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Mission

To inspire receptionists, credentialed technicians, practice managers and veterinary assistants to build strong relationships with coworkers, 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.

Back Office Blunders Episode 5

Cell phoned #obnoxious

This ridiculous client (OK, so it's really Tasha McNerney, BS, CVT, CVPP, putting her acting skills to use) puts the veterinary team on hold as she takes calls and



selfies with her pets and snapchats her way to infamy. Watch now at

dvm360.com/backofficeblunders.



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Did you say
S-H-O-T?

Tough talks on titers

Q How should we respond when pet owners ask about titers? Are titers a good way of establishing protection against disease?

Got a question? Ask us.

Maybe you're tired of babysitting your team members. Perhaps you're looking for strategies to beat a bully. Email your questions to firstline@advanstar.com.



Dr. Brian Stewart

There's a lot of debate currently about vaccines, their duration of immunity and how to interpret vaccine titers. Just like in people, vaccines were developed to protect our pets from contagious diseases. Many of these diseases can be deadly—and may cause lifelong problems. Without adequate protection, pets can be susceptible to contracting these diseases.

Vaccine titers measure one part of the body's immune response: the circulating antibody toward a specific antigen. Having a high titer means that pet is most likely adequately protected

against that particular disease. However, a low titer doesn't necessarily mean a pet is not protected. Pets have a part of their immune system called memory cells that do not actively produce antibodies unless challenged by that particular antigen. In other words, a pet may still be protected against a disease despite having a low titer.

The issue is that we can't measure memory cell response. If a titer is low for a particular virus or bacteria, we can't be certain that pet is actually immune. So most veterinarians recommend boosting vaccination if a titer is low.

Titers can have a place in veterinary medicine. However, at our clinic we tell clients they can be challenging to interpret, and the rewards of a booster vaccination outweigh the risks.

Brian Stewart, DVM, is medical director of Woodstock Veterinary Clinic in Woodstock, Illinois.

Bond with the toothbrush



Teach pet owners to create a loving routine around the toothbrush with these tips from Mary Berg, RVT, VTS (dentistry), at dvm360.com/bondbrush.

'Don't use that tone with me,' said no clicker ever



Melissa Spooner, LVT, VTS (behavior), BS, KPA-CTP, doesn't always train dogs using classical conditioning, but when she does, she

prefers the clicker. At a recent CVC, she said that when you need the neutral stimulus, the clicker can work better than a verbal marker word. Why? Some days you might say the word in a Debbie Downer voice and others, you may be hyped up and sound like Minnie Mouse. The clicker always sounds the same. What if you lose the clicker? Buy a lot and leave them all over the place.

Remember, consider the click as a promise to the dog that a treat's coming. So the clicker really needs to be on-point with the behavior you want to reinforce (it's OK if you fumble a little bit in your bait bag). Out of hands? Use a foot! Look for clickers you can activate with your foot when you're in the middle of an intense training session.



Stool sample

"We use nonskid shelf liner to prevent us from slipping off our stools as we roll around our clinic," says Haylee Huston, hospital manager at Boise Cat Clinic in Boise, Idaho. "The shelf liner is reusable and easy to clean, and we cut it to fit each stool. This quick trick has saved us from many near mishaps during procedures."



Fertile ground for career growth

Technicians, veterinary assistants, receptionists—listen up! There's fertile soil for career growth—here's where (and how) to plant your seeds. Tasha McNerney, CVT, CVPP, heads back to the sofa to chat it up with the always entertaining (and always on point) Bash Halow, LVT, CVPM, at dvm360.com/coffeetalk.

Practice perfect: A matter of size?

By Christine Shupe, CAE



Is bigger better, smaller more streamlined, medium most manageable?

VHMA set out to determine if the size of a practice can influence the quality of services, contentment of staff and a practice's economic viability. VHMA developed a survey that asked individuals to examine a number of performance indicators and their relationship to practice size. What resulted is a list of the good, bad and meh, as described by veterinary team members. The results are based on responses from 724 team members who responded to a VHMA Giants and Gnomes Survey.

