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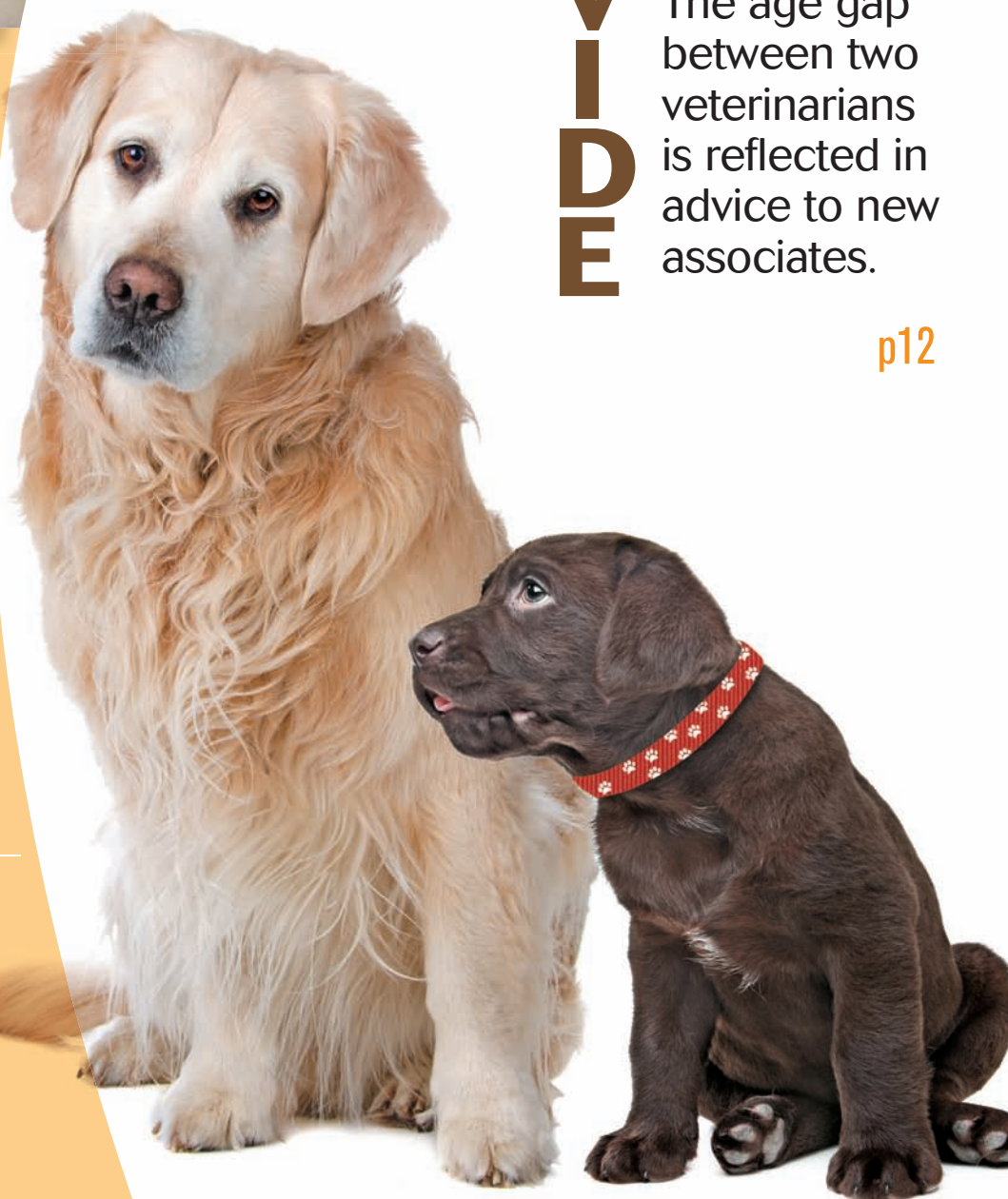
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Predicting the **threat** of lawsuits

Will the courts and lawyers evolve on the legal status of pets? Visit

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Does your practice give clients every treatment option, even if they've decided on one course of action? Visit dvm360.com/FullDisclosure or scan the QR code with a smartphone to read how following clients' wishes without educating them can lose you business and land your staff in trouble.



Managers: Don't fail new employees on their first day

What's your procedure for welcoming a new employee? Visit dvm360.com/NewStaff for 10 tips on how to ensure a new team member is properly introduced to your practice, team and expectations.



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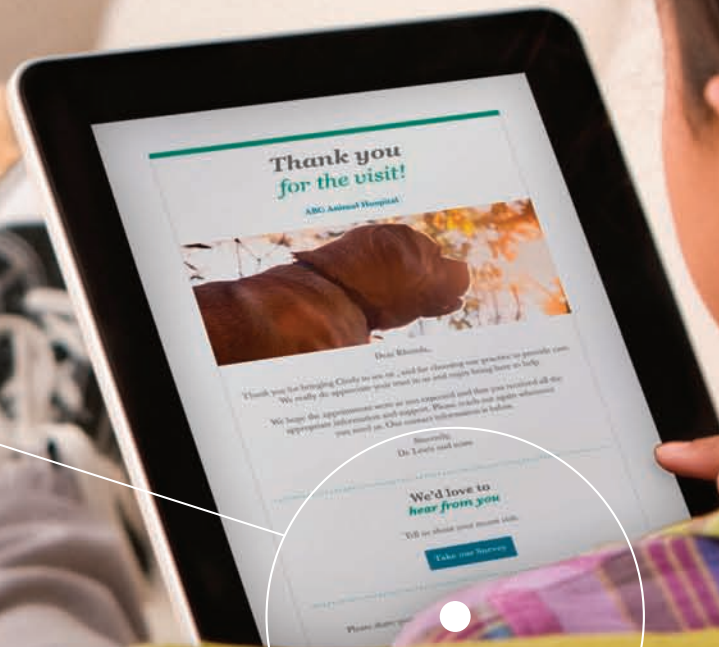
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"Nobody has time to train team members!"

