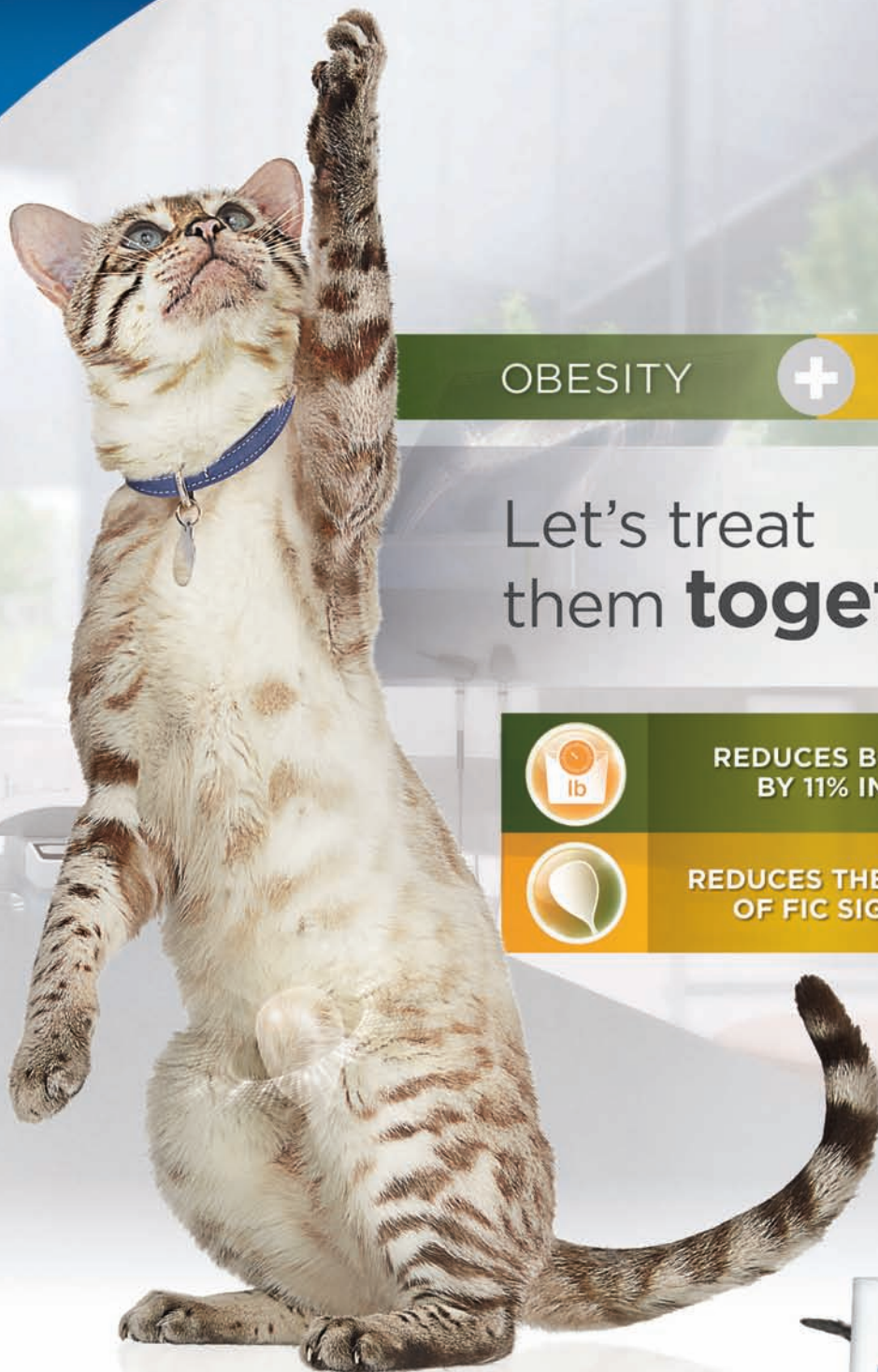
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OBESITY



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## Crowdsource your career crisis

### The trouble with titles

A team member was hired as an office manager and promised reimbursement if she pursued certification—then her veterinary practice re-neged on the deal. What would you do?

Share your tip or thought on this team member's troubles by commenting at [dvm360.com/careercrisis](http://dvm360.com/careercrisis).

Got a career conundrum? Send your problem to [firstline@advanstar.com](mailto:firstline@advanstar.com). We'll help you crowdsource your crisis to get ideas fast.