Putting it all together

Is there an optimal practice size? Based on the survey results, the majority of respondents, regardless of size, value their staff, services and reputation. Large practices may have a slight edge because they may have more resources to pursue marketing and advertising. However, it appears that practices have found a niche where they are pleased with their performances, yet realistic about how they can improve in the future. **FL**



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

LARGE (More than 50 staff members)

Where we've got bragging rights

Employee benefits | The size of the practice | Reputation | Ability to market and advertise services | Products and services | Location

Where we've got room for improvement

Inventory management | Financial management

Where opportunity knocks

Advanced training and certification | Third-party payment | Expanded relationships with other professionals | Referral practices



MEDIUM (Between 16 and 50 staff members)

Where we've got bragging rights

Quality of staff and staff retention | Reputation | Fees | Medical records management | Products and services | Location

Where we've got room for improvement

Marketing and advertising and use of social media | Financial management | Addressing competition

Where opportunity knocks

Developing new relationships | Advanced training of staff



SMALL (15 staff members or less)

Where we've got bragging rights

Quality of staff and staff retention | Reputation | Products and services | Location

Where we've got room for improvement

Marketing and advertising and use of social media | Inventory management | Financial management | Addressing competition

Where opportunity knocks

Pharmacy services | Advanced training of staff



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1. Where we're just meh | Inventory management
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Is it time for the veterinary nurse practitioner?

Could this new role solve a host of problems facing the veterinary profession? *By Kenichiro Yagi, BS, RVT, VTS (ECC, SAIM)*

When veterinarians and veterinary technicians become credentialed and take their posts, we take a professional oath expressing our commitment to benefit the society through better animal health and welfare, preventing and relieving animal suffering, promoting public health and advancing the field through lifelong learning. The field currently faces challenges preventing us from completely fulfilling our oath.

The challenges

Rising costs mean many pet owners perceive veterinary care as unaffordable, and this triggers negative opinions of veterinary practices. Pet owners are often unaware of the validity of these costs, even as veterinarians and technicians earn a salary significantly lower than our human medicine counterparts.

Graduates struggle to pay off their debts from rising tuitions while working longer hours or multiple positions, making burnout and compassion fatigue common. The result: many leave the field. In the meantime, the employment gap between small animal professionals in populated areas and large animal professionals in rural areas is widening, making veterinary care in some areas inaccessible.

One solution: a midlevel veterinary professional program proposed by





Colorado State University, designed to train veterinary professional associates (VPAs) serving the role of a physician assistant (PA) to a physician or dental hygienist to a dentist.

The goal of a midlevel professional is to allow practices to generate more revenue while keeping costs low and create capable professionals who will reach underserved areas.

How do we get there?

NAVTA recently announced its effort to establish a nationally standardized credentialing requirement for veterinary technicians and a title change to veterinary nurse. As the association explores these changes, it's pertinent to look ahead and think of a possibility of a nurse practitioner role in veterinary medicine. Both PAs and nurse practitioners (NPs) in human medicine are able to examine, diagnose and treat patients for acute and chronic conditions. NPs practice independently of physicians or under a physician's license, depending on the state's regulations, and they tend to specialize.

Veterinary technicians in the field today bring a significant amount of education, experience and value to a practice, performing tasks that can start with taking a history and performing physical exams to implementing complicated treatment plans for hospitalized patients and managing the care while consistently reassessing the patient to be the hands, eyes and ears of the veterinarian.

What if our profession created a structure to train veterinary nurse practitioners (VNPs), where the brightest of these team members were given a path to contribute further?

What if VNPs were able to perform wellness exams, prescribing preventive medications to keep our patients healthy while the veterinarian focused more on the treatment of complicated cases?

These individuals would also increase the pool of professionals who will serve the large animal and rural areas. They could help alleviate some

What if VNPs were able to perform wellness exams, prescribing preventive medications to keep our patients healthy while the veterinarian is able to focus more time on the treatment of complicated cases that require dedicated attention?

of the overtime veterinarians feel forced to endure.

What if VNPs became a contact point for technicians and assistants to seek advice regarding continuation of therapy for existing patients, without the veterinarian being required to approve it? For example, they might refill a prescription of a nonsteroidal anti-inflammatory drug after reviewing liver and kidney values, or modify a pain management protocol for a hospitalized postoperative patient by adding a constant rate infusion to overcome breakthrough pain.