Practice Manager of the Year nominee faced criticism, rebooted her hospital's training protocol. *By Melissa Tompkins, BS, CVPM*

When I started working at my hospital, it was normal for new hires to receive training for a day or two and then be left on their own. My team was used to the environment and didn't realize the benefits that good training could provide. Once I was promoted to practice manager, I made it my personal goal to create an effective training program.



as the first clinic trainer. I met with her on a weekly basis to help her understand what was expected of her. I helped her create an effective technician training manual, and she helped make a lot of improvements to the phase training protocols that we had in place.

Two ways our training was tested

When we hired our next veterinary assistant, we were ready. The trainer spent the first three months working closely with the new hire.

It wasn't always easy. Some of the senior team members again complained that we were spending too much time on training. But the decision to thoroughly train paid off when the assistant eventually passed her RVT exam and was prepared to train any new assistants.

After the success of training in the treatment area, we branched out to reception. A new receptionist worked one-on-one with our front-office manager for the first month.

Our training recently hit a road bump, however, as our

treatment-area trainer had to reduce her hours. This made it more difficult to ensure new hires had someone to work with. The trainer tries to assign others to work with the new hire, but this doesn't always work.

Team members still need reminders that they need to take the time to properly train new employees. And I remind the doctors that if they want a better-trained team, they need to be patient and give us time. I believe most of the team now understands why we need training because so many of them wish they would have had better training in the beginning. **VE**

Melissa Tompkins, BS, CVPM, is practice manager at The Cat Care Clinic in Orange, California.



Who's in the running?

Read more from nominees and last year's winner of the Veterinary Economics Practice Manager of the Year contest, sponsored by VPI-Nationwide, at dvm360.com/PMOY.

"I don't have time for this!"

The new training protocol was not well received. In many instances, team members insisted they didn't have time to train. No one ever really told me why they thought it was a waste of time. They just insisted we didn't have time to do it. It took me a few years of staff changes to build a team that not only viewed training as essential but asked for it.

I promoted one of my RVTs

Go big *or* go home

Learn how the staff at Bigger Road approaches its Fear-Free evolution one patient at a time.

Bigger Road Veterinary Center in Springboro, Ohio, has adopted a Fear-Free philosophy for their entire practice. Here,

staff members share their thoughts about how they're building a low-stress handling experience that works for them, their patients and their clients.



"We used to refer to patients as 'unpredictable,' which wasn't true at all. Now we get more specific in our patient notes. For example, 'This dog loves cheese, OK for nail trims, don't touch ears.'"
-Emily Korber, RVT



"We have the tools to make a patient visit as stress-free as possible. And it's going to be different for every patient. It's not a cookie-cutter experience."
-Jesse Dorland,
business manager



"We saw our cat population drop over the last 10 years. We ask clients, 'What's stopping you from visiting?' The answer: It wasn't fun to bring a cat to the veterinarian. So, we thought, let's go to the cat [with housecalls], and be in an environment where they feel safe."
-Kelly Searles,
practice manager



Fear-Free boosts morale

To read how work culture has improved with more flexibility and support, go to dvm360.com/fearfreemorale.

Also online...



Dr. John Talmadge shares how associates can sell the practice owner on Fear-Free. Go to dvm360.com/newidea or scan the QR code at right.



Stop selling in the exam room—**here's how**

Get clients to buy in to a recommended brand of pet insurance so you can focus on care. *By Marty Becker, DVM*

I've been in practice more than 35 years and I, like all of you, tire of the multiple-times-a-day task of getting clients to say yes to recommendations, to accept estimates or quotes, to pay the bill and make sure they leave feeling like they have received value.

The simple solution

Too much of the time, the client doesn't say yes to what's in the pet's best interests (as outlined by our recommended diagnostic, treatment or prevention protocols), bargains for a lower level of care, leaves the practice feeling exploited, or worse yet, exercises the final solution—economic euthanasia. This is what we've always done, so what could we possibly do that would allow us to stop selling in the exam room?

Simple. Recommend a brand of pet insurance, get the whole veterinary team to understand and promote that company's policies (best yet if yourselves are policy holders), get the pet owner to purchase a policy and get ready for clients to say yes.

Put aside the usual objections

I'm a mind reader. I can sense your resistance to selling pet insurance and know your objections. "I don't like selling." Really? You already sell a certain line of parasite control products, vaccines, therapeutic diets, etc. With almost all veterinary products and services, you sell with each transaction. With pet insurance, you only have to sell once, get them to become policy holders, and then everyone (pet, pet owner, practice) reaps the benefits.

My crystal ball sees more ... "I tried pet insurance before and they didn't pay, were slow to pay, dictated how much they reimbursed, just didn't work well." Just like I don't use a rotary dial telephone or an 8-track tape player because they wouldn't work well to call on the go, play music on an airplane or surf the web, yesterday's pet insurance companies and the policies are like the first generation of mobile phones compared to today's smartphones. You need to check out the new models.

Ah, another image appears

in the smoke. "The same clients who need pet insurance are the same people who should try and get credit or wouldn't qualify for it." Wrong. You know which of your clients are best suited for pet insurance? Almost all of them. Pet owners with pet savings accounts are about as common as Jackalopes. Few pet owners are prepared or able to pay the costs associated with specialty care (I know, I just paid a whopper of an invoice for a puppy of mine that spent 10 days in intensive care). Even your employees would benefit from having pet insurance (I have it too).

