



CANADA'S VETERINARY NEWSMAGAZINE SUMMER 2020 VOLUME 15, NO 3



Table of Contents

3	Canadian Vet Advisory Board
4	VetLaw - Practicing in a pandemic - Practical observations of the impact of COVID-19
8	Delivery of a non-viable fetus with schistosomosa relexus
10	Animal cruelty: responsible reporting
12	Real Valuable paTh: The RVT profession is not just a job; it is a career for life
12	Compassion fatigue: burnout hinders getting stuff done
13	Veterinary Business Today - Using employee engagement to create a great work environment
15	Ready, set, goal!
16	Industry News
17	Case Study: Animal Welfare and Ethical Issues
18	CVMA News
19	RVTTC News
20	Continuing Veterinary Education Calendar
21	Veterinary Marketplace

96% OF DOGS
LOST WEIGHT
IN TWO MONTHS AT HOME¹

FIND OUT HOW

Return undeliverable Canadian addresses to
3662 Sawmill Valley Drive
Mississauga, Ontario L5L 2P6
Publications Mail Agreement #41262570



THE ONLY NUTRITION CLINICALLY PROVEN TO ACTIVATE METABOLISM²



**Hill's has a complete weight loss
portfolio of great tasting dry food,
delicious stews and treats.**

Ask your Hill's territory manager about weight nutrition that's
A STEP AHEAD FOR THEIR BEST LIFE

¹Veterinarian-supervised feeding study with 351 client-owned pets; 314 pets completed after 67 days. Data on file. Hill's Pet Nutrition, Inc.

²Hill's data on file. Based on current therapeutic products in market.

The Hill's Transforming Lives logo, the Hill's Prescription Diet logo, the S+OX SHIELD logo, Hill's, Metabolic, and c/d Multicare + Metabolic are trademarks of Hill's Pet Nutrition, Inc.



VET Help! I'm suffering from nutrition fatigue!



EDMONTON, AB - Are you tired of busting nutrition myths with pet owners? Many veterinary team members have reached the point of nutrition fatigue when it comes to addressing myths and misinformation. Speaking at an Edmonton Association of Small Animal Veterinarians seminar, Dr. Jackie Parr BScH, DVM, MSc, Dip ACVN, Board Certified Veterinary Nutritionist® explained that this can be because myth busting is often an ineffective strategy to correct misinformation amongst pet owners and, as a result, frustration and fatigue set in.

Why does debunking myths fail?

Dr. Parr cautioned that any effort to debunk misinformation can inadvertently

Nutrition fatigue continues on page 2



Photo courtesy of: Thunder Bay Animal Hospital, Thunder Bay, ON.

Care team of the Thunder Bay Animal Hospital

Table of Contents	
3	Canadian Vet Advisory Board
4	VetLaw - Practicing in a pandemic - Practical observations of the impact of COVID-19
8	Delivery of a non-viable fetus with schistosomosa relexus
10	Animal cruelty: responsible reporting
12	Real Valuable paTh: The RVT profession is not just a job; it is a career for life
12	Compassion fatigue: burnout hinders getting stuff done
13	Veterinary Business Today - Using employee engagement to create a great work environment
15	Ready, set, goal!
16	Industry News
17	Case Study: Animal Welfare and Ethical Issues
18	CVMA News
19	RVTTC News
20	Continuing Veterinary Education Calendar
21	Veterinary Marketplace

TEAM Think like a cat: how to be Feline Friendly at home and in the practice



By Kelly A. St. Denis, MSc., DVM, DABVP (feline practice)

EDMONTON, AB -Cats do not see or experience the world the way we do. In our busy days at the clinic, it is imperative that we take pause and assess how our feline patients interpret their veterinary experience. From the moment the client schedules the appointment to the moment they return home, the cat's experience can be traumatic and frightening. Understanding natural cat instincts and planning their visit to accommodate for this will improve the visit experience for everyone, especially the cat and client.

In a natural environment, cats are predators AND prey. We frequently think of cats as hunters but forget that they are also hunted. This means that during their veterinary visit, they frequently feel threatened. This is the baseline instinct that can drive many cats' negative reactions to a visit to the veterinarian.

The cat's unique senses

The unique senses of the cat impact how they interact

Think like a cat continues on page 6

TEAM Veterinary clinic access and COVID-19 risks



By Scott Weese, DVM, DVSc, DACVIM

I get a lot of emails about vet clinic access from a wide spectrum of individuals. This includes:

- Owners who are upset they aren't allowed in the clinic with their pet
 - Owners who are worried that their vet clinic isn't doing enough to prevent transmission of COVID-19
 - Vets who want to know how to increase owner access to clinics safely
 - Vets who want to keep people out of the clinic as much as possible for safety
 - (And still some that just yell at me regardless what I say)
- There's no "one-size-fits-all" approach to veterinary medicine in the COVID-19 era. I've written about different approaches before, but since I get so many questions, here are some more thoughts.

Why can't someone just say, "here's what all vet clinics should do"?

There's too much variation between clinics. This includes things like the degree of COVID-19 activity in the region, local rules, staff and management risk

COVID-19 risks continues on page 7

Nutrition fatigue *continued from page 1*

reinforce the very myths one seeks to correct. (Cook and Lewandowsky, 2011). In the past, she noted, many veterinary professionals would highlight the myth and then offer a plethora of scientific information to explain why that myth was incorrect. Instead, Dr. Parr shared these tips to avoid inadvertently reinforcing myths:

1) *Focus on facts rather than myths.*

“I have started discussing nutritional truths as opposed to nutritional myths,” shared Dr. Parr. The emphasis is placed on what is truthful and factual, not the misinformation.

2) *An easily understood, alternate explanation must be provided that explains the misinformation. Here the old saying, “keep it simple,” works wonders!*

A very complicated explanation is likely to leave the pet owner confused and in a state of “information overload”. Instead, a simple message, such as, “Byproducts are nutritious. They provide protein, fats, vitamins, and minerals,” would provide a better explanation.

Unfortunately, once misinformation is deep-seated in a pet owner’s mind, it can be very difficult to change. Even if we avoid inadvertently reinforcing these myths, we may not be able to completely abolish them. So what can be done to ensure our patients receive the best possible nutrition, while still meeting the personal views of the pet owner? We need to communicate!

Dr. Parr’s five step approach to addressing nutrition concerns

Step 1. Nutritional History

Dr. Parr advised that the veterinary team collects diet history information in several ways to ensure accuracy of the information. Nutritional history details should be collected both verbally and in written form. Start by asking open-ended questions initially, she advised, and then also have the owner complete a diet history form.

Other ways to gather nutritional history information for the pet may include:

- Having the pet owner keep a diet log for an entire week if more information is needed (what foods were offered, amounts offered in grams, amounts consumed in grams, and any notes the pet owner feels are relevant).
- When booking appointments, asking the pet owner to bring all pet foods and treat packages to the appointment to ensure you have an accurate diet history.
- Having pet owners email photos of all pet foods and treats they are feeding.

Step 2: Nutritional Assessment

The nutritional assessment demonstrates to the pet owner everything the veterinary team does to evaluate their pet’s nutrition. Having a checklist will quickly allow the veterinary team to work together on every patient’s screening evaluation. Dr. Parr provided some guidelines for the nutritional assessment, which included:

- If risk factors are identified during the screening evaluation, then an extended
- evaluation is required.
- The more risk factors identified during the screening evaluation, the more important an individualized nutrition support plan becomes for the patient.
- An extended nutritional assessment is required for senior patients and patients with medical conditions to gather further information on the circle of nutrition:
- *patient, diet, and feeding management and environment.*
- This tool also provides an area for developing an individualized nutrition support plan for patients.
- The plan must include monitoring in order to be successful (e.g. recheck appointment in two weeks to reassess weight, BCS, and MCS).

Case: Maggie – 2 yrs. FS Labrador Retriever

- Weight: 46 kg
- BCS: 8/9
- MCS: mild wasting right hind
- Recent cruciate injury to right hind limb
- Decreased activity
- Household: one other dog (8 yrs. FS Labrador)

Nutritional History				
Food	Form	*Amount	Number	Fed Since
Large Dog Diet	dry	4 cups/day	2 meals/day	Over 1 year
90% lean hamburger	pan-fried	3oz (85 grams)	1x/week	Over 1 year
Milk Bone Large	treat	2 treats	2x/day	2 years
People food	treat	varies	1x/day	2 years
Measuring device used:	cup			
What size tins/cans:	none			

Nutritional Assessment	
Screening evaluation checklist	
<i>Pets that are healthy and without risk factors need no additional extended evaluation</i>	
Nutritional screening risk factors (extended evaluation is OPTIONAL)	Check if present
Extremely low or high activity level	
Multiple pets in a household	
Gestation	
Lactation	
Growth period	
Age of >7years	
Nutritional screening risk factors (extended evaluation is MANDATORY)	
History of altered gastrointestinal function (eg. Vomiting, diarrhea, flatulence, constipation)	
Previous or ongoing medical conditions / disease	
Currently receiving medications and / or dietary supplements	
Unconventional diet (eg. raw, homemade, vegetarian, unfamiliar)	
Snacks, treats, table fppd >10% of total calories	
Inadequate or inappropriate housing	
Physical examination	
Body condition score less than 4 or greater than 5 (on a 9-pt scale)	
Muscle condition score: Mild, moderate or severe wasting	
Unexplained weight change	
Dental abnormalities or disease	
Poor skin or hair coat	
New medical conditions / disease	

Step 3. Don’t Assume! Communicate!

- After going through the nutritional assessment, ask the pet owner to tell you about any
- concerns they have regarding their pet’s nutrition.
- Open-ended questions are the best strategy for gathering information from the pet owner (i.e.
- questions that cannot be answered with either “yes” or “no”).
- Clarify the pet owner’s concerns with reflective listening (i.e. acknowledging what they told you verbally) and further open-ended questions.

Open-ended question examples:

- Now that we have completed Maggie’s nutritional assessment, tell me a bit more about any
- concerns you have regarding Maggie’s nutrition?
- You mentioned that you do not want to feed by-products/corn to Maggie. Please tell me a little
- more about your concerns with by-products/corn. I want to be sure I understand.

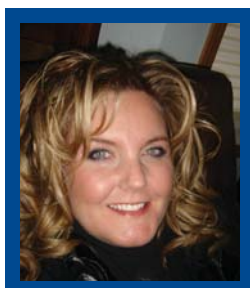
What open-ended question(s) will you use to understand pet owner’s concerns?

Step 4. Practice Talking Points – Nutritional Truths

- Compliments help to get you off on the right foot!
- Ensure your talking points address the pet owner’s concerns and that the message is easy to
- understand. Avoid jargon!

Canadian Vet Practice Advisory Board

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.