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ASK SHAWN:



# HELP! A good employee smells bad

***Q** We have an employee with a bad odor. It fills the clinic with a sour, dirty aroma that makes me sick to my stomach. I've started applying Vicks VapoRub to my nose every day. I enjoy the employee and don't want to hurt any feelings, but the smell is too much. How should I approach this employee?*

Working closely with someone who has a body odor problem isn't fun. And it needs to be addressed. You need to make an assumption that the person who is affecting you this way has absolutely no idea that she's coming across like this. And every single day that no one is telling her this she's only being subjected to more shame, discomfort and alienation. So pull this person aside, and be very respectful and empathetic. You'll say something like this:

You: "This is really uncomfortable and I don't want to hurt your feelings in any way, but I want to share some information with you that I think will help you and help us at the clinic too. You might not know it, but I experience body odor when I'm around you. I wanted to share this because I knew it would concern you. Have I hurt your feelings or made you uncomfortable?"

Then let the other person respond. See more of Shawn's advice, including how to coach your employee through the conversation, at [dvm360.com/bodyodor](http://dvm360.com/bodyodor).

**Got a question?  
Ask Shawn in person  
at CVC Kansas City  
on August 28.**

**Shawn McVey, MA, MSW,**

is a member of the *Firstline* and *Veterinary Economics* Editorial Advisory boards and CEO of McVey Management Solutions in Austin, Texas. He'll be on the spot to answer your pressing questions and cover these hot topics:

- > The case for emotional intelligence
- > Commando conversations: Becoming conflict competent
- > How to build a conflict competent team
- > Leaders or managers: What's the difference?
- > How to rally your associates to be practice leaders

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## FEAR-FREE TIP

# Teach clients to NEVER PUNISH A GROWL



Growling can signal fear in dogs. Here's how to teach pet owners to treat the fear instead of punishing the growl.

By Mikkel Becker, CPDT

**W**hen pets growl, frustrated or embarrassed pet owners may respond by jerking their pet's leash or manhandling the dog into a controlled position. The problem: The growl shows the dog may be fearful or anxious. When pet owners punish their dog for growling, they may be able to stop the growl, but they haven't changed the pet's emotional state from a negative one to a positive one. Punishing hinders the dog's ability to communicate

how he's feeling and decreases his warning signs before he bites. Sometimes just changing your approach can help. For example, distracting the dog with food rewards during vaccinations or changing the angle you handle the pet or moving from the exam table to the floor. You can also help by teaching pet owners to understand their pets' growling behavior. First, give your clients the growling handout, "The Facts About Growling." Then discuss some behavior training techniques to replace the pet's negative associations with positive ones. Find more Fear-Free tips at

[dvm360.com/FearFree\\_FL](http://dvm360.com/FearFree_FL)



### FROM YOUR VETERINARIAN

## The facts about growling

**True or false?** If a dog growls aggressively, you should always know when to punish him.

**False.** Punishing a dog for showing aggression, including growling, can have many negative effects on your dog—and your relationship with your pet.

I can be frustrating and embarrassing when your dog growls, whether he's reacting to a visitor at your house or a person on the street. Your gut reaction might be to jerk on the dog collar or manhandle him into a controlled position. There's only one bad idea.

**Signs of your pet's emotional state.** Many forms of aggression are rooted in fear. When you punish your dog for aggressive displays, the punishment doesn't change the dog's emotional state to a positive one. It simply suppresses your dog's way of releasing his anxiety. Punishment temporarily masks the symptoms of his underlying issue, such as fear or stress that causes his barking and growling. The symptoms may temporarily fade, but the emotion—and the problem—remains. Even if it doesn't for a period, in many cases, the aggression intensifies with punishment. Punishment may replace your dog's negative association and tension because your dog anticipates you for the good and may punish the growling.

Equipment includes your dog's ability to communicate his feeling and decrease his warning signs before

a bite. Dogs that have been punished for growling or other aggressive warning signals may suppress these into silent, and they may display fewer warning signs.

**Growling—the bark before the bite?** In many cases, a dog that warns "bite" and/or "growl" has a history of having been punished for aggressive warnings, the growling. Even the dogs that do like without warning still show subtle signs before escalating, such as a freeze or the whites of their eyes showing. But the signs are often less noticeable and harder to read. Though dogs speak in many ways through body language and other vocalizations, a growl is one way dogs communicate the loudest about their discomfort.

When a dog communicates how he feels, such as growling at another person or dog, this is the first clear signal light in a car that communicates all sorts of things. It's much better for you—and for your dog—when you respond to a growl as a warning and address the action humanely later. An important point: When the dog growls, this is usually the time to "let" the dog and resolve the situation. First, there's a high risk you can be a bite from the dog's emotional state. Second, your dog may not be prepared to have a future response or association with this situation in the moment. Instead, by reacting to either stop the emotion response or remove the dog from it. Then you can devise a plan to address your dog's response in a helpful manner. In some cases, you can eliminate the negative behavior by redirecting the dog to do another behavior, like playing with his ball, but you can help by having him to tolerate or even enjoy handling from him by people. Your ability to tolerate or even enjoy handling from him is a key to his emotional state.