I think of it like basketball superstars who are in college for one year before going pro. It's commonly referred to as "one and done." I think of pet insurance as "Won and done." With competent, confident selling of pet insurance, you get clients to say yes to pet insurance one time, and then you're done selling. **VE**

Dr. Marty Becker is a renowned speaker, TV personality and author. He practices at North Idaho Animal Hospital in Sandpoint, Idaho.



Pick and choose

Go to dvm360.com/compare to get information on pet insurance companies to help you decide which company to recommend to your clients.

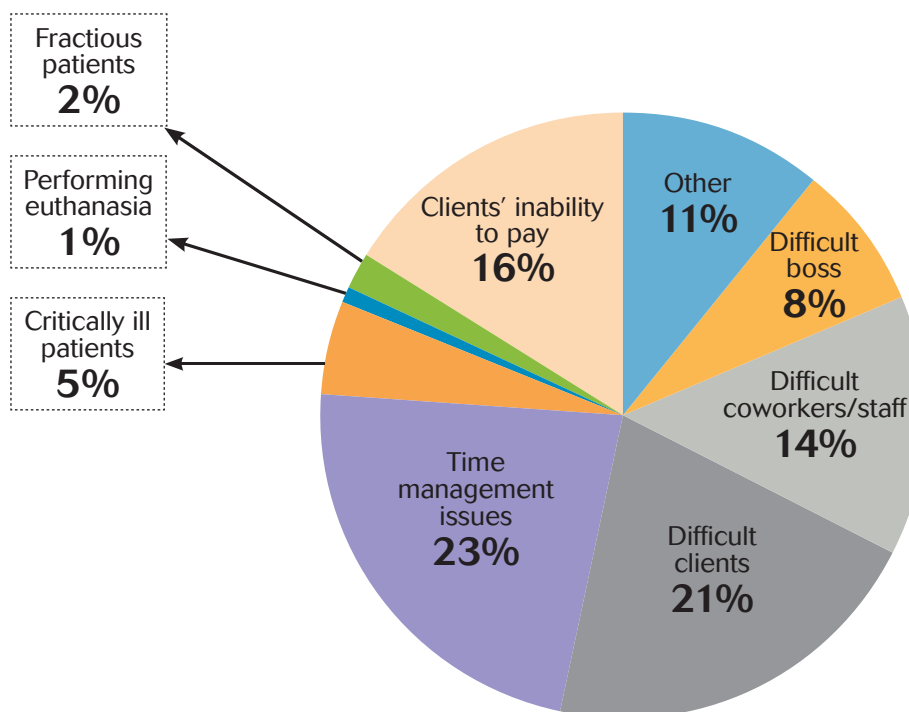
What's **stressing** you out at work?

The results of the dvm360 job satisfaction survey show the top stressors in veterinary practice—and we've got tips for dealing with them.

Stressed, sad, frazzled, fed up, anxious, angry, tense and tired ... sound familiar? It's no way to live, and yet many veterinary professionals do, every day. In our recent Job Satisfaction survey, dvm360 asked what specific factors lead to the most stress in the lives of managers, veterinarians and technicians. Then we matched that data up with the responses some survey-takers pro-

vided and collected a whole bunch of resources, tips and tools — to address the particular issues they brought up. For example, “The five most difficult types of clients, plus, dos and don'ts on how to handle them,” “What to say when pet owners can't—or won't—pay for veterinary care,” and “10 veterinary practice time savers.” Find them all at dvm360.com/stresshacks.ve

What contributes most to your on-the-job stress?



SOURCE: 2015 DVM360 JOB SATISFACTION SURVEY

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Using the tactics found on the reverse, you can help:

- ♥ Put animals and owners at ease
- ♥ Deliver a higher level of compassionate care
- ♥ Earn repeat visits

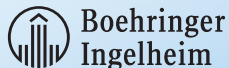
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- 1 Instruct pet owners to limit food before each appointment.** When pets arrive hungry, they're more likely to accept treats as a reward for good behavior during their clinic visit.
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How **isolated** should *you* be?

Experts are divided on how much separation is best for these infectious patients.

Where you place the isolation ward in your hospital is critical, yet even the experts don't seem to agree on the best place to put it. Should it be off of the treatment area? Or have its own exterior entry? What about building a dedicated building just for isolation?

We asked for advice from *Veterinary Economics* Editorial Advisory Board members Dr. Dennis Cloud; architect Heather Lewis, AIA, NCARB; *Veterinary Economics* Practice Management Editor Dr. Ross Clark; and architect Wayne Usiak, AIA. Check out the examples below, and head to dvm360.com/isoplacement to hear more. **VE**



>>> Architect Wayne Usiak feels strongly that isolation should be viewable from treatment, but that doesn't mean the door has to be in a high-circulation area.



>>> Drs. Dennis Cloud and Ross Clark suggest having an exterior entrance to keep disease from spreading through the hospital.



>>> Architect Heather Lewis feels it's important to have separation for these contagious and very sick pets, but high visibility is still crucial for monitoring.

6 ways to stop wasting your time

Be creative in delegating, rethinking and streamlining practice tasks that are bringing you too often to a halt. *By Lisa Bodenski, CVPM, and Denise Nickodemus, DVM*

Veterinary practice management speaker Bash Halow, LVT, CVPM, shared dozens of actionable tips on major time-wasters in veterinary practice in an evening session titled “Stop the day-to-day time suckers and start managing for the future” at CVC Washington, D.C., in April. Here are a few of his tips compiled by attendees Lisa Bodenski, CVPM, and Denise Nickodemus, DVM, to get you started:

1. Delegate your scheduling

Employees are capable of scheduling themselves and taking responsibility for their shifts.

