



Canadian **VET** Practice



CANADA'S VETERINARY NEWSMAGAZINE

WINTER 2024 VOLUME 19, NO 1



Transforming Lives



fresh breath. sweet kisses.

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¹American Veterinary Dental College. Finney O, Logan EI, Simone AJ et al. Effects of diet on existing plaque, calculus and gingivitis in dogs. In *Proceedings of the 10th Annual Veterinary Dental Forum*, Houston, Texas 1996: 143-146.
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VET Shared care in animal rehabilitation: challenges and opportunities

Demand for animal physical rehabilitation services in veterinary medicine is growing rapidly, but veterinarians have been reluctant to refer their patients to animal rehabilitation professionals, explained Danielle Anderson, DVM, CCRP, CVMA and owner of Southern Ontario Animal Rehabilitation (SOAR) Veterinary Services, a referral small animal rehabilitation practice in Burlington, Ontario. Dr. Anderson was sharing the results of phase one of the Shared Care in Animal Rehabilitation Working Group with participants of a recent virtual Veterinary Education Today conference.

Animal rehabilitation *continues on page 2*



Southeast Oakville Veterinary Hospitals' team of experienced professionals, with a couple of furry friends!

Photo credit: Southeast Oakville Veterinary Hospital, Oakville, ON

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TEAM How to build trust by managing customer expectations - 6 tips for reducing customer frustration

By Jeff Mowatt



Are you noticing how customers are becoming more demanding? When managers bring me in to deliver customer service training for their teams, one of the most frequent concerns they share is how customers seem to be angrier, more frustrated, and more rushed than ever. But is that really true?

My experience over the 30 plus years that I've been speaking and training on the topic, is that customers aren't necessarily grumpier. It's that they occasionally receive service that's faster than expected, like Amazon's overnight delivery. And they're also doing business with organizations like Uber that report real time the driver's location, and exactly when they'll arrive. So, customers aren't necessarily grumpier, but their service expectations are higher.

How to build trust *continues on page 5*

VET The complete guide to releasing the inner critic and creating what you want

By Caroline Brookfield, DVM

Your inner critic can be your worst nightmare, but it's also trying to keep you safe. It wants to protect you from making mistakes, getting hurt and experiencing pain. But these negative thoughts are just the result of an outdated operating system, designed to keep us safe. At one time, we lived in small communities, which allowed us to survive. Exclusion from the group meant death, from predation, starvation, exposure. We have been programmed to fit in and look like the others in our community. Despite our advanced evolution, our instincts have not kept pace with the rapid change in the world. We still feel judgement from others as a threat to survival, even as a physical pain.

I bet we can all remember a time where we felt gut-punched after an insensitive comment or rejection. In a world perched on shifting sands, where we are in constant need of adaptation to new challenges, we need divergent thinking and new perspectives to forge a path ahead.

The inner critic *continues on page 6*

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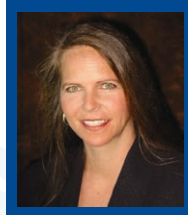
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Canadian Vet Practice is honoured to have the following distinguished veterinarians and technicians as members of our Advisory Board. In addition to imparting their knowledge and expertise on animal health issues, they often review article submissions,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



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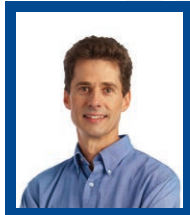
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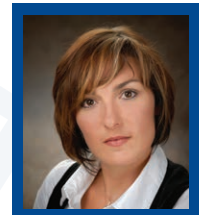
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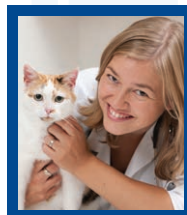
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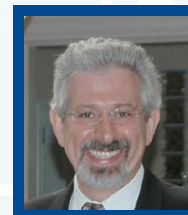
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Animal rehabilitation *continued from page 1*

What is animal physical rehabilitation?

Animal physical rehabilitation is a multidisciplinary collaborative approach to the restoration, management, enhancement, and maintenance of physical function of an animal for optimal quality of life, maximized level of function, reduction of disability and pain, and prevention of injury, as defined by the International Association of Veterinary Rehabilitation and Physical Therapy (IAVRPT).

Demand for rehabilitation services

Just over 6 years ago, Dr. Anderson left general practice and opened SOAR, a practice specializing in animal rehabilitation. The veterinarians at SOAR see 110-120 cases a week and have waitlists of patients that are 3-4 months long. Clearly the need for rehabilitation services and the benefit exists, she stated.

SOAR patients include, for example, animals preparing for sport, recovering from injury, coming from or getting ready for surgery, and seniors dealing with pain. Dr. Anderson said that their practice sees animals from just weeks of age to 17, 18, or 19 years old.

A lack of collaborative care

Many professionals may be involved in animal rehabilitation services; this primarily includes physiotherapy, chiropractic, veterinarians, technicians, and massage therapy. However, a lack of collaborative care exists between these professionals, and she asked, *“How do we all collaborate and refer patients back and forth?”*

Why is interprofessional collaboration NOT common in veterinary medicine?

Dr. Anderson said that in human medicine, the public has direct access to professionals, such as chiropractors and physiotherapists, who have years of experience, education, and training in their fields. There are also strict regulations in place to protect their patients. This regulatory oversight varies in the field of animal rehabilitation; rehabilitation certification programs, while intensive, are not all inclusive. They provide a good addition to the student's knowledge base but do not necessarily cover every aspect of rehabilitation.