Growling and other aggressive displays are usually a sign of a dog's underlying issue, such as fear, and punishing the issue in fear and changing a dog's emotion of fear into happy anticipation in the same scenario, the growl and other aggressive displays fade on their own as you change your dog's emotional state.

Find it all here  
**dvm360**  
Bark before bite?

Use the client form at  
[dvm360.com/growling](http://dvm360.com/growling)  
to teach pet owners about the reasons behind their dog's growling.

Mikkel Becker, CPDT, works with veterinarians and veterinary behaviorists to address behavior issues in dogs and cats.



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Brendan Howard,  
*Veterinary Economics* Editor,  
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—Danielle Leach  
Best Care Pet Hospital  
Omaha, Nebraska



## Clinic Cat gets bored at work

Left to her own devices, CC the veterinary Clinic Cat finds new ways to disrupt your work day.

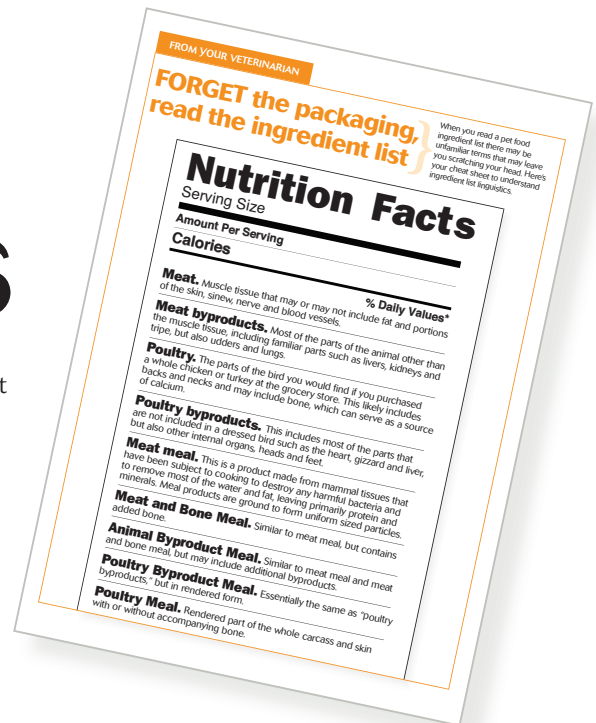
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# End the food fights

**A**s a team member in a veterinary practice you're in a great position to initiate and engage in pet food conversations with clients. Visit [dvm360.com/NomNom](http://dvm360.com/NomNom) to download this handout. Then next time clients purchase pet food they can make more informed nutritional choices for their pets, feel less overwhelmed by the vast marketing of pet food brands and be more likely to consult their veterinary team when they have questions about pet food.



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# Posture: The good, the bad and the ugly

How you stand can show pet owners and coworkers what you stand for—high-quality client service and care.

Check out these examples of posture and quick critiques from Drs. Karen Bradley and Lori Teller of the Women's Veterinary Leadership Development Initiative (WVLDI).

## Arms crossed



An unhealthy attitude oozes from Rhonda's posture. Closed stance, arms crossed and eyes focusing anywhere but the person she's with—she's closed for business!

## Standing tall



This team member speaks with confidence. Her shoulders are straight, chin out, and she's making great eye contact. Her open stance invites you to join in a conversation.

## Hands on hips



Rhonda doesn't want to hear what you have to say and has better things to do.

## Standing straight without leaning



This team member is listening, and we're confident in her ability to communicate.

### Hands on hips, judging client



Rhonda is in the client's space, discouraging further discussion or questions.

### Checking a smartphone



This simple act thrusts a barrier between Rhonda and everyone else!

### Leaning on the table



Rhonda has one arm on the table and one foot out the door. We hope she doesn't shut the door before the clients explain why they're here to see Dr. Cares.

### Standing straight to take a pet's history



This team member demonstrates a nice, upright posture with eye contact. She's demonstrating she hears the client and she's actively capturing it in her notes.

### Slouching in a chair



Rhonda is bored and tired and she's mentally left the building. She has no confidence in what's going on and wants no part of it.



### Get animated about posture

Check out more body language and see the animated gifs at [dvm360.com/posture](http://dvm360.com/posture). Or scan the QR code on the right.





# 4 PET INSURANCE questions—answered

Here's how one team uses pet insurance to head off difficult money talks with pet owners who can't pay.