2. Be more creative in hiring

Hiring sort-of-good employees costs you immense time and money. Request that applicants review your practice’s website and write an original cover letter describing their interest in your practice as a way of weeding out those who aren’t truly invested in working specifically for you. (If your website doesn’t reflect why your practice is special—start with that work first.)



Bash Halow, LVT, CVPM

3. Standardize your inventory

Implement a hospital-wide standard of care and stop carrying multiple products that do the same thing based on individual doctors’ preferences.

4. Outsource social media, but keep it personal

Outsource your social media and online reputation management (time-saver!), but don’t outsource the unique message and content of your social media (don’t be bland and cookie-cutter!). Automate your systems but continue to

provide rich, unique photos, blogs and videos in your marketing pipeline.

5. Stop holding so many meetings

Don’t hold a meeting if you don’t understand what return on investment you’ll get from taking up everyone’s time. Need to share information? Write an email or put a notice in mailboxes.

6. Put civility into your manual

Consider drafting a “civility clause” for precise expectations on polite, respectful interactions. Then hold folks accountable. Don’t participate in this drama. It’s a time killer. **VE**



Worth the time

We just scratched the surface of Halow’s session to come at CVC Kansas City Aug. 28-31 and CVC San Diego Dec. 3-6. Go to **dvm360.com/cvchalow** or scan this QR code learn more and to register.



GENERATIONAL | DIVIDE |

Younger DVM's advice focuses on daily interactions, while semi-retired owner looks at the bigger picture.

By Jeremy Keen, DVM, and Craig Woloshyn, DVM

Don't make my four rookie mistakes!

After spending four years in veterinary school, we associates sometimes emerge with the latest knowledge but also a classic bit of ignorance—the idea that we know everything we need.

My first year was a defining experience because it demonstrated that what we need to practice good medicine is often beyond what we learned in school. All new veterinarians find themselves in countless teachable moments in their first year, but here are four lessons that can help all of us in our veterinary journey:

I didn't anticipate how valuable technicians are

Your support staff can make or break you. Technicians are often better at placing IV catheters and drawing blood than new graduates or even long-time veterinarians who have delegated tasks like this. Team members have sometimes worked for decades at your new practice and possess valuable insight. They understand the ins and outs of the clinic. They know which patients prefer more or less restraint and which ones will become anxious on a table while being examined.

These days, my experience in practice has taught me to always ask for a technician's input on most things. We



DR. JEREMY KEEN

should remember that we are not—and never will be—better at everything in practice than our support staff.

I didn't always appreciate the experienced DVMs around me

Since most of your fellow doctors have been through everything you have and more, they are invaluable to you. Many of them can share better approaches to certain procedures or diagnostic tests.

If you're lucky enough to have an experienced DVM serve as your mentor, you should listen. Seek every opportunity to work with these veterinarians on cases and surgeries, and don't be afraid to ask if you can watch their surgeries or assist.

I didn't realize the priceless value of the client relationship

Excellent communication skills may be the most important asset for a general practitioner or specialist. You can be the best clinician, but you'll struggle if you can't connect



A seasoned DVM points out new associates' eight missteps

After more than 30 years in veterinary medicine, I've learned to recognize the mistakes that new veterinarians are prone to make. Here are eight missteps you can avoid:

1. Working part-time. The first five years of practicing shape your career. You lose the value of higher caseload, long-term continuity, client feedback and seeing the endpoint of your therapies if you're not there most days.

2. Not appreciating your worth. Learn enough about practice finances to understand how to improve your

personal production and earnings. More importantly, learn how to present the value of our profession to clients when they have doubts, as that is the basis of your business success.

3. Rushing it. Things take time. You won't be a great doctor fresh out of school. Relax, enjoy your early years and the excitement of new discovery every day. Set goals to reach in one, five and 10 years, but don't become discouraged when your situation changes. Remember, your goals are not set in stone.

4. Not knowing yourself. What

do you like to do that clients want and need? What are your motor and mental skills? Most of us don't need to specialize, but neither can you be all things to all people, so learn your strengths and weaknesses.

5. Staying local. This is a big ol' country and an even bigger world. Don't let geography define your career choices. After graduation, you don't need to go home. >>>



DR. CRAIG WOLOSHYN



Keen to hear more?

Register to attend CVC Kansas City Aug. 28-31 or San Diego Dec. 3-6 to hear Dr. Keen talk about how staff can be your obstacle to success or your best asset. Visit dvm360.com/Keen or scan the QR code below.



with clients. Pet owners want to hear plain language—not confusing medical language and jargon from school.

At the end of each physical examination, I discuss every aspect of a pet's health from head to toe. I also try to keep curious children involved in the exam. Let them peek through the otoscope or ophthalmoscope or listen to the heart (ask the parent and clean the ear pieces).

I didn't know it's OK to admit ignorance

If you don't know the answer to a client's question, don't be embarrassed to admit you don't know. Be honest and say you're not sure, but you'll find out. **VE**

Dr. Keen is an associate at North Madison Animal Hospital in Jackson, Tennessee.

6. Remaining complacent. Challenge yourself to grow with experienced guidance. There are many bad or indifferent mentors/owners, and many young doctors confuse mentoring with validation. Learn the difference. Never work for someone who isn't smarter than you. Find someone you respect and want to emulate. Work there.

7. Ignoring networking. Collegiality, as us old people knew it, is gone. Try to bring it back. It's a very valuable and comforting mechanism to help you become a better doctor.