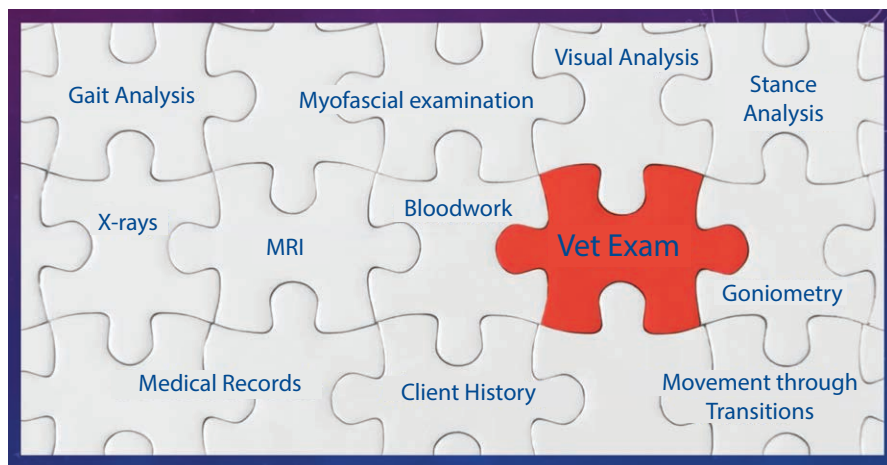
Why is collaboration important?

Collaboration is an opportunity for veterinarians and rehabilitation specialists to combine their unique knowledge and experience. Where a veterinarian's education focuses on anatomy, physiology, diagnosis, and treatment of multiple species, there is less of a focus on recognizing and treating myofascial palpation and movement. Ideally, a multiteam, integrative approach gives these patients the best chance at success.

What could a multiteam approach look like in veterinary medicine?

Dr. Anderson said effective collaboration would involve *open communication* between professionals such as veterinarians, physiotherapists, and rehabilitation therapists treating the patient. This would include

the *sharing of medical records* between professionals, as well as diagnostics and exam findings, to rule out, for example cardiovascular, metabolic, neoplastic, and other concerns prior to rehab referral to a qualified, certified professional. A patient’s medical history is crucial when devising a rehabilitation plan, said Dr. Anderson, *“because if you miss the vet exam and maybe the bloodwork, how much of the picture are you missing?”* The more puzzle pieces we have, the more success we will have with the patient, and the safer the treatment plan is going to be, she stressed.



What are the concerns about collaborative care in veterinary medicine?

Concerns about regulation are a key factor regarding collaborative care in veterinary medicine. With the Veterinarian Act now 35 years old, and so much progress in veterinary medicine since then, Dr. Anderson suggested there is an opportunity to revisit the status quo, and provide direct public access to rehab practitioners, including veterinarians, technicians, chiropractors, and other qualified professionals.

Dr. Anderson said that in January 2021, the College of Veterinarians of Ontario (CVO) issued a position statement on the use of forms of energy in the treatment and/or care of animals to allow open access to rehabilitation to other qualified professionals. The plan was to classify energy forms according to risk, to ensure protection of the public and safe delivery of treatments. But veterinarians expressed concerns on how well this would be regulated and legislated.

Moving forward: Working group list of tasks

As a result, the CVO formed a working group comprised of veterinarians, registered veterinary technicians, physiotherapists, chiropractors, and members of the College already involved in animal rehabilitation.

They came up with a list of the following tasks:

- Identify resources that may be developed to support the education of veterinarians on the defined roles and expertise on non-veterinarian professionals as animal rehabilitation providers and relevant treatment options.
- Recommend a referral process that supports veterinarians and clients in assuring access to safe rehabilitation treatments by non-veterinarian professionals.
- Explore the pros and cons and various methods of rostering trained non-veterinarian professionals to facilitate referral and access in the promotion of interprofessional collaboration.
- Create a roster of qualified professionals who are qualified to practice a particular specialty.

Dr. Anderson explained that while rosters are not common in veterinary medicine, they can be very useful in collaborative care. For example, there is the potential to have reliable lists of non-veterinary qualified individuals providing rehabilitation services which will potentially improve animal safety, instil confidence in veterinarians who refer patients, allow the public to seek out qualified individuals, and likely encourage individuals to seek proper training and certifications.

Example roster for registered veterinary technicians

Organization	OAVT
Education	Vet Tech diploma + rehab certification (CCRP, CCRA, or equivalent)
Clinical Experience	3-5 years ideal
Licensure	Registration exam through OAVT up to date and in good standing
CE	10 credits in 1-2 years focussing on rehab
Malpractice Insurance	Through OAVT
Criteria for Renewal	Good standing with OAVT, updated CE
Criteria for Removal	Complaints, dues owing, lack of CE completion, not practicing for 2 years

Dr. Anderson listed some of the challenges associated with rosters; for example, how to determine how to roster individuals? Which professional organizations would be responsible for monitoring them? Who would monitor chiropractors, for example, in Ontario would it be the College of Chiropractors of Ontario (CCO) or The Ontario Chiropractic Association (OCA)? Would the Ontario Veterinary Medical Association (OVMA) monitor veterinarians?

Shared Care Working Group – Phase 2

Phase 2 is underway to build on the input from phase one, with Ontario at the forefront of these changes. With a focus on the promotion of *safe collaborative care* in animal rehabilitation, Dr. Anderson and her team developed three infographics to promote collaboration between the different professions, highlighting the strengths of each:

For the public: Choosing physical rehabilitation care for your animal

Veterinarian	Certified animal rehabilitation professional	Other public provider
<ul style="list-style-type: none"> • Full regulatory oversight • Direct access to all treatment options • Proof of training and knowledge in veterinary medicine and animal care • Published standards of practice 	<ul style="list-style-type: none"> • Profession specific regulatory oversight • Direct access to animal rehabilitation services • Proof of training and knowledge in animal rehabilitation • Profession specific standards of practice 	<ul style="list-style-type: none"> • No regulatory oversight • Direct access to animal rehabilitation services • No proof of training or knowledge in animal rehabilitation • No standards of practice

The public has options for choosing rehabilitation for their pet, and it is in their best interest to have regulations in place to protect the safety of pets, explained Dr. Anderson. For example, in Ontario currently, there are non-registered technicians offering rehabilitation with no regulatory oversight whatsoever.