Leanne Barker,
AHT, CMT, CPDT, CCT
Calgary, AB



Elizabeth Bellavance
DVM, MBA, CEPA
Camlachie, ON



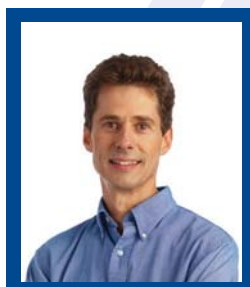
Søren R. Boysen
DVM, DACVECC
Calgary, AB



Trisha Dowling
DVM, MSc, DACVIM & DACVCP
Saskatoon, SK



David Francoz
DVM, DACVIM
St. Hyacinthe, QC



Fraser Hale
DVM, FAVD, DAVDC
Guelph, ON



Danny Joffe
DVM, DABVP (canine/feline)
Calgary, AB



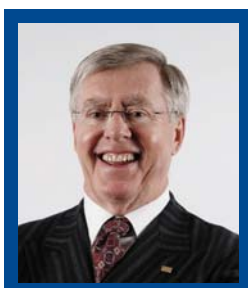
Duane Landals
DVM, BSc.Ag
Edmonton, AB



Susan Little
DVM, DABVP (feline)
Ottawa, ON



Heather Lowe,
AHT, MBA
Halton Hills, ON



Clayton Mackay
DVM
Nobleton, ON



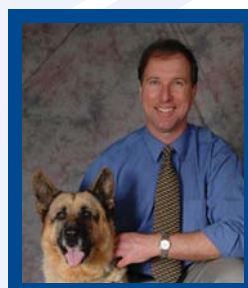
Tamara McLoughlin, RVT
Saskatoon, SK



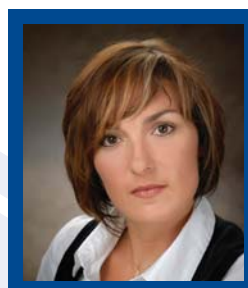
Lauren O'Leary,
RVT, CVPM, BEd
Alliston, ON



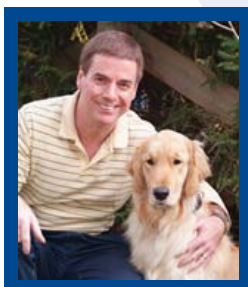
Ernie Prowse
DVM, BSc, BA
Truro, NS



Steve Noonan
DVM, CPCC
Campbellville, ON



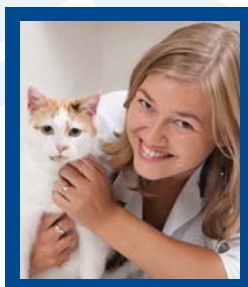
Kathy Stinson,
RVT
Sudbury, ON



John Tait
BSc, DVM, MBA, CFP
Guelph, ON



Jayne Takahashi
DVM, MBA
Victoria, BC



Adronie Verbrugghe
DVM, PhD, Dip ECVN
Guelph, ON



Stephen Waisglass
BSc, DVM, CertSAD, DACVD
Newmarket, ON



Scott Weese
DVM, DVSc, DACVIM
Guelph, ON



Joseph C. Wolfer
DVM, DACVO
Toronto, ON

Canadian
VET
Practice

CANADA'S VETERINARY TEAM NEWSMAGAZINE



Karen Tousignant
Publisher, Director of Sales
karen@k2publishing.ca



Jason Praskey
Art Director
praskeydesign@gmail.com

Other information, including change of address: info@k2publishing.ca

Publishing magazines for veterinary professionals since 2005. Published four times annually by K2 Animal Health Publishing.

Telephone: 905-301-1124

Each clinical article in *Canadian Vet Practice* is veterinarian/veterinary technician reviewed prior to publication.

Copyright 2020. All rights reserved. Printed in Canada.

www.k2publishing.ca

VetLaw

Practicing in a pandemic -
Practical observations of the impact of COVID-19

As we enter the sixth month of the national ‘lockdown’ arising from the onset of the pandemic, there are some observations that can be commented upon in the context of the legal implications of veterinary practice management. Indeed, beyond the day-to-day activities in the clinic, our current environment gives rise to some noticeable ‘shifts’ in veterinary practice succession.

Human resources

The initial immediate impact of the pandemic in March, 2020 was viewed in an effort to reduce clinic overhead costs by the temporary lay-off of employees. Many practice owners learned that layoffs in most provinces could only be implemented either with the consent of the employees (many of whom agreed with the proposal given that the alternative was termination of the employment relationship) or in circumstances where a written employment agreement provided for such lay-offs. As a result, hospital owners and managers have undertaken a review of existing employment agreements, to ensure that those types of provisions are included in an effort to ensure that this course of action can be instituted quickly in the future when other practice disruptions occur (for example, the destruction of the hospital premises by fire).

Telemedicine and telecare

As you know, many clinics pivoted quickly to offer telemedicine services during the pandemic, through telephone or video conference platforms. Early analysis suggests that animal owners were, for the most part, accepting of those protocols – in fact, some have reported that it was a preferred methodology. The ‘gap’ that has presented itself is that many regulatory authorities have not yet established a clear and reliable set of standards to ensure that the public interests are maintained. Our current environment will serve to heighten the need for provincial regulators to direct their attention to the framework for the delivery of telemedical services including directives on licensure, confidentiality and jurisdictional authority.

‘Urgent care’ and professional judgement

While the early imposed restrictions to the profession to only provide services within the scope of ‘urgent care’ have been relaxed, there appeared to be a good deal of confusion within the profession as to what actually constituted ‘urgency’, which, ultimately, was left to the discretion of the attending veterinarian. Attempts to provide some helpful examples of what might ultimately be viewed as ‘elective’ vs ‘urgent’ seemed to always be subject to the general proviso that a determination was subjective and within the purview of the practitioner with carriage of the matter.

Health and safety protocols

A remaining legal responsibility is the need for each clinic to adopt and implement new protocols related to ensuring the safety of both staff and clients. The introduction of ‘curbside’ pickups, sanitizing stations, physical distancing, appropriate signage, pre-entry health questionnaires and health monitoring are illustrative of newly imposed obligations on clinics. The failure to adhere to the ‘new realities’ has given rise to disputes with staff members who feel that the work environment is not safe and ‘spirited’

discussions with clients who approach the pandemic in a cavalier manner (for instance, refusing to wear a mask). For the most part, after some early supply-chain challenges, the profession has willingly adopted and continues to monitor the new standards.



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

Succession planning

The practical implications for veterinary succession planning including the sale of the clinic has given rise to some observations on a twofold basis:

Practice valuation

Hospital valuers are wrestling with understanding the impact that the pandemic has had on the value of the clinic in these unprecedented times. At this stage, it appears to remain uncertain whether or not any significant decline in revenues during the initial months after the lockdown should give rise to a lessening of value or if it should be considered a ‘blip’ in the financial performance of the clinic. Many practice owners are reporting that early downturns in revenue during March through May, 2020 have been ‘bought’ by steady increases since June. It has been reported that a standardized approach to the treatment of pandemic cashflows is not likely to be adopted on a profession-wide basis until additional data through the Fall is available for consideration and analysis.

Practice sale structures

Given the uncertainty surrounding valuation and the additional unknown impact of government program funding initiated during the pandemic on the national economy, vendors and purchasers of veterinary clinics have been spending a good deal of time attempting to equitably distribute the risk of proceeding with the sale of a clinic. In many cases, purchasers are seeking discounts from the otherwise value that has been derived, at least in part, from a review of historic financial performance. Vendors are resistant to any form of a ‘guarantee’ of the performance of the practice post-closing. Some of the ‘balancing act’ is achieved through the introduction of ‘earnout’ provisions in sale agreements which provide, in simple terms, that the payment of a portion of the purchase price is deferred pending a determination of whether or not the practice achieves certain pre-determined revenue thresholds. The ‘art’ of such provisions is reaching consensus on the ‘benchmark’ which is to be established in an uncertain economic environment. Such provisions can present an unacceptable risk to a vendor unless he or she is present in the clinic post-closing to have some control over the performance of the clinic.

It would appear that we will remain in our current pandemic working environment for the foreseeable future; no doubt the veterinary profession, like others, will continue to pivot in response to new developments as they present.

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.



Sponsored by Champion Alstoe Animal Health

Elanco

That friendly

**MANURE
CONNOISSEUR**

could be a

**WHIPWORM
GOURMET**

 **INTERCEPTOR[®]
PLUS**
(milbemycin oxime/praziquantel)



CANINE INTERNAL PARASITES: A GREATER THREAT TO YOUR PATIENTS THAN YOU MIGHT THINK



50%

OF DOG PARKS IN THE US
TESTED POSITIVE FOR
WHIPWORM, ROUNDWORM,
OR HOOKWORM¹

 **4** out of **5**

DOG PARKS IN THE US
TESTED POSITIVE FOR
INTESTINAL PARASITES¹

INTERCEPTOR[®] PLUS PROTECTS YOUR PATIENTS AGAINST FIVE TYPES OF COMMON WORMS.
Visit bewormready.ca/vet or talk to your Elanco representative.

References

1. 2019 Elanco. Data on File. US Study.

Important Safety Information

The label contains complete use information, including cautions, and warnings. Always read, understand and follow the label, and use directions.

Indications

Interceptor Plus is indicated for the prevention of heartworm disease caused by *Dirofilaria immitis*; and for the treatment and control of adult roundworms (*Toxocara canis*, *Toxascaris leonina*), adult hookworm (*Ancylostoma caninum*), adult whipworm (*Trichuris vulpis*), and adult tapeworms (*Taenia pisiformis*, *Echinococcus multilocularis*, *Echinococcus granulosus*, and *Dipylidium caninum*) infections in dogs and puppies.

Nutrition fatigue *continued from page 2*

- The more often you practice delivering nutritional truths to pet owners, the more confident you will become. Practice giving simplified messages during role play with colleagues to increase your level of comfort.

Nutritional truths examples:

- By-products are nutritious. They provide nutrients including protein, fat, vitamins, and minerals, which Maggie needs.
- Corn is easy for Maggie to digest when it has been cooked and ground.
- Corn is nutritious. It provides Maggie with protein, fat, fibre, and supplies energy.

What nutritional truths will you use when speaking with pet owners about nutrition?

Step 5. Follow Up with Resources

- Send pet owners home with a folder of resources or offer to email them resources, so that you can help guide where they look for information on the Internet.

Resource examples:

Resources in the WSAVA Global Nutrition Toolkit include: www.wsava.org/Guidelines/Global-Nutrition-Guidelines

- Selecting the best food for your pet
- The savvy cat/dog owner's guide to nutrition on the internet

Resources written by Board Certified Veterinary Nutritionists™:

- American College of Veterinary Nutrition: www.acvn.org
- Pet Nutrition Alliance: <http://petnutritionalliance.org/>
- Petfoodology: <http://vetnutrition.tufts.edu/petfoodology/>
- Weeth Nutrition: <https://weethnutrition.wordpress.com/>

- The Kibble Queen: www.kibblequeen.com

American Academy of Veterinary Nutrition (AAVN): www.aavn.org/

- Nutrition resources: www.aavn.org/nutrition-resources/
- Membership benefits: www.aavn.org/membership/
- Complimentary membership for students (veterinary or veterinary technician programs)
- Annual Clinical Nutrition & Research Symposium held prior to ACVIM in June:
- www.aavn.org/conferences-meetings/

Academy of Veterinary Nutrition Technicians: <http://nutritiontechs.org/>

Human food nutrient databases:

- Canadian Nutrient File: <https://food-nutrition.canada.ca/cnf-fce/index-eng.jsp>
- USDA Nutrient Database: <https://ndb.nal.usda.gov/ndb/> **CVP**

Jackie Parr, BScH, DVM, MSc, Dip ACVN (aka *The Kibble Queen™*), a Board Certified Veterinary Nutritionist™ and one of only 81 Diplomates of the American College of Veterinary Nutrition, resides in Hamilton, Ontario, with her beloved Boston Terrier. Festooned with veterinary and academic designations that speak to a passion for science and veterinary medicine that borders on obsession, Dr. Parr is among the elite where pet nutrition is concerned. A natural educator, Dr. Parr is widely sought after in professional circles as both a public speaker, and as a specialist for consults on the most unique and emergent nutritional cases. She is a passionate nutrition advocate and an accessible expert with feet planted firmly in both the academic and practical worlds of specialized nutritional medicine. She is a proud Founding Member of the Canadian Academy of Veterinary Nutrition and promotes the immense benefits of physical activity on mental wellbeing through competitive powerlifting. You can find more about Dr. Parr at www.kibblequeen.com.

Think like a cat *continued from page 1*

with their world. Cats communicate through olfactory, visual, tactile and auditory means. A cat's sense of smell is significantly more sensitive than a human. They perceive their world in overlapping clouds of smell. This in itself can lead to a heightened sense of awareness in the examination room. Although we believe we thoroughly clean our hospitals, many scents remain behind to arouse our feline patients. This can lead to fear or redirected aggression in the examination room.

