

firstline[®]

The best read veterinary team journal. Bam.

An
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pets'
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Your lab:

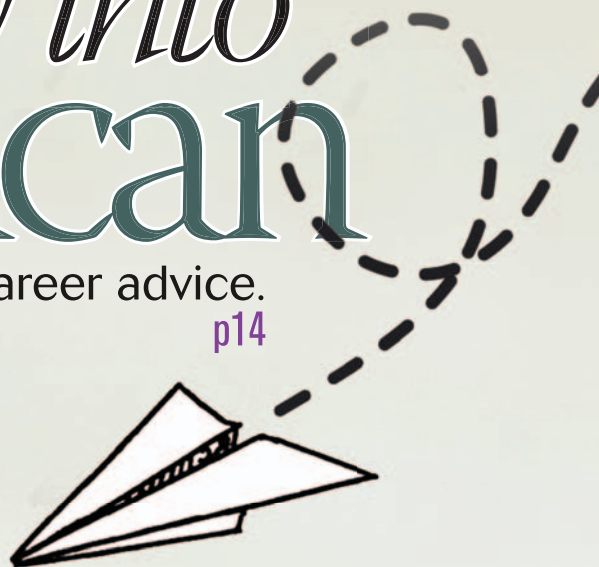
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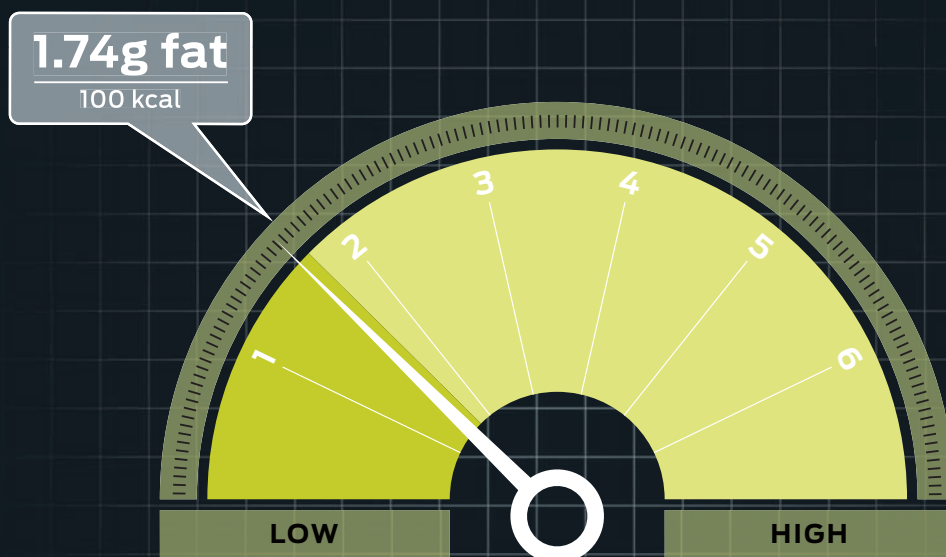
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* Millward Brown Veterinary Tracker, Fall 2015



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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.

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firstline®

Healthy team members = healthy pets

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Add
supplements
to your
behavioral
modification
soup



When kittens attack!



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Insert
directly into
trashcan

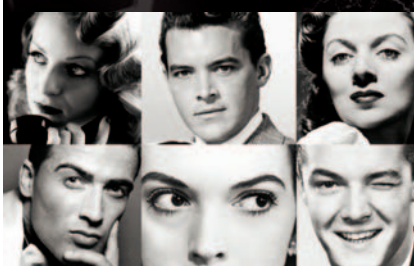


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bad career
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PEARLS

(Lustrously good advice and tips)



Firstline editor Portia Stewart discussed the perils of “toothanasia” during CVC Kansas City—watch the video at dvm360.com/toothanasia.

Only you can prevent “toothanasia”

About 80 percent of cats and dogs over the age of 3 suffer from some form of periodontal disease, says Barden Greenfield, DVM, DABDC, who spoke at a recent CVC. And stage 1 of periodontal disease is the only reversible stage. Ideally, you’ll catch the condition in stage 1 or, at the latest, stage 2. Remember, when you’ve reached stage 4 of periodontal disease, you’ve reached “toothanasia.”

How can you encourage pet owners to schedule periodontal cleanings for their pets? Karen Felsted, CPA, MS, DVM, CVPM, Dr. Greenfield’s CVC co-presenter, offers these five tips:

1. Price radiographs and periodontal cleanings affordably.
2. Bundle periodontal cleaning, radiographs and extractions at a set price.
3. Offer incentives if pet owners book within two weeks of your recommendation.
4. Encourage layaway, where pet owners pay \$20 a month until they’ve saved enough for a periodontal cleaning.
5. Include periodontal cleaning in your preventive care plans.

Tell me every

From their mouths to your ears—veterinary client focus groups can give you actionable and inspiring feedback. Here are 7 tips to make yours a great one. *By Brendan Howard*

These tips from CVC Kansas City come courtesy of exotics veterinarian and author Laurie Hess, DVM, DABVP (avian), owner of Veterinary Center for Birds and Exotics in Bedford Hills, New York. In a session with lots of creative client compliance ideas, Dr. Hess pitched tips for a great focus group. According to Dr. Hess, a great veterinary client focus group ...

- > **Is offsite.** They won’t be as candid if they feel like they might be heard by you or your veterinary practice team.
- > **Needs a moderator.** “Not everything is going to be positive, and not everything is going to be negative,” Hess says, but you need someone to balance out any Negative Nancies.
- > **Doesn’t include you.** The moderator can’t be you.
- > **Involves new clients as well as clients from years past.** Focus not just on new clients, but long-standing clients with a historical view of what your practice has been doing over time.



Dr. Laurie Hess will be speaking at CVC San Diego on generalist-specialist relations, adding revenue with exotics, and achieving “crazy good” client compliance. Register and learn more at thecvc.com/SD.