For veterinarians: Benefits of collaboration in animal physical rehabilitation for professionals

Safe and competent care	Enhancements to patient function quality of life & pain management	Education
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VetLaw

Eye on the profession

By Douglas C. Jack, BA, LL.B and Jeff Pang, BSc, JD

Editor's Note: Douglas Jack will be retiring from the practice of law in December, 2024. In this final article from Mr. Jack he shares some of the trends he has observed over his 40 year career in the law as it relates to the practice of veterinary medicine. His partner, Jeffery Pang, will continue Mr. Jack's practice dedicated to representing the interests of veterinarians in Canada.

Looking back over four decades of veterinary client engagements, one can see some clearly defined trends that have developed (and will continue to evolve) impacting the practice of veterinary medicine and can be instructive in the development and implementation of effective clinic management strategies. What follows is not, by no means, exhaustive of the legal issues facing the veterinary profession but does represent the most topical.

Client accountability and risk management

Veterinarians have dutifully fulfilled their professional obligations to provide excellent healthcare to their patients and clients; that being said, the nature of veterinary medicine is such that sometime unanticipated consequences of treatment can result. In my view, client expectations of the services performed by his or her veterinarian have continued to escalate giving rise to much higher levels of liability exposure for members of the profession. We live in a “cranky” society – when something goes wrong in the clinic, the client is looking for accountability and, worse, blameworthiness. As such, it is incumbent upon veterinary clinic owners and managers to ensure that there is increased attention paid to risk management strategies including ensuring credible practices for obtaining and documenting informed consent to treatment, a high standard for medical record-keeping and ensuring proper training for all staff in effective client communication.

Dealing with the shortage of veterinary personnel

All readers will be well aware (many will have personal compromising experiences) of the lack of veterinary professionals to serve the public needs. Stories of overworked professionals and their staff, and the sometimes disastrous consequences of the shortage, are many and range from mere increases in levels of stress to pathological “burnout” and a premature departure from the profession. In my view, any respite from the shortage is likely to be generational in magnitude; that is, the likelihood is that the meaningful change will occur with the co-operation of veterinary colleges, regulatory authorities and governments to graduate more students for ultimate veterinary licensure. This is obviously not an attractive prospect.

In the interim, I've witnessed a trend in the engagement of foreign trained practitioners to “fill the void”, which gives rise to unique issues relating to immigration, supervision and post-licensure engagement. In addition, the basic economic principle of “supply and demand” is manifesting itself in unprecedented levels of recruitment enticements with increased salaries, benefits, work schedules and on-call responsibilities – professional employment contracts today look very different than the same contracts of years ago.

Introducing certainty

While it has taken too many years, I can happily report that, in my view, the members of your profession have come to learn that the root of stress

in daily practice can often be traced to high levels of uncertainty. As such, a further trend is the willingness of practice owners to “get it in writing” when it comes to their relationships with staff and co-owners. More and more clinics are moving to a requirement that all staff members, professional and non-professional, are engaged pursuant to properly drafted written contracts that set out the rights and obligations of both parties. Co-owners of clinics ensure that their relationship with each other is governed by a mutually negotiated and understood partnership agreement or shareholders' agreement that reflects their common goals and objectives and introduces dispute resolution provisions to deal with problems that can arise, without the need for time-consuming and expensive litigation. There appears to be a higher level of business acumen in contemporary veterinary hospitals.



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

The corporate impact

The oft-repeated concerns of, say, 30 years ago that “non-veterinary corporately owned veterinary clinics would be the death of veterinary medicine” have proven to be erroneous. With as many as nine or ten corporate consolidators currently actively engaged (principally in companion animal veterinary medicine), we have found that they have successfully integrated into the veterinary services landscape. Having regard to their financial prowess, it's arguable that standards of veterinary care have risen, not fallen; that staff are offered higher degrees of career advancement and continuing education than previously existed; that clients' heightened expectations have been met with the engagement of specialists in corporately-owned and managed referral clinics. Through all of the service offerings of the larger clinics, the public interest has, in my view, been served well and, for some practice owners in recent years, valuable succession plans have been implemented.

That is not to say that the “independent clinic” is dead; on the contrary, there remains a segment of the animal owning public that prefers the intimacy and consistency offered by the independent clinics, some of which offer “boutique” services. The challenge for the independent clinics is to ensure that they operate efficiently and provide the high level of service demanded by their contemporary clients. Equine clinics and large animal herd health service providers appear to have dwindling numbers but, as a result, those dedicated to those types of services can thrive.