Vision at night for cats may be good, thanks to the retinal tapetal reflective tissue. Since they primarily hunt at night, our feline friends have little need for color vision. The feline range of vision is best at 2-6 metres. Close up, feline vision is less than ideal, thus impacting their stress levels when foreign items are close by. The feline binocular vision which has a 98-degree overlap allows for accurate assessment and judgement of distance.

Cats have amazing hearing, using their pinna to rotate and collect as many surrounding sounds as possible. The pinna can swivel almost 180 degrees and move independently of one another. This helps them to track and locate prey, but also to detect predators. Remote sounds from outside of the examination room can be frightening to the feline patient.

Tactile senses permit communication with fellow felines and other species, including the veterinarian. Their responses can include affiliative communication like rubbing, head bunting, nose-touching, kneading, treading and allogrooming (grooming one another). Negative or agonistic communication can include biting and scratching.

Cats are easily threatened. Their response to threats is to flee, freeze or fight. As veterinarians we have all experienced this range of reaction in our feline patients. Our patients communicate with us by many visual cues. Understanding these is critical to improving feline visits. We need to monitor their posture, their facial expressions, their ear and tail positions, and respond accordingly. This might include giving the cat some space, some extra time and/or taking another approach.

Routine patterns of behaviour

As obligate carnivores and solitary hunters, cats tend to be territorial and find safety in the predictability of their surrounding environment. As household members, most clients understand that their cats are schedule oriented. Cats appreciate consistency, know when mealtime has arrived, and are stressed by disruptions in their regular routines. A visit to the veterinarian is a definitive

disruption in this routine. When one considers how stressed clients can become in anticipation of a trip to the vet with the cat, and the cat's ability to sense their owner's stress, the cat is more likely to anticipate the changes and experience stress well in advance of departure. Assisting our clients in preparation for the veterinary visit can go a long way to reducing the initial stress of the visit.

Goals for a good veterinary visit

Our goals for a good veterinary visit should include reducing anxiety in clients, patients and staff. Veterinary staff should seek ways for the client and patient to have a positive, productive visit with zero injury to patient, client and staff.

A stress-free visit starts at home. The client should be provided with emotional support in person and by telephone or email. The client should be encouraged to stay calm. Provision of the best type of carrier, and instruction to use this correctly is important. Treats, rewards, facial pheromones and necessary medications should be discussed and utilized as needed. In addition to providing telephone support, the author utilizes medications such as gabapentin and/or buprenorphine or alprazolam for anxious patients. These are prescribed and administered in advance of the veterinary visit.

Avoid anticipating behaviour in a negative way. It is critical to understand and remember that a patient may have a history of negative behaviour in our clinic, but labeling patients as 'fractious', for example, is not productive in making change to the patient experience. Making positive steps to address this are better than just preparing for the worst. The initial minutes after a 'bad' visit should be used to assess what went wrong, understanding how the patient was feeling and how that dictated the patient response.

Address pain prior to the visit

Pain is a major consideration in many of our patients. In a study by Lascelles et al¹, cats between 6 months and 20 years of age were randomly selected for radiographic assessment for the purpose of detecting lesions consistent with degenerative joint disease (DJD) such as osteoarthritis and spondylosis. In this study, 91% of the cats were shown to have radiographic evidence of DJD. This was shown to exist with equal frequency in all age groups. This study highlights the need for practitioners to anticipate pain. A proactive effort to reduce or eliminate pain prior to the visit and handling will make a significant difference in the patient's experience. The author frequently utilizes gabapentin, and sometimes buprenorphine, in advance of visits

in patients with known or suspected arthritis pain. This applies to patients with other types of pain as well. The anxiolytic properties of gabapentin are an added benefit.²

The lightest touch is the strongest hold

During handling of feline patients for any reason, the least amount of handling is best. Most patients do better when they have some sense of control over their situation and are not being restrained. Enhancing the patient environment with dim lighting, minimal noise, and a warm, fuzzy blanket sprayed with Feliway, can improve the patient demeanor dramatically. Sitting on the floor with the patient can be helpful, if the examination table is too stressful. Some practitioners do not have examination tables in their feline consultation rooms. Avoiding eye contact is beneficial. Reading patient body language and responding accordingly will ease anxiety. The practitioner should avoid touching the patient if the cat is engaged in sniffing items of particular interest. In this type of reduced stress environment, cats are more amenable to handling for physical examinations, blood pressure assessments, injections and tissue sampling (blood draw and urine sampling).

For blood and urine sampling, patient pain should be addressed well in advance. Patient positioning should depend on patient comfort levels. Reduced restraint levels produce better results. Aggressive restraint methods are not ideal. The author does not use gloves, nooses, cat bags, scruffing, or so-called ‘clipnosis’.

In cases where patients are simply not cooperative for handling, chemical restraint in the form of sedation is safest for everyone involved. The alternative is physical restraint. The latter hurts the patient, reduces the success of data collection and puts all involved at risk of injury. The latter also impacts future veterinary visits for the now traumatized patient, client and staff.

Cat Friendly practice

Certification with the AAFP Cat Friendly Practice program and the AAFP Cat Friendly Certificate will assist the veterinary staff and practitioners in understanding and being prepared to interact with the feline species. The certifications are valuable in clinic promotion to existing and potential clients as well. The individual certificate program offers programs for veterinarians, veterinary technicians and auxiliary staff. Look for announcements in your weekly AAFP e-newsletter or visit the AAFP website: <https://catvets.com>

At the end of each feline visit, the goal is for everyone involved to feel like the experience was positive and productive for feline, client and staff inclusive. Objectives for care should be met without force and restraint, with an aim to understanding the unique feline senses and how these affect the feline veterinary experience.

References

1. Lascelles BDX, Henry JB III, Brown J, et al. Cross-Sectional Study of the Prevalence of Radiographic Degenerative Joint Disease in Domesticated Cats. *Vet Surg* 2010;39:535–544.
2. Pankratz KE, Ferris KK, Griffith EH, et al. Use of single-dose oral gabapentin to attenuate fear responses in cage-trap confined community



You **ADORE** your pet.
They will Adore their new food.

A Canadian owned & made veterinary diet designed for both veterinary professionals and loving pet owners. Created by veterinary specialists and nutritionists, it is based on the newest nutritional research of what dogs & cats need to thrive.

Uniquely formulated for your healthy adult dog or cat,
**ADORE Pet Food provides everything they need ...
and nothing they don't!**

A NOVEL PROTEIN, TROUT & EGG, FORMULA FOR DOGS AND CATS.

ADORE LOYAL is a balanced, healthy, novel protein diet. Its unique ingredients help care for your sensitive dog or cat.





Canine Adult Maintenance
Dry: 3kg & 9kg
Feline Adult Maintenance
Dry: 3kg

A GENEROUS PROTEIN FORMULA FOR DOGS.

The generous amount of protein in ADORE PLAY will help your dog achieve and maintain ideal body and muscle condition.





Canine Adult Maintenance
Dry: 3kg & 9kg



Quality and affordable nutrition for adult dogs and cats.

VETERINARY EXCLUSIVE

Adore Pet Food
adorepetfood.com

Phone : 1-877-909-2242
E-mail : info@adorepetfood.com

PROUDLY
MADE IN
CANADA,
WITH LOVE

COVID-19 risks *continued from page 1*

tolerance, clinic size, waiting room and overall clinic layout, exam room numbers and size, and ventilation, among others.

What are the basic concepts of COVID-19 prevention in a clinic?

1. Restrict access as much as possible.
2. Choreograph movements in the clinic.
3. Restrict close contact situations, especially in small rooms.
4. Use appropriate personal protective equipment (PPE).

1. Restrict access

I've said to keep owners out "as much as possible" in the past. This has led to issues since "as much as possible" is very subjective, but I can't really say more. There's a cost-benefit consideration. Every time someone new comes

cats: a double-blind, placebo-controlled field trial. *J Feline Med Surg* 2017;6:1098612X17719399.

Kelly A. St. Denis, DVM, DABVP (feline practice) is a practicing feline medicine specialist, board certified with the American Board of Veterinary Practitioners in the specialty of feline practice. In her early career she trained in molecular biology and immunology, working in the field of cancer research. In 1999 she graduated from the Ontario Veterinary College, going on to own and operate the Charing Cross Cat Clinic from 2007 to 2020. Dr. St. Denis is the 2020-2021 President for the American Association of Feline Practitioners and an active volunteer in the organization, participating in many committees and task forces. Dr. St. Denis is a consultant on the Veterinary Information Network in feline internal medicine.

into a clinic, there's some risk. The more that happens, the more the risk. The better our other control measures are, the lower the risk (i.e. we can get away with more people in the clinic by doing everything else right).

We can limit access but still allow some people into clinics, with some preventive measures. There may be logistical reasons to let people in (e.g. owner walks to the clinic and would have to wait outside in -20C weather) or patient care reasons (e.g. something needs to be shown to the owner that can't be done well remotely, euthanasia, patient for which curbside transfer might be risky) that are worth the limited increase in risk. There are many other situations where it's not worth the risk. We can still do a lot with telemedicine, curbside drop offs and hybrid appointments (e.g. telemedicine appointment followed by a drop off for a quick in-clinic procedure like vaccination or blood sampling) where the owner doesn't need to be present.

2. Choreograph movements

I was in a clinic the other day looking at traffic flow, and it's a good exercise to try. It's not usually too hard to come up with a logical flow system that creates one way traffic and avoids mixing of people... *if* numbers are limited. Minimizing the number of people who come into the clinic helps us optimize other preventive measures in the clinic. In combination with some floor markings, furniture re-arranging, designated direction of movement and designated entry/exit points, we can significantly limit contacts and decrease the risk of virus transmission.

3. Restrict close contact situations

Close contact. Closed spaces with poor ventilation. Droplet generating procedures like talking. Those are the high-risk situations for COVID-19 transmission, and they also happen to describe a vet clinic exam room. Time plays a big role in the amount of risk. Fifteen minutes isn't a magical number, but it's the one typically used to indicate the time that risk goes up. The smaller the space and the worse the ventilation, the higher the risk and the less time you should spend in it.

All those factors together show how the normal exam room visit needs to be rethought. To me, exam rooms are now "owner waiting spaces." If the owner needs to accompany the animal into the clinic, they check in and are admitted directly to an exam room (again, the number of people in the clinic needs to be limited to some degree for this to work). Vet personnel come in and retrieve the animal, keeping chatting to a minimum, distance to a maximum, and everyone's masked. A little conversation is fine and is good for patient care and the vet/owner relationship, but it should be distanced and short. The pet is then taken to a treatment area for examination and whatever needs to be done. Vet personnel can pop into the exam room or connect electronically to ask more questions or talk about things. The owner and pet are re-united in the exam room, and a short conversation can be had to explain or demonstrate things. If a demo is needed that requires restraint of the animal, someone from the clinic joins in so the owner does not have to help out, and can maintain distance from staff. (That's still a potential issue because of the reflexive nature of owners jumping in to help hold, but that just needs some communication to head it off.)

4. Use appropriate PPE

As much as they are annoying, masks are critical. Masks need to be worn for any close contact situation, by owners and clinic personnel alike.

Lots of questions remain

Lot's of questions remain, I know. I'll touch on a couple of them here but I'm sure there will be more to follow.

What do we do with the exam room after the owner leaves?

The room is ideally minimally stocked with easy to disinfect surfaces. Routine disinfection, focusing on owner contact surfaces (vs our previous focus on things like the examination table) is straightforward. A sign on the door indicating the room has been disinfected is useful and is good for clients to see.

What about the airspace in the exam room? Can the next person go right in?