What if VNPs specialized in anesthesia were able to apply their education to maintain the septic patient suffering from a surgical accident during an abdominal exploratory leading to severe hemorrhage and hypotension—without the veterinarian's intervention—through the use of intravascular volume replacement, blood transfusion and implementation of partial to

total intravenous anesthesia, so the veterinarian could focus on the surgery? All of these examples currently require a second veterinarian.

The right steps

VNPs should be adequately regulated with a clear scope of practice to serve a role that integrates into the current team and delineates them from the

role of veterinarians and veterinary technicians. Establishing academic pathways similar to RNs, requiring a master's or doctorate degree to become NPs, is critical. Veterinary technician specialists and those who have achieved master's degrees in related fields are prime candidates.

I'd like to pose a challenge to the profession to take a close look at the veterinary technicians on the team, utilize them to their fullest potential, provide them with the opportunity to obtain further continuing education and imagine a future where some of these individuals will serve in the midlevel role to expand the veterinary team. The path to this future seems a vast challenge. But, as the veterinary technician profession is on a path to rapid progress, now is the time to start the conversation. **FL**

Kenichiro Yagi, BS, RVT, VTS (ECC, SAIM), practices at Adobe Animal Hospital in California as an ICU and Blood Bank Manager.



Can your practice grow with them?

Do you feel it? The age of client service is here—and it's here to stay. Here are the six steps this veterinary practice took that led to a record-breaking year. *By Kyle Palmer, CVT*

For many veterinary practices, the economic recovery is well on its way, though one consequence of that dark period may well be here to stay. The practices that successfully weathered the downturn learned quickly the need to become more client focused immediately—and recognized that this need just

might be permanent (and it is).

The next chapter of the “good old days” is officially over. Clients will no longer bond to your practice just because they know you, or because you have their records, or just because you’ve always been their veterinarian.

When times were tough and money was tight, they discovered the choice of how and where to



1 We added a veterinarian

Last year, in response to steady growth and our desire to further dilute the rotation of our after-hours schedule, we added a fifth veterinarian to the team. When we did this, we realized that another exam room would be necessary, though our facility had few options for expansion in that area.

2 And then we created a cat-only space

We ended up framing in a slightly smaller than normal room behind our reception area and quickly decided to designate it as a cat-only space. We installed solid core doors and packed the walls with insulation to create an area immune to the common sound of dogs in the building.

We put in cat-specific artwork, bought some cat toys that could be used in the room and kept catnip at the ready.

No dog has entered that exam room. Ever.

We've experienced an overwhelming response from clients. They often think their cats aren't as important to dogs in the veterinary field, and the idea that we'd invest specifically in cats has paid dividends for us.

spend their pet care dollars gave them a fair amount of power in the marketplace. They looked for better fees, the ability to schedule sooner and the flexibility to be seen when their schedule allowed, not when yours did. They're not going back.

The good news (and there is some)

I'm fortunate to work at a practice where we had some ideas in the pipeline that not only satisfied our goals of constantly improving our level of service, they also focused on the client experience. By embracing a number of changes at our practice, we experienced a recordbreaking year in 2015 and expect that 2016 will continue that trend. What changes did we make? >>>

dvm360 leadership CHALLENGE VET 2.0

On deck in our sister publications:

In an ideal world, pet owners would say, "Yes!" to the gold-standard option for every condition you diagnose and every preventive step. But that's not reality. So how do you adjust care to varying levels of financial means and pet owner commitment? *Vetted* explores these delicate issues.



On the wild path to serving the pet owner of the future some veterinarians may need help seeing creative career solutions—and learning to appeal to folks who want veterinary care in a different way. That's where this dvm360 Leadership Challenge comes in. If the traditional path doesn't work for you, create a new one. You just might discover that the people and animals you want to serve have been waiting for you for a long time.

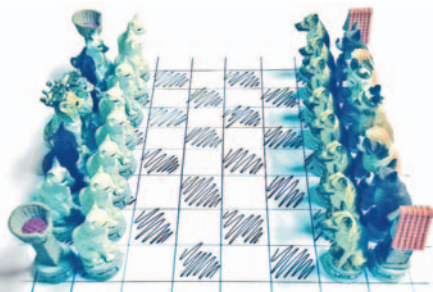
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NEW MOVES FOR BETTER CLIENT AND PET CARE *By Alex Espinosa*

Check out these new job opportunities to add service to your practice.