8. Relying on technology. If you can't perform a cystocentesis without a \$50,000 ultrasound, hire a technician who can. For me, knowledge of physiology beats lab tests every time. **VE**

Veterinary Economics Editorial Advisory Board member Dr. Woloshyn has owned a clinic in Tampa Bay, Florida, since 1985.

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Pinpointing ACUPUNCTURE

Adopting acupuncture appeals to more clients and gives practices another tool in the toolbox. *By Matthew Kenwright*

In a profession crowded with competition, veterinary acupuncture has given some practitioners an opportunity to tap into a new market.

Last-resort treatment

John Thouvenelle, DVM, owner of Russell Veterinary Service & Reproduction Lab in Russell, Kansas, says he has offered acupuncture for 35 years. Dr. Thouvenelle was introduced to it in veterinary school at Kansas State University when a speaker visited.

"The thing about acupuncture is, we get to use it in a limited situation," Dr. Thouvenelle says. "People usually try every other form of medicine outside of faith healing and voodoo, then they'll say, 'Well, what about acupuncture?'"

Word-of-mouth about his success attracts clients with patients suffering from paralysis or other musculoskeletal issues, he says.

Dr. Thouvenelle says acupuncture is 10 percent of his business. Practicing in a rural setting didn't stop him from offering it.

"My thoughts were when I got out of vet school that just

because you lived in a rural area didn't mean you had to sacrifice any kind of medicine you [could] provide people," he says.

Pursuing acupuncture with busy clients can be a challenge because it can take as many as six separate visits to see results, Dr. Thouvenelle says.

Alternative treatment

Deanna Miller, DVM, owner of Rising Sun Animal Care in Denver, Colorado, says she has offered acupuncture for 15 years since taking the course through the International Veterinary Acupuncture Society (IVAS). Her personal success with acupuncture in her own healthcare inspired her to use it in practice.

Acupuncture accounts for 25 percent of Dr. Miller's pain management cases. She has used acupuncture as a first course of action and as an alternative treatment. It can help keep clients when traditional approaches fail, she says.

Clients who are inclined to nontraditional medicine gravitate toward acupuncture, she says.

"They tend to love it because it's something they can do that isn't medication for their pets, who [may not be] tolerating the effects of many of the pain meds," Dr. Miller says.

Dr. Miller does communicate differently about acupuncture.

"I know both sets of language, so I'll use the language that the client is more interested in," she says. "I don't have a canned speech. I treat the animals and owners as individuals."

Surprising treatment

Mike Petty, DVM, a certified veterinary medical acupuncturist and veterinary pain practitioner, is the past-president of



Need more prodding?

Read a case study that details another practice's success with acupuncture at dvm360.com/Pinpoint or scan the QR code below.



>>> Ann Kramer, DVM, treats a dog with acupuncture. Scan the QR code above or go to dvm360.com/Pinpoint to read how acupuncture has served her practice.

the International Veterinary Academy of Pain Management (IVAPM). He says acupuncture has worked to some degree in 90 percent of the more than 1,000 cases he's treated.

"Using acupuncture has been a complete game-changer for my treatment of these types of issues," Dr. Petty says. NSAIDs—the traditional standard for treating degenerative joint disease—aren't as effective, he says.

Despite the potential, acupuncture is not common. "Every time a client moves to a different area of the country, I try to help them find an acupuncturist, and often there is no one within 50 miles," he says.

It took six months for Dr. Petty to recover the cost of becoming



>>> A cat receives acupuncture treatment from Linda Boggie, DVM, in Deventer, Netherlands. The treatment can be an effective tool for practices and appeal to patients who want to pursue care for their pets that does not rely on medications that may have side effects.

has a lot of fun metaphors and is partly based on nonexistent anatomical entities that helped practitioners formulate diagnoses and treatment plans when very little was known about anatomy and nothing was known about neurophysiology," Dr. Petty says. "Hundreds

western medicine, and for good reason. We offer up too many promises of treatments that involve medications that don't always do the job and come with potential side effects," Dr. Petty says. "When acupuncture is available, your toolbox is much bigger when you need to find the right tool to fix a problem."

Acupuncture's effectiveness can shock clients, Dr. Petty says.

"I remember one outdoorsy client with a hunting dog that had injured itself and hadn't hunted to his ability in quite some time. This dog had even gotten to the point where he could not jump up into the owner's Jeep. After a lot of eye-rolling, [the client] agreed," Dr. Petty says. "About 60 seconds after he left the clinic, he came back in ... and said, 'My dog just jumped up into my Jeep for the first time in months. Two hundred years ago they would have burned you at the stake!'"

Clients should be told that most pain treatments are multimodal, he says. **VE**

"My dog just jumped up into my Jeep for the first time in months. Two hundred years ago, they would have burned you at the stake!"

ing certified in acupuncture, he says. The process is easier now than when he did it because Colorado State University (CSU) offers the didactic portion online and only requires students to spend one week on site for the hands-on part, he says.

Dr. Petty asserts that every practice should offer acupuncture. However, he says that someone considering learning about the treatment needs to consider how to approach it.

"Eastern-based acupuncture

of years ago this was fine, but it really should be time for all acupuncturists to move into this era of modern medicine."

His acupuncture classes at CSU were entirely science-based. "You don't have to learn about nonexistent organs like the triple-heater, or energy concepts such as Chi," Dr. Petty says.

Although clients' doubt is one problem with acupuncture, there are opportunities with the treatment, Dr. Petty says.