That's a tough one. We focus on droplet transmission and direct contact when it comes to SARS-CoV-2, but there is likely some risk from accumulated aerosols in closed spaces with poor ventilation (like an exam room). It's probably limited in time and degree of risk, but we just don't know. Most aerosols settle quickly out of the air so they'll be taken care of with surface disinfection. However, should we leave 1 minute, 2 minutes, 5 minutes, or more between owners? Who knows. There are no recommendations for this kind of precaution in similar human healthcare situations, and I haven't seen any real evidence of risk. A few minutes between occupancies, with disinfection performed after this brief waiting period, is probably reasonable, based on what we know (especially with good mask compliance, as masks reduce aerosol release).

How important is ventilation in the exam room?

More is better. Looking at how much airflow can be achieved in the clinic is useful, as better ventilation disperses and dilutes any aerosols that may be present. Ventilation rates of less than 3 L/s per person have been suggested as being high risk, and 8-10 L/s per person as being low risk. If you don't know what your ventilation rate is and can't figure it out, go with the "more is better" approach.

Just some quick thoughts that I'm sure I'll add to soon (and get more questions about).

Source: www.wormsandgermsblog.com

Published by the University of Guelph Centre for Public Health and Zoonosis
Reprinted with permission

Dr. Scott Weese DVM, DVSc, DACVIM is a veterinary internal medicine specialist and the chief of infection control at the University of Guelph's Ontario Veterinary College. He is an expert in infectious and parasitic animal disease, including rabies, tick-borne diseases, antimicrobial resistance and emerging diseases. He is the former Canada Research Chair in Zoonotic Diseases.

VET Delivery of a non-viable fetus with schistosomosa relexus

At 7pm on March 2, 2020, a 2 year-old, 1.8kg Sphynx cat presented for dystocia to Dr. Shannon Whatman at Champlain Veterinary Clinic in Hemmingford, QC. The owner reported that cat had given birth, without difficulty, to 4 healthy kittens through the night of March 1st. Then, later in the day on March 2nd, the owner noticed that the cat began having more contractions.

A radiograph done at the clinic confirmed the presence of a remaining fetus in utero. Dr. Whatman then performed a caesarian surgery and a single non-viable fetus was delivered. The stillborn kitten was born with a rare congenital deformity, schistosoma relexus (reflexum). The kitten's intestines were contained within a sac positioned between the umbilicus and the placenta. This was the first time that Dr. Whatman had seen this in her years of practice.

Following the caesarian delivery, the feline patient recovered from anaesthesia uneventfully, and follow-up from the owner confirmed that mother and her kittens continue to do well. **CVP**

Shannon Whatman, DVM graduated from the Ontario Veterinary College in 1993. She is the owner of a mixed small animal and equine practice in rural southwestern Quebec.



Stillborn kitten with intestines in a sac between the umbilicus and the placenta



Sac containing the kitten's intestines

FLOWER FOUNTAIN™

LED Cat Drinking Fountain with LED Nightlight

- 3 water flow settings for picky drinkers
- Encourages cats to drink more, which helps prevent urinary tract diseases
- Large 3 litre water reservoir
- With Triple Action Filter
- BPA-Free



43747W
3 L (100 fl oz.)

*Water level
window with
LED nightlight*

**Petal top
enables your cat
to drink even
when the fountain
is turned off**

A FOUNTAIN PROVIDES A
FLOWING, FRESH, COOL
SOURCE OF WATER.

ESPECIALLY HANDY FOR
CAT OWNERS WHO AREN'T
HOME DURING THE DAY!

HOW TO ORDER: please contact your local vet
product distributor directly.



**FOUNTAIN FILTER
MINI 44005**



**FLOWER FOUNTAIN
MINI 43735W**



**FLOWER FOUNTAIN
43742W**



**TRIPLE ACTION FOUNTAIN FILTER
5-PACK 43746 • 2-PACK 43745**

catit®

FOLLOW
US ON



CATIT.COM



VET Animal cruelty: responsible reporting

EDMONTON, AB – Veterinarians in Alberta must report to a peace officer, as defined in the Animal Protection Act, when they have reasonable grounds to believe that an animal is being, or has been, subjected to abuse or neglect. Resolution 19-1¹ is an ABVMA policy that came into effect in April 2019, calling for mandatory reporting of animal abuse and neglect.

Prior to Resolution 19-1, the Calgary Humane Society received less than 10 reports of animal abuse from veterinary clinics each year, noted Dr. Margaret Doyle, speaking at an Edmonton Association of Small Animal veterinarians seminar. However, she then stated that there has been a 500% increase in clinic-initiated cases post 19-1.

The LINK

It's important to be aware of the link between animal abuse and domestic violence, advised Dr. Doyle.

- Children or adults who are cruel to animals are likely, in the future, to be cruel to people.
- In homes marred by animal cruelty, we also most often have other forms of violence or cruelty.

“When animals are abused people are at risk. When people are abused animals are at risk” – Phil Arkow

The strong bond between people and animals allows for them to be used as weapons in domestic violence situations. Batterers often use animals to control or coerce victims, exact revenge or hold victims hostage in the home.

Why do we fail to recognize animal abuse?

Veterinarians fail to recognize animal abuse because of who they are and because they have no training on it. Dr. Doyle acknowledged that often vets can't see abuse, don't want to see abuse or will make any excuse not to see abuse. “We are Labradors,” she commented.

Several factors that may warrant suspicion of animal abuse:²

1. Features in the history (violence in the home, Hx inconsistent with the injury, lack of history)
2. Behaviour of the owner/animal
3. Socioeconomic class
4. Injuries (type of injury, repetitive injuries, multiple occurrences in the same household)
5. Unexplained deaths
6. Any of the above combined with clinic hopping
7. Large number of animals that have never been seen by the vet
8. Implication of a specific person

Why do we fail to report animal abuse?

Veterinarians fail to report animal abuse because they often don't know how to report it, or they fear possible negative repercussions of reporting abuse, shared Dr. Doyle. She noted that vets may fear a lack of protection from action, negative social media postings, staff safety issues, or simply testifying.

To do better at reporting, Dr. Doyle recommended that veterinarians make a plan with their clinic team and collectively agree on what to report and who will report suspected abuse or neglect. She noted that the best person to make a report is the veterinarian and she stressed that **reporting should be done as soon as possible once there are reasonable grounds of an offense such as abuse or medical neglect**. This is because the best evidence is fresh evidence and the ability to obtain a search warrant wanes over time. The best time to call the authorities, she said, is before the animal leaves your clinic!

What to report?

All cases of suspected abuse, non-compliance or abandonment should be reported, including non-accidental injuries, apparent neglect of the animal, severe and prolonged non-compliance that results in suffering (example: failing to follow medical advice for a dog with marked dental disease, causing

significant pain), retrieving pets 5 or more days post expected retrieval date, and failing to adhere to required care.

Animal abuse may be physical, emotional or sexual in nature and can include things such as poisoning or organized dog fighting. Neglect involves failing to provide the necessary food, water, shelter grooming or veterinary care for the animal. Both cause the animal to suffer due to distress and/or pain.

Why report?

Concern for the welfare of the animal is the key reason to report suspected animal abuse, asserted Dr. Doyle. Additional reasons include your Veterinary Oath, Resolution 19-1 and your own peace of mind. A report ensures that the welfare of the animal has been investigated.

How to report

1. Call 311 and submit an Animal Welfare complaint
2. Call a peace officer
3. Take photos of the animal
4. Save all evidence, such as pee pad, bandages, etc.
5. Complete a detailed vet report (this does not have to be completed prior to submitting your complaint)

After you report a suspected case of animal abuse or neglect, an investigation will be launched. A formal write up will be created based on the facts of the case and supporting documentation may include photos and/or videos, witness statements, and video surveillance.

Summary

Dr. Doyle concluded by summarizing the key takeaways of her presentation:

- Call your local animal protection services if you suspect animal abuse or neglect
- Remember there is a LINK between animal abuse and domestic violence and
- Call the authorities *before* the animal leaves your clinic. **CVP**

References:

1. ABVMA Policy – Mandatory Reporting of Animal Abuse and Neglect and Addressing Animal Distress and Welfare Infractions https://abvma.in1touch.org/uploaded/web/ABVMA%20ENEWS/2019/May%208,%202019/Policy_Mandatory%20Reporting%20of%20Animal%20Abuse%20and%20Neglect%20and%20Addressing%20Animal%20Distress%20and%20Welfare%20Infractions_May%208,%202019_FINAL.pdf
2. Munro, H. M., and M. V. Thrusfield. “‘Battered Pets’: Features That Raise Suspicion of Non-Accidental Injury.” *J Small Anim Pract* 42.5 (2001): 218-26.

Margaret Doyle, BSC, MVB, MSC, MRCVS trained in veterinary medicine in Ireland. After a short adventure in large animal medicine in rural Ireland, she moved back to Calgary to practice in a busy small animal practice before venturing out, owning her own clinic, and currently practicing at VCA Canada Riverbend Animal Clinic.

Dr. Doyle grew up near Longview, Alberta where she still spends lots of time at the family farm. In her spare time, Dr. Doyle works with the Calgary Humane Society to help ensure lost pets get the best possible veterinary care.

Working at Riverbend, the Calgary Humane Society and the CARE Centre, gives Dr. Doyle a well-rounded perspective on veterinary medicine. Her specific interests in veterinary care are ultrasound and diagnostic imaging, and also veterinary forensics and animal protections.

Galliprant™
(grapiprant)

NEW

START SEEING CANINE OSTEOARTHRITIS FROM A WHOLE NEW PERSPECTIVE



And add more games of fetch to the to-do list.

New Galliprant™ (grapiprant tablets) is a first-in-class prostaglandin receptor antagonist (PRA) that treats pain and inflammation while reducing the impact on GI, kidney and liver homeostasis.¹⁻³ Instead of inhibiting COX enzymes, Galliprant acts on the EP4 receptor,^{*1,2} providing effective relief for canine patients as young as 9 months of age and over 3.6 kg in weight.

For more fetches, prescribe Galliprant from the first diagnosed stages of canine osteoarthritis.

*Grapiprant is a non-steroidal, non-cyclooxygenase inhibiting anti-inflammatory drug in the piprant class. Grapiprant is a selective antagonist of the EP4 receptor.

INDICATION FOR USE

Galliprant is indicated for the treatment and control of pain and inflammation associated with osteoarthritis in dogs.¹

IMPORTANT SAFETY INFORMATION

The label contains complete use information, including cautions, and warnings. Always read, understand and follow the label.

REFERENCES

1. Galliprant Canadian product label.
2. Kirkby Shaw K, Rausch-Derra L, Rhodes L. Grapiprant: an EP4 prostaglandin receptor antagonist and novel therapy for pain and inflammation. *Vet Med Sci*. 2015;2:3-9.
3. Rausch-Derra L, Huebner M, Wofford J, et al. A prospective, randomized, masked, placebo-controlled multi-site clinical study of grapiprant, an EP4 prostaglandin receptor antagonist (PRA), in dogs with osteoarthritis. *J Vet Intern Med*. 2016;30(3):756-763.

Galliprant, Elanco and the diagonal bar logo are trademarks of Elanco or its affiliates. © 2019 Elanco or its affiliates. PM-CA-19-0220

**FOR MORE INFORMATION
ABOUT GALLIPRANT,
CONTACT YOUR ELANCO
SALES REPRESENTATIVE.**

Elanco

TECH Real Valuable paTh: The RVT profession is not just a job; it is a career for life



By Shannon Gervais, RVT

Proud member of the OAVT, 20 years and counting

How many of you remember what set you on your chosen career path in veterinary medicine?

Many veterinary professionals have a passion for this industry that runs deep within our core, and stems from our childhood experiences. I always relate to so many stories on how people started on their path into the veterinary industry.

When I was younger, it was a rare moment if you found me without a furry friend by my side - and that still holds true today. I was fortunate during my childhood to be exposed to a wide variety of animals and I spent a lot of time during my summers at my favorite place, which was my grandfather's farm.

