Canadian VET Practice

CANADA'S VETERINARY NEWSMAGAZINE

SUMMER 2022 VOLUME 17, NO 3

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[1]Hatch, Understanding Authority Survey, 2019.

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VET A practical approach to feline pruritis

Pruritis is the most common pet owner complaint in veterinary dermatology. It is a self-protective mechanism which provokes scratching, licking, biting, pulling fur, nibbling, rubbing and overgrooming. A thorough work-up is required, since there are a multitude of symptoms associated with a wide variety of causes. Thus, symptomatic treatment can be difficult and frequently involves a multimodal approach, explained Vincent Defalque, DVM, Diplomate ACVD, speaking at the spring virtual Veterinary Education Today conference.

To objectively measure the degree of itch in dogs and cats, Dr. Defalque recommends that veterinarians use the *Dog and Cat Itch Scale* tool that is available on the *Canadian Academy of Veterinary Dermatology* (CAVD) website (www.cavd.ca). The scale ranges from 0 to 10, where 0 is no itch, and 10 is constant itching.

For cats, *the Dual feline pruritis Visual Analog Scale* (pVAS), can be used to measures both itching and scratching, using values from 0 to 10. Dr. Defalque stressed that a normal cat typically grooms for one hour per day and scratches about one minute er day, so anything more than that is

Feline pruritis *continues on page 2*

Photo courtesy of Caledon Mountain Veterinary Hospital, Caledon, ON

Beautiful little Ginny was all about the snuggles with veterinary assistants Sophie & Tanya!

VET Defining futile care and its impact on wellbeing in veterinary medicine

By Marie Holowaychuk, DVM, DACVECC, CYT

As an emergency and critical care specialist, I can wholeheartedly attest to providing futile care to patients whose owners who would not consent to euthanasia or discontinuation of intensive care. I remember one dog in particular who had a collapsing trachea that was stented and then had progression of his disease resulting in laryngeal and mainstem bronchial collapse. Tracheotomy was performed and did not allow the dog to breathe comfortably on his own, which meant that he was dependent upon positive pressure ventilation in the ICU to keep his airways open.

Continuing mechanical ventilation for this dog was considered futile given that the dog would not be able to survive on his own without it. While it took some time for the owners to eventually come to that realization and consent to euthanasia, the impact on the team in the interim was profound.

Futile care *continues on page 6*

TEAM What to do with monkeypox exposed pets?

By Scott Weese, DVM, DVSC, DACVIM

Now that human-dog transmission of monkeypox has been identified, there's a lot more interest in what to do about animals that have been exposed to infected people. As more people get monkeypox, more animals will be exposed. We want to reduce the risk of the animals getting infected (and maybe infecting people), while at the same time not causing undue stress on the animals or people.

(Big déjà vu moment here…..this is pretty much the exact same topic I had to write about for COVID-exposed animals at the start of the pandemic).

As always, good guidance is tough because of

Monkeypox *continues on page 6*

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Canadian Vet Practice is honoured to have the following distinguished veterinarians and technicians as members of our Advisory Board. In addition to imparting their knowledge and expertise on animal health issues, they often review article submissions, guide editorial topic selections, and help to keep the newsmagazine useful and relevant to veterinarians in Canada.

Feline pruritis *continued from page 1*

considered abnormal, and the cat is itchy.

Dr Defalque shared that several papers were published in a February 2021 special issue of *Veterinary Dermatology*, and these can be accessed in the Publications section of the *International Committee of Allergic Disease in Animals* (ICADA) website. (www.icada.org)

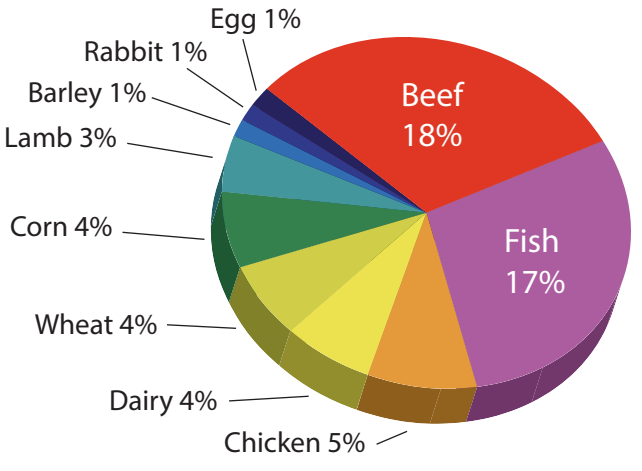
In one of these papers, a new nomenclature is proposed that shows the difference between feline food allergy (FA); feline atopic syndrome (FAS); and feline atopic skin syndrome (FASS).

- **Feline Food Allergy (FA):** any clinical manifestation attributable to immunological reactivity to an ingested food item.
- **Feline Atopic Syndrome (FAS):** a group of allergic diseases of the skin and gastrointestinal/respiratory tracts.
  - Flea allergy can both mimic and/or contribute
- **Feline Atopic Skin Syndrome (FASS):** allergic skin disease associated with IgE to environmental allergens.
  - Caveat: food allergy and flea allergy can mimic and/or contribute

Aetiology of pruritis

Pruritis can be caused by allergens, ectoparasites, infections, and miscellaneous causes such as cutaneous lymphoma. Dr Defalque noted that house dust mites are by far the most common environmental allergen. Others my include storage mites that can contaminate open bags of dry food, pollens from trees, grass and weeds, moulds, epidermals such as bird feathers, and insects. Common food allergens sources in dogs and cats include beef, fish, and chicken, as well as dairy products, wheat, corn, lamb, barley, rabbit and egg. (Diagram 1)

Diagram 1: Common food allergen sources in dogs and cats



Fleas are a common cause of pruritis in cats, caused by a protein in the saliva (Ctef1). Due to varying seasons in Canada, the peak period for fleas runs from May to October; however, some households may experience flea problems year-round. Ticks may also be an issue in Canada. Other ectoparasites that can cause pruritis include Notoedres, Demodex gatoi, Otodectes, Cheyletiella, Lynxacarus, Chiggers and Felicola.

Cutaneous reaction patterns

There is a big difference between canine dermatology and feline dermatology, explained Dr Defalque. He said that in cats we look at cutaneous reaction

patterns, which is not something used in dogs. The 4 main patterns of cutaneous reaction patterns in cats are:

- Miliary dermatitis
- Self-inflicted alopecia
- Head and neck pruritis
- Eosinophilic granuloma complex

We generally see FASS in young cats, with onset between 6 months to 5 years of age. There may be a slightly higher predisposition in females and there is no evidence of breed disposition. Cats may present with one or more "cutaneous reaction patterns", either alone or in combinations, and FASS is associated with otitis in 21% of cases, shared Dr Defalque. Though often seen in dogs with FADD, pododermatitis is uncommon in cats, he said.

Miliary dermatitis (like millet seeds) presents as several small (1-2 mm) papules and crusts. It can be localized or generalized, and it is usually pruritic.

Self-induced (or inflicted) alopecia occurs when the cat removes its hairs by repetitively licking, biting or pulling at the fur, as well as occasional scratching. This condition is often associated with hairballs, hairs in the stool, and vomiting. As cats are secretive by nature, these behaviors are not always observed by the owner. When observed, it is often misinterpreted as a stress response.

Head and neck pruritis is usually quite severe and an Elizabethan collar is often needed. The cats really scratch their head, face and neck and can cause damage to their eyes. Thus, it can be associated with blepharitis and corneal ulceration.

Eosinophilic granuloma complex includes the indolent/rodent ulcer; eosinophilic granuloma; or eosinophilic plaque. The indolent/rodent ulcer can be found on the midline of the upper lip. It is nonpruritic. Eosinophilic granulomas are linear, vertical and firm. They may present as proliferative lesions on the tongue and hard palate, or chin swelling, and degree of pruritis is variable. Eosinophilic plaque is most common in the ventral abdomen and medial thighs. It presents as circular or oval firm serpiginous skin lesions and pruritis is intense.

Dr Defalque noted that some reaction patterns are more frequently seen than others, with self-induced alopecia and head and neck pruritus being the most common.

A fifth cutaneous reaction pattern, although not a part of FASS, is *mosquito bite allergy*. This is a hypersensitivity reaction to allergens found in mosquito saliva that causes papules, crusts, ulcers and nodules on the cat's face. It affects outdoor cats during mosquito season, from June to mid-October.