GETTY IMAGES

thing!

> **Leads to you making adjustments and giving credit.** They're giving you feedback—act on it. And give credit to the helpful focus group if you publicize a new change.

> **Gives you positive points for practice promotion.** Hey, they gave you positive feedback! Share that as anonymous quotes in brochures, in social media or on your website. And, last but not least ...

> **Buy your focus group lunch.** Or dinner. "Feeding people makes them happy," Dr. Hess says. "They'll be more likely to contribute things in the discussion."



Putting the 'treat' in treatment

CVC speaker Mikkell Becker, CPDT, offers tips to help make veterinary visits a calmer experience for pets. Get a



sneak peek at dvm360.com/TreatmentTreat (or scan the QR code for a PDF),

then visit theCVC.com/sd to see a complete list of Mikkell Becker's sessions.



The dvm360 team's "doodles" are artistic renderings (OK, sometimes they're just a bunch of pretty scribbles) of a CVC speaker's key insights. Find more doodles from from CVC at dvm360.com/CVCdoodles.

INSIDER'S INSIGHTS

By Christine Shupe, CAE, Executive Director, VHMA



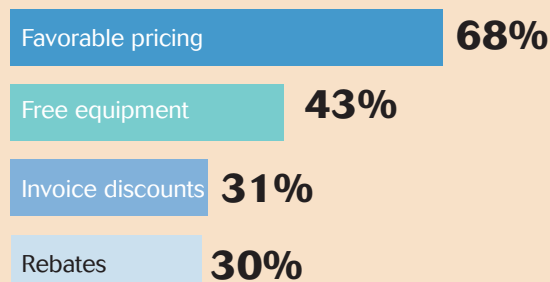
Getting the love you want from your lab(oratory)

Do you have terms of endearment for your lab, or are you no longer feeling the love? The Veterinary Hospital Managers Association (VHMA) recently conducted a survey to find out how practices handle diagnostic testing. The survey was completed by 207 respondents, representing managers, hospital administrators and practice owners. The majority—64 percent—have exclusive contracts with outside labs. Of those, 51 percent have entered into long-term relationships of four years or more. One-year contracts are relatively rare.

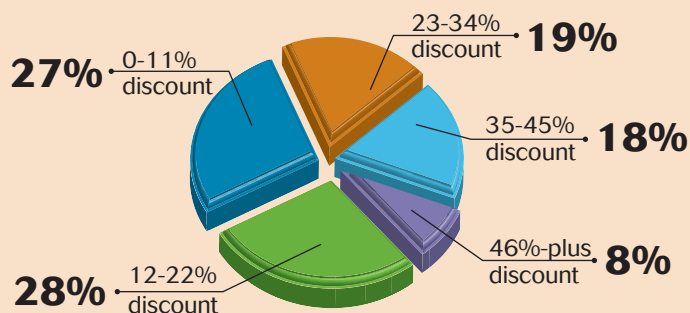


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Why enter into a long-term commitment?



How sweet is the discount you receive with an exclusive contract?



Other benefits of an exclusive contract

- Lab discounts for staff and veterinarians
- Discounted equipment purchases
- Limited annual price increases
- Great customer service and access to the best available prices.

One respondent explained that an exclusive contract gives a practice leverage because as the contract expires, the laboratory “does not want us switching so we get incentives.”

Potential downsides

Some survey participants said

contract periods were too long and the contract language too confusing. A number were dissatisfied with the price of lab services, noting that pricing isn't competitive and that companies fail to honor original pricing agreement.

Several managers described customer service as subpar because representatives weren't providing the expected level of support and attention. One respondent noted that “it's worth it until service doesn't live up to what you expected and then you have very little leverage to improve things.”

So what's the takeaway here?

As always, let the buyer beware. An exclusive contract may offer advantages, but before giving your heart away, be clear about the terms and conditions.

PREPPING FOR SENIOR PET MONTH?

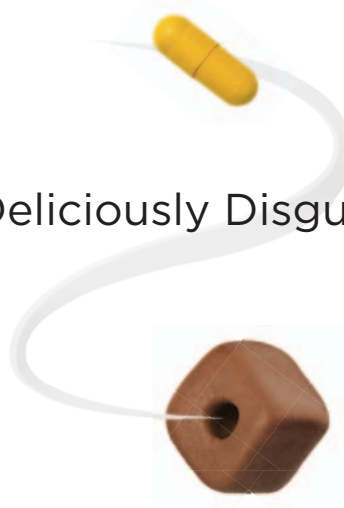
If diagnostic testing makes you think of senior wellness screening, you might realize Senior Pet Month is just around the corner in November. Plan now to see these important patients so they can get the care they deserve in their golden years. Visit dvm360.com/socialsenior for tweets and posts designed to educate your clients about your services and aging pets' healthcare needs.



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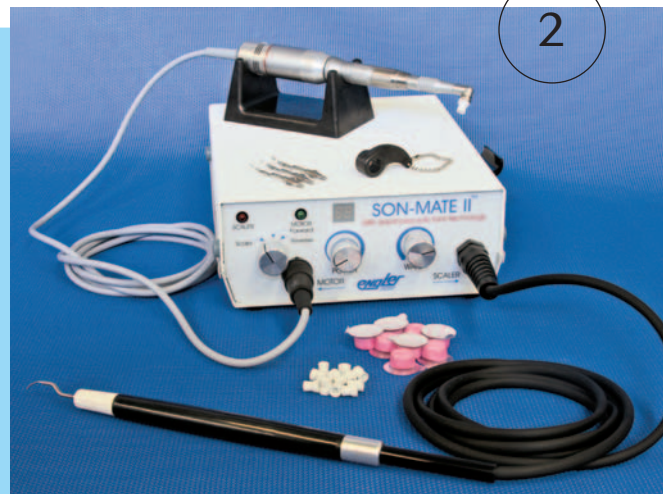
The magical jukebox of dental products

So many selections to choose from. Here's just a sample of how you can make your dental services sing.