MOVE 1: **Rebate specialist**

Who's qualified: This is a great position for receptionists who are highly skilled with client communication.

Training needed: Client service, communication and conflict training

What you do: Your team members should know the inside and out of heartworm and flea prevention rebates, but what about the more complicated, less known rebates? Sometimes the rebates for prescription medications are overlooked.

How it helps: Ensuring clients get the best price when buying from you will keep them coming back for more!

MOVE 2: **Client communication specialist**



Who's qualified: Team members who are passionate about client communication. This position could keep someone busy enough to warrant a permanent part-time role.

Training needed: Client communication learning (self-guided and at local, regional or national continuing education opportunities)

What you do: Your clients deserve someone who's willing to always give her all to make sure clients know everything going on.

This position has a range of responsibilities, from making sure communication takes place in the exam room to coming up with new ideas to improve client communication.

For example, some clients who board their pets with you would love pictures of their pet having a good time at the kennel sent to their mobile phone. This position would also require medical knowledge. As we know, the veterinary world is constantly coming up with new products and procedures to improve our patients' lives.

How it helps: The communication specialist's job is to stay on the cutting edge of developments with new products and services and share them with clients.

MOVE 3: **Pet insurance coordinator**

Who's qualified: Any member of your veterinary team with a passion for protecting pets' health and offering pet owner options to pay for pets' care.

Training needed: Self-guided reading on pet insurance, free team training at dvm360.com/teammeeting and consulting with pet insurance representatives.

What you do: Depending on where you are, pet insurance may or may not be catching on quite yet. We're only doing ourselves a favor by recommending insurance to our

clients. The insurance coordinators in your hospital must have a united front on which pet insurance company and plan you recommend. All patients, and especially puppies and kittens, could benefit!

How it helps: These experts can discuss what's covered by insurance and guide pet owners on exactly how to file a claim to make the process as easy as possible for your clients.

MOVE 4: **Behavioral specialist**



Who's qualified: Your technical veterinary team members are well positioned for this role.

Training needed: Behavior training courses from a reputable training program. Remember, this investment in education will pay dividends, both in loyal clients and in the lives you save by protecting the precious bond between pets and their owners.

What you do: Clients often have unruly puppies and dogs. What better way to give clients a little extra value from their office visit than to have your behavioral specialist come in after the exam and go over the client's concerns with their pet's behavior?

How it helps: The advice could be very useful, and your clients will always remember where they got it!

Alex Espinosa is the practice manager of Clarkesville Veterinary Hospital in Clarkesville, Georgia.

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3

We transformed our 'last resort' exam room into a comfort room

Since we built our facility 16 years ago, we've always had one exam room that our team members seemed to only use as a last resort because:

... It was further away from the central part of our building and, because of a remodel several years ago, required our team members to either access it from the waiting area just like clients, or to walk through our back kennel area to get there.

And ... it was our largest exam room, so it often doubled as a quick place to meet with pharmaceutical reps or the "home base" of our annual summer camp for children.

So ... although the idea wasn't new among our team, our associate veterinarians finally convinced the practice owner to let us turn it into a comfort room.



1. We tabled the table.

We decommissioned the old surgery table that had doubled as an exam surface in the room and replaced it with a wall-mounted fold-up table.

This way we can still use this room as a regular exam room when needed, but we can put the table "out of sight" when it isn't needed.

2. We chaired the seating issues.

We replaced our regular exam room chairs with two "pleather" homey chairs, added an end table with a lamp and selection of books on coping with loss and put in an attractive floor lamp.

3. We opted for a rugged rug.

We were concerned about keeping an area rug clean, and it took some negotiating. We ended up choosing one we can easily roll up when we need the room for procedures that might be messy.

4. We put pets into our décor.

We chose soft tones for wall colors, removed the client-education related wall hangings and went with tastefully framed pictures of dogs, cats and horses.

Overnight, the room went from an out-of-the-way imposition to a room that clients request regularly. When we do euthanasias in the practice, they always take place in this room. We also use this room for acupuncture treatments and any service or procedure that requires this specific atmosphere. It's been wildly successful.

4

We opened the door to alternative euthanasia spaces

With increasing frequency, we perform euthanasia during a home visit. Of those who come to the clinic, many ask to have the service performed in their car. Many clients resist the idea of their pet's final moments occurring in a place that was never high on their visit list.