Systemic approach to the pruritic cat

Systemic approach to the pruritic cats involves 7 steps *that should be followed in order*:

1. History
2. Physical and dermatological examinations
3. Minimal database. (Scrapings and cytology)
4. Parasiticidall therapeutic trial
5. Food trial (8 weeks)
6. Environmental allergy tests
7. Allergen avoidance

History taking can be time consuming, but the value of a thorough history cannot be emphasized enough when evaluating a patient with chronic pruritis, stressed Dr. Defalque. He suggested that sending the client a questionnaire can save a lot of time. The ultimate goal is to determine the primary cause of disease. Otherwise, recurrent pruritis will remain a persistent problem. It's important, advised Dr. Defalque, to ask about things such as seasonality or lack thereof, presence of non-cutaneous signs, diet history, and flea control history, as these will provide important clues.

Following physical and dermatological examinations, testing may include skin scraping, acetate tape preparation, flea combing, and trichogram. Cytology can be performed to test for pyoderma, Malassezia dermatitis, bacterial and fungal otitis externa, eosinophils and acantholytic cells. PCR can be done to test for feline upper respiratory disease, and a complete blood count can show any peripheral blood eosinophilia.

Parasiticidal therapeutic trial can include treatment with one of several topicals currently licensed for treatment of ectoparasites in cats. Treatment should be done for 2-3 months.

An elimination diet trial for a sufficient time (8 weeks) is currently the only reliable diagnostic method for doing a food trial. Choosing the best diet requires careful and detailed questioning of owners about previous and current diets, treats and flavoured products, advised Dr. Defalque. He said to using an internet search for each diet and treats in order to find out the nature of the animal proteins and grains that are included will help you to determine whether to go with a limited/novel or hydrolysed protein diet for the food trial.

Assuming that bacterial infections, fungal infections, parasitic infestations, and food allergies have all been eliminated, then we can consider performing environmental allergy testing. However, Dr. Defalque explained that allergy testing should only be used to select allergens to include in allergen-specific immunotherapy preparations and to prevent disease flares by implementation of allergen-specific immunotherapy. He asserted that environmental allergy tests should not be performed if the owner is not interested in doing immunotherapy. Further, he pointed out that these tests cannot be used for diagnosis of atopic dermatitis because false positives are common. As well, negative test results do not rule out environmental allergies.

Allergen avoidance makes perfect sense, though it is not always feasible, acknowledged Dr Defalque.

Antipruritic therapy

Itch in cats due to atopic syndrome can be treated with a wide number of therapeutic interventions. Dr. Defalque noted that systemic glucocorticoids have satisfactory evidence of good efficacy in FAS and feline asthma; cyclosporin (Atopica®) has satisfactory evidence of good efficacy in FASS; and oclacitinib (Apolquel®) has limited evidence of good efficacy in FASS. However, Dr. Defalque noted that long-acting injectable methylprednisolone acetate (Depo-Medrol®) is not recommended unless you are absolutely unable to treat the cat orally, because there are a number of possible undesirable side effects.

When using oral glucocorticosteroids, start anti-pruritic doses once to twice daily, recommended Dr Defalque. Then, as clinical signs abate, decrease to the lowest possible dose and frequency of administration to maintain good quality of life and control of clinical signs, with minimal side effects. Dr Defalque said it's important to *not* use prednisone in cats; rather, oral prednisolone is a superior choice for feline use that Dr Defalque says he uses quite often in his clinic. Dexamethasone is okay, he said, but there is a risk of causing diabetes.

Modified cyclosporine (Atopica®) oral solution is indicated for control of feline atopic dermatitis in cats. There is no difference in absorption when administered orally or when mixed with food.

Use of oclinitinab (Apoquel®) is off label in cats and Dr. Defalque noted that this drug should be used as a last resort only as there is a lack of long-term safety data. CVP

Vincent Defalque, DVM, Diplomate ACVD, *received his veterinary degree from the University of Liege in Belgium in 2001. He then completed a small animal internship at Vet'Agro Sup (formerly known as the National Veterinary School of Lyon) in France followed by a Dermatology Residency program at Michigan State University. He has also worked in the Dermatology Section of the Matthew J. Ryan Veterinary Hospital of the University of Pennsylvania, one of the busiest veterinary teaching hospitals in the United States.*

Dr. Defalque became a Diplomate of the American College of Veterinary Dermatology in 2006. He founded the dermatology department of the Canada West Veterinary Specialists and Critical Care Hospital in Vancouver in 2007 and, more recently, has worked as a Professor of Dermatology at the Ontario Veterinary College (University of Guelph). He is the Immediate Past-President of the Canadian Academy of Veterinary Dermatology, and currently serves as the Canadian representative at the World Association for Veterinary Dermatology.

Dr. Defalque currently works at North West Veterinary Dermatology Services in Vancouver, BC and St. Albert, AB. His special interests include the diagnosis and management of ear diseases in dogs and cats as well as feline dermatology.

VetLaw

"The age of finger pointing": A primer on veterinary risk management

Douglas C. Jack, B.A., LL.B.

As you know, we appear to be living in an increasingly "cranky" society – high rates of inflation, the prospect of recessionary times, the "housing crisis", the shortage of workers – the list goes on. Our ongoing pandemic environment, and the societal restrictions arising from it that have been in place for over two years, appear to be taking their toll. Veterinary clinic staff are working tirelessly in difficult circumstances, to ensure the success of the practice, but are overworked as a result of staff shortages and sometimes illness within the clinic. Clients, while reasonably expecting excellent professional services, have been demonstrating higher levels of frustration and aggression when advised that, for instance, they are unable to accompany their pet into the examination room or that they must wait outside in their car for someone to assist them. All of this is manifesting itself into an anticipated increase in formal complaints to provincial regulatory authorities - which the clinic should preventively prepare for. We're living in a society where clients are quick to point the "finger of blame" when their expectations are not met.

Informed consent to treatment

Without question, the simplest and most effective risk-management technique for the veterinary hospital is to ensure that each and every client provides *informed consent to treatment*. Too many cases appear before regulatory authorities based on the basis of, "I didn't know that he was going to do that," or "She didn't point that out to me". At the risk of repetition (this space has been devoted to the topic of informed consent to treatment), for every procedure in the hospital it is critical that the practitioner advise the owner (or legal representative of the owner) of:

(a) the probable risks associated with the procedure
(b) the material risks of the procedure
(c) the possible risks of the procedure if the risks are catastrophic

In each case, the fact that informed consent was obtained must be documented in the medical records.

In this regard, the "probable risks" are going to be those risks that based upon the practitioner's experience, knowledge, skill and review of the literature are the risks that could occur. The "material risks" are those which, on a subjective basis, are relevant to a particular client. The "possible risks" are those that, even if remote, need to be disclosed if the risk is catastrophic; by way of example, in every use of a general anesthetic there is a risk of death that must be disclosed – to temper that discussion; it's also appropriate to point out the statistical likelihood of such risk.

While a written Consent Form is best, the consent can also be documented in the medical record if it is obtained over the phone or through email exchanges.

Matters of billing

The clinic can often avoid complaints by clients if there is a very candid and transparent discussion about the anticipated costs of the professional services being delivered. In many cases, the complaint raised to a regulatory authority is founded in a feeling that they've been charged too much – once that "sour taste" is present, then you can anticipate that everything about the service is going to be viewed as substandard by an angry client.

Communication is key

Effective and professional communication techniques are important as a complaint-avoidance strategy. When discussions become "spirited" with a client, immediate steps should be taken to defuse the situation – this can often be achieved merely by lowering the volume of your speech. Emotionally distraught clients need to be invited to defer the discussion to a time when they are able to better consider the explanations made by a professional. The use of "plain language", without overly complicated veterinary jargon, will be important for many clients. Indications of sincere compassion and saying "I'm sorry" often go a long way to calming the situation without compromising your exposure to legal liability. To the extent possible, "bad news" should be delivered by the attending veterinarian and not delegated to laystaff – the animal owner wants to hear it from the professional. Consideration should be given to following up sensitive discussions with a written confirmation of the interchange so that there is no doubt in anyone's mind as to what the positions of the parties are. Importantly, all discussions should be documented in the medical records. Avoid engaging with the client or anyone in social media posts – beyond it being an imperfect medium for such debate, there is a risk that confidential information could be inappropriately disclosed.