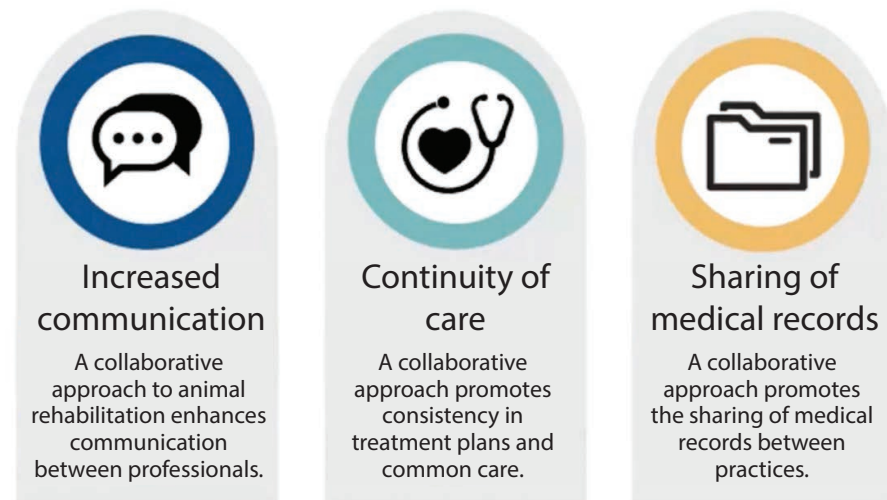
Into the future

Veterinary service delivery models will continue to evolve and provide new opportunities for members of the profession. Regulatory bodies quickly evolved during the COVID 19 pandemic years, to permit telemedicine protocols, which has attracted the interest of new private-equity investors to the platform. A number of clinic owners are starting to consider changes to conventional billing methods to include annual subscriptions (similar to your favourite smartphone apps). We have seen the introduction of surgical robotics technology and improved diagnostic equipment. Each of these dynamic developments in veterinary medicine will, of course, be the subject matter of legal implications: building regulatorily compliant governance structures, introducing licensing agreements, extending the scope of written consents to treatment.

In my view, the future of your profession is bright; I look forward to continuing my interest in it from “the sidelines”.

Many veterinarians and other care providers have already made animal physical rehabilitation a focus in their work by seeking certification and expertise in that area. This team approach to care contributes positively to an animal's outcome and is fostered by the knowledge and skills of veterinarians and certified animal physical rehabilitation providers.

For All: Benefits of collaboration in animal physical rehabilitation for the public



Collaboration increases positive animal outcomes! A referral from the client's veterinarian, along with the patients' medical history, can enhance the level of care given by the rehabilitation practitioner and help them determine the optimum and safest treatment plan for that specific patient.

How to build trust *continued from page 1*

The good news for managers and frontline staff is we don't necessarily need to speed up our service; especially when there are staffing shortages and supply chain issues. We just need to improve the way we manage customer expectations. Here are 6 easy ways to make that happen.

1. Opt for trust over people pleasing

No one likes dealing with aggressive customers. To avoid confrontations, frontline staff may simply give-in and tell customers what they want to hear. Or employees appease customers with commitments like, "I'll try" or "I'll do my best". The problem is customers interpret those remarks as promises. And when those promises aren't fulfilled, we lose trust.

That's why in our *Trusted Advisor Customer Service* training sessions, team members learn that we build more trust by saying 'no' to a customer - and instead set realistic timelines - than by being wishy washy about commitments.

2. Mention typical industry timelines

Interior designers ordering custom furniture are quick to remind clients about 12 week turnaround times. Factory ordered vehicles generally have months long wait times. So, share your industry average delivery times along with any steps your organization takes to beat that average.

3. Tell – don't ask

A common reaction when a customer or coworker asks you to complete a task is to ask, "When do you need that completed?" Unfortunately, asking that question tells the person that you plan on putting it off as long as possible. Not good. So don't ask customers or co-workers for their timelines. Instead, proactively offer yours: "I'm on it, and I'll have it all ready for you by end of business day on Thursday."

4. Sound cheerful, not grudging

The tone of our communications has a surprisingly large influence on customer perception. For example:

- Rather than saying, "I'll *have* to check our inventory and get back to you.", instead say, "I'll be *happy* to check our inventory and get back to you."
- Rather than saying, "We *won't* be able to get a service person there until Wednesday," instead say, "We can have a service person there *as soon as* Wednesday."

What's next?

The next step is to complete the rosters, and to update the Veterinarian's Act so that it reflects modern veterinary medicine. The goal, explained Dr. Anderson, is to help referring veterinarians be able to guide clients to safe and effective animal rehabilitation and care.

Summary

Dr. Anderson concluded that owners want access to many different treatment options for their pets. Safe, collaborative care is possible and should include record-sharing and collaboration between professionals. Finally, the veterinary profession needs to educate clients and guide them into making the safest decisions possible. Change is possible, she stressed, but it takes time. [CVP](#)

After graduating with distinction from her Biological Science degree at the University of Guelph, Dr. Anderson was accepted into the Ontario Veterinary College. She graduated with honours in 2002 and began practicing as a small animal veterinarian. Wanting to improve her ability to better manage mobility in her patients she completed her rehabilitation certification through the University of Tennessee in 2013. In 2016, to provide better pain management for her patients and improve their outcomes, she became certified in Medical Acupuncture for Veterinarians (MAV), through Curacore. For the last 6 years she has owned and operated SOAR Veterinary Services in Burlington, a fully functional CVO accredited referral Rehabilitation and Pain Management facility. In addition to running SOAR, Dr. Anderson has participated in CVO committees, and helps teach the Curacore MAV course. She has also virtually hosted vet students taking the rehabilitation rotation at Michigan State University. She is an active member of the Ontario Veterinary Medical Association, American Association of Rehabilitation Veterinarians, and International Veterinary Association of Pain Management.

Choosing positive wording over negative helps customers become less frustrated and more cooperative.

5. Aim to exceed expectations

When things go wrong and we do indeed mess-up on delivery times, we of course need to fix the *problem*, and more importantly, fix the *relationship*. It's not enough to finally give the customer what they should have received in the first place. We also need to address their frustration and the hassle factor. In some cases that might mean offering a price adjustment or bonus. However, before offering extras we need to find out the customer's expectation.

You might say for example, "We value your business and we want to do the fair thing. What do you think would be fair?" In my experience most customers become so relieved at hearing this that their requests become minimal. Then you can add a slight extra that *exceeds* their expectations – without giving away the proverbial store. That's when customer becomes so thrilled, they become more loyal - not *despite* the foul-up – but *because* of it.