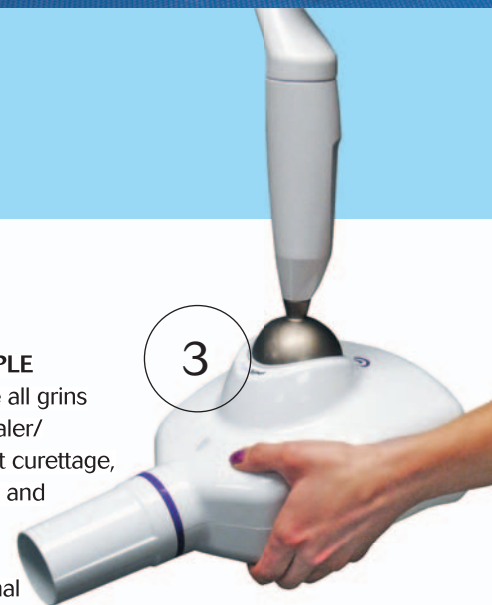
1. I LOVE ROCK 'N' ROLL!

Move from handpiece to handpiece—and from dental station to dental station—with ease with the VetPro 1000 mobile dental delivery system. Just roll the unit where you want, pick up the handpiece (which automatically activates), and you're ready to rock. Plus, the compressor is oil-free, so one less thing in your life necessitating an oil change.



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Rabies:

Know the facts

Unless we regularly communicate that rabies is a real and serious threat, the disease can easily become the 'boogeyman' of veterinary medicine—a mythical threat used to force pets to get more shots. *By Julie Carlson, CVT*

JUST THE FACTS

Many pet owners operate under the mistaken assumption that rabies is a disease of the past—that the vaccine really only gets administered because it's required by the city or county.

Try telling that to the family in Missouri whose 8-week-old puppy was infected with rabies earlier this year by its mother after she killed a rabid skunk. The puppy died and its mother was euthanized. The other five puppies in the litter and two other dogs that had experienced direct contact with the puppies were also euthanized, and 32 adults and children underwent post-exposure prophylactic shots.

Rabies doesn't just affect animals. It kills tens of thousands of people every year—mostly in Asia and Africa. While it can be tempting to label these continents as far away places that have little effect on our lives, the pervasiveness of international travel could easily bring infected persons into the United States.

Rabies remains a real and serious threat. Help your clients better understand the signs and symptoms of rabies, its different forms, how it's diagnosed and how it's prevented by sharing this free handout. You'll find it at dvm360.com/rabiesfacts.





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Add nutritional supplements to your behavior modification soup

Behavior modification is a lot like vegetable soup. Seriously. We know it's true because we heard it from Melissa Spooner, LVT, VTS (behavior), BS, KPA-CTP, at a recent CVC session.

Behavioral modification soup

Imagine taking a big bite of vegetable soup. With so many garden goods coming together in one bowl, is it possible to designate a single ingredient as the source of the delicious flavor?

Successful behavior modification is similarly complex and interrelated. According to Spooner, it requires prevention, medication, environmental modifications, training, environmental enrichment, client education and nutritional supplements. "It's not just one piece that we do," Spooner says. "It's a matter of pulling everything together in order to get the best results."

Add a dash of nutritional supplements

Nutritional supplements are one ingredient in behavior modification "soup" and are appealing to pharmaceutical-wary clients. Spooner is a fan of Composure, a soft chewable from VetriScience designed to relieve stress and anxiety. Highly palatable to cats and dogs, the chews contain the Suntheanine brand of L-theanine, a naturally occurring ingredient found in green tea, which Spooner considers to be the "gold standard" in L-theanine. Though Spooner says Composure is safe for both cats and dogs, she cautions that she has seen some sedation with the product.



To listen to Melissa Spooner discuss these concepts during a CVC session, scan the code above or visit dvm360.com/behaviorsoup.

FLEA AND TICK control dogs run to, not from...

NexGard® (afoxolaner) for dogs is:

POWERFUL so it keeps killing fleas
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EASY to give because it's soft
and beef-flavored

NexGard
(afoxolaner) Chewables

Dogs
love
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¹ Data on file at Merial.

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IMPORTANT SAFETY INFORMATION: NexGard is for use in dogs only. The most frequently reported adverse reactions included vomiting, dry/flaky skin, diarrhea, lethargy, and lack of appetite. The safe use of NexGard in pregnant, breeding, or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures. For more information, see full prescribing information or visit www.NexGardForDogs.com.

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*), Lone Star tick (*Amblyomma americanum*), and Brown dog tick (*Rhipicephalus sanguineus*) 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 ¹	% (n=415)	N ²	% (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

¹Number of dogs in the afoxolaner treatment group with the identified abnormality.

²Number 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. 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 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 0-118 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 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 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 >97% effectiveness against *Dermacentor variabilis*, >94% effectiveness against *Ixodes scapularis*, and >93% effectiveness against *Rhipicephalus sanguineus*, 48 hours post-infestation for 30 days. At 72 hours post-infestation, NexGard demonstrated >97% effectiveness against *Amblyomma americanum* 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, 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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UBM



When kittens attack! (literally)

There's a significant correlation between owner satisfaction and behavior problems in their cat. This puts the human-animal bond at risk, and their commitment to pet care starts to decline, making the client less likely to bring the cat in for veterinary care, says Dr. Gary Landsberg, DACVB, DECAWBM (companion animals), at a recent CVC.

Cats begin to have behavior problems when there's no outlet for natural behaviors. The fastest way to help this situation? Ask! This helps in two ways. "If you ask, you'll find out more about the patient than just what the client would volunteer on their own," Dr. Landsberg says. "If you ask questions and help them solve their problems, you'll become their expert to turn to instead of Dr. Google."