Responding to complaints

In the event that, despite your efforts, a formal complaint is lodged, it is important to note that you have a professional obligation to co-operate with the regulatory authority in its investigation and respond in a timely way to inquiries presented to you. Your responses to the Association or College should be succinct and directed only to the very issue which is presented to you for response – it is not a time to discuss your "path to veterinary medicine" nor engage in a "blame game". The regulatory authority expects that you will be accountable for your conduct and decisions; if a client has been non-compliant with discharge instructions, then your response should be presented with that factual contention in mind, as opposed to merely suggesting that "it's the client's fault". Be clear and transparent in your responses and use professional language throughout – very often decisions made by the regulatory authority involve assessments of credibility – you want to present as the calm, collected and thoughtful professional throughout your responses.

Mr. Jack is counsel at the law firm of Borden Ladner Gervais, LLP ("BLG") with a mandate to serve the needs of the veterinary community and enhance it on a national basis. Mr. Jack chairs a focus group relating to veterinary legal matters within the firm's Healthcare Group. He can be reached by email at dcjack@blg.com or by telephone at 1-800-563-2595.

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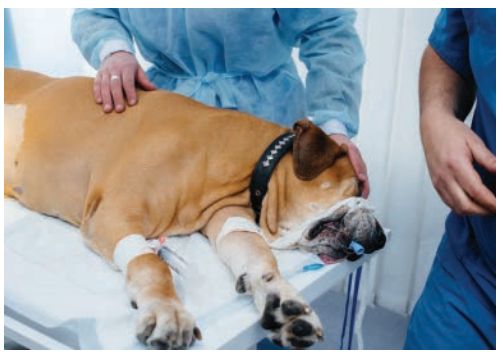
Futile care *continued from page 1*

Every member of the team involved in this dog's care including the animal care attendants, nurses, client care representatives, and specialist team felt a sense of moral conflict and distress amidst the ongoing intensive care. They asked questions like "what's the point of this?", "aren't we prolonging the inevitable?", "what if another animal that we can help needs the ventilator?", and "why can't the owner's see this is futile?".



Approximately 5 years ago an online survey sent to US and Canadian veterinarians asked questions about futile care and its impact on wellbeing. Results published in the *Journal of Veterinary Internal Medicine* showed that less than 22% of 889 respondents had rarely or never managed cases where they felt that a pet owner was requesting treatments when those efforts were considered to be futile. Almost all reported feeling conflicted or upset because a pet owner refused to do what was thought to be in the best interest of the patient.

The impact of these morally stressful situations is clear: when veterinary team members feel that they are doing something that conflicts with their ethical reasoning (e.g., offering or performing treatments that are not going to benefit the patient in some way) they experience psychological distress. Studies demonstrate that psychological distress is rising among veterinary teams and we must ensure that we identify and manage these situations in order to ameliorate the stress that is associated.

More recently, a survey of 477 veterinarians in small animal general and specialty veterinary practice was published in the *Journal of the American Veterinary Medical Association*. It revealed that 99% of respondents had encountered futile care within their careers and 85% had encountered it within the past year. More than half (61%) of the encounters occurred in both inpatient and outpatient settings.

These results are startlingly high and demonstrate that we have yet to come to an understanding about what futile care actually is in veterinary medicine.

A definition of medical futility proposed more than 30 years ago in the *Annals of Internal Medicine* is "any effort to achieve a result that is possible but that reasoning or experience suggests is highly improbable and that cannot be systematically produced". In other words, if experiences shared with colleagues or in research demonstrate that the medical treatment has been useless in the last 100 cases, the treatment should be regarded as futile. Additionally, "any treatment that preserves permanent unconsciousness or fails to end total dependence on intensive medical care" should be regarded as futile.

In reading these definitions, it should be noted that **futile care is different from care that is simply not going to change a patient's outcome**. Very often in veterinary medicine we conflate discharging a patient with terminal

illness rather than performing euthanasia as engaging in futile care. However, offering a non-distressed animal with cancer or other terminal illness analgesia, anti-nausea medication, and sedation, is an appropriate way to practice end-of-life care. Yes, the patient is still going to die and no, these treatments are not going to change that, but in the context of palliation, these treatments are useful in offering comfort and quality at the end-of-life.

Indeed this topic is a complex one that requires self-awareness, self-reflection, and a willingness to let go of the need for all cases to go as we would want them to. **The next time you find yourself in a situation that you believe is futile, ask yourself these questions:**

- Has medical treatment not been useful in the last 100 cases I've seen or read about?
- Is this medical treatment likely to result in total dependence on intensive medical care

If the answer to these questions is yes, then the situation should be considered futile and the reasoning for not offering the treatment to the owner explained. However, if the answer to these questions is no, then the situation is not considered futile and perhaps the owner could be assisted with achieving their goals for their pet (e.g., dying at home or spending more time with family). Alternatively, referral to another veterinary care provider such as a specialist or hospice and palliative care veterinarian might allow the owner's wishes to be met without you and your team experiencing distress.

It is becoming clearer that in veterinary medicine, we would benefit from learning more about hospice care and embracing opportunities to provide palliative support to our patients whose families are not ready to say goodbye. While we might not make the same decision for our own pets in these situations, they should not be regarded as futile. And while they still might lead to a sense of moral distress, recognizing and naming those feelings, and speaking to a colleague or counsellor about them, is an important step in reducing distress and fostering wellbeing.

Dr. Marie Holowaychuk *is a small animal emergency and critical care specialist and certified yoga and meditation teacher who passionately advocates for the mental health and wellbeing of veterinary teams. Marie facilitates online RACE-approved wellbeing programs for veterinary professionals and is the host of the Reviving Vet Med podcast. To learn more or to sign up for Marie's monthly e-newsletter, please visit: www.marieholowaychuk.com.*

Monkeypox *continued from page 1*

knowledge gaps, changing information and differences between households, lifestyles, risk tolerance and other factors. However, we can probably break it down to three main approaches.

1) Remove the pet ASAP

- This one gets mentioned as an ideal option but I think it's probably the worst option **unless it's certain that the animal has not yet been exposed**.
- If the animal was already exposed to the infected person, they could already be infected and incubating monkeypox. Moving the animal therefore creates a risk of moving monkeypox and exposing whoever takes it.
- Prompt removal of the pet would reduce the risk of a pet getting infected, but it also increases the risk of a pet spreading monkeypox. Considering how little we know about the risks of those, I'm more concerned about the implications of an animal spreading monkeypox than I am it getting it in a household where monkeypox is already present and being contained, and where the animal has probably already had a lot of exposure.

2) Keep the pet in the house and use strict isolation measures

- This is the ideal response, in my mind. It's not easy, though, in part because we don't really understand the likelihood of human-dog infection, or dog-human infection, and about transmission risks in households.
- Contact with skin lesions probably poses the biggest risk, but other types of contact also have to be considered. The degree of risk from aerosol transmission is also still controversial.

So, some basic practices would be…

- If there are uninfected (or not known to be infected) people in the household, they should be the animal's primary caregiver
- Keep the pet away from skin lesions.
- Keep skin lesions covered, whenever possible.
- Limit contact with the pet as much as possible.
- Keep the pet in a separate room as much as possible (being practical and considering the pet's welfare)
- Keep the pet away from bandages, clothing or other materials that have

Monkeypox *continues on page 8*

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Monkeypox *continued from page 6*

come into contact with the skin, especially skin lesions.
- Don't let the pet on furniture that people use.
- Limit the amount of time in the same airspace
- Don't let the pet sleep in the same bedroom as people.
- Pay good attention to hand hygiene, especially before any animal contact and contact with things like food and water bowls.
- Maximize ventilation in the house and if possible, have a HEPA filter running in areas where infected people tend to spend time (esp in the pet is in the same area).

To mask or not to mask, that is the question
Mask use will reduce the risk of aerosol transmission. It would make sense to wear an N95/KN95 or equivalent when in close proximity to the pet. That's tough to maintain over time but if nothing else, doing it when close contact is required can be practical.

3. Keep the pet in the house and carry on

- This approach is based on an assumption that the pet is already exposed and/or that isolation measures will not be able to be done effectively. I understand those points and there's some validity to them. However, 'do nothing' is a hard thing to support. I'd rather see '*do as much as you can from the list above*' vs surrendering and saying '*what happens, happens*'.