6. Dial for dollars

Often, we jump through hoops behind the scenes to ensure our products and services are delivered on time, but we get little credit for the success. Customers are so focused on their own priorities, that our service becomes background wallpaper; barely noticeable.

So customer-centric organizations incorporate after sales and service follow-up courtesy calls to ensure the customer is happy with solution. It's also an opportunity to suggest ways the customer can use the product or service to full advantage. Plus, you can plant seeds for additional products and services to augment their purchase. Everyone wins.

Bottom line: Work becomes easier and less stressful for customers, team members, and suppliers when employees learn how to manage customer expectations. How about you and your team? Could they use a tune-up of their customer communication skills?

For more of Jeff Mowatt's sales and service tips, or to engage Jeff for your conference or team meeting call 1-800-JMowatt or go to www.JeffsBusinessTips.com.

The inner critic *continued from page 1*

“Your inner critic is holding you back...”

Yet, survival today requires the opposite approach. To survive the rapid pace of change we need to share new perspectives, find new solutions, and seek alternative approaches.

How to make friends with your inner critic

It is important to know that you are not alone. *Everyone has an inner critic, and it is not going away anytime soon.* The inner critic is a voice that lives in our head and is often negative. It’s not always easy to ignore that lurking naysayer in our subconscious; it speaks to us when we are about to take a risk or do something new. It’s a voice that tries to protect us from making mistakes and from taking risks. The inner critic can be really helpful in some cases. They might point out when we make mistakes or when we need to improve on something. That’s why it’s important to know when to listen to them and when to put in the beats and ignore them.

Naming my inner critic has been instrumental in my ability to speak out, share my point of view and creativity with the world. His name is Todd. I don’t really know why his name is Todd, how does one ever name anything? Despite his irritability, I love Todd. He’s a befuddled but passionate protector and he only thinks he is doing what is best for me in the long run. He really likes lollipops. When I’m struggling with expressing myself because of Todd’s hotly disapproving pizza breath down the back of my neck, I imagine a big lollipop. Then, I imagine handing it to Todd and listing all the conditions that indicate that I am not in danger. Then, I send him off to enjoy his lollipop while I do my thing.

When we learn to assess the risk of standing out despite our inner critic’s hand wringing protests, we develop self efficacy, confidence and resilience. If everyone found the courage to be vulnerable, to share a point of view, perspective or tiny piece of their creativity, we could change the world. Because you have another voice that gets drowned out by all the Todd drama. The voice of your creativity, what makes you, you. That voice comes from the unique universe inside of you, made of stars, planets, moons and asteroids.

Find the courage to express yourself

The inner critic is a voice that tells you to not speak up, not to be recognized, and to not be ambitious. Todd’s just trying to help. But it’s time to stop listening if you want to experience a fulfilling life.

Isn’t It time for you to speak out, get recognized, and advance in your career? The first step is acknowledging what Todd (or your now-renamed-inner-critic) is telling you. The second step is to pause and turn on your massive brain that we’ve grown like turfgrass over the millennia.

Is there a risk? What is the up and downside to expressing myself? What has happened to other people when they have done something similar? Who is in the room? If you think you might get fired (and you don’t want to), is this a legitimate fear?

Finally, take a deep breath and share your thoughts. Incrementally, at first, if you wish.

Have you ever admired those people who felt that they could share their thoughts, their weird hobby with bravado, or questioned the status quo? They didn’t start overnight. Finding your voice and building the skill to communicate your ideas clearly and succinctly takes practice.

You can find the courage to express yourself at home or at work.

Walk your own path to recognition and happiness, with Todd at your side

“I wish I’d had the courage to live a life true to myself, not the life others expected of me.”

— #1 Regret in *The Top 5 Regrets of the Dying*, Bronnie Ware

In life, we all have different paths that we take. Not every path will end in a flower filled meadow smelling of lavender. Some paths will be dark and cold, and the only way out is through. Sometimes, the only way to the meadow is through the dark, scary woods.

Expressing what truly matters to us, especially if it is a bit unconventional, can feel like walking through a dark path. But, I guarantee, that if you keep showing up in a generous way that honors your unique point of view, your values, and your hope for the world, you will make a difference.

The world has enough robots, find what makes you uniquely human and spread it around.

You’ll quickly notice a herd of Todds sitting in a corner eating lollipops, while the rest of you start changing the world. One wonderfully weird idea at a time.

Dr. Caroline Brookfield is a Reluctant Creative. She is a veterinarian, author, speaker, stand-up comic, and mom. Faced with a false ultimatum of art or science, she chose science. Does that sound familiar? If you’re a “left brainer” like Caroline, you might share the belief that creativity is for artists, kids and grandmas, and somewhat ancillary to more important goals. Feeling snubbed, eventually Caroline’s creativity demanded attention like a cat at dinnertime. She learned how to integrate her creative and scientific sides, realizing the importance of both, and that you don’t have to choose. Caroline is passionate about helping you to identify your own barriers to individual, everyday creativity, so that you can speak up, stand out, and build a uniquely satisfying future for yourself.

Caroline received honors for her veterinary degree from the Ontario Veterinary College, is a certified level 2 Creative Problem Solving facilitator, and holds a Certificate of Professional Management from the University of Calgary. She is always up for a challenge, like learning guitar, rock climbing, getting her kids to eat vegetables, surfing, meditation retreats with sniper rifles. You know, the usual stuff. Caroline lives in Calgary, Alberta, where her lectures go unheeded by her family. The dog listens, sometimes.

Veterinarians and clients at odds about how value is perceived



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Discussing the cost of veterinary care, in terms of dollar values, continues to be uncommon, but opportunities exist for veterinary professionals to discuss costs in relation to the benefits of future health and wellbeing of patients. A 2022 study published in the *Journal of the American Veterinary Medical Association* focussed on the prevalence and nature of conversations about cost during veterinarian-client-patient interactions in companion animal practices, and identified factors associated with the occurrence of conversations about cost.