I still remember the day my guidance counselor in high school asked me what my plans were for post-secondary education. At the young age of 16, I responded with certainty that I wanted to be a Veterinary Technician. Reflecting on that 27 years later.... the answer is still the same.

After graduating from the veterinary technologist program at St Lawrence College in Kingston, Ontario, I spent 4-1/2 years wondering if I had made a bad career choice. I was challenged finding a companion animal hospital where I could truly utilize my skills and grow my knowledge. When I was hired at my third clinic, I told myself that if this is strike 3 then I am done with being a vet tech. What a sad statement for someone who only had aspirations for vet tech as a career. Happily, this next hospital was the place where I truly fell in love with the profession! I spent over 4 years with this companion animal hospital located in my hometown. I had the best team and I cherished every minute of my time there. I grew my knowledge, utilized my skills, and networked with others in our industry like crazy!

Like a lot of RVT's, after 8 years in hospital, I found myself needing new challenges. Back then, there was not a lot of focus on becoming a veterinary tech specialist or working in ER medicine, and my hometown location was not on my side. I also found myself in the situation of being a single mother with a 5-year-old and the inability to support her on my own. Fortunately, through my constant networking, I was able to secure my first position in veterinary pharmaceuticals. I was beyond grateful for this role. My sales career began with a position that included both companion animal and some bovine medicine. Down the road, our company acquired another animal health company and I ended focusing solely on bovine medicine. I was like a kid in a candy store! There was some intense learning for this companion animal girl to become a bovine territory manager in a largely male dominated profession that hosted a lot of "boys club" mentality. Good thing I enjoy a challenge and the boys club was the best! I spent 4 years with this company before my next adventure.

Eager to be back in companion animal medicine, I decided to not only change my career focus again, but also to uproot my child, sell my house, leave my family and friends and head west to Alberta. I started a new sales position back in companion animal and WOW, did I do a lot of growing with this company! Territory sales, then Key Account and Regional Sales Manager for Western Canada and some marketing experience as well. Life was amazing! I had re-married, we had grown our family and my career was on FIRE! What could possibly go wrong?

In this industry, compassion fatigue is a real thing. This type of fatigue comes in many forms and, for the first time in my life, I found myself stressed and suffering. I was exhausted. I was struggling with work. With the support of my husband and family, I ended up resigning from my position in pharma.

After taking a couple of months off to focus on my mental wellness, I was approached with what I had considered a once in a lifetime opportunity. I had now been in the veterinary industry for as long as I could remember, and I thought maybe it was time to walk away and try something new. So, I did. I took on a position with a company on the human health side. I took on the daunting role of Global Marketing Manager for a cardiovascular

technology company. I was impressed with myself...an RVT, taking on a massive role for a non-veterinary company! This was exactly what the doctor ordered, or so I thought..

After less than 4 months of being in a new and exciting industry, I realized this was not for me and, instead of thinking that I had made a horrible decision, I realized that this was literally the BEST decision I could have made! I was so glad I took a break from vet medicine because it made me come running back with my tail between my legs after I realized how much I missed it.

So, what was next for me? Well, when I was in pharma, there was a company that I had admired a lot. Great leadership, and great teams that I had the pleasure of working with when I was their key account manager. Our values aligned and I believed in what this company was doing for the industry, so I interviewed for an interim position as General Manager for one of their largest specialty hospitals. Out of all the positions in my career to date, this one was the most unforgettable. Easily the most challenging and yet the best mix of everything that I loved. I was right beside the medicine again and, although I was using more people skills than tech skills, I was working and learning beside a group of dedicated veterinary professionals who loved and cared for our furry patients and their people as much as I do. It was here that my passion for this industry was re-born and I am forever grateful. It turns out, I never needed to leave the vet industry...I needed more of it!

My current role with VCA Canada has had yet another massive impact on my career as an RVT. Following my interim position as GM, I have spent the last 2.5 years managing the recruiting department as well as RVT development. This offers me new challenges and non-stop learning, yet I am still able to utilize my RVT experience every day.

I am often asked what advice I would give to my younger self if I could do it all over again. My answer is simple: "Open doors for yourself and don't expect others to do it for you. Never stop learning. Become a Veterinary Technology Specialist or pursue working in an ER hospital before ever deciding to leave the industry. The experience you gain in those areas is by beyond worth the challenges to get there. Lastly, understand that sometimes you need to take a step back in order to take a step forward, but always remember why you chose this career path. True passion for veterinary medicine will never steer you in the wrong direction."

Without any question, there are not enough RVT's that stay in this profession for as long as I have. Some RVTs leave and do not come back. By writing my story, I hope that I can show others that being an RVT is a real valuable path; it is a passion, it is a career and it is the BEST! The opportunities are endless if you work hard for them and do not give up.

I encourage all RVT's to advocate for your profession, stay passionate and be persistent. Always remember the only limit is you.

Shannon Gervais, RVT has been a Registered Veterinary Technologist with the OAVT for the past 20 years. Shannon has gained a wide variety of experience throughout her career, spanning everything from clinical experience in companion animal medicine to pharmaceutical sales in bovine medicine. Shannon's genuine passion for people and animals has directed her path along managerial roles and into her current national role as VCA Canada, Director of Recruiting Operations and Technologist Training & Development. Shannon lives in Okotoks, Alberta with her husband Duane and their two children Kamryn and Ryland. Their family is completed with 10 horses, purebred Black Angus cattle, their 2 dogs; Duke & Louie, and Munchie the kitty.



Veterinary Business Today**Using employee engagement to create a great work environment**

The COVID pandemic has been tough on veterinary practices in Canada, bringing to the forefront our chronic shortage of vets and support staff. Unlike most industries, veterinarians have generally been busier than ever in spite of this pandemic.

Pandemic implications on an already short-staffed practice

The shortage of vets is not new, but it is impacting us much more with our unexpected boost in business combined with the difficulties of client interactions resulting from COVID-19 safety restrictions. In August, the OVMA listings of help wanted ads were just one posting shy of the all-time high! An outsider would look at this and think we have it made, but they wouldn't know about the stress that being understaffed in a veterinary practice brings, especially when it is tied in with all the extra work we have to do to maintain the safety of our staff and clients during a pandemic. The one comment I hear from every vet I talk to is, "I wish we could find a new vet".

How about keeping the great employees we have?

Instead of looking at this problem from the perspective of getting someone new, how many of us would be placing help wanted ads if we were better at keeping the people we already have? There are many reasons beyond our control that lead employees to leave a practice. However, we can create a business with high employee engagement that directly leads to happier, empowered and motivated employees who are less likely to leave for greener pastures. Just as it is easier to keep the clients we have than search for new ones, it is far better to keep the great employees we have.

Creating a business with highly engaged employees

What does it take to create a business with highly engaged employees? According to a recent Gallup organization study¹ involving 1.8 million employees, there are four factors that lead to high employee engagement.

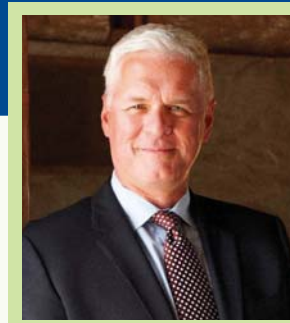
1. They have strong leadership that is focused on company values and purpose to get where they want to go. Everyone in the organization lives the values and is focused on making it a great place to work.
2. Management acts as a coach in an inclusive, not top down, manner. Teams making decisions is encouraged, while micromanagement is forbidden.
3. Organizations know the importance of good internal communication and makes it easy to do so. Staff are not left wondering what is going on and difficult conversations are not avoided. Toxic employees are not tolerated.
4. They hold people accountable while giving them an opportunity to develop professionally. Excellence is an expectation and all team members know how their roles help the company fulfill the high standards.

Benefits of high employee engagement

There are multiple benefits from having highly engaged employees, including higher business growth and profitability compared to other businesses with less engaged employees, but there are two benefits that have a huge significance to our profession: less burnout and easier attraction of new employees.

Burnout is an occupational hazard in the veterinary profession. If we

can create a more inviting and caring work environment, I'm sure we can lower the incidence of burnout and the potential for employees to leave the practice. It could only have a positive impact on patient and client care too.



By Mike Pownall, DVM, MBA

Prospective employees want a great place to work

Having a great work environment is something you can use to attract new staff members. Just like we use client testimonials on our webpages and social media, we can use our existing staff to tell the world what a great place we are to work. It doesn't take much to make a short video, with staff answering the question of why they love working at your business. You could also feature a recent hire in a video that explains your onboarding process. These videos don't have to be promoted to the general public; rather, you can have them as links in your help wanted ads. They are also a great area to discuss your business values and purpose. We often talk about our level of care, equipment, or facilities when looking for a new employee, and we seem to ignore mentioning what are probably the most important things: who they are going to work for and why your business is an amazing place to work. The assumption is that the medical care, facility and equipment is already very good so let's focus on what really makes your business stand out to a prospective employee. It's a great place to work!

Summary

Creating a business with high employee engagement is not done overnight. Rather, it is created over months and years. The benefits are vast, and in our environment where many vet practices are chasing after the same one or two vets or support staff members, it can be the deciding factor on where these candidates go. With time, highly engaged employees act as a positive feedback loop; the message becomes known that your practice is a great place to work so less people leave and then you develop a reputation so that the best candidates want to work for you. That seems like something worth striving for.

1. <https://www.gallup.com/workplace/284180/factors-driving-record-high-employee-engagement.aspx>

You can visit Dr. Pownall's website at www.veterinarybusinessmatters.com, on twitter @dvmbusiness, and the Veterinary Business Matters Facebook page. The website for McKee-Pownall Equine Services is www.mpequine.com and for Oculus Insights is www.oculusinsights.net.

Prior to becoming a veterinarian, Dr. Mike Pownall worked as a farrier. His interest in equine lameness led him to attend the Ontario Veterinary College, graduating in 2001. In 2002 he and his wife, Dr. Melissa McKee, started McKee-Pownall Equine Services, an organization represented by three equine veterinary clinics with 11 vets and 20 support staff spread across the Greater Toronto Area. He is also a partner with Oculus Insights, offering business education to veterinarians throughout the world.

Dr. Pownall received his MBA from the Richard Ivey School of Business at the University of Western Ontario, and was the class valedictorian. He presents internationally on business strategy, pricing, digital marketing, and technology for veterinarians. He also contributes to numerous journals on business management topics.

TECH Compassion fatigue: burnout hinders getting stuff done

By David Liss, MBA, RVT, CVPM, PHR

Working in a veterinary clinic is TOUGH! It's even tougher when there are roadblocks like compassion fatigue operating behind the scenes. Compassion fatigue is literally being fatigued from being compassionate. Another term that could be used interchangeably is empathetic exhaustion. It is EXHAUSTING being compassionate and empathetic. And we veterinary team members are required to do it 24/7. I have experienced this first-hand AND witnessed this in a large number of my colleagues.

Just what is compassion fatigue?

Technically, compassion fatigue is defined as a combination of secondary traumatic stress and burnout. Secondary traumatic stress is the experiencing of trauma second-hand (not experiencing it directly yourself) and subsequent activation of the sympathetic nervous system (SNS). This SNS activation occurs slowly and more insidiously than in primary traumatic stress (also understood as post-traumatic stress disorder). The manifestation is low level chronic stress that wreaks havoc on a person while still allowing them to continue to be high functioning. Burnout, on the other hand, is more of an organizational psychology term referring to the exhaustion employees feel when they are facing the perception of demands that exceed resources and the ability to do a job.

Have you felt everything in the world was against you? Have you ever been mad at your job? Do you have negative racing or anxious thoughts about work? These are all examples of compassion fatigue.