In my (limited) experience to date, a combination of #2 and #3 has been most common. By the time people are diagnosed and think about potential pet risk issues, there's already been lots of exposure to the pet. They try to take some precautions like limiting contact, keeping the pet away from their skin lesions and keeping the pet out of the bedroom. But, it's hard to strictly isolate in the household when you have to care for the animal, and motivation decreases over time (especially when people think that they're not able to strictly isolate). So, by the end, measures are limited. That's not a criticism…it's a reality. It's hard to strictly isolate. In some households, it's really difficult. Pets can be peoples' support systems when they are going through a tough time. People realize that they have maybe already exposed their pet. All those things considered, while they don't want to infect their pet, they often drift from '*strict isolation'* to '*let's do what we can do*'. That's still useful, though.

What if the owner cannot care for the animal and/or the animal has to be moved?

In some situations, the pet might have to be *temporarily* removed from the household. That could include if the infected person cannot care for it, if the pet can't be safely managed (e.g. it has to go in an elevator and through busy common areas to go outside multiple times a day) or if the owner ends up hospitalized and no one else is present in the household. There are a few possible approaches.

- If the owner cannot care for it but the pet can stay in the home, one option is for someone else to come and care for the pet a couple times a day (easier with cats and caged pets). That prevents having to have the pet live with someone else and makes it easier to have short term exposure to the pet and to facilitate use of personal protective equipment, as needed.
- If the pet has to be moved, it should be moved to a low risk environment, ideally one with few people, no kids or immunocompromised people, no other animals and where it can be easily contained and managed. The caretaker would have to understand and accept the unknown degree of risk (as it's pretty much completely unknown).

These are far from impossible, but require some work and come with a good degree of uncertainty.

Regardless of the option chosen, there needs to be an effort to reduce exposure of the animal to other animals and people:

Vet care

- Only if essential and it can't be postponed for a few weeks.

Grooming

- Big no.

Time in the yard

- Short, supervised periods are ok. What we don't want to see are exposure of wildlife or through-the-fence transmission to neighbouring people or animals. (I've seen fence line transmission of both canine flu and canine parainfluenza. Different bugs but those shows there's some degree of concern).

Walking

- This would come down to context and need. The concern is close contact. If the animal can be walked and be sure to be away from others, the risk is negligible. That might be very easy or next-to-impossible, so the specific situation needs to be assessed and the walker needs to be diligent.

How long do these measures need to be done?

That's a tough question too. Measures to reduce the risk of transmission from the owner should be maintained until the owner has been told they are no longer infections. Often, that's considered to be 21 days.

But… (there's always a but)..

We have to think about the 2nd part of our concerns….whether the pet can infect someone else. If we say the person was infectious until day 21, then the pet could have been exposed up until day 21. So, if we assume a similar 21 day isolation period for exposed animals, that would start at the end of the owner's isolation period. That's a bit hard to enforce since it's not what's done for human contacts, but since we know nothing about whether dogs, cats and other species can be subclinically infected (infected without obvious signs) and able to transmit the virus if subclinically infected, some degree of prudence is indicated. At a minimum, I'd want to keep an exposed dog from situations like groomers, kennels and off leash dog parks for a while after the owner was sprung from isolation.

As always, these are initial thoughts and subject to change as we learn more. But infection control isn't rocket science. It's a lot of basic measures that apply to a wide range of situations, so I think the approaches outlined above are a good starting point.

Source: Worms & Germs Blog: www.wormsandgermsblog.com
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TEAM Keeping customers when things go wrong: Five keys to turning upset customers into fans

By Jeff Mowatt

When it comes to dealing with dissatisfied customers, most business owners and managers believe that money back guarantees and/or exchange policies will fix the problem. Lousy strategy. Money back guarantees and exchanges may fix the problem, but they do nothing to fix the relationship. Policies don't fix relationships — people do.

When I speak at conventions and meetings on how to boost customer retention, I often find that there is little attention paid to how employees can fix the damaged relationship when the customer has been let down. The consequences of this are staggering.

Inadequately trained front line employees chase away repeat customers and referrals, spread damaging word-of-mouth advertising, and become frustrated and de-motivated because they're constantly dealing with upset customers.

On the other hand, by applying just a few critical people skills, front line employees can create such positive feelings — for both themselves and their customers, that an upset customer will become even more loyal. They'll be transformed from being a critic of your organization to becoming an advocate. Here are 5 key strategies:

1. Focus on *concerns* vs complaints

No one likes to hear customers *complain*. Employees become impatient and defensive when faced with these "trouble-makers." One of my seminar participants equated listening to customer complaints to undergoing amateur eyeball surgery. (That can't be good).

To prevent this defensive mindset, employees need to be trained to treat customer complaints as *concerns*. Employees should be made aware of the fact that customers who express concerns are helping you to stay sharp, competitive and successful. Focusing on customer *concerns* vs *complaints* will immediately shift a potentially negative situation into one that is positive, helpful, and productive.

2. Empower front-line employees

For their 43rd wedding anniversary, my father called a florist to order 43 roses for my mother. When Dad asked for the price, the clerk quoted the single rose price times 43. She offered no quantity discount despite the fact that they're usually cheaper by the dozen. She admitted that this didn't make sense, adding that her boss wasn't in and the policy was to issue no discounts without the manager's approval. Result — a competitor got the order and Dad will never go back to the first florist.

The lesson is that you can often prevent customers from becoming upset if you empower your front line employees to make reasonable on-the-spot decisions. This type of delegation require two important factors: training and trust. The irony is that a lot of managers say they can't afford to train employees, when in fact they can't afford *not* to. You don't get customers for free. You earn customers by investing in front line training.

3. Prove that you're listening

When a customer is voicing their dissatisfaction, stop whatever you're doing, turn towards them and give them an expression of total concern. Listen without interrupting.

Then prove that you've heard them. That means repeating and paraphrasing. IMPORTANT: make sure you tell them *why* you're repeating what they've said. For example, you might say, "I want to make sure I've got this straight… " (then you paraphrase and repeat). That ensures that the customer knows that you truly understand the problem.

4. Express sincere empathy

Virtually every upset customer feels frustrated because they didn't get what they expected. It's that simple. Whether or not they have a *valid* reason for feeling frustrated is completely irrelevant. Upset customers need to know that you care — not just about their problem — but about their frustration. So, empathize. That's something that no refund or exchange will ever do. Use phrases like, "Gosh, that sounds frustrating." Or, "I'd feel the same way if I were you." Empathizing will diffuse an angry customer faster than anything else you can do.

5. Apologize and provide extras

Tell the customer, "I'm sorry." Even if it wasn't your fault, but your co-worker's, you represent your organization to that customer, so apologize on behalf of the entire company. Even when you suspect the customer may have erred, it's better to give the customer the benefit of the doubt, than to be "right" and loose a lifetime of repeat and spin-off business.

If your product or service really did fall short of the mark, then to retain the customer, of course you'd give them a refund or exchange. But that's not enough. On top of the exchange or refund, give them something for their inconvenience. Any small gesture or token of appreciation (that doesn't force them to spend more money) will be greatly appreciated and will transform that upset customer into one of your greatest advocates.

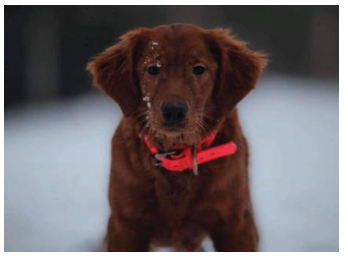
The training solution

Every business has occasions where things go wrong and customers are disappointed. When that happens, your customer base won't be preserved by money back guarantees or exchanges. Rather, your business will be saved by properly trained frontline employees.

Jeff Mowatt *is the author of the best-selling business books, Becoming a Service Icon in 90 Minutes a Month and Influence with Ease. He heads his own training company, JC Mowatt Seminars Inc., and has written and produced 13 self-study coaching tools. His Influence with Ease® column has been syndicated and featured in over 200 business and on-line publications. Since launching his business in 1992, Jeff has worked with tens of thousands of individuals in literally hundreds of organizations throughout North America.*

TEAM Apricot snacks poison rural Canadian puppy

Golden Retriever saved during lucky trip to Toronto



Subaru

Sometimes, it is just good to be lucky. When Melissa Martin decided to take her Golden Retriever puppy Subaru with her on a trip to the "big city," she had no idea it would save the dog's life. Martin breeds Golden Retrievers at her home in Dobbinton, Ontario, Canada, which is a three-hour drive from Toronto. While delivering one of her new puppies to its forever home, Martin decided to take Subaru along for the ride.