**C**lients who can't afford to pay for their pets' care ranks as team members' No. 2 frustration at work, according to the 2013 *Firstline* Veterinary Team Trends Study. (No. 1 is team members' pay and benefits—no surprise there, right?) Some veterinary teams are recommending pet insurance to help pet owners plan for their pets' veterinary care. We asked

Dr. Eva Evans, a veterinarian with Rivergate Pet Emergency Clinic in Nashville, Tennessee, to answer a few pressing questions about pet insurance:

**Q What are pet owners' biggest objections to pet insurance, and how should team members respond?**

**A** Pet owners don't know the cost of pet insurance, and they believe it will be very expensive. I encourage my staff to let owners know a ballpark monthly cost based on species,

breed and age to help owners understand how affordable it is.

Owners also object to insurance because they think they won't need it. I always tell owners, "Well, if you have it and your pet stays healthy, then you are lucky to have a healthy pet. If not, at least you don't have to worry about the cost of taking care of your family member."

**Q What's the biggest myth pet owners believe about pet insurance?**

**A** Pet owners have a misconception that pet insurance only covers the basics like vaccines and preventive care, and they think it won't cover them for accidents and illness. I educate my team to let owners know that pet insurance may also cover the unexpected illnesses, trauma and emergencies that can cost hundreds or thousands of dollars. For example, some companies offer multiple specialized coverage plans such as cancer only and accident only plans that help pet owners afford veterinary care for significant health issues many pets experience. Although people tend to think

that insurance is a scam and nothing will be covered, this isn't the case.

**Q What's the biggest myth team members believe about pet insurance?**

**A** Team members tend to have the idea that pet insurance is unaffordable. They expect it to run \$100 a month or more.

**Q What's your favorite pet insurance story?**

**A** My favorite story is about a little puppy I treated when I worked in Las Vegas. The owners had received a one-month trial policy from an insurance carrier. The day before this insurance lapsed, the puppy ingested highly toxic sago palm. We initiated treatment and saved the puppy. The owners saved about \$1,200 because they still had the insurance. Needless to say, they renewed their policy. **FL**





Team meeting  
in a  
*Virtual*  
BOX

Find more team training on pet insurance, client communication and more at [dvm360.com/teammeeting](http://dvm360.com/teammeeting).

# 5 exam room NIGHTMARES

Client conversations take a horrifying turn. Practice taking control of these discussions. *By Oriana D. Scislowicz, BS, LVT*

**W**here would we be without our wonderful clients? They're the reason we're able to do what we love, and they give a voice to the animals who brought us into this profession. But there are moments where disguising your look of surprise can be hard. Next time you're having a bad day, pull out this list of scary-but-true stories—and talk about how you'd respond with your team.

## NIGHTMARE 1: BLOOD PRESSURE BLUES

A feline patient with hyperthyroidism comes in for a biannual exam, and the blood pressure is assessed via Doppler. The cat wiggles, and the pet owner is determined to restrain him. The technician suggests taking a breather and trying again in a little bit so the reading is more accurate. The client huffs and says:

"I have a blood pressure machine at home. Just let me do it. She'd be calmer with me anyway."

How would you respond?

## NIGHTMARE 2: NOT THAT KIND OF ALCOHOL

The technician and assistant come in to get a blood sample on a client's pooch. As the technician sprays the pet's front leg with alcohol, the client says:

"Mmmm, I love that smell."

The technician jokes that it isn't the "good kind" of alcohol. The client then says:

"No, really, I love it. Where do you all get yours?"

How would you respond?



### Back Office Blunders

Check out *Firstline's* new series that features some of the truly terrifying client conversations that happen in the back office at [dvm360.com/blunders](http://dvm360.com/blunders). Or scan the QR code, right, to watch now.



## CLIENT communication

### NIGHTMARE 3: MEDICATION MALFUNCTION

A rowdy lab comes into the clinic to get his nails trimmed and update his vaccinations. After bouncing off the walls and being completely unruly, he is sedated. The client waits in the exam room with him. When the technician checks in on the patient, the client asks:

“What did you give him? That looks like it works way better than my meds!”

How would you respond?

### NIGHTMARE 4: TRANSMISSION FAILURE

A 2-year-old feline patient comes in congested and sneezing, with ocular discharge. The veterinarian decides to start antibiotics and introduces the possibility of feline herpes as the culprit, then discusses antiviral supplements. The client says:

“Oh, man. I had Valtrex at home. I could have saved some money if I’d known that’s what it was.”

There’s a pause where the veterinary team tries to decide if the client is joking. Then the client says:

“Do you think she had it first and that’s how I got it?”

How would you respond?

### NIGHTMARE 5: AN ALTERNATIVE TO NEUTERING

A client brings a puppy in for a routine initial exam, and the technician takes his vitals. The technician notices a rubber band right above the patient’s testicles. When the technician asks the pet owner about it, the owner responds:

“The breeder did this. He told us to keep it on until they naturally came off. It’s a less invasive method to neutering.”

Not sure pup would agree. How would you respond? (Readers will be pleased to know that the owner was convinced to go the more traditional route after speaking with the medical team.)