This summer, we will debut an outside exam/euthanasia space that combines great on-site care with a landscaped private outdoor setting. It will be adjacent to our building in an area that's easily accessible with a vehicle to allow the client to leave without drawing attention from the parking lot or those inside.

We are taking a previously dull-looking area of landscape and adding a gazebo-style roof, 4-foot-high walls and as much attractive landscape screening as possible.

The inside will include two benches, many flowers and a small area of grass or hearty ground covering. There will be a 360-degree open space from the top of the walls to the beginning of the roof that will be at least 6 feet, allowing the sun to keep the plants healthy.

Logistically, it's a way for us to add another exam room despite the fact that our inside facility doesn't allow it. Creatively, it's a way for us to solve one problem while adding to our growing list of ways that we cater to the clients who want something special.



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We've evolved our client communication

5

In addition to the physical improvements, we launched a client communication tool almost a year ago that's been very popular. We now contract with a company that manages email and text communication with our clients who opt in.

Every client with an email address on file receives a welcome letter and is asked to take a moment to register their preferences for communication with our clinic: email, text, mail reminders and phone calls. The program syncs with our veterinary management software throughout the day and sends reminders to our clients for their patient's upcoming needs, and reminders of appointments already scheduled.

It's cut down our number of "no shows" dramatically.

People are on the go. They want quick, short and convenient communication. I understand their needs because I share them. On the surface, this program is another client focus too: making something they were already doing more convenient. Fortunately, the benefits don't end there.

After every visit, clients receive a "thank you" email, and in that email (as well as in every other communication with the client), there is a button to select the option to leave a review. The reviews are sent to us and become visible to anyone accessing the system, which is available through our Facebook page, through our website or through our Google+ page.

Not only are the reviews overwhelmingly positive and a great motivator for new clients trying to make their choice for pet care, they are also a nice staff tool, helping our team see on a daily basis how they're serving clients.

Finally, if a client does choose to leave a review, they receive a follow-up email thanking them for the review and asking if they'd like to take a moment to leave a Google review using a one-click process.

To date, we have amassed many online reviews, which helps rank our clinic much higher in terms of online searches. It's been an incredible program that we also credit partially with our upswing in business.

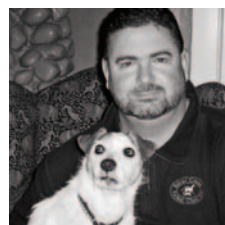
We've focused on wellness

6

After months of discussion, we recently launched our preventive care plans. Designed to provide a high level of annual care including vaccines, deworming, fecal exams, blood work and more, the plans are also a great budgeting tool for clients.

We hear from clients in their 20s that having a pet in the family is important, but not always affordable. With our plans, we can offer all of the best care in a reasonable monthly payment plan. While our clients are happy, our veterinarians are happy with this change too. They now have one more tool to reach clients and patients with the care they deserve.

In short, simply opening the door wherever you hang your shingle is no longer good enough. Clients need—and now feel empowered to demand—something more from the team members who provide their veterinary care. They want to feel important, they want their pet's needs to be important, and they want their services delivered conveniently. It's time to see what you can do to make this an opportunity instead of an obstacle. **FL**



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

Shattered:

Dealing with chronic pain at work

Years of heavy lifting and repetitive motions as a veterinary technician took a toll on my body. I'm sharing my story to prevent others from sharing my pain.

By Abigail Fishaw, LVT



I remember being introduced to a new staff veterinarian as “the girl who can restrain anything.” And it was true. I could.

As a barely 18-year-old kennel worker in my first veterinary job, I was anxious to prove my worth and dedication to the field. Little did I know, 10 years later I would regret solo wrestling matches with dogs almost my same size. When I was younger and stronger I had an “I can do it alone!” mentality. Unfortunately, rather than correct me, my superiors and coworkers applauded me, which only made me push myself further.

I remember being introduced to a new staff veterinarian as “the girl who can restrain anything.” And it was true. I could.

Though she be but little, she is fierce

I’m five feet tall on a good day, and at that time only weighed 105 pounds, but handle a 120-pound rottweiler? No big deal. I could do it by myself. Lift that 75-pound Labrador onto the exam table? Got it.