The importance of cost conversations going forward

Previous research found cost discussions to be present in less than one-third of appointments, typically focusing on the time or services offered rather than the value in terms of the patient’s health and wellbeing. Earlier research has

also shown that pet owners want to understand these benefits of services, and to be provided with enough information to make an informed decision about their pet’s care. Previous research suggests that by not communicating this, clients may fail to understand why a recommendation is important and feel wary about whether the recommendation is based on business or the patient’s health care.

Observing veterinarian-client interactions

To gain a better understanding of the prevalence and nature of cost conversations, the researchers videorecorded 60 randomly selected veterinarians and 909 of their clients, with permission.

Table 1 — Demographics of 60 veterinarians from 55 practices across southern Ontario, Canada, participating in a cross-sectional descriptive study involving video recordings of companion animal veterinary appointments.

Variable	Number (%) of veterinarians
Gender	
Female	39 (65)
Male	21 (35)
Role at practice	
Owner	36 (60)
Associate or other	23 (40)
Practitioner type	
Companion animal	57 (95)
Mixed animal	3 (5)
Hours worked/week	
<30 h	12 (20)
30-40 h	25 (42)
>40	23 (38)
Practice location (n=55)	
Rural (population of <10,000)	16 (29)
Urban city (population of ≥ 10,000)	39 (71)

Table 2 — Demographics of 909 clients who participated in the study.

Variable	Number (%) of clients
Gender (815)	
Woman	601 (74)
Man	212 (26)
Non-binary	1 (0.1)
Gender fluid	1 (0.1)
Household income (n=711)	
<\$35,000	79 (11)
\$35,000-\$49,000	78 (11)
\$50-\$74,999	120 (17)
\$75,000-\$99,999	116 (16)
\$100,000-\$150,000	150 (21)
>\$150,000	168 (24)
Education level (n=806)	
Less than high school	16 (2)
High school diploma or equivalent	106 (13)
Some college or university	134 (17)
College degree	234 (29)
Bachelor's degree	177 (22)
Graduate or professional degree	139 (17)
How often the veterinarian within the appt is used by respective client (n=817)	
First time	99 (12)
Regularly	606 (74)
Sometimes	112 (14)
Primary caregiver (807)	506 (63)

Prevalence of cost conversations

Of the 917 videos, cost conversations (defined as a direct mention of dollar value) occurred between the veterinarian and client just under one-quarter of the time, in 215 appointments. Clients initiated these discussions one-quarter of the time and veterinarians in the remaining three-quarters of videos. Of the 60 participating veterinarians, the vast majority had at least one conversation pertaining to cost. Veterinary support staff were rarely involved in cost conversations.

Frequency of cost conversations in relation to specific areas of veterinary care

Cost conversations between veterinarian and client occurred most often when discussing diagnostic testing (44% of conversations) and least often in relation to wellness plans (1% of conversations).

Table 3 — Cost conversations and area of vet care.

Area of veterinary care	No. (%) of appointments with cost conversations
Diagnostic testing	95 (44)
Medication	44 (20)
Dentistry	32 (15)
Surgery	23 (11)
Vaccination	20 (9)
Flea and tick medication	11 (5)
Microchipping	9 (4)
Heartworm medication	8 (4)
Recheck appointment	6 (3)
Heartworm, flea, and tick combination medication	6 (3)
Pet Insurance	6 (3)
Diet	5 (2)
Wellness Plans	2 (1)

Nature of cost discussions

Specifically, of the 215 appointments including a discussion of a dollar value between the veterinarian and client, 8% included a general cost conversation, 74% included a cost conversation focussing only on the time or service being provided, 42% included a cost conversation that referenced the medical information that would be obtained, and 14% included communication of a cost in relation to the benefit to the future health or wellbeing of the patient.

Appointments involving a discussion of cost were significantly longer than appointments without a cost conversation.

Table 4 — Multi-level logistic regression to determine factors associated with the occurrence of a cost conversation.

Variable	OR	95% CI	P value
Appointment type¹			
Problem	Referent		
Wellness	0.55	0.35–0.87	.011
Recheck	0.50	0.27–0.93	.029
Other	0.25	0.047–1.32	.103
Appointment duration	1.09	1.06–1.11	< .001
No. of visits in the past year²	0.94	0.89–0.97	.037
Patient species			
Canine	Referent		
Feline	1.63	1.00–2.66	.049
Other	1.46	0.72–2.97	.293

¹Appointment type was classified by the veterinarian in the post-appointment survey. ²Per additional visit the client had with the veterinarian within the past year.

Problem visits versus wellness checks

Cost conversations in this study were more common during problem visits compared to wellness visits or re-checks. The researchers relate this to a potential perception of “delayed discounting”, where the cost of tests, services, or procedures can be easier for veterinary professionals to discuss because of the perceived immediate value these items offer patients compared to wellness appointments, which are centred around preventive care and where the benefits are likely to be less immediate for patients, and in turn for clients. Therefore, they say, it is important for veterinary professionals to engage clients in conversations that relate to the cost and value of veterinary care during all types of appointment. As well, discussions about cost are important to ensure clients can make informed decisions, and to obtain client consent.

Fewer client visits associated with more cost conversations

While the study found veterinarians engaged clients who had made fewer

veterinary visits in cost conversations more often, the overall prevalence of cost conversations was low. Therefore, there is a clear need to continue to support veterinary professionals, through education and research, with communication tools to engage clients in cost conversations during every appointment.