#### You tell us!

Have you faced challenging conversations in the exam room? Send them to us at [firstline@advanstar.com](mailto:firstline@advanstar.com) and we might feature them in the next episode of Back Office Blunders.

**One final thought:** Despite these challenging situations, I wouldn’t change our clients—or my job—for anything. So next time you face an uncomfortably comical scenario with clients in an exam room, look for the humor. After all, our client conversations keep our work days interesting. **FL**



*Oriana Scislowicz, BS, LVT, VDT, is a Firstline Editorial Advisory Board member and a technician in Richmond, Virginia.*



# Meet the MILLENNIALS

Are you a misunderstood member of the youth culture or a frustrated manager? Learn how to work together in harmony. (Hint: Millennials want more than a paycheck.)

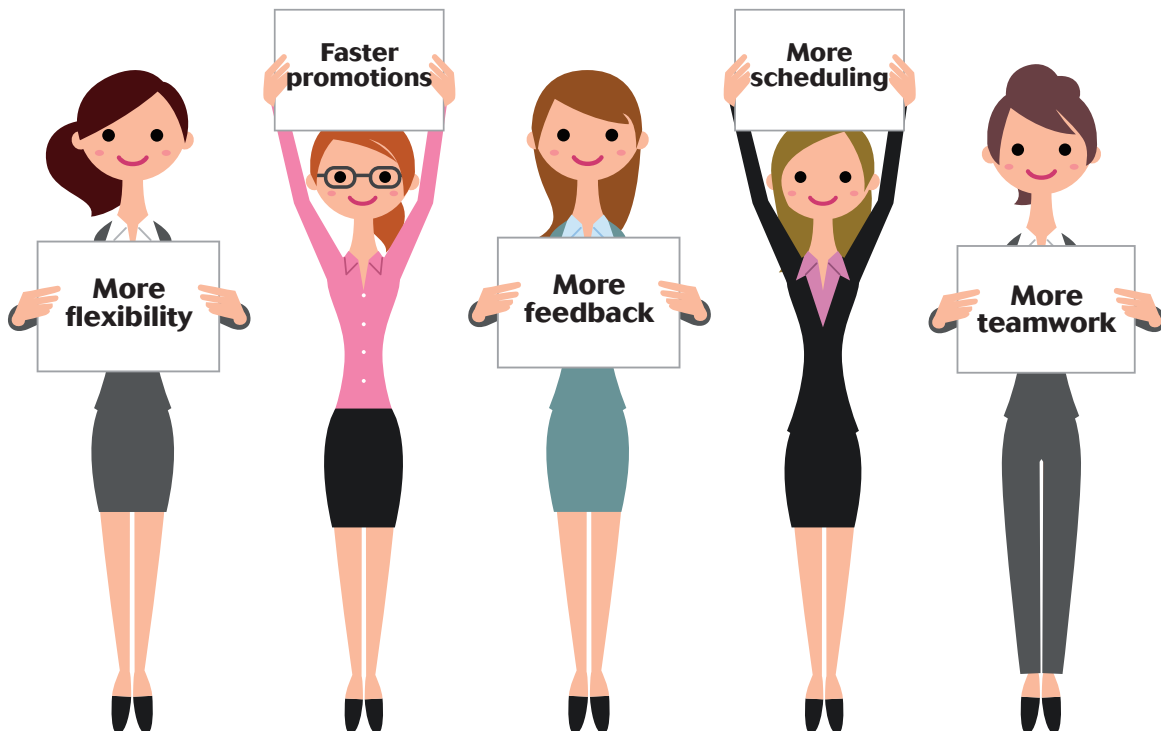
By Kyle Palmer, CVT

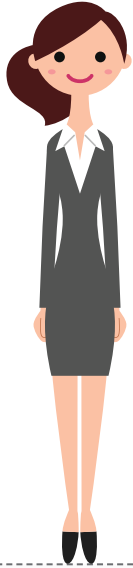
In the last few years I've noticed a shift in the makeup of my team. Have you noticed it too? I've carefully navigated my way to managing a team of pretty terrific young people. It's also been a long and trying time, filled with

some very dark periods, getting to that point. Here's what I've learned so far that's made our workforce work for our practice—and helped us adjust our workplace to work for the younger workforce.

A quick aside: Any genera-

tional conversation begins with generalizations and assumptions. Some—or all—of these may not hold true for you or your employees. Use this advice to open conversations and dialogue instead of labeling individuals in your practice.