Most cat owners only teach their pets what not to do. There's no reward-based training. But if the desirable behaviors are rewarded, cats are much more likely to perform the desired behavior. "Have the client connect a word to the behavior they want and a reward when the pet does it, such as sit, or to enter their carrier," Dr. Landsberg says.

Work with clients to help them:

- > Provide outlets for cats (appropriate play, scratching, food "hunting" and so on)
- > Reward desirable behavior
- > Teach the cat commands
- > Prevent undesirable behavior
- > Manage stress or change in the household

"If advice is given, cats are much less likely to have problems. Give the advice," Dr. Landsberg says. "It works."

Bonus! Dr. Landsberg offers the full picture on why and how to offer kitten counseling in practice at CVC. Check out this sneak peek at **dvm360.com/feistyfelines**, then visit **thecvc.com** to see a complete listing of Dr. Landsberg's sessions.

RESOURCE ROUND-UP:

- > Catvets.com
- > lcatcare.com
- > Catalystcouncil.org
- > Indoorpet.osu.edu
- > "Cat Sense" (Basic Books, 2014)
- > *Why does my cat ... ?* (Bantam Books, 1995)
- > *Behavior Problems in the Dog and Cat*. 3rd ed. (Saunders, 2012)
- > *Feline behavioral health and welfare* (Saunders, 2015)
- > *Canine and Feline Behavior for Veterinary Technicians and Nurses* (Wiley-Blackwell, 2014)
- > Editors' note: Check out the dvm360 feline care toolkit, too! **dvm360.com/felinecare**.



ONLY
25%

of clients were asked if their pets had behavior problems when they visited their veterinarian.

Insert directly into trashcan

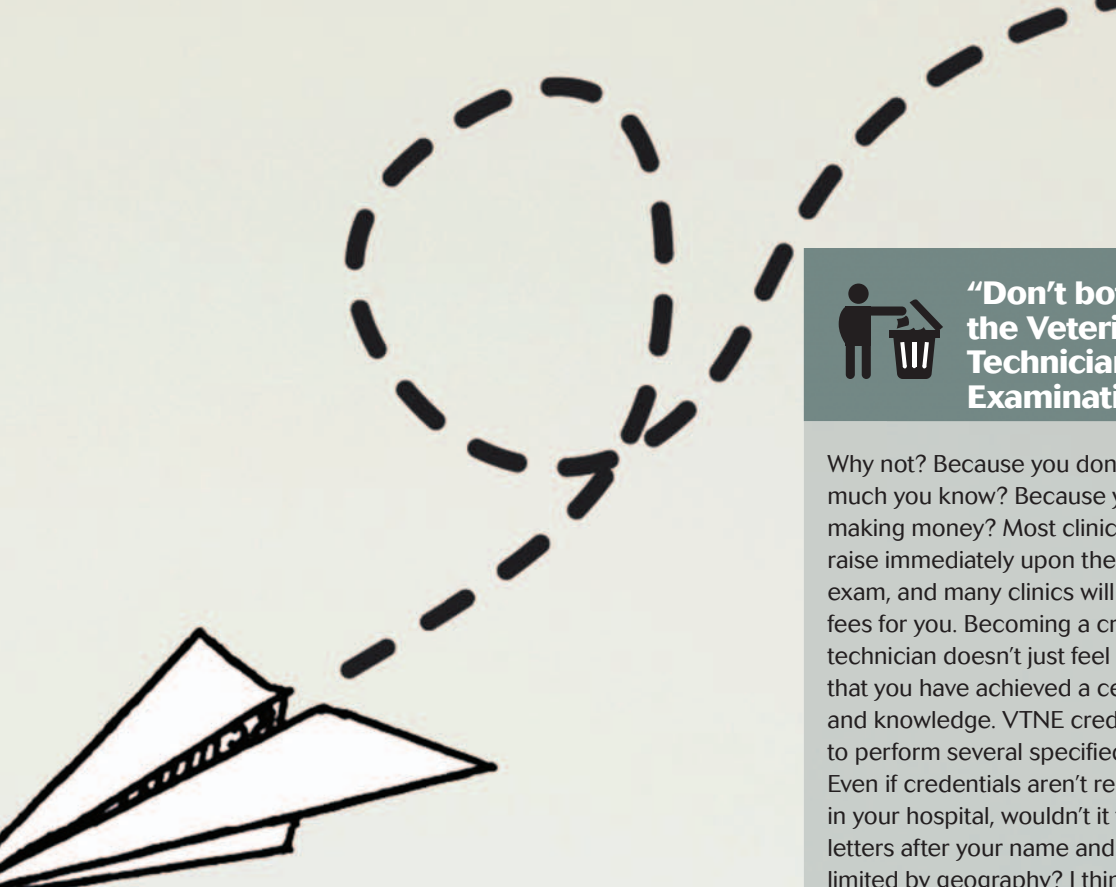
A list of the worst veterinary career advice I've ever received (and promptly discarded). *By Julie Carlson, CVT*

1 "Don't work in the veterinary field. The hours are long, the pay is small and the clients are difficult."



Sound familiar? Sure, the job isn't a good fit for everyone, but as long as you are mentally and emotionally prepared, why not go after what you want? Are the hours long? You bet. Can the clients be difficult? Who isn't difficult at times? As for the money—well, if we were paid what we're worth, we could all retire today. But we don't do it for the money. We do it because we're passionate about helping animals and their families. We get out of bed every day and go to work because we know that on the other side of the exam table will be a worried owner who needs our guidance. We skip lunches so we can squeeze in just one more emergency, and we read veterinary journals in our free time because we love what we do.





2

"Don't worry about continuing education."



Have you ever worked with someone whose professional development motto sounds something like, "This is how I've done it for 30 years and I'm not gonna change now"? Fun, right? Constantly seeking out new information is critical in the veterinary field because it changes so rapidly. One day brings a new medication, another reveals a new technique and the next delivers new research findings. Taking only a few years off from continuing education can set you back tremendously. With so many CE opportunities available—often for free—you have no excuse. (Hint: Visit dvm360.com/teammeeting for free team training). I particularly enjoy going to conferences where I can check out displays and talk to reps in the exhibit hall. (Learn more about CVC at thecvc.com.) CE is everywhere, and many clinics even cover the cost for you. Skipping CE does your clients (and yourself!) a disservice.