"It was a disaster," Martin said, who has been a dog groomer for 13 years and worked at a veterinary clinic. "I was dropping off a puppy in Toronto, and left Subaru in the front seat of the vehicle. Normally I keep her in the back in a crate with the other dogs, but I wanted the company. When I came back from delivering the puppy, I found that Subaru had dug out a 300-count bag of apricot kernels I keep in the console." Martin eats two to seven kernels a day as a supplement."

While many people enjoy eating apricot kernels, which are the seeds found inside the hard pit, they can be dangerous to pets. The seeds, leaves and stems of the apricot tree contain cyanide. According to the toxicology experts at Pet Poison Helpline, this toxin inhibits proper function of cytochrome oxidase, an enzyme necessary for cellular oxygen transport, preventing oxygen from being released from red blood cells and being delivered to cells. When ingested in toxic amounts, the clinical signs of vomiting, ataxia, difficulty breathing, panting, bright red gums, arrhythmias, blood pressure changes, seizures, shock and death can be seen. There may also be a bitter almond smell to the breath.

"I vividly remember her and I making eye contact," Martin continued. "I could tell she was looking suspicious. That is when I saw the bag, and I remembered that apricots have traces of cyanide. My first instinct was to drive to the drug store to get some hydrogen peroxide to cause her to bring up what she had eaten, but I quickly realized it was too late for that option. Because of my background working with pets, I know there are certain signs that need immediate medical attention. Subaru went from no signs to her eyes rolling into the back of her head and panting. I've never seen signs progress so quickly."

"We live three hours away from Toronto, and an hour and a half away from our nearest veterinarian," Martin said. "If this had happened at home, she wouldn't have survived. The neurological signs were so fast that I knew she had minutes, not hours. My panic level went from zero to ten instantly, but luckily, we were only 15 minutes away from Toronto Veterinary Emergency Hospital, one of the best emergency facilities in the area. Because of Covid restrictions, it has been difficult to get your pet in to see the veterinarian, but I called ahead, described her symptoms and told them they needed to see her immediately. It was literally a matter of life and death."

"On the way to the hospital Subaru began to vomit," Martin continued. "I'm driving with one hand, trying to use GPS, and holding her head down with the other so she wouldn't re-ingest any of the chewed kernels. When we got to the hospital, they were ready for us."

"Subaru was lucky that her owner quicky recognized how dangerous her clinical signs were and took immediate action," said Dr. Renee Schmid, a senior veterinary toxicologist at Pet Poison Helpline. "Due to the number of apricot kernels ingested and severe signs observed there was a true concern for cyanide poisoning." Once at the hospital, the medical team

began providing intravenous fluids, supportive care and performed a gastric lavage to help remove any remaining kernels. Because they were returned so quickly after ingestion it reduced further progression of Subaru's clinical signs. In cases of severe cyanide poisoning, death can occur within a matter of minutes. While antidotes are available, they are often not readily available for veterinarians due to the rare occurrence of cyanide poisoning in animals. Varying amounts of cyanide is present in the seeds of *Prunus sp*. fruit including peaches, apricots, cherries as well as apple seeds. Certain plants also contain cyanide toxins that may be a concern, particularly in grazing animals. In general, for cyanide poisoning to occur, an animal needs to chew open, crush and ingest many cyanide-containing seeds before signs of poisoning would be expected, as just a few seeds would unlikely contain enough cyanide for concern. It is common for animals to ingest the pits/seeds whole, which is unlikely to result in poisoning, but may result in a gastrointestinal foreign body or obstruction concern."

"Subaru has made a full recovery, and I'm so grateful to the hospital team, as well as Pet Poison Helpline," Martin added. "It is important for people to understand when symptoms are critical and who to call."

Source: Pet Poison Helpline
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TEAM The puzzling task of feeding your cat

You can take the cat out of the wild, but you can't take the wildness out of the cat. This sentiment can be echoed by the fact that cats (one of the most commonly kept house pets) despite living in the lap of luxury at home, may feel like they live in "suboptimal" conditions. What do we mean by this?

Cats are natural-born hunters and predators with an innate instinct to work for their food. It's not uncommon for most cat owners to simply pour their cat's food in a bowl; leaving them to indulge. This 'set it and forget it' approach (though with good intent), may not be the best and in fact, could be harmful to your cat's overall health. Here's why:

Free roaming and non-domesticated, cats are used to naturally having small multiple meals a day as they hunt for their food. When this routine is disrupted by the feeding habits of domestication, it can diminish their natural hunting behavior and thus create a heightened dependency to be fed without any work (promoting laziness). In multi-cat households, there may be a tendency to overeat and finish the food before other cats in the home (talk about sibling rivalry). Continuing to feed cats in this manner often leads to health issues such as increased obesity, joint problems, diabetes as well as anxiety, aggression, and overgrooming.

How can you minimize these risks to keep your cat healthy and happy? One way is to create an environment that fosters your cat's inner ability to work for their food and "put the hunt" back in mealtime. It's a win-win for both cat owners and their cats. Does this sound puzzling to you? Well, it should..because we're talking food puzzles for your cat that you could even do on your own!

What are food puzzles?

Initially developed to provide environmental enrichment for captive or laboratory animals, food puzzles contain food that is manipulated to release food when an animal interacts with it. They can either be purchased or homemade, stationary or mobile. The mobile surfaces are normally round or tubular with a few holes – this makes it easier for the cat to push with their paws or nose to roll out the puzzle.

The stationary puzzles are larger with sturdy bases and have holes and compartments where cats would normally use their paws to fish out the food from the wells. Normally in stationary puzzles, wet food is served while dry food is normally served in both mobile and stationary puzzles. You can also adjust the delivery of the food/difficulty of the puzzle by the number of holes or open spaces in the puzzles if using a homemade device.

What are the benefits of using food puzzles?

Food puzzles are a fun, interactive, and healthy alternative to feeding your cat. Firstly they can slow down your cat's eating because more time will be allocated in searching for their food rather than eating. For cats, this may increase mental stimulation and reduce boredom. Food is an intrinsic motivator and thus allowing your cat to work for their food is rewarding.

"Implementing enrichment by providing foraging opportunities and food puzzles offers several benefits to captive large cats, including reducing stereotypes such as pacing, improving body conditionand increasing exploratory behavior." [1]

Studies have also shown that cats who use food puzzles had fewer behavioral problems and tend to be more physically fit and happier than cats who use a regular food bowl. [2]

Weight management is another key benefit here. Slowing down your cats' eating frequency will help manage their daily caloric intake. By reinforcing a regular habit of exercise and mental stimulation, the results may alleviate some of the aforementioned health and behavioral issues of domestication. (i.e obesity, aggression, and diabetes).

Food puzzle options from DIY to premade

So how do we introduce these feeding apparatuses to your feline friend who probably has their mindset on heading towards their third helping of food from their personalized bowl in the kitchen corner near the scratchpad? Like anything new, one should start slowly by continuing to offer food in the cat's bowl while introducing the food puzzles. The difficulty levels should be set to a minimum in the beginning and the food puzzle should be at least ½ to ¾ full so that the food dispenses easily. This will prevent frustration for both the cat and the owner. Look for puzzles with more openings if you're purchasing one.

Protip – For beginners, if you're using dry food, sprinkle some around the puzzle to encourage your cat to nudge the puzzle for more. This way your cat will make the connection between the moving puzzle and getting food. You can gradually increase the challenges as your cat becomes familiar with the puzzle.

Some DIY food puzzle inspiration

Here's one simple DIY project (courtesy of Cat Healthy feline specialist, Dr. Liz Ruelle):

- Spread dry food over a small cookie sheet
- Add 10 ping pong or golf balls. Your cat will now have to push the balls out of the way to get the food
- Voila! Happy days to all.

A simple egg carton can also serve as a food puzzle. Ensure your styrofoam or cardboard carton is clean, place food or treats inside the cups, and close the carton. You can help your cat out by adding holes in the top of the carton for easier access to the yummy feast inside.