### MY GENERATION

Mature/Silents:  
Born 1927-1945  
Korean and Vietnam  
war generation

**Defined by:**

- > Discipline
- > Cautiousness

**Common traits**

- > Newspaper readers
- > Loyalty to their job  
and workplace for life

### MY GENERATION

Baby Boomers:  
Born 1946-1964  
Often called the  
“me” generation

**Defined by:**

- > Optimism
- > Self-centeredness
- > Career climbing
- > Non-violent  
protesting

**Common traits**

- > Buy it on credit
- > Two-income house-  
holds, with more  
mothers working  
outside the home
- > First divorce  
generation

Our hiring approach used to begin with the following assumptions for entry level employees:

### MY OLD ASSUMPTIONS

- > Most new employees start at or near the bottom of the pay scale.
- > Employees should pay their dues. Then slow and steady promotions in responsibility and pay may occur.
- > We will pay back loyalty to the business with increasing rewards.
- > Employees understand that they are fortunate to have a job and react accordingly.

Contrast this with the assumptions some team members of the next generation possess:

### THE MILLENNIAL'S ASSUMPTIONS

- > They expect to earn the same wage on their first day of employment that anyone else in the same job is receiving.
- > They expect to experience their first consideration for advancement the very same day they do their job without making a single mistake.
- > We are fortunate to have them interested in working for us.

You can see we're starting with a breach that needs to be filled. Here's how to start:

### Mark these traits

Many members of the youth culture come with built-in benefits you should appreciate:

**1. They're wired for technology.** Computers and electronics are second nature to Millennials. Their generation was simply wired for technology.

**2. They can connect with clients in new ways.** They bring an often unjaded approach to customer service, allowing them to reach clients in ways we haven't explored.

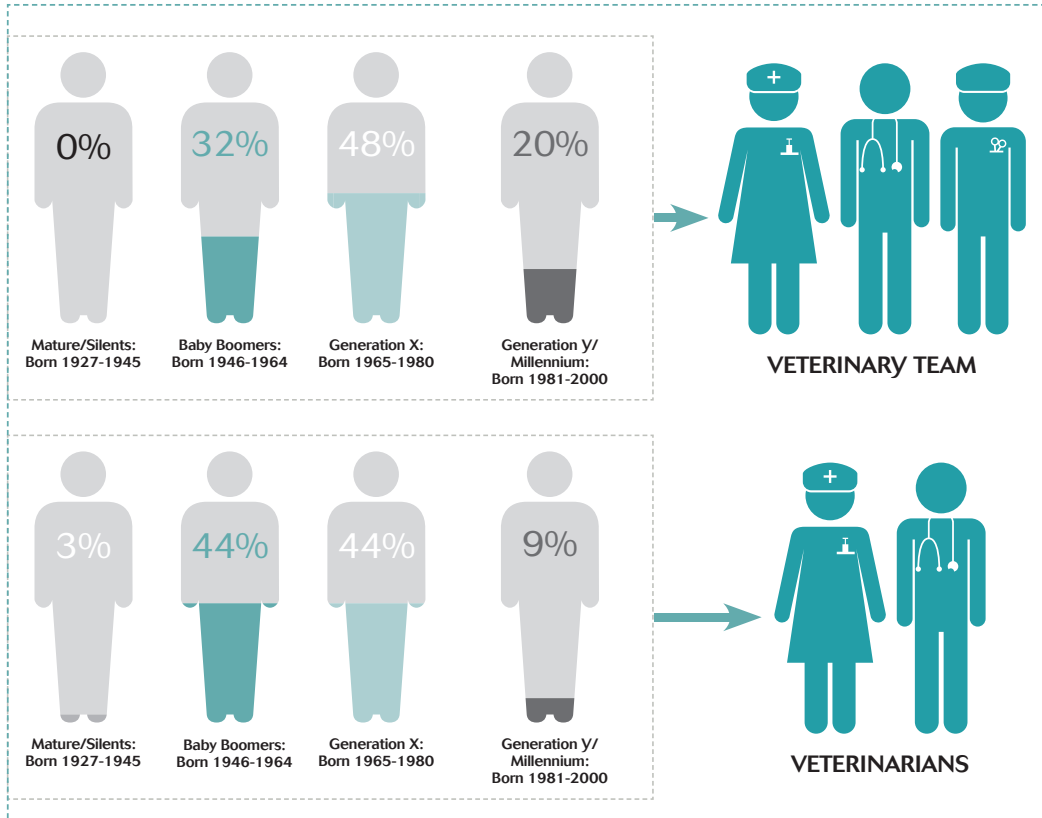
### Shifts from money to time

Since I started working for our practice, we've always had one or two college students who were so hungry for money that they happily volunteered to work all of the shifts that were outside of their school schedule. This included the evenings that we were open later, our half-day Saturdays and the