"Be objective," they said

Compassion fatigue is a relatively new term, though its effects have been documented back to the times of Carl Jung (turn of the 20th century). Often, the effects of compassion fatigue are somewhat ignored and downplayed because caregivers are supposed to be somewhat objectively removed from the trauma in their patients; it's often thought to manifest when a caregiver is overly caring. The concept of being HARD but brittle is rampant in health care. We are expected to be strong for our patients, yet, see them as a statistic. We are told, "Don't get too attached." However, any empathetic person cares for their patients, and through mirror neurons in the brain, manifests a level of reaction to another person or animals' trauma.

Symptoms of compassion fatigue

Symptoms of compassion fatigue reflect in typically negative life behaviors and can be very common in healthcare personnel. Anxiety, fear, loss of meaning, self-treatment and soothing (addictions), suicidal ideation, fatigue, irritability, sadness, depression, passive aggression, absenteeism, hating work, and on and on... The idea of a profession as more than just that creates a cycle where one expects the profession to give them something it cannot- soothing personal upset and stress.

Compassion fatigue manifests as chronic physiologic stress. It creates a tuning up of the sympathetic nervous system, where the chronic activation results in presentation of the symptoms noted above. If you ask yourself if you ready for a battle every day - and the answer is yes - you are under chronic stress. This is unavoidable in healthcare. And, in fact, empathy is how compassion fatigue 'gets in', or infects us. How do I see this show up in our profession? It is apparent in the profession in the high rate of suicide; the reports of substance abuse amongst colleagues; the crying by the practice owner who was attacked on social media, such as Facebook.

We must choose between helplessness or resiliency

Unfortunately, a way to NOT treat compassion fatigue, or reduce symptoms, is to fall into the victim mentality. Nothing is being done to you. This is NOT a popular thing to say. But it needs to be said. And I say it only because I care about each and every person in this profession. We have two options in a non-threatening stressful situation: we can change our reaction to it or leave it. Staying in it and espousing your inability to change it (helplessness) will not improve resiliency or help reduce symptoms.

Working in healthcare basically means always having a work environment where the demands outweigh the resources. Having to spend face-to-face

time with patients and clients, where many other industries are automated, means that veterinarians (and technicians) will always have more clients than they can see in a day, week or month. When facing some of these perceived demands that exceed resources, I often approach things with a 'Have to vs. Get To' approach. 'I have to go to work' sets up the helplessness dynamic, whereas 'I get to practice my craft each day' removes the barrier and instead confronts the demand with humility and surrender. Being gracious and gentle with yourself helps alleviate some of the stress.

If chronic fatigue is a disease, resiliency is the antibody, not the cure. Resiliency is the process of mitigating chronic stress to reduce the ratcheting up of the sympathetic nervous system, in an effort to alleviate symptoms. *Resiliency is the idea of being the calm during the storm, and it's a skill we must learn.* This is the difference between NOT having an illness (denial of reality) or having a disease and developing antibodies (resiliency skills). The skills (self-regulation, intentionality, professional maturation, connection, and self-care) are the treatments for chronic fatigue and will help alleviate symptoms and improve quality of life.

Resiliency skills

Professional maturation

The first skill, professional maturation, involves recognizing the place of work in our lives and drawing boundaries around parts of our lives that work need not interfere with and where work can be relegated to. This is the transition from the hubris of 'saving the world' and remembering to own our own shortcomings and humanness. The biggest step of professional maturation is to relinquish stress over the outcomes. It is accepting that we do our best, and we do what we can, but what happens, happens. The WORK is your worth NOT the outcome. This is a VERY tough thing to wrap our heads around. To think that placing that IV in a critical patient doesn't ACTUALLY have an impact on the survival of my patient is a little unnerving. However, outcomes can be measured statistically, and no outcome is 100% predictable. Truly, whether your patient will live or die once you have done all that you can is mostly luck.

Narration

Narration is the second resiliency skill; it is narrating our professional journey. There is some psychoanalytical piece to this, like how therapists get us to talk about our problems, which releases the stranglehold these negative thoughts have on us. So, narrating our professional journey helps us to identify blind spots we may be operating from. For me, I went into this profession to be a veterinarian; I came out a regional operations manager. Who knows where we will end up and all the twists and turns we take on the way!

Self-regulation

Self-regulation is the third resiliency skill. This involves learning when our sympathetic nervous systems are running rampant and when they can be calmed down. There is a distinction between relaxation and self-regulation. Both are important, but self-regulation is more of a daily, life-long process and practice to calm the mind and muscles and ratchet down the SNS. Whereas relaxation technically is a one-time occurrence when you engage in a specific modality (yoga, breathing etc) away from the stressful activity to relax. The goal is not to do yoga 5 times a week, but rather, in the middle of the stressful activity, to 'relax the cheeks' - forehead, or buttocks - wherever you 'keep your stress', or practice widening your gaze to include the periphery (which has been shown to activate the parasympathetic nervous system) which will ratchet down the SNS, in the middle of the battlefield. *This is how to learn how to be the calm during the storm.*

Support and connection

Support and connection is the fourth resiliency skill. Do you empower or disempower people? Are you a member of groups who strive to support and connect you? Going out for drinks with colleagues and badmouthing clients, other vets and coworkers is venting. That is about commiseration, and not exactly what I am referring to. Venting is "*Oh woe is me*", and then a repeated, "*I get it yes woe is you*". Narration is about a verbal dumping of stress and a colleague, friend, or family member who then works WITH

you to figure out what resiliency step you need to develop the strength in, in order to go back and face that issue. Reminders that the issue is not inherently bad or good, but simply an issue, allow us to then figure out what we need to tackle the issue. You need those that will not ONLY support you BUT call you out on your compassion fatigue symptoms (irritability, passive aggressiveness, negativity, etc). You need 3-5 people who will be your coaches and cheerleaders! These are people who will tell you when you are doing great AND identify your faults and weaknesses, for the purpose of strengthening them. Who is a part of your safety net?

Self-care

Self-care is the fifth resiliency skill. Self-care is about actualizing the variety of things that make up a well-rounded and happy life: joy, play, exercise, nutrition, sleep. These are in balance when our physical, psychological, emotional, spiritual and professional boundaries are in place. Self-care is not one thing and it is unique to each person. What do YOU need to feel rested, fulfilled, happy, and playful? Practicing self-care is not about just doing the THING that makes us happy, but rather, taking CARE of ourselves and identifying what we are struggling with and going through all the emotions that come with that. Many of us are not WILLING to take a look at our self-care and make changes. This means drawing a hard line for a professional and personal boundary. What is that boundary for you?

Many people do not make a lifestyle change until they have suffered enough,

and it is often a LAST ditch effort. What will you change before you are at the precipice? For me, I stop taking work calls after 5pm. I don't do work and emails on the weekends. I stay intentional when it's time for family and friends and say NO to work during those times. I also do not let other's mental health issues (anxiety, fear, stress, upset) get in. I tell myself it's THEIR burden to bear. This does not mean that I am not supportive or empathetic, as I can see how that statement sounds cold-hearted. What I mean is, I have my own struggles, and work on those constantly, while being supportive and empathetic with others. But I do not confuse someone else's struggles to a situation with my own.

David Liss, MBA, RVT, CVPM, PHR is a renowned technician educator, double board-certified veterinary technician specialist in emergency/critical care and internal medicine, and a certified veterinary practice manager. He has a diverse background in emergency and critical care nursing including lecturing internationally, authoring numerous articles and book chapters, and serving on various technician association committees. He has also received numerous awards including the Veterinary Technician Educator of the Year by Western Veterinary Conference and the Southern California Technician of the Year. David spent many years in emergency/critical care veterinary nursing and was technician manager at two different 24-hour referral/specialty facilities in the Los Angeles area. He was also the Program Director of a Veterinary Technology program and the Hospital Manager of a 24-hour GP/ER Hybrid hospital in Los Angeles. David currently is the Regional Operations Director for Amerivet Veterinary Partners.

TEAM Ready, set, goal!

Even though you know how important setting goals is for yourself and for your business, it's usually the last thing on the list because you just don't have the time to do all the things you feel that you need to do. Unfortunately, this leads to lack of vision and focus, improper prioritization, and ineffective action and misplaced effort.

In her *Guide to Goal Crushing*, Tamera Lay explains that every person on this planet has the same 24-hours in a day, but it's the ones who set healthy prioritized goals who end up achieving their success. On the other hand, she says, not setting goals leads to a lack of vision, causing frustration, confusion, and doubt.

It's not uncommon to not know how or which goals to set, acknowledged Tamera. However, we can figure out which goals we should set by asking ourselves some really powerful questions! Once we use these questions to get clear on what we want we can set the appropriate goals.

21 questions to ask yourself before you set a goal

Tamera's list of questions to ask yourself before you set a goal can be used to get clear on what you want and then setting the appropriate goals.

Defining your goal:

What excites me?

Write down as many things as possible that excite you in terms of career, finances, adventure, fun, romantic relationships, personal growth, giving back, health and friendship.

If I knew I wouldn't fail, what would I try?

This will help you to go bigger and think outside the box.

What goal could I set that would make me excited to jump out of bed this morning?

What are you passionate about?

In one year, what would have to happen in order for me to look back at the year and be extremely proud of all that I have accomplished?

Think of what is needed to happen to make this year a win!

What is my biggest accomplishment so far?

There are lessons in every past experience. See if you can find them.

What did I learn last year about my goals?

Write down what was learned, good or bad.

What has prevented me from achieving my goals in the past?

Go back and evaluate past lessons. Learn from past mistakes and write them down.

What are my top 3 values?

Goals should always align with our values. Once values are identified, it's easier to choose the goals that will align with our life or our business.

What would I do if I had one million dollars today and had no limitations on anything?

Often times we limit ourselves, so picture yourself with all the financial resources you need. What would life look like then?

What would I accomplish without judgement?

A lot of people limit themselves on their goals because they care what other people think of them. Ask yourself what you would try to accomplish if you really didn't care what anybody else thought.

What have you always wanted to do but were too afraid to try?

Fear holds us back. Write down something that's always been a goal but scared you to do.

Once you have your goal:

How bad do I want this?

Stay clear on how much of a priority this goal is and use that energy to motivate you to move forward.

Why do I want to achieve this goal?

Why is it important?

Who will support me in my goal?

It helps to share a goal with others. This helps with accountability. It is also good to get someone else's insight and opinion on the goal.

What's the one action step I can take right now?

Taking the first action step gets the ball rolling. Once the first step is taken the goal gets momentum and becomes real.

What are the benefits of this goal?

Write down all the benefits that will come with your goal.

How much is the goal desired?

On a scale of 1 to 10, how important is your goal?

How would I feel if I didn't accomplish the goal?

Who can I ask to join me?

Think of someone who would share the same desire for meeting this goal and get a partner. Two heads are always better than one. You can hold each other accountable, be each other's cheerleader, and make sure you both keep going forward to achieve the goal!

What are some possible roadblocks?

It's good to be aware of some roadblocks that may come about during the journey. When the roadblock is clear or understood, we are better equipped with the information needed to get through it.

How can I make this my number one priority?

Write down all the ways to make this goal the most important thing in your life.

Source: www.guidetogoalcrushing.com

Reprinted with permission

Industry News

COVID-19: How is it affecting you and your practice?

We have all been affected by the COVID-19 pandemic this year and expect the current difficult situation to continue until an effective vaccine is available. The WSAVA is collaborating with market research company CM Research to help us to better understand the impact of the pandemic on the veterinary profession globally and highlight learnings that will help our members to overcome the challenges and build a successful future.

To help, WSAVA would be very grateful if you could complete a survey which should take only 15 minutes. Your identity will remain confidential and the information you give used for market research purposes only.

The survey is available in several languages at <https://wsava.org/news/committees/covid19-survey/>

COVID-19 support available for Canadian businesses

The Government of Canada has announced a variety of supports for Canadian businesses that have been impacted by the ongoing COVID-19 pandemic.

To learn more about these support initiatives available please visit: <https://www.canada.ca/en/departement-finance/economic-response-plan.html>.