Here are a few other very simple DIY food puzzle ideas with the puzzles ranging from easy to difficult:
http://foodpuzzlesforcats.com/homemade-puzzles

Domestication should not be a bad word when it comes to caring for your cat. Now that we've explored other options for feeding your cat, you can still provide a nourishing, stimulating environment for your cat while ensuring your cat is safe, happy, and most importantly healthy.

Bring out the natural hunter in your cat. After all, curiosity can only feed it, right? Give puzzle feeders a try (whether you purchase one or decide to DIY), we'd love to hear your journey!

1. Food Puzzles for Cats: Journal of Feline Medicine and Surgery
2. University of California – Leticia MS Dantas, Mikel M Delgado, Ingrid Johnson, CA Tony Buffington

Source: Cat Healthy blog, January 28, 2022
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ACHIEVE MORE TOGETHER

VET The Talking Physical Exam

A fundamental service performed by veterinarians is the companion animal physical exam (CAPE). However, at times, the performance and value of the CAPE may not be well communicated to veterinary clients. A protocol to communicate this to clients is to describe the physical exam as it is being performed, including both normal and abnormal findings and their significance. This process, coined the *Talking Physical Exam* (TPE) by a group of researchers at the Ontario Veterinary College, engages the client in their pets' veterinary care and offers an opportunity for veterinarians to convey to clients the importance of an annual CAPE in keeping their pet healthy and supporting their pet living longer. This is important, since most pet owners say they would take their pet to a veterinarian more often if they knew it could prevent problems and expensive treatments later, or if they were convinced it would help their pet live longer.

Table 1: Veterinarian participant demographic information (n = 60) and species of patient (376)

Characteristic	Result
Gender of veterinarian	
Female	39 (65.0%)
Male	21 (35.0%)
Year of graduation	
Mean	1998
Standard Deviation	10.47
Range	1979–2016
Practice Type	
Multiple veterinarians	327 (87%)
Single veterinarian	49 (13%)
Species of patient in appointment	
Canine	285 (76%)
Feline	91 (24%)

RELATIONSHIP-CENTRED VETERINARY MEDICINE AT THE ONTARIO VETERINARY COLLEGE

Study of veterinarian communication about the companion animal physical exam

The objectives of a recent study performed by the Ontario Veterinary College were to describe veterinarians' communication about the CAPE by observing the TPE, and to identify factors associated with the number of physical exam components conveyed by veterinarians to clients. A random sample of companion animal veterinarians practicing within 150km of the Ontario Veterinary College in Guelph, ON, Canada, was used. A convenience sample of clients were recruited, from the reception area of the practice, for each participating veterinarian. The veterinarian-client interactions were recorded using a GoPro mounted in the corner of the exam room.

Demographic details of the 60 participating veterinarians and species of patients were assessed during the interactions **(Table 1).** Of the 376 appointments, participating veterinarians identified 189 (50.3%) as wellness appointments, 143 (38%) as problem appointments, and 44 (11.7%) as re-check appointments.

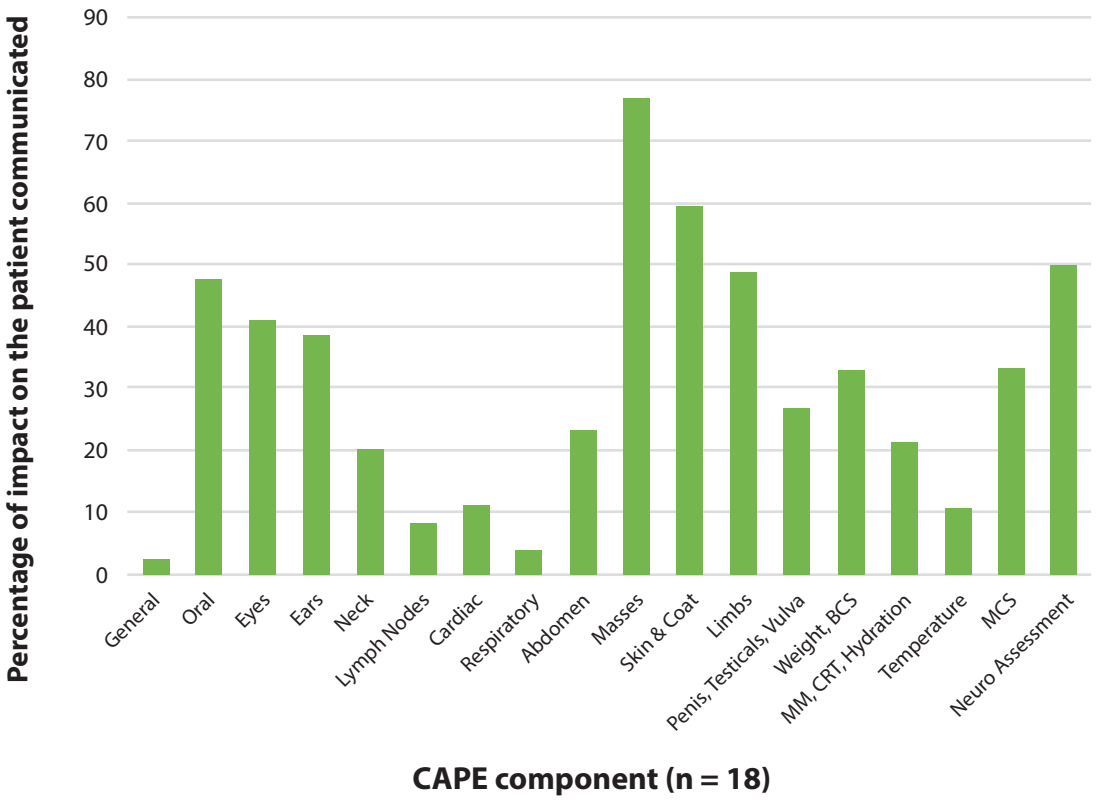
Veterinarians' use of communication

Across the 376 veterinarian-client-patient interactions included in the study, 2,794 CAPE components were examined based on coder visual identification or verbalization by the veterinarian. Of the components that were examined, the veterinarian conveyed to the client that the component was being examined for 56% of the components **(Table 2)**. For the CAPE

Table 2: Results of evaluation of the parameter examined and the 7 communication linked parameters