I continued this behavior for many years, and I’ve witnessed it in others many times throughout my career. And it’s not just the newbies—seasoned pros are forcing their bodies beyond their

limits to get the job done. There are a few reasons this happens.

1. The desire to prove your worth.

2. Understaffing. I’ve worked many times as the lead technician with only one assistant to restrain for me. When you work in a clinic with only two to five team members and someone calls in sick, you’re basically screwed for the day. You can’t just cancel all of the appointments because a hyper Rhodesian ridgeback is scheduled for a nail trim. The team adjusts and picks up the slack.

Understaffing isn’t always due to an employee with the flu, though. Many clinics operate on a small budget, and to cut overhead costs they employ fewer people to do more jobs.

3. The failure to use chemical restraint methods when needed.

I’ve heard many times, “Let’s just try to get it done quickly” or “It’s just a nail trim.” But when you need four team members to lay on top of a dog just to accomplish a simple task, it’s not only a problem for the dog’s well-being, but an issue for your

team members' physical well-being. After all these years, I've learned to dial it back and know my own physical limits. But I learned the hard way.

The consequences

At the tender age of 25, I was diagnosed with chronic myofascial pain syndrome (CMPS). This is a fancy way of saying I have chronic muscle pain caused by overuse, misuse and damage of muscle tissue. This condition manifests in fibrous knots in your muscles, also known as trigger points.

My symptoms are isolated to my neck and shoulders. Repetitive motions are a major factor in the muscle abuse. I can't help but think that a combination of restraint techniques, heavy lifting and hunching over a dental table while scaling teeth are the primary causes of my muscle pain.

At the time I was diagnosed with CMPS, I worked for a veterinarian who kept us understaffed and despised chemical restraint. There were many occasions that I was the only technician doing 20 or more dental cleanings in a month. I dreaded pet dental health month because it meant a constantly throbbing right arm and shoulder. I wish I'd known better before it became a chronic issue for me. Now I pay for it. At only 29 years old, I'm back in college to explore other career options—not because I don't love what I do, but because I can't physically continue doing it. CMPS affects my day-to-day life as well. I'm the mother of a toddler, and after a day of lifting her in and out of the car, my body is screaming.

Be your own advocate

Working with other women who've had similar symptoms, I often wonder

Now, at only 29 years old, I'm back in college to explore other career options—not because I don't love what I do, but because I can't physically continue doing it. CMPS affects my day-to-day life as well. I'm also the mother of a toddler, and after a day of lifting her in and out of the car, my body is screaming.

if they've done to their bodies what I've done to mine.

As a profession, there must be more education and enforcement of proper restraint and lifting techniques. Enforcement is really the key. Managers and doctors must take responsibility for enforcing policies that promote safety.

Perhaps even more important is being an advocate for yourself. Learn when to say no and when too much is too much.

I write this as a warning to those who've behaved just like me. Please ask for help. Tell your veterinarian if you believe you need chemical restraint. No one will doubt your skills or dedication to your work, and your body will thank you in the long run. **FL**

Abigail Fishaw, LVT, resides in Norfolk, Virginia, with her husband, daughters and pets. She's worked in the veterinary field for 11 years and has been a licensed veterinary technician since 2009. Abby has a special affinity for black and white cats and Cavalier King Charles spaniels.



Learn to handle your pain

Find advice on how to deal at dvm360.com/painatwork. Then get low-stress handling tips at dvm360.com/lowstress.

No more bites

Psst—National Dog Bite Prevention Week is May 15-21. Clients need to know how to prevent bite incidents—arm them with a client handout at dvm360.com/biteback.

Bite safety: Decoding the interaction

Pets and children can be the best of friends, but what seems like fun playtime can have dire consequences if pet owners don't monitor their interactions closely. Does Teddy pull his ears back or stare wide-eyed when the child gets close? These are small signals that he's uncom-

fortable with the situation he's in.

Help your clients understand these subtleties by going through the diagrammed photos below. Descriptions provided by Stephen Appelbaum, ABCDT, president and CEO of Animal Behavior College.

1 Face: The dog's face indicates its discomfort, agitation, fear and possible aggression.

2 Eyes: The dog's eyes are wide and looking away from the child. This dog appears to be giving "Whale Eye." This is when the dog doesn't look at you directly, but instead looks out of the corners of its eyes with a fair amount of the whites showing. This can be a sign of impending aggression.