"Don't bother taking the Veterinary Technician National Examination."

3

Why not? Because you don't want to show how much you know? Because you're not a fan of making money? Most clinics will give technicians a raise immediately upon their passing the national exam, and many clinics will even pay the VTNE fees for you. Becoming a credentialed veterinary technician doesn't just feel good—it demonstrates that you have achieved a certain level of education and knowledge. VTNE credentials are required to perform several specified tasks in some states. Even if credentials aren't required in your state or in your hospital, wouldn't it feel good to have those letters after your name and know that you are not limited by geography? I think so.

4

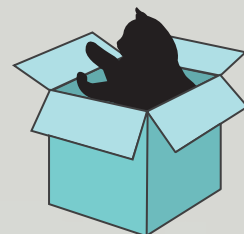
"Don't spend too much time with the clients."



Um ... what? I've seen thousands of pets over the years and I have yet to see one who drove himself to the clinic. Loving pets is only half the job. You have to love their owners, too. While they can be difficult, try to put yourself in their shoes. If someone you loved was experiencing health problems, wouldn't you be scared and on edge? People don't always do everything we want them to do, but they want to take care of their pets or they wouldn't have bothered to bring them to us. Our clients are looking to us for guidance and reassurance. Let's give it to them.

TEAM TRAINING ... FREE!

Find free team training to learn to communicate more effectively with doctors, team members and clients at dvm360.com/teammeeting or scan the code.





"Give your clients whatever they want."

5

OK, let's not go overboard. We want to wow our clients, but we must draw a line. I've had clients ask for my personal cell phone number so they can call me if they ever have a question. I know a veterinarian whose neighbors knocked on his door in the middle of the night because their dog's coughing was keeping them awake. We need to find a work-life balance if we want to avoid burnout. Setting boundaries is key. Explain to friends and family that you would love to help them and then give them your business card. Ask them to bring their pets to your clinic where you will answer all their questions and even give them a tour of your facility. If you have someone in your life who won't stop pushing you, ask him or her how many hours a week they work for free.

6

"You can tell how much clients are able to pay by the way they're dressed."



This is one of my favorites. I've had clients come to me in stained, torn clothes with the soles flopping off their shoes who paid a \$2,000 bill with no hesitation. I've also had clients come in with a Prada purse, Jimmy Choo heels and a fresh manicure who tell me they can't afford a \$75 blood panel. It's really easy to judge, but we don't know what's going on in their lives. Maybe the client dressed in rags looks that way because he spends all his money on his pets. We should give the same treatment options to every client, regardless of their perceived financial situation. Let them tell you their limits. I've never had a client refuse to do so.



"Don't give pain meds."

7

This one is an oldie. Back in the day, people thought that if you withheld pain meds from an animal they'd stay nice and quiet and heal better. Research has shown the opposite. When an animal is in pain, her body releases higher levels of the stress hormone cortisol, which means she will heal more slowly—not to mention it's cruel to let an animal be in pain when we have the ability to help. Don't be old-school. Give the dog some drugs.

8

"Dental radiographs are a waste of time."



That's a big ol' nope. Think of it like this: we brush our teeth two or three times a day, we floss once or twice a day (riiiight?), we get our teeth professionally cleaned once or twice a year and we still have full-mouth radiographs done at every dental cleaning. Animals eat gross stuff, they lick their butts, very few of them ever get their teeth brushed and they only get a dental cleaning a few times in their life—if they're lucky. They can't tell us where it hurts, so taking radiographs is the only way we can know if there are problems below the gum line like a retained root, fracture or abscess.



"Take the first job that's offered."

You might not get another one."

9

That makes as much sense as being told to marry the first person you date. We spend about one third of our lives at work. Don't you want to spend that time practicing medicine with people you like? Finding the right clinic is a struggle common to everyone in the veterinary field. At one point, I almost left veterinary medicine completely because I couldn't find a place that felt right. But once you find that right clinic, that family of coworkers that just gets you, you'll be so glad you waited.

So, how about you? What's the worst piece of career advice someone has given you? Tell us at firstline@advanstar.com.

Julie Carlson, CVT, is a freelance author and a certified veterinary technician. She is the winner of the 2015 Hero Veterinary Technician Award from the American Humane Association and the Founder of Vets for Vets' Pets, a nonprofit organization providing medical care to the pets of homeless and at-risk veterans. Julie has five cats, two Chihuahuas and one fish and lives in Phoenix, Arizona.



Facing the MONSTER squad

Aaaaaaah! You're the star of a horror flick that takes place in your veterinary hospital, with the demons and creeps played by some awful coworkers. But you can survive! Learn about the hairy problems these fiends put you in and whether their thoughtless or malicious behavior is bullying, harassment—or just really, really annoying. *By Sheila Grosdidier, RVT*



Does your veterinary hospital feel like a horror movie? Creeps, schemers and monsters crowding your good feelings about practice, patients and pet owners?

Scary film music! *Dun dun duuuuuuuun!*

Here are a few frightening characters, plus advice on how to stay safe during their scariest outbursts, and whether what they're doing rises from annoying pest to a call-911-and-involve-the-lawyers moment ...

to get a rise out of you. Just politely smile and don't engage.

Will you survive?

Not bullying or harassment, unless it's coupled with other behavior.



Cutthroat Katie

She's quick to take credit for work you've done and looks for ways to make you look incompetent. She wants to seem the savior of all things veterinary.

Hands off, witch!

Ask her how the "misunderstanding" happened and ask her to clarify to the

boss that you saved the day, not her. If you're sure Katie has taken credit for your work and won't apologize and make it right, it's time to let your manager know you want to resolve this situation in the interest of assuring good working relationships. Chances are good that your manager has heard this

statement before about the team member.