Royal Canin® Canada's \$1M donation funds new veterinary Centre of Excellence

A new Centre of Excellence for Minimally Invasive Procedures (CEMIP) will be established at Université de Montréal's veterinary school in Saint-Hyacinthe, thanks to a \$1-million donation from pet food manufacturer Royal Canin Canada.

The Centre will specialize in treatment and veterinary education in minimally invasive procedures, an increasingly popular medical option that includes interventional radiology and cardiology and is linked with improved patient comfort and shorter recovery times. "Minimally invasive procedures allow us to enter the body through natural routes and reach areas unattainable by standard surgery, such as the inside of the kidneys," explained UdeM veterinary professor Dr. Marilyn Dunn, the project's director. "The CEMIP will allow for a greater number of patients to be treated and provide a unique training experience for veterinary students servicing a wide range of diagnostic and therapeutic options involving the respiratory, cardiovascular and urinary systems," Dunn said.

"The facility illustrates yet another facet of the deep professional relationship between our school and Royal Canin, and will provide a vital resource for students, interns and residents currently in training, as well as veterinarians already established in their respective fields," said faculty dean Christine Theoret.

For further information: Julie Dufour, Communications Advisor, Centre hospitalier universitaire vétérinaire (CHUV), Université de Montréal, julie.dufour.1@umontreal.ca; Dan Newman, Scientific and Corporate Affairs Communications Manager, Royal Canin Canada, dan.newman@royalcanin.com

Merck Animal Health, is proud to introduce the latest innovation in feline parasite control, VITRECTO®.

VITRECTO® is the first and only feline topical solution that protects against fleas, ticks, and heartworm disease for 2 months, and treats infections with roundworm and hookworm.

- Broad protection against 5 common parasites in cats
- Convenient 2-month coverage can help increase compliance^{1,2}
- Fewer doses means less stress for the cat and the pet owner



To learn more about VITRECTO® contact your Merck Animal Health representative.

Updated practice guidelines: Feline vaccinations

The American Animal Hospital Association (AAHA) and the American Association of Feline Practitioners (AAFP) have released the 2020 AAHA/AAFP Feline Vaccination Guidelines to the veterinary community, which are published in the Journal of Feline Medicine and Surgery.

The Guidelines provide evidence-guided recommendations and peer-reviewed literature on feline vaccinations.

The Guidelines stress the need for an expanded understanding by veterinary professionals of individualized feline risk factors to determine a proper preventive healthcare plan. Practitioners are encouraged to gain better insight into feline patients' risk factors, which may include life stage, environment, and lifestyle.

Download the 2020 Feline Vaccination Guidelines at: <https://catvets.com/guidelines/practice-guidelines/aaafp-aaaha-feline-vaccination>

Telehealth for Registered Veterinary Technicians in Ontario

Telemedicine has been available as a veterinary service for several years, however the COVID-19 pandemic has driven expansion of its use. Adopting technology as an alternative to in-person interaction has helped veterinary professionals remain in line with COVID-19 safeguards while attending to client and patient needs. The role of telehealth in veterinary medicine is evolving and RVTs can be part of that growth.

You've likely heard several different terms circulating around: telehealth and telemedicine are the two used in Ontario. So, what do they mean?

As defined by the College of Veterinarians of Ontario:

Telehealth: Telehealth is the overarching term that encompasses all uses of technology geared to remotely deliver health information, education or care remotely. Telehealth includes a broad variety of technology and tactics to deliver virtual medicine, health and education services. Telehealth is not a specific service, but a collection of tools which allow veterinarians to enhance care and education delivery. Telehealth encompasses both telemedicine and general advice.

Telemedicine: Telemedicine is the provision of specific veterinary medical advice and veterinary treatment of an animal(s) based on the remote diagnosis of disease and injury by means of telecommunications technology where no physical examination of the animal(s) by the veterinarian takes place. It does not include consultation between veterinarians where colleagues in different physical locations consult remotely with each other or the provision of general, non-specific, advice.

Many RVTs are proficient in assisting clients through phone conversations (such as post-op follow ups), and likely do so daily. Currently in Ontario, RVTs are only able to offer advice specific to an animal when doing so in collaboration and cooperation with a licensed veterinarian and in association with an accredited facility. It is strongly recommended that RVTs and veterinarians work together and develop robust Standard Operating Procedures (SOPs) to guide these conversations, including what to do in an emergency or in cases where a valid Veterinarian-Client-Patient relationship hasn't been established.

We are hearing more often about companies that wish to offer telehealth and related services and are looking to RVTs to help provide this service. RVTs should do their research to determine that the company is affiliated with a licensed veterinarian working out of an accredited facility. Here are some questions you can ask:

1. Where are you functioning/operating from?
2. What is the veterinary oversight? How is this built into the model and how readily can it be accessed?
3. What is the role of the RVT in this model?
4. Do you have SOPs and may I see some examples?

The OAVT supports the full utilization of RVTs across all sectors. As regulated professionals, RVTs are well suited veterinary team members to participate in the delivery of care and leveraging technology to do so. The

Case Study: Animal Welfare and Ethical Issues

Ethical case Study #12: What inspires you?

During this time working from home, I've had the pleasure of co-teaching with an RVT from Ontario, Senani Ratnayake. The collaboration has brought forth so many great discussions with our upcoming graduates and she also inspired me to remember why I became an RVT.

Whether a vet or a tech, what or who inspired you to have a career in the veterinary field? What are your career goals going forward?

Response by Senani Ratnayake, RVT

I am flattered, and humbled, to read that I inspired this type of reflection. We all have our own paths and over the years I have had the distinct pleasure of hearing the happy, raw and unedited stories of many veterinary medical professionals in our industry. While some of us were born into animal-friendly households, surrounded by pets or growing up on a farm, others of us did not have a pet in sight and have recollections of walking a neighbour's dog or helping a bird that flew into our kitchen window as our introduction to animals for the incredible beings that they are. The truth is, some of us were drawn to veterinary medicine because of positive experiences and memories, while others ended up here after a less favourable experience – vowing to make a change or ensure that veterinary medicine was better as a result of our involvement.

As a child, I remember going to the mall and negotiating with my parents about waiting in the pet store while they did their shopping so I could stare at the puppies, kittens and bunnies in their glass cases... an embarrassing thought now, but at the time it was completely innocent. I always loved animals but didn't get a pet until I was entering high school, and when they did finally allow it, what was permitted (instead of the dog I wanted), was a bunny. Nobody in our house knew anything about owning a bunny and we learned the little that we did from the "guy at the pet store." We bought the rabbit starter kit and off we went. When I think of all the things we did along the way, with the best of intentions, it's really a surprise Nibbles (yes, I named her) lived as long as she did. In the end, my experiences through her illness and passing were difficult and they were what drove me to want to work with animals.

As I'm sure many readers will relate to, I try to channel that innocent – unaware – version of myself and my family when dealing with clients. They don't know what they don't know and, it's our responsibility to educate them. Their ignorance is our opportunity. The world has changed significantly, google wasn't a thing when we got Nibbles, but that doesn't change the fact that we are the experts, and we have countless opportunities every day to positively impact the lives of animals, should we choose to. Sometimes, it can be a challenge, but we must develop strong communication skills to support our strong technical skills and knowledge so that we can do right by animals, in the way we all committed to when entering this field.

In my time on the floor as an RVT, I was often praised for my ability to achieve compliance from clients who other team members, including vets, couldn't connect with. At first, I didn't think much of it but, as one of my veterinary mentors pointed out, I seemed to have a way with words. Here's the thing. I'm not special. Each of us just has a thing. Some of us have more than one! Mine just happens to be that identifying common ground, resonating, relating and storytelling come naturally to me. That's my communication style – and it works in connecting the dots for people in an authentic way. The choice is still theirs at the end of the day, but I'm much more likely to help people appreciate the big picture because of my style. I began helping team members with their wording, and I was lucky enough to work for a veterinarian who himself, was a great speaker and quite well-known. With his encouragement, and my passion, I applied to speak at a conference.

Don't be fooled. This was not courage. I do not really consider myself brave. But what I lack in ability to take big risks, I make up for

in passion for animals, and vet med people, and helping. so the idea that I could help other people in our profession gave me the con-

fidence I needed to pursue this opportunity. One talk led to another, and as word spread, I went from applying, to being invited, to speak at hospitals and conferences! I never ever considered the idea of being a business person or a consultant, but the reality was, it's what I had become. Eventually I created a company to live my passion, and house all of the materials I was creating through my research, experiences and knowledge. I am known for my stories and sharing honest perspectives with practical tips. Some days I have imposter syndrome. What if people think that I'm not credentialed enough or that there are "expert-ier" experts?! I'm speaking from my heart, using my brain, but with my gut. Other days, I remember that it is what people expect of me, and it is the one thing nobody else can do...be me.

I don't work directly with animals anymore, but in creating Motivatum Consulting many years ago, I have chosen to focus on helping the people of veterinary medicine through coaching and leadership, so that they can in turn help animals (and the people who love them). I work one-on-one with RVTs and DVMs who need a safe space to grow. I work with practice owners and managers so that they can be the best version of themselves for their teams and set their hospitals up for success. I speak for conferences and events – albeit now online – to provide tools that help us as a profession. My work has allowed me to connect with incredible mentors, innovators and leaders inside – and outside – our profession. It has also allowed me to connect with students through guest lecture opportunities. Every day I get to remind people of their stories, and how those stories can shape their current and future success. I love the concept of building momentum through motivation (hence, Motivatum!) and will always be motivated by Nibbles and the lessons she taught me. I do what I do so that her legacy will carry on, and her life, and death, will never be in vain.

Ethical Case Study # 13:

I am a RVT; I have worked in my current practice for 5 years. I am a single mom to a young son, who is 8 years old, and my hours have always been from 8:30am to 2:30pm, from Monday to Friday. These hours were mutually agreed upon at my time of hiring, to ensure that I can drop my son off at school and pick him up every day after school. I have always appreciated the time with my son and the ability to work around his schedule. My mom has come to our aid to help me out with my son since the pandemic, as my son could no longer go to school.

As you can imagine, our practice has been much busier and appointments have been longer to accommodate safety protocols, so every day that I've worked since March, I have been asked if I can stay late. I feel guilty when I say no as I know everyone is working really hard - but I also feel guilty when I say yes, as my mom is helping me and I miss the time with my son. I overheard some of the other tech's being upset the last few times when I have had to say no to staying late. I can't really blame them as I know they are busy as well and some of them have families too. I really want to help out and be a great tech and colleague, but my son has to come first.

How can I talk to my practice owner about going back to my regular agreed upon shift?

Submit your answers to ethicalcasestudies@k2publishing.ca



Bernard Rollin,
BA, PhD



Erica Gray Gowans,
RVT

Industry news continued from page 16

OAVT will continue to engage with stakeholders about this evolving area of veterinary medicine, and update members on the role that RVTs can play in telehealth – both now, and in the future.

Reference documents:

CVO and Delegation: <https://cvo.org/CVO/media/College-of-Veterinarians-of-Ontario/Resources%20and%20Publications/Professional%20Practice%20Standards/Delegation.pdf>

CVO and Telemedicine: <https://cvo.org/getmedia/57fa4e6f-3bbb-4596-9d89-c5f5a4772bd4/Telemedicine.aspx>

OAVT By-laws: <http://oavt.org/CMFiles/20200323ByLaws.pdf>

Veterinarians Act: <https://www.ontario.ca/laws/statute/90v03>

RVTTC offers an inspirational guide for new vet techs

Aspiring Registered Veterinary Technologists and Technicians (RVTs) now have access to a new resource that offers advice and encouragement from experienced RVTs.

‘From Experience... Advice to my younger RVT self’ is a collection of inspirational quotes and advice created by the Registered Veterinary Technologists and Technicians of Canada (RVTTC). The eBook covers a range of topics including self-confidence, ongoing learning, patience, technical tips, work-life balance and more.