Physical Exam Component	Exam Done n (%)	Conveyed Exam Done n (%)	Client Told Normal Finding n (%)	Client Told Pathology Present n (%)	Impact on Patient Explained n (%)	Visual Aid Used n (%)	Client Options Provided n (%)	Take-Home Literature Provided n (%)
General Assessment	376/376 (100)	38/376 (10.1)	33/376 (8.7)	2/376 (0.5)	1/376 (0.3)	2/376 (0.5)	12/376 (3.2)	7/376 (1.9)
Oral Cavity Exam	278/376 (73.9)	208/278 (74.8)	70/278 (25.2)	115/278 (41.4)	99/278 (36.6)	3/278 (1.1)	34/278 (12.2)	1/278 (0.4)
Examine Eyes	232/376 (61.7)	119/232 (51.3)	41/232 (17.7)	56/232 (24.1)	49/232 (21.1)	1/232 (0.4)	9/232 (3.9)	0/232 (0)
Examine Ears	228/376 (60.6)	116/228 (50.9)	39/228 (17.1)	52/228 (22.8)	45/228 (19.7)	2/228 (0.9)	13/228 (5.7)	0/228 (0)
Palpate neck	56/376 (14.9)	10/56 (17.9)	6/56 (10.7)	4/56 (7.1)	2/56 (3.6)	0/56 (0)	2/56 (3.6)	0/56 (0)
Palpate Lymph Nodes	126/376 (33.5)	37/126 (29.4)	21/126 (16.7)	3/126 (2.4)	3/126 (2.4)	0/126 (0)	0/126 (0)	0/126 (0)
Cardiac Assessment	293/376 (77.9)	187/293 (63.8)	105/293 (35.8)	32/293 (10.9)	21/293 (7.2)	0/293 (0)	3/293 (1.0)	0/293 (0)
Respiratory Assessment	142/376 (37.8)	77/142 (54.2)	51/142 (35.9)	7/142 (4.9)	3/142 (2.1)	0/142 (0)	1/142 (0.7)	0/142 (0)
Palpate Abdomen	225/376 (59.8)	107/225 (47.5)	46/225 (20.4)	34/225 (15.1)	25/225 (11.1)	3/225 (1.3)	14/225 (6.2)	2/225 (0.9)
Palpate Masses	86/376 (22.9)	52/86 (60.5)	3/86 (3.5)	43/86 (50.0)	40/86 (46.5)	0/86 (0)	5/86 (5.8)	0/86 (0)
Check Skin and Haircoat	187/376 (49.7)	146/187 (78.1)	52/187 (27.8)	80/187 (42.7)	67/187 (35.8)	0/187 (0)	15/187 (8.0)	2/187 (1.1)
Palpate Limbs	113/376 (30.0)	80/113 (70.8)	21/113 (18.6)	42/113 (37.2)	39/113 (34.5)	0/113 (0)	11/113 (9.7)	1/113 (0.9)
Check Penis & Testicles / Vulva	69/376 (18.4)	45/69 (65.2)	19/69 (27.5)	15/69 (21.7)	12/69 (17.4)	0/69 (0)	6/69 (8.7)	2/69 (2.9)
Weight/BCS	209/376 (55.6)	200/209 (95.7)	74/209 (35.4)	82/209 (39.2)	66/209 (31.6)	3/209 (1.4)	10/209 (4.8)	0/209 (0)
Check MM/ CRT/ Hydration	41/376 (10.9)	28/41 (68.3)	23/41 (56.1)	5/41 (12.2)	6/41 (14.6)	0/41 (0)	0/41 (0)	0/41 (0)
Check Temperature	109/376 (27.9)	95/109 (87.2)	44/109 (40.4)	13/109 (11.9)	10/109 (9.2)	0/109 (0)	0/109 (0)	0/109 (0)
Check MCS	15/376 (4.0)	15/15 (100)	11/15 (73.3)	4/15 (26.7)	5/15 (33.3)	0/15 (0)	0/15 (0)	0/15 (0)
Neurological Assessment	9/376 (2.4)	6/9 (66.7)	1/9 (11.1)	3/9 (33.3)	3/9 (33.3)	1/9 (11.1)	1/9 (33.3)	0/9 (0)
Total	**2794**	**1566**	**660**	**592**	**496**	**15**	**136**	**15**

Figure 1: Percentage of companion animal physical exams for which the impact to the patient was communicated



component 'general assessment', it was impossible to known whether the veterinarian had performed a non-verbalized general assessment if they did not verbalize it; thus, this CAPE component was recorded as examined for 100% of the appointments. When examined, the two components of the CAPE that were least frequently conveyed when examined were general assessment (10.1%) and neck palpation (17.9%). The most conveyed components when examined were muscle-condition score (100%) and body weight/body condition score (95.7%).

Of the interactions where the veterinarian conveyed to the client that a component was examined, the veterinarian communicated whether the examined component was normal 42% of the time or had an identified pathology 38% of the time **(Table 2)**. Of the CAPE components conveyed, the least communicated in relation to being normal or having a pathology were body temperature (60.0%) and lymph node palpation (64.9%) and the most communicated components in relation to a normal or pathological finding were general assessment (92.1%) and check skin and haircoat (90.4%).

When the veterinarian did communicate that a CAPE finding was either normal or pathological, the impact on the patient was most often communicated for palpation of superficial masses (76.9%) and neurological assessment (50.0%) **(Figure 1)**. The impact on the patient was least often communicated for palpation of lymph nodes (8.1%) and respiratory assessment (3.9%). Overall, when a CAPE component was conveyed to a client as being normal or pathological, the impact of the finding on the patient was conveyed 39.6% of the time.

Visual aids and take-home literature were each used at least once in 4% of all interactions. Ophthalmoscopes were used in 25.8% and otoscopes were in 24.2% of all appointments. Of the 189 wellness appointments, 72% contained at least one medical problem communicated by the veterinarian to the client, meaning most presumably healthy dogs and cats presenting for preventive care had at least one pathology reported by the veterinarian to the owner.

Key study findings

Findings of the study provide novel insight into the current use of the TPE by veterinarians, which is a tool for informing clients about their animal's physical exam and the potential value of the CAPE. The TPE is also a possible means to provide structure to veterinary appointments by focusing both the veterinarian and the client on the process of the physical exam while it is being performed.

The study identified missed opportunities for veterinarians to communicate what they are doing during the CAPE and their reason for performing each component of the physical exam. This suggests that opportunities likely exist for veterinarians to engage clients more in the process of their animal's physical exam, including explanation of why examining specific components is important.

Participating veterinarians least often let clients know that they were performing a general assessment of the patient – yet this has an important role in veterinarians' clinical decision making. A veterinarian mentioning their thoughts on general assessment is an initial step in helping clients understand the process and significance of the CAPE. Employing the TPE protocol throughout may increase clients' perceived value of the CAPE.

When veterinarians did convey that they had examined a CAPE component during an appointment, 20% of the time they did not mention whether the component examined was normal or if a pathology was present. This runs counter to informed owner consent. Clients may have difficulty making evidence-based decisions when they have not been given all the information regarding their pet's health status, including relevant CAPE findings. Further, an analysis of malpractice claims included a client's "lack of comprehension of exam findings." Greater use of the TPE would better position clients for making informed decisions and help veterinarians uphold their obligations regarding informed owner consent.

Client understanding of the impact of a normal or pathologic finding for their animal is important, especially when being explained to a client to support proceeding with preventive care, diagnostic tests, or to proceed with medical or surgical treatments. The goal of the TPE is not necessarily to discuss at length every CAPE component with the client; rather, the goal is to convey to the client the most impactful normal and abnormal CAPE findings for the patient's health

Communication between a veterinarian and a client is a human-to-human interaction, where psychological research has shown that visuals aids can be used to improve a person's understanding of a medical problem. Surprisingly, visual aids and client handouts (i.e., take-home literature) were rarely used by veterinarians to explain CAPE components.

The TPE may be especially important for wellness appointments. Current vaccination frequency guidelines for many of the canine and feline vaccines recommended administration once every 3 years. Veterinarians should facilitate clients' understanding of the health benefits to their pets and the economic benefits to the clients themselves of annual wellness appointments. The use of the TPE in wellness appointments could further improve clients' understanding of the value of the annual CAPE between vaccine appointments, which could further support veterinary practice sustainability.

A noteworthy result from the study is that in about three-quarters of wellness appointments the veterinarian conveyed at least one pathological CAPE finding to the client. The most common pathologies reported were dental calculus and gingivitis. The many pathologies identified within wellness appointments reinforces the need for and the value of wellness appointments, including performance of the TPE during scheduled healthy animal appointments.

A significant positive association was found between type of appointment and the number of CAPE components conveyed to clients per appointment, which provided an indicator of participating veterinarians' use of the TPE. In comparison to veterinarians conducting recheck appointments, veterinarians were more likely to convey components of their physical exam to clients during problem appointments and even more likely to convey components to clients during wellness appointments.

Ideally, an effort should be made to use the TPE as a communication protocol for all types of appointments. CVP

More information on the study:

Veterinarians' use of the Talking Physical Exam as a communication tool

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Veterinary Business Today

"The year of the shrinking veterinary practice": What you can do to get staff to stay

By Mike Pownall, DVM, MBA

Last week, I was chatting with a veterinary practice owner about the challenges involved in owning and running our businesses. In her frustration, she summarized 2022 so far as "the year of the shrinking veterinary practice". She was right; it seems that many veterinary practices I am familiar with have fewer veterinarians or support staff than they did a year ago. Regardless of the species, location or practice size, owners, associate veterinarians, and support staff have begun to ask themselves at the beginning of each day, "what next?".

Unfortunately, this foreboding mood can become self-fulfilling unless we take decisive action to understand what is causing people to switch jobs or even leave the profession. Just like we spend the time needed to get a complete history to decipher clues that have contributed to the current state of the pet we are facing, asking our staff for feedback on what is and isn't working in their job can help us make the changes we need to clear a positive path forward for all members of our teams.

A study from 2019 concluded that employees who had an outlet available to share the good and bad of their job were 20% less likely to quit[1]. It is human nature to want to be heard. How many of us would love the chance to explain to a client why the outcome of a treatment didn't go as planned? Isn't it wonderful when a client is understanding about the situation compared to those who don't want to hear about it? Our veterinary practice employees are no different.