Will you survive?

Unless this is part of an assortment of other offensive actions, it's annoying, possibly bullying in its extreme form, but only harassment if based on discrimination.

Gossiping Greta

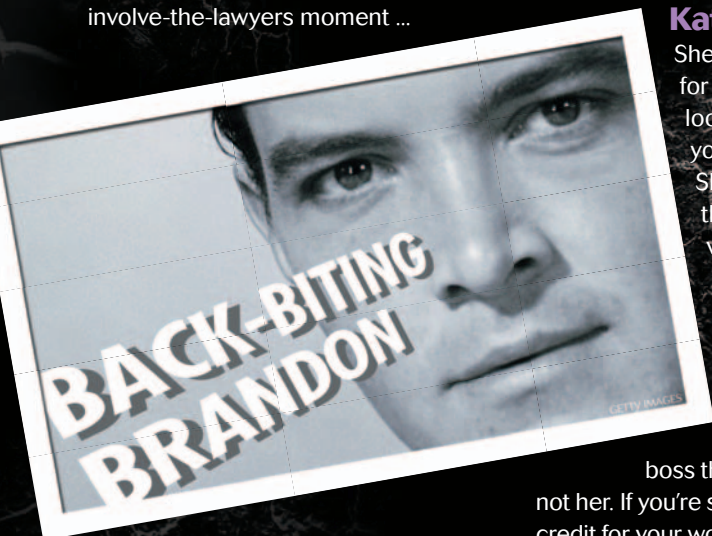
She discusses anything and everything about the private lives of her coworkers. Sometimes disregarding the truth, she often insinuates, rushes to judgment or bad-mouths other team members—but always on the sly.

You sure you saw a ghost?

In a polite and professional manner—and in private—address the situation in a nonthreatening manner. Ask how she heard the statement and whether it could be a misunderstanding. Ask whether she can help you stop untrue statements like these from spreading.

Will you survive?

Only in severe conditions is this bullying or harassment.



Back-biting Brandon

He's a strangely back-stabbing brown-noser. He always acts like he agrees with the boss's ideas, but later, in private, gripes about them with you. Makes you wonder what he says about you when you're not around.

Don't open that door!

Don't give him the magical power to change how you feel about your job, your boss or the workplace. Don't spend a lot of time gossiping about his behavior with others and make no response to encourage Brandon to continue with his annoying comments. He's trying





Team members' guide to surviving the horror show (or just rude, mean, selfish or inappropriate coworkers)

- > **Scream!** Or, don't scream, but, y'know, speak up. Don't assume that coworkers are aware you're offended. Given a chance, colleagues generally will try to be more thoughtful in the future.
- > **Run for help!** Go to your supervisor, and further up the chain, if necessary. Harassment complaints are important and should be taken seriously.
- > **Check the books!** Review your veterinary practice's policy on harassment. No policy? Talk to your boss to find out what will be done to resolve the issue.
- > **Watch out!** Document in detail everything that's happened, including dates and summaries of conversations with your boss and the outcome of each meeting. Be reasonable about how you want this resolved, and remember that it takes time to complete an investigation. You should expect your boss to keep you informed of findings and what's being done to resolve the matter.
- > **Call in Uncle Sam!** If the situation persists, you may have to file a harassment complaint with the Equal Employment Opportunity Commission. (Note that, if your practice has only a few employees, compliance with federal law may not be mandatory.)
- > For more information, head over to dvm360.com/monster.

ANADA #200-536, Approved by FDA.

PRODUCT INFORMATION

GENTAMICIN SULFATE, USP; MOMETASONE FUROATE ANHYDROUS; AND CLOTRIMAZOLE, USP, OTIC SUSPENSION VETERINARY

For Otic Use in Dogs Only

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

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

DESCRIPTION Each gram of Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension contains gentamicin sulfate, USP equivalent to 3 mg gentamicin base; mometasone furoate anhydrous equivalent to 1 mg mometasone; and 10 mg clotrimazole, USP in a mineral oil-based system containing a plasticized hydrocarbon gel.

PHARMACOLOGY

Gentamicin: Gentamicin sulfate is an aminoglycoside antibiotic active against a wide variety of gram-negative and gram-positive bacteria. *In vitro* tests have determined that gentamicin is bactericidal and acts by inhibiting normal protein synthesis in susceptible microorganisms. In clinical trials, gentamicin was shown to have a range of activity against the following organisms commonly isolated from infected canine ears: *Pseudomonas* spp. (including *P. aeruginosa*), coagulase-positive staphylococci, *Enterococcus faecalis*, *Proteus mirabilis* and beta-hemolytic streptococci.

Mometasone: Mometasone furoate anhydrous is a synthetic adrenocorticoid characterized by a novel (2') furoate 17-ester having chlorine at the 9 and 21 positions, which have shown to possess high topical potency.

Systemic absorption of mometasone furoate ointment was found to be minimal (2%) over 1 week when applied topically to dogs with intact skin. In a 6-month dermal toxicity study using 0.1% mometasone ointment on healthy intact skin in dogs, systemic effects typical of corticosteroid therapy were noted.

The extent of percutaneous absorption of topical corticosteroids is determined by many factors including the integrity of the epidermal barrier. Topical corticosteroids can be absorbed from normal, intact skin. Inflammation can increase percutaneous absorption. Once absorbed through the skin, topical corticosteroids are handled through pharmacokinetic pathways similar to systemically administered corticosteroids.

Clotrimazole: Clotrimazole is a broad-spectrum antifungal agent that is used for the treatment of dermal infections caused by various species of dermatophytes and yeast. The primary action of clotrimazole is against dividing and growing organisms.