"People feel disillusioned with

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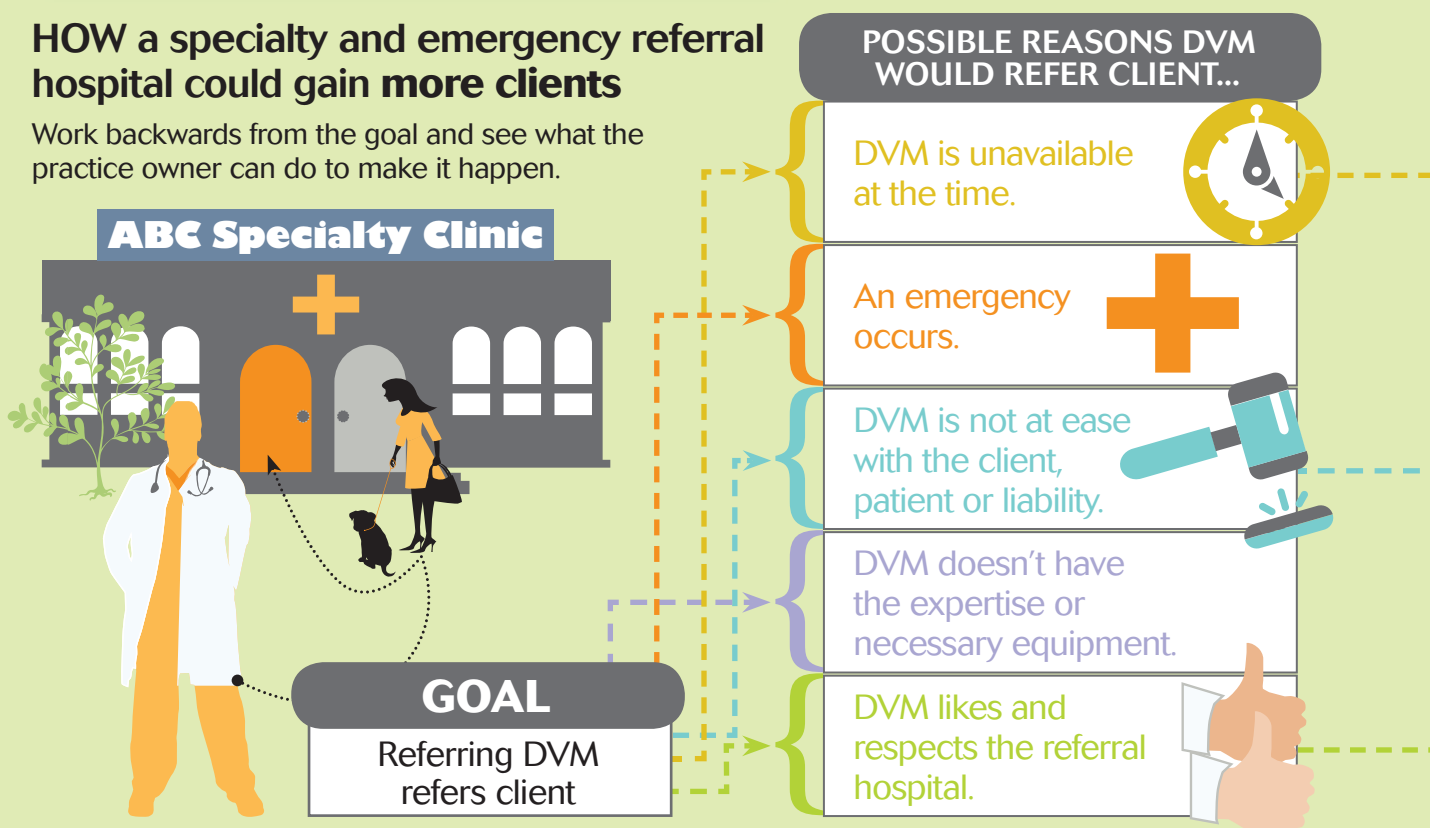
Work your way *backwards* to get clients in the door

Behavioral event modeling is a fancy business term for thinking about who will pay for a product or service in your veterinary hospital exam room—and how to get that person there in the first place. *By Carly Hodes*

PART ONE: Veterinarian-driven referrals

HOW a specialty and emergency referral hospital could gain more clients

Work backwards from the goal and see what the practice owner can do to make it happen.



Behavioral event modeling was developed in the social science field of consumer behavior. The process maps out a series of possible behaviors or events that lead to a specific outcome. You can use it to imagine how a client chooses one clinic over another or decides to pay for oncology care, or sticks to a medication regimen for their pet.

A behavioral event model looks like a cross between a flowchart and concept map. To get started, choose an outcome

and work backwards, identifying decisions or other events that could influence that outcome.

How to start

Start the sketch by writing down your ultimate outcome. Draw a box around it. Then work “backward” in the sequence of causality, brainstorming events that could lead to that outcome. Circle these events and draw connecting lines to the ultimate outcome. Continue this process until your ideas—and those of your

team—are exhausted.

This will give you clues to potential points of intervention in the sequence. Then you can try to influence the chain of events that lead to the desired outcome.

For an example, here’s a behavioral event model for a specialty and emergency referral veterinary hospital owner who wants to draw in more clients through veterinarian referrals. Check out dvm360.com/behavioralmodeling to see a client driven referral diagram. **VE**