There are numerous ways we can give opportunities to our staff to share feedback on the good and the bad about the business. From surveys to group and one-on-one meetings, the method we use to get honest, unvarnished feedback depends on how high the trust level is between management and employees. If the trust level is low, it may be best to have an anonymous employee engagement survey where people can score and comment on certain areas of the business without fear of reprisals. If trust levels are higher, a group meeting may be appropriate where people feel more confident to share when others feel similarly. One-on-one meetings are very effective if there is a very high level of trust.

Before any feedback initiatives are started, there are some ground rules which owners and management must commit to if they truly want to harness the value of employee feedback and address any shortcomings in the business.

1. **Listen** – We are there to listen and so we must dampen our impulse to explain ourselves when we hear uncomfortable feedback. The spotlight is on our employees, and we have to sit back and accept what we hear.
2. **Don't make excuses** – We have performed several dozen veterinary employee engagement surveys and the impulse for owners to explain negative feedback is strong. Perception is reality and if we try to explain why things happened the way they did we are telling our staff that we don't believe them. Why should they trust you to make any changes if they hear this?
3. **Share feedback and steps you will take based upon feedback** – Transparency is a very effective tool for developing trust. If you can share the collective feedback, warts and all, the trust level in your practice will increase immediately. People recognize and appreciate vulnerability.
4. **Do what you said you would do** – If you don't do what you say you will do, trust will not develop. We all know that.
5. **Ask for feedback again** – Receiving feedback is part of a cycle. We won't know if actions we have taken to address a concern are working if we don't ask. If we find we are not reaching our goals then we can adjust and test again. It is similar to using bloodwork to identify disease and monitor the effectiveness of treatments in our patients. Feedback about our business is no different.

Once we have committed to the process of receiving honest feedback and acting upon it, a great next step is the use of an anonymous employee engagement survey. You can find examples of these online, but it is best to use an outside resource that knows the veterinary profession and has a proven method of collecting the required information.

Focus group sessions can also be very effective. These can be a follow up step to a survey, where the practice owners or managers share a summary of the feedback from the survey and then ask some probing questions to help better understand some of the responses. When employees realize they can share their feelings about the business without pushback or repercussions, the trust factor will soar.

This leads us to one-on-one meetings. David Berkus, an author and consultant on business management, advocates for stay interviews. He argues that rather than use an exit interview to understand why someone is leaving their job, we should use stay interviews to address issues before someone leaves[2]. He cites a study of stay interviews in a hospital that found that employee turnover was reduced by 40% once stay interviews were introduced.

The five questions recommended for stay interviews are simple and direct:

1. What do you look forward to when you start your workday?
2. What are you learning in your job?
3. Why do you stay with us?
4. When was the last time you thought about leaving?
5. What can I do to make your job better?

I have begun using them in my own business and the insights I have unearthed are invaluable. I must admit I was very nervous asking question 4 the first time. The first person I asked this question to was surprised as well; then they recognized the opportunity for candor and shared valuable information that we were able to use to help everyone.

The attrition we see in the veterinary profession is obviously not sustainable. Fortunately, something so simple as listening to the concerns of our employees is a very quick and effective way to reduce employee turnover and, over time, contribute to making our veterinary practices desired places of employment. Wouldn't it be nice to have a surplus of candidates for job postings? Better yet, wouldn't it be nice not to have to advertise for positions since your staff all want to stay in the great jobs they have with your business?

1. https://hbr.org/2019/04/want-fewer-employees-to-quit-listen-to-them

2. https://davidburkus.com/2022/06/how-to-conduct-stay-interviews/

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Canadian Veterinary Medical Association (CVMA) news

The CVMA welcomes its 74th president

The CVMA is thrilled to welcome Dr. Chris Bell, a board-certified Equine Surgeon and Diplomate of the American College of Veterinary Surgeons, as its 2022-23 President. Dr. Bell serves his colleagues through multiple commitments to the CVMA and the Manitoba Veterinary Medical Association (MVMA). He was recognized in 2019 with MVMA Award of Merit for contributions to his colleagues, the profession, and the MVMA. Dr. Bell is a member of the CVMA Canadian Veterinary Reserve, chairs the CVMA Emerging Leaders Program, and is chair of the MVMA Student and Early Career Engagement Committee. He is an active member of the equine community, sitting on several committees and boards within Manitoba such as the Manitoba Horse Council Breeds and Industry Committee and is a Manitoba Horse Council consultant. Dr. Bell is also a member of the WCVM Educational Advisory Committee.

Animal Health Week 2022 — Habitat Protection and Pandemic Prevention

Animal Health Week is an annual national public awareness campaign organized by the CVMA and hosted by veterinarians across Canada. Each year, through Animal Health Week, the veterinary community draws attention to an important health-related message. Veterinary teams across Canada promote a significant animal health message and responsible animal ownership as part of Animal Health Week celebrations. Building on the previous two Animal Health Week campaigns, the CVMA is further exploring the One Health theme with **Habitat Protection and Pandemic Prevention**. From **October 2 – 8, 2022**, the CVMA will raise awareness about how disruption of animal habitats in various forms, from forests to farms, can impact the health of ecosystems and affect global human health.

Congratulations to the 2022 CVMA Awards winners

Each year, the CVMA proudly recognizes veterinarians, veterinary teams, and student veterinarians for their outstanding contribution to veterinary medicine. This year's recipients were presented with their awards at the inaugural in-person Awards Gala during the CVMA Annual Convention on July 21, 2022.

- **CVMA Small Animal Practitioner Award: Dr. David W. Silversides (QC)**
- **Merck Veterinary Award: Dr. Brian J. Taylor (AB)**
- **CVMA Humane Award: Dr. James A. Stickney (AB)**
- **CVMA Practice of the Year Award: Fundy Veterinarians (NS)**
- **CVMA Industry Award: Dr. Kathleen Keil (AB)**
- **CVMA Life Membership: Dr. Éva Nagy (ON)**
- **CVMA President's Award: Dr. Jim Fairles (ON)**

The CVMA supports CFIA's decision to prohibit entry of commercial dogs from countries at high risk for dog rabies

The Canadian Food Inspection Agency (CFIA) announced, effective September 28, 2022, World Rabies Day, commercial dogs from countries at high-risk for dog rabies will no longer be permitted entry into Canada. **Commercial dogs** can include, but are not limited to, **dogs for resale, adoption, fostering, breeding, show or exhibition, research, and other purposes**. The CVMA supports this decision in the interest of animal and human health by preventing the introduction and spread of dog rabies into Canada. While rabies is found in wildlife such as skunks, foxes, raccoons, and bats in our country, Canada does not have rabies caused by canine-variant viruses (dog rabies), and the intent is to prevent it from establishing. Dog rabies virus can be transmitted between mammals, including to humans. Find more information under the news section of canadianveterinarians.net.

Industry News

Virox Technologies partners with The Stevens Company to deliver sustainable and effective disinfectants to the companion animal sector

Virox Technologies, the maker of Prevail disinfectants and the manufacturer of some of the world's safest, most effective, eco-friendly disinfectant chemistries, is pleased to announce a new partnership with The Stevens Company. Effective from June 20th, 2022, The Stevens Company and their Veterinary Products division is appointed as the new master distributor of Prevail disinfectants to the companion animal sector.

Established in 1830 and proudly Canadian since 1874, The Stevens Company is a leading Canadian supplier to healthcare facilities and adjacent markets such as the veterinary segment. They have six distribution centres located in Brampton, Vancouver, Calgary, Winnipeg, Halifax and Montréal. For more information, visit https://stevensveterinary.com

Veterinary industry returns to in-person CE

As 2022 progresses, we've seen a return to in-person veterinary CE conferences. Some upcoming initiatives include:

- Veterinary Hospital Managers Association (VHMA) Conference, Orlando, FL, September. 8-10
- Saskatchewan Veterinary Medical Association (SVMA) Conference, Saskatoon, SK, September 9-10
- CanWest Veterinary Conference, Banff, AB, October 14-18
- American Association of Feline Practitioners (AAFP) Conference, Pittsburgh, PA, October 27-30
- Veterinary Education Today (VET) conference, Toronto, ON, October 28-29
- World Small Animal Veterinary Association (WSAVA) Congress, Lima, Peru, October 29-31

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