In vitro, clotrimazole exhibits fungistatic and fungicidal activity against isolates of *Trichophyton rubrum*, *Trichophyton mentagrophytes*, *Epidermophyton floccosum*, *Microsporum canis*, *Candida* spp., and *Malassezia pachydermatis*. Resistance to clotrimazole is very rare among the fungi that cause superficial mycoses. In an induced otitis externa study using dogs infected with *Malassezia pachydermatis*, 1% clotrimazole in the vehicle formulation was effective both microbiologically and clinically in terms of reduction of exudate, odor and swelling.

In studies of the mechanism of action, the minimum fungicidal concentration of clotrimazole caused leakage of intracellular phosphorus compounds into the ambient medium with concomitant breakdown of cellular nucleic acids and accelerated potassium efflux. These events began rapidly and extensively after addition of the drug. Clotrimazole is very poorly absorbed following dermal application.

Gentamicin-Mometasone-Clotrimazole: By virtue of its three active ingredients, gentamicin, mometasone, and clotrimazole otic suspension has antibacterial, anti-inflammatory, and antifungal activity. In clinical field trials, gentamicin, mometasone, and clotrimazole otic suspension was effective in the treatment of otitis externa associated with bacteria and *Malassezia pachydermatis*. Gentamicin, mometasone, and clotrimazole otic suspension reduced discomfort, redness, swelling, exudate, and odor.

INDICATIONS: Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension is indicated for the treatment of otitis externa in dogs caused by susceptible strains of yeast (*Malassezia pachydermatis*) and bacteria (*Pseudomonas* spp. [including *P. aeruginosa*], coagulase-positive staphylococci, *Enterococcus faecalis*, *Proteus mirabilis*, and beta-hemolytic streptococci).

CONTRAINDICATIONS: If hypersensitivity to any of the components occurs, treatment should be discontinued and appropriate therapy instituted. Concomitant use of drugs known to induce ototoxicity should be avoided. Do not use in dogs with known perforation of eardrums.

WARNINGS: The use of these components has been associated with deafness or partial hearing loss in a small number of sensitive dogs (e.g., geriatric). The hearing deficit is usually temporary. If hearing or vestibular dysfunction is noted during the course of treatment, discontinue use of Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension immediately and flush the ear canal thoroughly with a non-toxic solution.

Corticosteroids administered to dogs, rabbits, and rodents during pregnancy have resulted in cleft palate in offspring. Other congenital anomalies including deformed forelegs, phocomelia, and anasarca have been reported in offspring of dogs that received corticosteroids during pregnancy. Field and experimental data have demonstrated that corticosteroids administered orally or parenterally to animals may induce the first stage of parturition if used during the last trimester of pregnancy and may precipitate premature parturition followed by dystocia, fetal death, retained placenta, and metritis.

PRECAUTIONS: Before instilling any medication into the ear, examine the external ear canal thoroughly to be certain the tympanic membrane is not ruptured in order to avoid the possibility of transmitting infection to the middle ear as well as damaging the cochlea or vestibular apparatus from prolonged contact.

Administration of recommended doses of Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension beyond 7 days may result in delayed wound healing.

If overgrowth of non-susceptible bacteria or fungi occurs, treatment should be discontinued and appropriate therapy instituted.

Avoid ingestion. Adverse systemic reactions have been observed following the oral ingestion of some topical corticosteroid preparations. Patients should be closely observed for the usual signs of adrenocortical overdose which include somnolence, anorexia, potassium loss, fluid retention, weight gain, polydipsia, and/or polyuria. Prolonged use or overdosage may produce adverse immunosuppressive effects.

Use of corticosteroids, depending on dose, duration, and specific steroid, may result in endogenous steroid production inhibition following drug withdrawal. In patients presently receiving or recently withdrawn from corticosteroid treatments, therapy with a rapidly acting corticosteroid should be considered in especially stressful situations.

TOXICOLOGY Field and safety studies with gentamicin, mometasone, and clotrimazole otic suspension have shown a wide safety margin at the recommended dose level in dogs (see PRECAUTIONS/ADVERSE REACTIONS).

ADVERSE REACTIONS

Gentamicin: While aminoglycosides are absorbed poorly from skin, intoxication may occur when aminoglycosides are applied topically for prolonged periods of time to large wounds, burns, or any denuded skin, particularly if there is renal insufficiency. All aminoglycosides have the potential to produce reversible and irreversible vestibular, cochlear, and renal toxicity.

Mometasone: ALP (SAP) and ALT (SGPT) enzyme elevations, weight loss, anorexia, polydipsia, polyuria, neutrophilia, and lymphopenia have occurred following the use of parenteral, high-dose, and/or prolonged or systemic synthetic corticosteroids in dogs. Cushing's syndrome in dogs has been reported in association with prolonged or repeated steroid therapy.

Clotrimazole: The following have been reported occasionally in humans in connection with the use of clotrimazole: erythema, stinging, blistering, peeling, edema, pruritus, urticaria, and general irritation of the skin not present before therapy.

Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension: In field studies following once-daily treatment with gentamicin, mometasone, and clotrimazole otic suspension, ataxia, proprioceptive deficits, and increased water consumption were observed in less than 1% of 164 dogs. In a field study following twice-daily treatment with gentamicin, mometasone, and clotrimazole otic suspension, inflammation of the pinna and diarrhea were observed in less than 1% of 141 dogs.

DOSAGE AND ADMINISTRATION

The external ear canal should be thoroughly cleaned and dried before treatment. Verify that the eardrum is intact. For dogs weighing less than 30 lbs, instill 4 drops from the 7.5 g tubes and bottles, 15 g tubes and bottles, and 30 g bottles (2 drops from the 215 g bottle) of Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension once daily into the ear canal. For dogs weighing 30 lbs or more, instill 8 drops from the 7.5 g tubes and bottles, 15 g tubes and bottles, and 30 g bottles (4 drops from the 215 g bottle) once daily into the ear canal. Therapy should continue for 7 consecutive days.