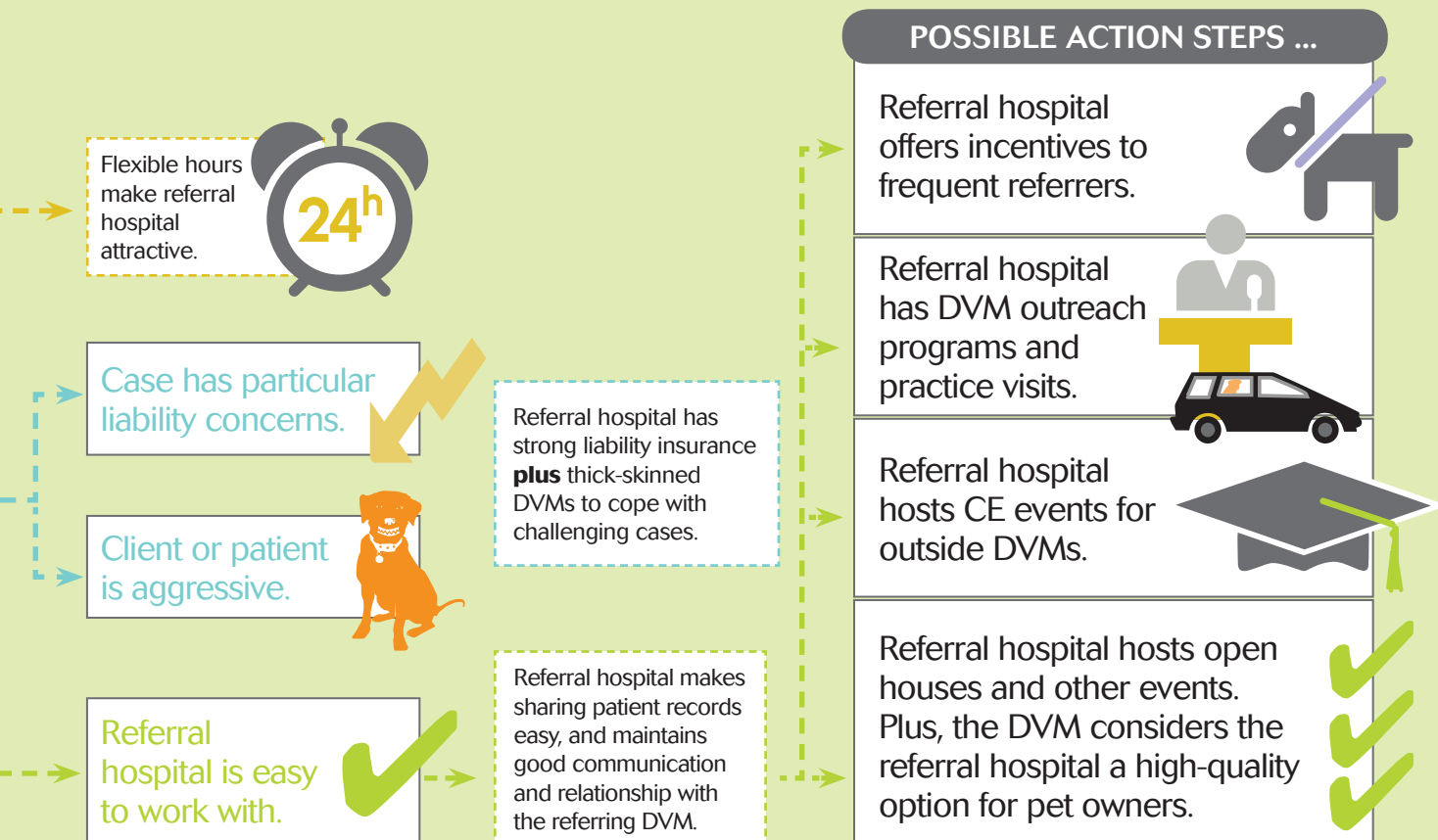


ILLUSTRATION SOURCE: GETTY IMAGES

Use the **5S principle** to get your veterinary practice in order

Begin and maintain the Lean system's philosophy to make your practice more productive. *By E.E. Chip Ponsford, DVM, and Mark Graban*



The Lean system has many more organizational strategies for you to try. Visit dvm360.com/lean for more.

A core principle of Lean is "5S," which makes systems visible so waste is easily seen. Could your hospital run a little smoother with these five principles in place?

1. Sort: Go through the work area looking for any old, expired, irrelevant or broken items, and remove them. Throw them away or, at least, get them out of the way.

2. Straighten: For everything else that remains, organize it. Items used more frequently

should be placed closer at hand to save time for staff and veterinarians.

3. Shine: Clean up the area.

4. Systemize: Do the drawers and cabinets in each exam room contain the same supplies, and are they arranged in the same way?

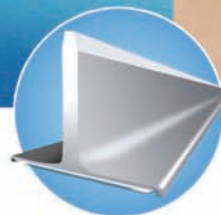
5. Sustain: 5S is not meant to be a one-time project. It should be an ongoing activity in the practice, to keep things organized, and to be continually improved. **VE**

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SunTech Medical has developed the SunTech Vet20, an automated blood pressure monitor that allows veterinarians to take fast, simple and accurate blood pressure measurements on awake or sedated companion animals. The monitor uses an algorithm specifically developed for animals to deliver reliable, motion-tolerant results without audible alarms that frighten the animals. Small enough to carry between exam rooms, the battery-operated SunTech Vet20's intuitive touchscreen interface is easy to use with little to no staff training.

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Esaote Ultrasound platforms

Esaote has launched two new ultrasound platforms for general practice veterinarians—the MyLabGamma and MyLabSix—along with the MyLabAlpha and MyLabSeven platforms for specialists. The MyLabSix and MyLabSeven are cart-based, created for in-practice use and designed to meet increasing demand from veterinarians, clinics and group practices wishing to offer high-quality ultrasound services.

In addition, Esaote introduces OPUS, its “One Probe Ultrasound Solution.” Based on the micro-convex transducer, OPUS has a frequency range between 9 and 4 MHz and a scan angle of up to 93 degrees.