3 Ears: The ears are plastered along the dog's skull, which is a sign of fear and discomfort.

4 Mouth: The dog's mouth seems tense, and it appears as though the lips are just about to be raised.

Scenario one



5 Body: The dog does not appear to be wearing a collar, which suggests that this dog can—if he desires—move away from this child. Dogs exhibiting stress behaviors like this one are more dangerous if they can't escape. If I saw a dog exhibiting these postures around a small child, I would look to distract the dog with a ball and quickly get the child out of the dog's space. I would expect a dog exhibiting these kinds of signs to either run or move away from this child, or to exhibit further warnings, including growling, lips lifted, snapping or biting.



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Scenario two

1 Eyes: The eyes are slightly closed. However, wide-open eyes can be a sign of impending aggression or challenge. Eyes squinty or slightly closed can mean submission or slight discomfort.

2 Ears: The ears are held in what looks like a natural position. This or ears moved back slightly indicates a calm and peaceful demeanor. The ears are not being held up or plastered back on the dog's head. The former is a challenge and the latter is an indication of fear.

3 Boy's body: Most dogs don't like having their space invaded. It can come across as rude or confrontational. This dog seems to be very mildly "saying" this but still seems fine.

4 Dog's mouth: Potential dangers: It is usually not a good idea to allow a small child unattended by a dog that is chewing on an object. The dog might become possessive if the child grabs the object. Additionally, this child might put his fingers in the dog's mouth while she is chewing and be injured accidentally. The dog could easily spring up in a playful fashion, scratching the child, hitting him with the stick and knocking him over.



SKILL builder

Sweep in and save the day in your surgical suite

Vanquish the three most common pain management mistakes made in veterinary patients undergoing surgery.

By Andrea M. Caniglia, VMD, DACVAA

Veterinary medicine has come a long way in its recognition and treatment of pain in animals. As a private practice veterinary anesthesiologist, I often consult with general

practices that seek to improve their pain management for patients undergoing surgery. Here are three common mistakes with easy fixes to improve pain control in your practice.

1

Don't trust the fog

Inhaled gas anesthetics do not provide any analgesia. Although anesthetized patients do not consciously perceive pain, they can still have the physiologic response to a painful stimulus during surgery, as evidenced by increased respiratory and heart rates during painful surgical procedures. If other methods of pain control are not provided, then the level of gas anesthesia will most likely need to be increased, and this will surely compromise cardiopulmonary function. Furthermore, when this physiologic response to pain is not interrupted early, it can lead to pain that is more difficult to treat after surgery and abnormal pain states.

Thus, analgesics should be included

in a premedication protocol before anesthetic induction. Patients will require significantly less pain medication after the surgery when analgesia is administered preoperatively—and they will more often have a smooth, calm recovery.

During surgery, if your patient is continuing to demonstrate physiologic responses that require you to increase the setting on the vaporizer above what you think is standard for this type of operation, consider repeating a dose of injectable analgesics. The most common pain medications used dur-



ing surgery are opioids. They are generally safe, and doses can be repeated even if the premedication was given within an hour. But note that this is not true of buprenorphine; it has a ceiling effect, so you are unlikely to get an improvement with escalating doses.



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2 Boot the butorphanol for pain

Speaking of administering an opioid, butorphanol is an opioid commonly given before surgery for pain control. It also causes sedation, which facilitates the placement of an intravenous catheter. But in the past few decades, research has shown that butorphanol is a poor analgesic with a short duration of action. Furthermore, because butorphanol is a mu receptor antagonist, it may interfere with the efficacy of more potent and proven analgesics, such as hydromorphone, that are mu receptor agonists.

Butorphanol provides good sedation, but this can be mistakenly interpreted as comfort in patients that have pain. Thus, butorphanol is recommended only for sedation and not surgical pain. A better choice for pain control during surgery is hydromorphone or methadone.



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- > **Client handout:** Easy home modifications for painful pets.



Easy as 1, 2, 3, right? Scan the code or visit dvm360.com/teammeeting to get started fighting pain in your patients.