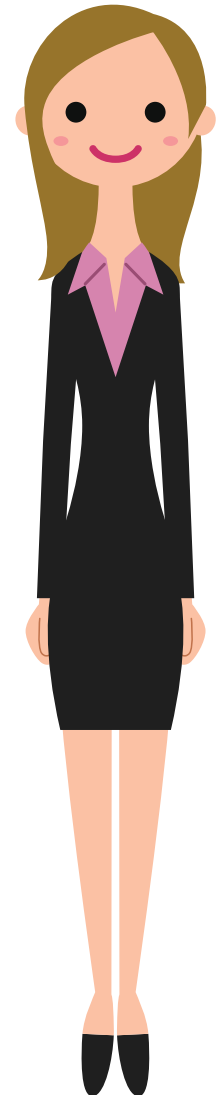
responsibility of taking care of admitted patients over the weekend. Our Saturday shift includes an hourly pay bump of two dollars an hour, and our weekend kennel attendants are paid overtime and a minimum of one hour per visit. For more than 10 years, we enjoyed a steady group of employees who worked every Saturday, and a few employees who worked almost every weekend.

About five years ago, the Saturday group mounted a collective revolt. They felt it was unfair that they had to work every Saturday and miss events that occur on weekends. We are only open from 8 a.m. to 1 p.m. We long ago determined that most of our clients aren't conflicted with other obligations early in the day on Saturday and are more willing to schedule an appointment for their pets. To address our need, we placed our entire team—everyone, including myself—

# WHICH GENERATION ARE YOU?



SOURCE: 2015 DVM360 JOB SATISFACTION SURVEY



## Quick service tips for Millennials

### 1. Mind the customers.

Your natural inclination may be to schedule conservatively and be quick to say the schedule's full and the doctor and can't see a patient until the next day or later in the week. In this economy this can be a death wish. The one habit consumers have developed in the past few years is the expectation

of immediate service, because so many businesses are hungry enough to deliver it. So are we, and we need our entire team to demonstrate this interest to our clients.

**2. Boost your tolerance for difficult clients.** Are you quick to close the door and shut off all the lights as soon as your practice closes? Opening the door

to sell someone a bag of needed dog food after we close is more valuable than any amount of advertising. We did this for a client a few years ago and I've lost count of the times that she has told the story in our community. In this day of social media communication, one good deed that someone posts about can return huge dividends.

## MY GENERATION

Generation X:

Born 1965-1980

**Defined by:**

- > Individualism
- > Entrepreneurship
- > Self-absorption
- > Skepticism

**Common traits:**

- > Latchkey kids
- > Commit to themselves vs. organizations
- > Late to marry and quick to divorce
- > Many single parents



# 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-isoxazolyl]-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 Black-legged tick (*Ixodes scapularis*), American Dog tick (*Dermacentor variabilis*), and Lone Star tick (*Amblyomma americanum*) 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/nexgard](http://www.merial.com/nexgard). For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at <http://www.fda.gov/AnimalVeterinary/SafetyHealth>.

## 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 began to kill fleas four hours after initial administration and demonstrated >99% effectiveness at eight hours. In a separate well-controlled laboratory study, NEXGARD demonstrated 100% effectiveness against post-infestation fleas on Day 35, 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 0-118 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 30-day US field study conducted in households with existing flea infestations of varying severity, the effectiveness of NEXGARD against fleas on the 30, 60 and 90 visits compared with baseline was 90.0%, 93.7%, and 93.9%, respectively. Collectively, the data from the three studies (two 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 >94% effectiveness against *Dermacentor variabilis* and *Ixodes scapularis*, 48 hours post-infestation, and against *Amblyomma americanum* 72 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 chemistry, 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, anthelmintics, 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 1, 3 or 6 beef-flavored chewables.

NADA 141-406, Approved by FDA

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FRONTLINE VET LABS

## PROFESSIONAL growth

on a rotation of working Saturdays and taking care of our kennels over the weekend. The change made some of our team unhappy, but the fact that it affected everyone equally made it hard for anyone to be too upset. At this moment, it was clear to me that this new generation cares far less about their earnings and far more about their personal time.

## Stay flexible with your team

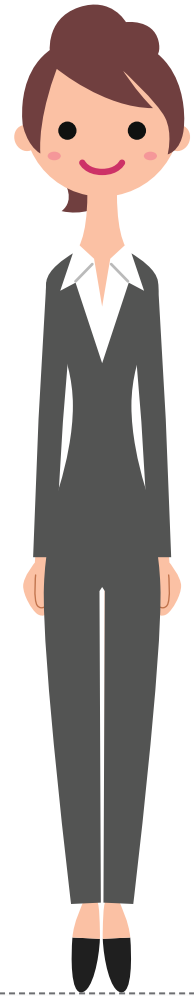
We've all experienced the seasonal fluctuation of business. Before the economic collapse of 2009, we would occasionally have a slow afternoon and elect to lighten our payroll for the day. I dreaded the decision, as no one was excited about losing a couple of hours of pay and it was often a process of who drew the short straw. We tried to keep a running list of who may have been asked to go home early to make sure we spread this evenly among our team members.