HOW SUPPLIED: Gentamicin Sulfate, USP; Mometasone Furoate Anhydrous; and Clotrimazole, USP, Otic Suspension is available in 7.5 g tubes and plastic bottles, 15 g tubes and plastic bottles, 30 g plastic bottles, and 215 g plastic bottles.

Do not store above 25°C (77°F). Shake the bottles well before use.

Med-Pharm, Inc. Pomona, CA 91767-1861

Rev. May/2016



Practice managers' guide to leading the last survivors (of working with crappy coworkers)

> **Check the books!** Review your practice's anti-harassment policy. Make sure your veterinary clinic complies with Equal Employment Opportunity Commission rules. The "Equal Employment Opportunity Is the Law" poster (go to dvm360.com/monster to download the PDF) details what constitutes harassment and what to do in case of harassment. Put the poster in a conspicuous place in your practice so employees see it.

> **Don't wait for disaster!** Be proactive and raise awareness before you ever get a complaint. Train all managers on anti-harassment policies. Emphasize that any harassment or bullying in the practice is a serious policy violation that could result in job termination. Ensure that all supervisors, managers and owners receive thorough training. Conscientious staff members can prevent harassment situations from escalating into a hostile work environment.

> **Watch out!** Keep detailed records when investigating any harassment allegation. Take complaints seriously and respond with immediate action. Communicate confidentially with the team member who made the complaint, and offer him or her information about the status and outcome of the investigation.

> **Don't throw anyone to the wolves!** Guard against retaliation. Take action to ensure that no retribution occurs against any employee who files a complaint. Honor that employee's trust by abiding by confidentiality protocol.

> **Be the hero!** Determine what needs to be done to resolve the situation—disciplinary action, termination or training—and then move swiftly to get the complaint resolved.

Wailing on whispers

Is it time to beat down gossip at your practice? Here's how:

> **Put it in a policy.** Outline for the team what is acceptable. (Go to dvm360.com/monster for a sample policy.)

> **Gossip ends if it's not passed on.** It can stop with you. Don't get wrapped up in what may not be true. If it's work-related, ask the right person.

> **If it's malicious, it may be harassment.** Advise team members to consider carefully before making untrue statements about others.

> **Managers:** Teach your team to recognize gossip. Remember that you can stop some gossip with clear communication in a timely manner. Be honest and open whenever possible and build trust. Reward team members who cooperate and don't use gossip to compete with coworkers.

Bullying and harassment resources

> **workplacebullying.org** has information about—and assistance for—employees and employers on managing, preventing and eliminating bullying in the workplace. Plus, updates on federal and state law.

How to escalate a harassment claim

> If you cannot resolve the situation, contact the Equal Employment Opportunity Commission (eeoc.org) to file a formal complaint. Then file a formal complaint with your manager.

> **If you are feeling overwhelmed with stress or anxiety with the situation, please seek professional help.**

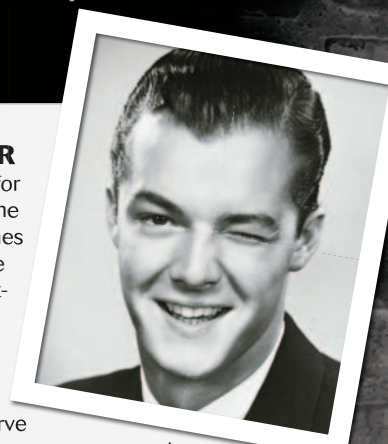


THE OVERLY FRIENDLY FLIRTER

Rhonda the Receptionist has a reputation for being, well ... catty. But that doesn't stop one client from going over the top when it comes to flirty behavior at the front desk. Scan the code to watch how Rhonda handles the situation, and remember, sexual harassment is no joking matter. Whether you're at the



front desk like Rhonda or alone with a client in the exam room, you deserve to feel safe at work. For more resources and information, visit dvm360.com/harassment.



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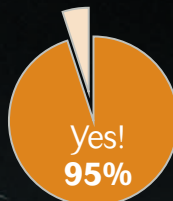
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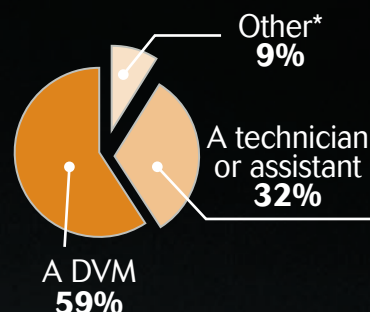
Eyes on the ears

Labs, goldens, bulldogs, Westies ... and yes, bassetts. (Plus any other dog who regularly puts in her laps to stay cool or stay trim.) They're all more likely than average to suffer from otitis. The dvm360 team asked veterinarians and team members who manages what when it comes to educating clients. Survey says: You could still grab a bigger piece of the client education pie if you become a champion for managing otitis in your practice.

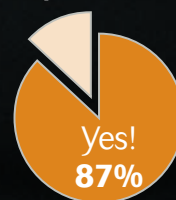
When you diagnose otitis in a dog and prescribe topical therapy, does someone on your team demonstrate to clients how to apply the medication(s) before they leave the practice?



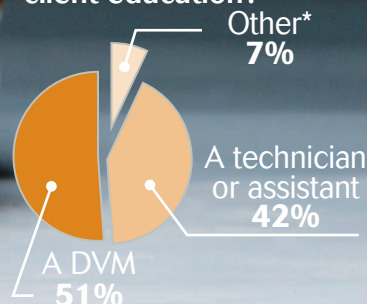
Who on your practice team manages this client education?



When you diagnose otitis, does someone on your team demonstrate to clients how to clean dogs' ears before they leave the practice?



Who on your practice team manages this client education?



The dvm360 Clinical Updates: Otitis study was sent by email to subscribers of dvm360 magazine, Vetted and Firstline.

* We asked "other" respondents to specify, and their answers most typically say "either" assistants and technicians or veterinarians or "both" assistants and technicians plus veterinarians manage the education.

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See brief summary on page 19.





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