3 Potent pain, mighty measures

When choosing an analgesic for a patient having surgery, one size does not fit all. Each type of surgery is associated with different amounts of pain. Orthopedic and abdominal surgeries are often associated with marked pain. Surgeries to remove small masses from the skin are associated with mild to moderate pain. It is important to anticipate this difference and choose an appropriate analgesic.

In addition, for extensive surgical procedures, additional analgesics that work via a different mechanism should be added—a concept known as multimodal analgesia. Using different analgesics that work by different mechanisms allows for superior pain control compared with any one drug alone. This also allows you to reduce the dose of each individual drug and, thus, minimize side effects.

Patients with well-controlled pain during and after surgery will experience vastly improved recoveries. When patients are comfortable, they are more likely to eat, maintain mobility and be discharged earlier from the hospital. These are often the concerns raised by clients after surgery and will put them at ease as well. **FL**

Andrea M. Caniglia, VMD, DACVAA, is with Center for Animal Referral and Emergency Services (CARES) in Langhorne, Pennsylvania.

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Put the pick in picture

Give clients a chance on your Facebook page to share pet pics—and a chance to vote for the best one.

By Michelle Lawson, DVM, and Cara Ernest

At a meeting of our hospital's Kitty Committee last year (get your own!), one smart team member came up with an idea for a photo contest celebrating that "something special" between cats and their people. So we dreamed up a timeline, a format (Facebook "Likes" to vote on cat owner pics) and title (Cute Kitties Photo Contest). The prize: a gift basket that included a cozy bed, toys, a food puzzle, a grooming mitt and a gift card. Here's how to make your own contest for your practice:

1 Choose your prize. Shopping for our cat-owner-friendly basket was not only a great way to assemble a tempting prize, but also highlighted some of the basic environmental needs of cats: a safe place, positive cat-human interaction and play.

2 Know your audience. You want your participants to be valuable to your business, not just looking for a prize. Reach for mostly current clients, but remember that goodwill travels far and your contest will surely reach non-clients too (yay!).

3 Find a Facebook photo contest app. There are many options out there. Google "Facebook photo contest." Just test it out to make sure the app is mobile-friendly and easy to use. It makes it so much easier to have all of the photos in one place with one URL to promote. It's worth a minimal cost to make it easy on everyone.

4 Promote your contest. We promoted our contest on Facebook and in our hospital.

5 Choose your winner. Our winner had the most Facebook "Likes" on the picture, which was fine. The downside is, that skews the results toward the photo entrant with the most friends or strongest campaign. Look at the options your app provides to find the best way to choose your winner.

6 Feature your winner. Someone won? Talk them up! We asked the winner to come in to talk with us and take pictures, and then we featured her on Facebook. Take photos or videos and post them on your Facebook page to let people know there was a winner.

7 Follow Facebook's rules. There aren't many rules. You can't require participants to share or tag entries. You can't ask people to promote your practice on personal pages. You can encourage people to share their participation with their friends, but you can't require it. Facebook's exact wording:

"You can run a promotion (ex: sweepstakes, contest) directly on your Page or through an app on Facebook. ... To collect entries, you can ask people to: Like or comment on a post on your Page, Publish to your Page, and Send your Page a message. Personal profiles can't be used to collect entries. For example, asking people to share a post on their profiles to enter your promotion isn't permitted (ex: 'Share on your profile to enter' or 'Share on your friend's profile to get more entries')."

Now get out there and collect some great photos from *your* clients! **FL**

Michelle Lawson, DVM, was an associate at VCA Valley Oak Veterinary Center in Chico, California, and now works at the San Francisco SPCA. Cara Ernest is marketing manager at VCA Valley Oak Veterinary Center.

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—The Neighborhood Pet Clinic team, Vancouver, Washington

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—Marian Paulachak, veterinary assistant
Cary Street Veterinary Hospital, Richmond, Virginia

2



3



Use a "nifty nabber" to grab that urine sample.

To get a urine sample on a short-legged dog, I like to use a "Nifty Nabber" attached to half of a vaccine tray. This works well for dogs that are spooked by the strange lady who keeps creeping up on them when they try to squat.

—Emily Spence
McArthur Animal Hospital, Oak Ridge, Tennessee



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¹ Poulet H, Minke J, Pardo MC. Development and registration of recombinant veterinary vaccines: The example of the canarypox vector platform. *Vaccine*. 2007;25:5606–5612.



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