Training veterinary support staff to facilitate cost conversation

Veterinary support staff participated in cost conversations with clients in a small number of appointments, but it is suggested that these veterinary professionals could be trained to facilitate effective cost discussions in certain situations.

Communicating motivation for recommendation may help client adherence

While cost conversations between veterinarians and their clients are still uncommon, repeated studies have shown that clients wish to have these conversations upfront. The researchers say that addressing this disconnect may help communicate the value of veterinary care, so clients understand the veterinarians' motivation for making a recommendation. This may help reduce client uncertainty and misunderstanding, which has been found to have a role in clients' adherence to veterinarian recommendations.

Other valuable tools to support cost conversations

Very few appointments in this study involved discussion of written estimates, wellness plans, or pet insurance alongside cost conversations. The researchers say that written estimates can be valuable tools for introducing clients to the cost of veterinary care and can reduce the potential for "sticker shock" when presented with the bill. Written estimates are an itemized list of services, which still requires a conversation with the client to explain the benefit to a patient's health and wellbeing.

Recommendations

Communicating the cost and value of veterinary care in relation to a patient's future health and wellness warrants further attention. Developing targeted curriculum and continuing education is needed to support the growing occurrence of these conversations in veterinary practice. This will contribute to improved understanding of the cost and value of veterinary care from a client's perspective [CVP](#)

Source: Catherine NH Groves, Natasha Janke, Alexandra Stroyev, Jordan D Tayce, Jason B Coe. Discussion of cost continues to be uncommon in companion animal veterinary practice. *J Am Vet Med Assoc.* 2022;260(14):1844-1852.

"Lifestyle vaccines" in dogs: Expanding our thoughts

By Scott Weese, DVM, DVSc, DACVIM

When we talk about vaccines of dogs*, we tend to split them into "core" and "non-core" vaccines.

(*The same applies to cats. I use dogs by default for posts like this, which sometimes gets me an earful, but I'm not actually ignoring cats.)

Core vaccines are those that every animal should get (e.g. rabies vaccine in areas where rabies exists, canine parvovirus in areas where dogs exist). **Non-core vaccines** are those that aren't required by every dog, or that are less convincingly needed in every case.

Non-core vaccines are also often referred to as "lifestyle vaccines," because the nature of the dog's (or cat's) lifestyle can put the animal at more or less risk of exposure to a disease, which affects the relative need for vaccination. Respiratory diseases are a great example. All dogs are at some degree of risk, but the risk is much higher in dogs whose lifestyles create more dog-dog contact (e.g. going to daycare, boarding, off-leash dog parks). That's a good way to think about how to prioritize vaccination for an individual dog, but it misses a big part of the disease prevention equation.

When I'm assessing the need for vaccination in a pet, I think about two main things:

1. **Risk of exposure.** The lifestyle aspect covers this.
2. **Risk of serious disease.** This often gets ignored.

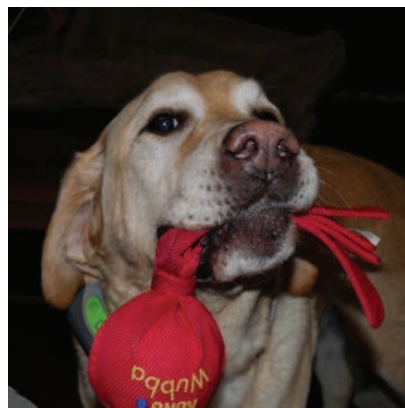
Some dogs are at higher risk of severe disease or death from respiratory infections. I'd put senior dogs, brachycephalics (i.e. flat-faced breeds), pregnant dogs, dogs with pre-existing heart or lung disease and dogs with compromised immune systems on that list. I'm more motivated to protect them because the implications of infection are higher, even if their risk of exposure may be fairly low.

Take my two dogs as an example (again):

Ozzie is 1.5 years old and healthy. If he gets a respiratory infection, most likely he'll have transient disease and, while it will be annoying (for him and us) and I'd like to prevent it, odds are quite low he'll suffer any serious consequences.



Ozzie



Merlin

In contrast, Merlin is an 11 year old dog with chronic lymphoid leukemia who's been getting chemotherapy for about 2 years. He's doing really well, but he has a significant chronic disease and he's old. If he gets a respiratory infection he's at much greater risk of dying than Ozzie.

If we look at lifestyle of these two dogs, they're similar, since they do everything together. The exception is in the summer when we go to a cottage for 2 weeks. Since 2 weeks with Ozzie at a cottage isn't much of a vacation for us or Merlin, he went to a local day care for part of the time. (An exhausted Ozzie is a good Ozzie, and he often came home close to comatose, which was perfect.) So Ozzie has a major additional lifestyle risk factor, therefore he'll get a respiratory vaccine again this summer (both because of the risk and because the day care requires it).

Merlin doesn't have that same *direct* exposure risk, but he has some added risk through being exposed to Ozzie. Should he get a respiratory vaccine? If we just look at his lifestyle, we'd say no, he's pretty low risk for exposure. However, his higher risk for severe disease increases my motivation to vaccinate him, and he'll likely get a respiratory vaccine this summer at the same time Ozzie does.

Lifestyle is definitely important to consider, but we need to make sure we don't just focus on the dog's lifestyle and consider the dog (or cat) as a whole.

Source: www.wormsandgermsblog.com - Reprinted with permission

Canadian Veterinary Medical Association (CVMA) news

We're with you every step of your way. Only the Canadian Veterinary Medical Association (CVMA) represents the interests and priorities of Canada's diverse veterinarians and protects the integrity of the veterinary profession across Canada. Please see the information below for updates on the CVMA's recent activities and resources across Canada.

All veterinarians can now access free peer-to-peer support

Togetherall offers the opportunity to improve mental health by providing and receiving support through a peer-to-peer community supported by integrated services that are safe, anonymous, and overseen by licensed clinicians who empower members to share their experiences in an inclusive environment.