While the economy in our area has mostly recovered, one lingering change is the unpredictability of business. We can no longer explain why a Tuesday is slow, but the next day is crazy busy. In short, we now have more frequent opportunities to finish the day with less than our full team and still be able to handle the flow of business. It's no longer an issue finding someone who's willing to go home early.

It's the rare day when no one has approached me before 10 a.m. to let me know that they would be willing to leave early if it's a slow day. A survey of our employees last year confirmed that 14 out of 15 list time off as their priority—well above earning potential.

The lesson: As you tweak your schedule and look for ways to balance responsibilities, be aware that your team may value their personal time above the extra money they make on weekend shifts. Another thought: If you're looking for a way beyond pay to reward an exceptional employee, you might look to schedule accommodations in lieu of money. These schedule adjustments and an extra awareness of their values might be the steps you need toward forging lasting connections with those new members of your team. **FL**

Kyle Palmer, CVT, is a Firstline Editorial Advisory Board member and a practice manager at Silver Creek Animal Clinic in Silverton, Oregon.



## Managers: Avoid the clique contagion

### The contagion: Cliques

These groups of employees seem to band together for their common good—not to be confused with the common good of the practice.

### The symptoms

- > Members of the clique always go out to lunch together.
- > They do everything possible to only work with each other.
- > They only share vital practice information with team members they wish to succeed.

### How it spreads

Their common goals can vary but may include:

- > Eliminating an employee they don't like or they deem "in the way" of their advancement.
- > Evolving practice policy to better suit what they feel is appropriate, or what might

make their experience more enjoyable.

- > Changing or boosting the direct benefits the practice offers.

Consider this example. A few years back, we had a policy that prohibited any visible body piercing other than the ear. We were aware that two employees desperately wanted to have their noses pierced. Two months after a fairly naive, but likable, employee joined our practice, the two employees (who openly disliked the new team member), invited the new team member to a shopping trip. They encouraged her to get her nose pierced. She hadn't thoroughly read our employee manual and happily agreed. Through secondhand intel, I learned that their hope was that we liked the new girl so much that we'd change our policy rather than force her

to take out the piercing. While we may have been willing to review the policy based on a straightforward request, this approach represented an employee mindset we didn't want to reward, and we held fast to the policy.

### Prevention and treatment

The good news is that you can develop strategies to work with the right employees. For example, we created a strategic plan that included creating staff schedules that avoided the pairing of members of the "cliques," assigned associate and staff pairings that forced doctors to use our technicians and assistants equally without favor and systematically eliminated the problem team members. By identifying leaders, we saved a few followers who were on the path of insubordination.

## MY GENERATION

Generation Y/Millennium:  
Born 1981-2000\*

### Defined by:

- > Respect for authority
- > Assertiveness, with strong views

### Common traits:

- > Nurtured by helicopter parents
- > Schedule everything
- > Prefer to work in teams
- > Seek relaxed work environments that offer handholding and frequent pats on the back

\* Exact dates for this generation still vary

## Don't forget to make room for the Millennial doctors

It's worth noting that we now have Millennial doctors in the workplace. Though I'm delighted with our current veterinarians, we have had associates in the past who quietly told our receptionists to stop scheduling appointments for the day so they could get home earlier, and others who would intentionally overstate the time involved in a procedure to keep their schedule light. I even had a doctor come into my office to renegotiate her time off after just two weeks on the job.



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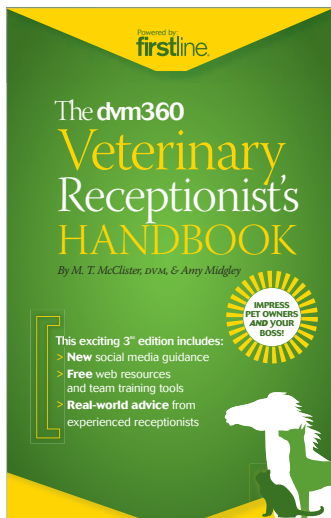

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## THE PROBLEM: DECLINING VETERINARY VISITS

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**THE RESULTS:** More than **320** pets enrolled in the first year

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Provide excellent preventive care while helping eliminate cost as a barrier to providing wellness services



"Many of our clients have thanked us for offering this new option," Inbody says.

*Jennifer Inbody, CVPM, PHR, practice manager at Alliance Animal Health Center and Animal Hospital of Park Glen in Fort Worth, Texas, is one of the 10 finalists for the Veterinary Economics Practice Manager of the Year award, sponsored by VPI-Nationwide. For more from each finalist, visit [dvm360.com/PMOY](http://dvm360.com/PMOY).*

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