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Smart Practice Canine-feline muzzle

Smart Practice introduces the Soft Claws Restraint Air Muzzle II, which was specifically designed for cats and small dogs. The muzzle has several features designed to calm rambunctious pets and make their handling safer. Its purple vision shield eliminates sight-induced anxiety, while both the shield and muzzle do not come in contact with the pet's face. Restraint Air Muzzle II's new break-resistant polymer material is lightweight and can withstand abuse from animals who are high-risk without a restraint.

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Continues on page 31



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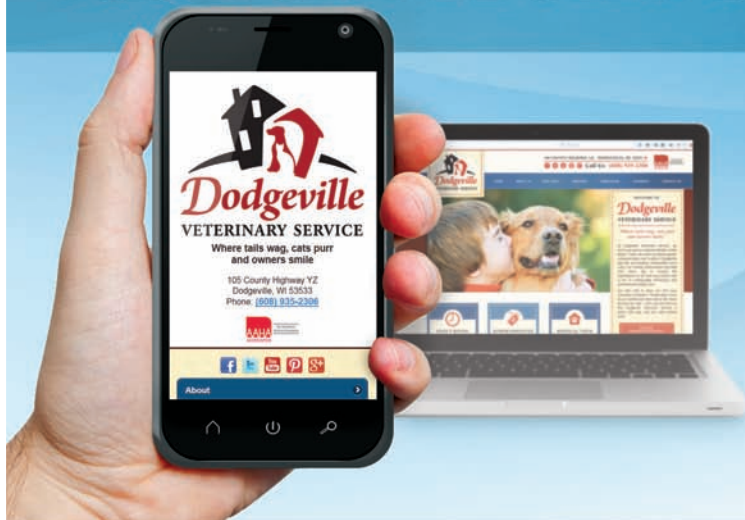


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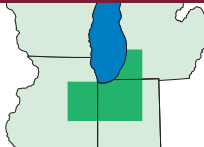
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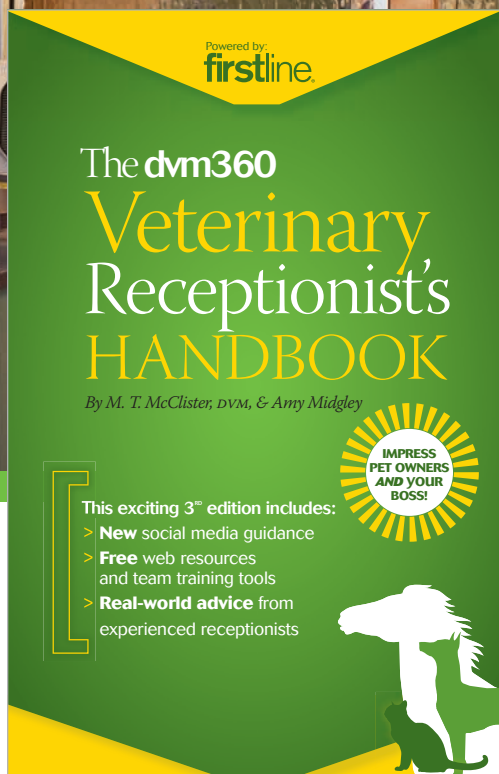


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Combatting suicide

Despite high military suicide rates, veterinarians are still more likely to be victims of suicide. Why? *By Dean Scott, DVM*



A graduate of UC Davis School of Veterinary Medicine, Dr. Dean Scott has enjoyed 35 years in the veterinary profession, including five years with the U.S. Army Veterinary Corps. He now practices small animal medicine at Animal Clinic of Brandon in Brandon, Florida.

A widely read study concluded veterinary professionals are four times as likely to die by suicide than the general population. Another study about suicide in the military cites that military members are twice as likely to do so than the general population.

Really? We are even more likely than military members to commit suicide? I was in the Army Veterinary Corps for five years. When I think of the list of potentially most-stressful occupations, being in the military is on it.

If I compare my day-to-day veterinary job with that of a soldier at a forward operating base in Afghanistan, away from his family, in hostile territory, there is no doubt that the soldier is, hands-down, operating under more stress than me. So, why the disparity in suicide rates? I think the answer lies in the mental attitude prior to entering either field.

When people enter the military, there is an understanding of what they may be getting themselves into, no matter how sublimated. The training that soldiers undergo lays the groundwork for the discipline, mental and emotional buttress- ing needed to complete their

jobs and their missions. There is also a support system in place where soldiers help each other or can seek help for mental health issues, though many feel more could be done.

When people enter the veterinary field, we are flat-out not prepared for the mental

stress that the job entails. We approach the field in a very emotional way. When I was a teenager, some veterinarians gave soft warnings about the job, but what I have encountered was so much more than they hinted at.

Veterinary academia does a poor job of preparing us to deal with the public as the devouring beast that it is. We enter the field unprepared for the amount of passive neglect we see, the people who don't give even minimal care to sometimes very serious problems, the amount of animosity toward us, the bullying we are subjected to (both personally and anonymously), and the amount of negotiating we do just to provide an animal with some kind of relief.

So, the difference, I believe, in

the comparative suicide rates has to do with expectations and preparedness. We in the veterinary community are often caught flat-footed when our years of training and our earnest, honest

We are flat-out not prepared for the mental stress that the job entails.

approach in trying to give care to animals is met with disdain, resistance or an uncaring eye.

We are given no tools or insight as to how to mitigate our stress and how that stress is compounded by the number of hours many of us work. There are resources available, but the time commitment needed to get help is, in itself, stressful. I'm not sure how much vet schools have changed in 22 years, but I doubt many places are dealing with this subject in-depth.

Yet, we need to. We have to do a better job of not necessarily "detering" people from the field, but giving them more realistic expectations. We need to get our members to understand that they are human and, therefore, imperfect. We need to apply the motto "first, do no harm" to ourselves. **VE**



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