The high demand for mental health resources amongst veterinary professionals spurred Togetherall, the CVMA, and Western Financial Group



CVMA at the OVMA Conference and Trade Show

to create **open access to Togetherall for all veterinarians across Canada**. Visit the *Veterinary Health and Wellness Resources* section of our website to access Togetherall.

CVMA at the OVMA Conference and Trade Show

CVMA President, **Dr. Trevor Lawson**, OVMA President, **Dr. Matthew Richardson**, OVMA Chief Executive Officer, **Mr. John Stevens** and CVMA Chief Executive Officer, **Mr. Joel Neuheimer**, recently joined colleagues at the **2024 Ontario Veterinary Medical Association (OVMA) Conference and Trade Show** in Toronto.

Topics included supporting the CVMA's federal advocacy efforts on drug availability, securing additional sponsorship support for The Working Mind program, expanding the CVMA Wellness Program, our Emerging Leaders Program, our sustainable veterinarians initiative, among many other important subjects.



Industry News

Veterinary technician utilization podcast

On February 14, 2024 a timely and informative podcast was made available from the Veterinary Medical Association Executives (VMAE) Veterinary Practice Health series. This month's podcast discusses the importance of veterinary technician utilization and efficiency in veterinary practice. The hosts, Heather Prendergast, Leslie Boudreau, and Dr. Lou Olson, emphasize the need to fully utilize veterinary technicians and create a culture that values their contributions. They highlight the benefits of technician utilization, such as improved job satisfaction, reduced turnover, and increased efficiency. The conversation also explores the various roles and responsibilities that credential technicians can take on in a practice, beyond traditional floor duties. The episode concludes with a discussion on onboarding programs and the impact of culture on technician utilization.

The podcast links can be accessed here:

<https://open.spotify.com/episode/7wyG1v267TacRqBW4bR6oQ>

March is National Tick Awareness month

March is National Tick Awareness Month (NTAM) and the Canadian Veterinary Medical Association (CVMA) and Merck Animal Health are advising Canadians to stay vigilant because tick control may be needed when you least expect it.

"Recent research has shown that ticks infected with tick-borne pathogens like *Borrelia burgdorferi* and *Anaplasma phagocytophilum* may actually be more resilient than uninfected ticks, especially in our colder Canadian climate. These 'fitter, better, faster, stronger' ticks can increase the risk for people and pets across our country, especially at times of the year when ticks might not be top of mind," says Dr. Trevor Lawson, CVMA President. "It is our responsibility and privilege as veterinary professionals to spread this knowledge and help our clients protect their family members, including the furry ones, for the entire tick risk period, which in some cases is all year round."

Ticks infected with these pathogens may demonstrate improved recovery following subzero temperatures, increased feeding abilities, elevated survival rates, and enhanced cold tolerance among other advantages.

Since 2016, NTAM, led by the CVMA in partnership with Merck Animal Health, has focused on key components of tick awareness to help protect pets and their people.

Quebec bans non-essential veterinary procedures

Quebec has instituted a ban on four cosmetic procedures for animals: vocal cord removal, ear cropping, tail trimming, and cat declawing for esthetic purposes. These non-essential procedures, widely discouraged by veterinarians due to associated risks and issues, are now formally prohibited under the new regulation.

Under the new regulations, veterinarians will still be allowed to recommend the banned surgeries for medical therapeutic purposes. A further ex-

ception is made for ear cropping stray cats in authorized capture, sterilize, and release programs.

The comprehensive animal welfare update additionally imposes bans on euthanasia by inhalation, leashing animals without a collar, mating animals of incompatible sizes, and feeding meat to pet pigs. Further, it introduces stringent standards for animal welfare, such as stricter control of commercial breeding practices.

Ontario is now the only province which still permits cat declawing.

AAFP/IAAHPC Feline Hospice and Palliative Care Guidelines

The American Association of Feline Practitioners (AAFP), and The International Association for Animal Hospice and Palliative Care (IAAHPC) have announced the release of the 2023 AAFP/IAAHPC Feline Hospice and Palliative Care Guidelines.

These Guidelines focus on the evolving field of feline hospice and palliative care, emphasizing communication, ethics, and individualized care. They highlight the importance of comfort care and emotional well-being, recognizing the link between physical, psychological, and social needs of the patient. A further concept of the 'unit of care' is introduced, which is extrapolated from human hospice and palliative care and encourages collaboration among other members of the interdisciplinary team to support the caregiver and their needs.

Accompanying the Guidelines are several supplemental materials, which include a new educational brochure for cat caregivers, videos, and a hospice and palliative care patient questionnaire.

For more information on the Guidelines, visit the AAFP and IAAHPC websites. Resources for cat caregivers can be found at catfriendly.com/hospice.

A new national charity to help reduce companion animal suffering

The National Pet Care Fund (NPCF) is a newly founded charitable organization providing help to low-income Canadian pet owners, by providing a grant to cover a portion of non-elective medical costs for their sick or injured companion animals. Pet owners who qualify can receive up to \$400 in financial assistance for their pet's urgent medical care.

Pet ownership can be very expensive, and a lack of available funds can often mean that urgent non-elective medical care is delayed or postponed indefinitely for companion animals causing pain and suffering for both the pet and their owner. The NPCF invites all Canadians who own a companion animal, and who may qualify for assistance based on their personal and household income, to apply for financial aid.

NPCF grants are provided to help cover part of the cost of non-elective veterinary care such as surgery (including some dental surgery), hospitalization and diagnostics.



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* Caloric restriction @25% MER for months 1-4 and @40% MER for months 5-6; on package feeding instructions reflect 40% restriction. Nestlé Purina Petcare Internal Data (2022).

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