Shannon Brownrigg, Executive Director and CEO of RVTTC, said the eBook was created to encourage young RVTs as they begin their career and RVTs struggling in their current situations.

To view the eBook, visit www.rvtcanada.ca/rvttc-mentoring-guide.

Canadian Veterinary Medical Association News

By Lori Tarbett, Manager, CVMA Communications and Public Relations

We're with you every step of your way. Only the Canadian Veterinary Medical Association represents the interests and priorities of Canada's diverse veterinarians and protects the integrity of the veterinary profession across Canada. This information aims to update you on the CVMA's recent activities and resources across Canada.

CVMA supports diversity and inclusion

The CVMA commits to diversity and inclusion and rejects discrimination or harassment based on grounds such as race, colour, ancestry, ethnic origin, place of origin, age, creed, religion, sex, gender identity, family status, marital status, or disability. We affirm that each human being is valuable and deserves to be treated with dignity and respect. Read the full statement in the *Vision, Mission & Priorities* section of our website.

CVMA COVID-19 landing page

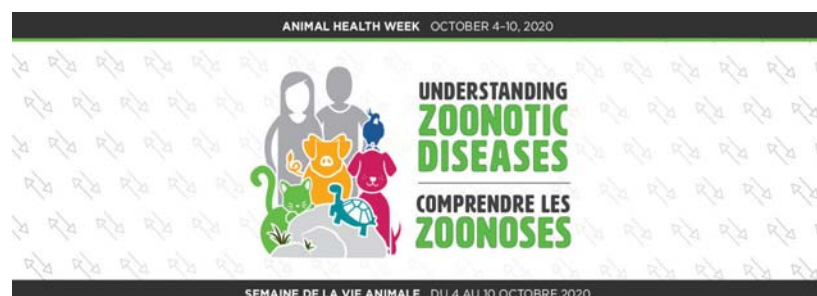
Please visit the CVMA's dedicated COVID-19 web section for up-to-date information, resources, and recorded webinars: canadianveterinarians.net/coronavirus-covid-19. Useful documents include resources such as *COVID-19 and Animals - Frequently Asked Questions for Veterinarians*.

2020 cannabis update

The CVMA and the Canadian Association of Veterinary Cannabinoid Medicine (CAVCM) has provided an update on changes made under the Cannabis Act of Canada in the past year including the ability to legally purchase cannabis edibles, concentrates, and topicals, which were not originally available when cannabis was legalized in October, 2018. Read the complete update in our *Policy & Advocacy* section of our website.

Animal Health Week – Zoonotic Diseases

The CVMA is proud to have celebrated Animal Health Week (AHW) across the country for 35 years! From **October 4 – 10, 2020**, the CVMA will raise awareness of Zoonotic Diseases. This year's theme, *Understanding Zoonotic Diseases: Community Health – Animals and You*, will showcase how Canada's veterinary professionals occupy unique positions within the national One Health community to support the fight against these diseases and how protecting animal health, protects everyone's health. Learn more about AHW and how you can participate at canadianveterinarians.net/practice-economics/animal-health-week.

**Mental Health Awareness Week**

An average of 10 people die by suicide each day in Canada, making suicide the ninth leading cause of death. For every one suicide death there are five self-inflicted injury hospitalizations, 25 to 30 attempts, and seven to 10 people's lives are forever changed. Although anyone can be impacted by suicide, some populations are at higher risk including veterinary professionals. In a recent study, 26.2 per cent of Canadian veterinarians have had thoughts of suicide in the last 12 months, significantly higher than the 12.2 per cent of Canadians reported to have seriously considered suicide in their lifetime. The CVMA and Merck Animal Health will kick off *It's Time to Talk about Mental Health in Veterinary Medicine* Awareness Week every September. The 2020 campaign runs from **September 6 to 12**, featuring another one-hour webinar held on **World Suicide Prevention Day – Tuesday, September 10 at 12 p.m.** This webinar will help us better understand risk factors for suicide in veterinary medicine and increase awareness about training opportunities for suicide prevention. Find more information at canadianveterinarians.net/mental-health-awareness-week.

The CVMA calls on regulators, breeders, and the public to end extreme breeding in animals

The CVMA would like to inform advertisers, brokers, sellers, breeders, potential dog owners, and air transporters of a serious animal welfare issue that has been highlighted by the recent events involving the deaths of a large number of brachycephalic (snub nosed) puppies imported into Canada from the Ukraine and promote a call to action:

- The CVMA is calling on advertisers to stop using these animals for marketing purposes.
- The CVMA urges all breeders of brachycephalic dogs to select only the healthiest animals as breeding stock, including those with longer muzzles, with the goal of reaching a muzzle length of half the head length over time.
- Prospective owners are called upon to educate themselves on the potential health risks, to speak to their veterinarians for advice, and to source pets from local breeders who are committed to breed health.
- Dog brokers are urged to select puppies from reputable local sources that have a clear plan to breed responsibly.
- Airlines are implored to ban the air transport of all brachycephalic breeds for commercial purposes.
- The Government of Canada is urged to consistently and actively enforce the federal animal transport Regulations and ensure importers and carriers are aware of the applicable requirements within those regulations including those for pre-transport assessment of fitness for the intended transport as well as the additional requirements for animals that are compromised.



Registered Veterinary Technologists and Technicians of Canada News



By Ivana Novosel, RVT, MSc
RVTTC/TTVAC Vice President

The Registered Veterinary Technologists and Technicians of Canada (RVTTC) is highlighting the crucial service of its profession during this year's national RVT Month with the theme, ***RVTS are essential***.

"As the country closed down this year to stop the spread of Covid-19, veterinary health care teams kept working," says RVTTC President, Heather Shannon. "No matter what sector a Registered Veterinary Technicians/Technologists worked in, whether it was an animal hospital, livestock health facility, zoo or wildcare care or even an educational or government institution, they continued to care and advocate for animals across Canada."

To adhere to Covid-19 protocols, an ***RVT Month App*** was launched in a joint effort between Canada's RVT associations to allow RVTs, employers and members of the public to take part in celebrations digitally. It highlights educational and marketing materials, merchandise, sponsor contests, and RVT Month events. www.rvtmonth.ca

NEW this year, RVTTC is excited to have the Association des Techniciens en Santé Animale du Québec (ATSAQ) join them and other provincial vet tech associations to celebrate RVT Month.

Each provincial association, as well as our national association (RVTTC), will have different activities planned throughout the month of October. Check on the RVT Month App or with your association for more information on RVT Month in your province.

- Alberta Veterinary Technologist Association (ABVTA)
<https://www.abvta.com/>
- BC Veterinary Technologists Association (BCVTA)
<https://www.bcvta.com/>
- Eastern Veterinary Technicians Association (EVTA)
<http://evta.ca/>
- Manitoba Veterinary Technologists Association (MVTA)
<https://www.mymvta.ca/>
- Ontario Association of Veterinary Technicians (OAVT)
<http://oavt.org/>
- Saskatchewan Association of Veterinary Technologists (SAVT)
<https://www.savt.ca>
- Association des Techniciens en Santé Animale du Québec (ATSAQ)
<http://www.atsaq.org>

Each veterinary team is encouraged to join in using the hashtags #ProudlyRVT #ThankanRVT #RVTMonth #WeAreRVTs #AskForRVTs



**NEVER
STOP
LEARNING!**

VET VIRTUAL
VETERINARY EDUCATION TODAY
CONFERENCE & MEDICAL EXPOSITION
SEPTEMBER 30 - OCTOBER 3, 2020

CANADA'S VETERINARY EDUCATION TODAY
VIRTUAL CONFERENCE AND MEDICAL EXPOSITION

CONFERENCE: SEPTEMBER 30 - OCTOBER 3
VIRTUAL EXHIBIT HALL: OCTOBER 2-3
ON-DEMAND: OCTOBER 4-18

Register by Sept 4
and receive 50% off
the current rate

USE DISCOUNT CODE
CPN50
TO ENJOY
THESE SAVINGS!

Register to attend at
www.VeterinaryEducationToday.ca

REGISTER NOW TO ATTEND VET 2020 AND \$AVE

Mark your calendar to attend one of the most robust, virtual veterinary conferences in North America.

Can't fit all the sessions into your schedule? Don't worry, our all-access pass allows you to watch On-Demand sessions.

Speakers from across North America are eager to present to you the latest in clinical lectures, practice management, sponsored symposia, hospital design, and everything you need to know about cannabinoid medicine.

Visit 80+ exhibitors from across North America that are excited to virtually meet you and demonstrate their products and services. Drop into their virtual booth and have a chat, download their brochures, enter to win prizes and giveaways, have one-on-one zoom conversations with your booth representatives, watch live demonstrations and more.

Attend up to 40 hours of CE.

CE program developed by:



UNIVERSITY OF SASKATCHEWAN
Western College of
Veterinary Medicine
USASK.CA/WCVM



Media Partners:



Continuing Veterinary Education Calendar

As we all try to navigate 2020 and the uncertainty brought on by the COVID-19 pandemic, many veterinary conferences scheduled to take place this year have been cancelled. Other conferences have been reconfigured as a virtual forum this year.

If you are planning on attending any vet and/or vet tech conference this year, be sure to check with the association organizing the conference to see whether the meeting will be held on-site as planned, changed to a virtual learning platform, postponed to a later date or cancelled for the year 2020.

2020 Conference Updates:

VHMA 2020 Virtual Conference September 1-25

VHMA will be hosting a virtual Annual Meeting & Conference in lieu of the in-person 2020 Annual Meeting & Conference that was scheduled for September. Programs and events are offered virtually throughout the month of September. Although the global pandemic has made it impossible to host large gatherings at this time, the VHMA Board and staff have assembled a robust learning and networking event that will be delivered virtually. The program contains the same high quality and forward thinking content, as well as numerous opportunities to connect and unite participants. We encourage you to join us!

https://www.vhma.org/education/conferences/annual-meeting-virtual-2020?utm_source=Email&utm_medium=Informz&utm_campaign=Informz+General&_zs=d61Cc1&_zl=tc137

Canadian Virtual Veterinary Symposium September 25 and 26

Treat yourself to two full days of online learning, connecting and networking with veterinarians and veterinary colleagues from across Canada.

- Participate in cutting-edge, live and on-demand webcasts on a wide range of topics, delivered by an outstanding lineup of guest speakers.
- Earn 20 continuing education credits from the comfort of your home or office.
- Tour the CVVS virtual exhibit hall and visit our sponsors' booths.
- Enjoy the challenge of interactive educational games for a chance to win prizes.
- Hang out with colleagues from across the country in the CVVS online chat room

<https://cvvs.vfairs.com/#>

VET Virtual Veterinary Education Today Virtual Conference and Medical Exposition September 30-October 3

What's included in your virtual conference pass?

- Access to 40+ CE Hours of educational sessions
- Access to 80+ Exhibitors to speak one-on-one virtually about new cutting edge products and services
- Participate in discussion forums to collaborate with like-minded professionals
- Opportunity to participate in passport program to win prizes
- Network & connect one-on-one with other attendees via our networking tool
- Build your own VET agenda to maximize your conference experience
- All-access pass holders can participate in the on-demand portion of the conference up to and including October 18, 2020

<https://www.veterinaryeducationtoday.ca>

AAFP 2020 Virtual Conference Feline Head & Neck: Diseases, Disorders, & More October 3 & 4 and 24 & 25

Expand your knowledge on Feline Head and Neck Disorders at the 2020 AAFP Virtual Conference. This year's conference provides over 65 hours of CE presented by 66 distinguished speakers with sessions being offered for veterinarians, technicians/nurses, and practice managers.

www.catvets.com

2020 Virtual CanWest Veterinary Conference October 17-20

The year 2020 will not soon be forgotten by anyone. COVID-19 has drastically changed the way we live our lives and conduct our business. To

ensure the health and safety of all participants, the 2020 CanWest Veterinary Conference will be hosted virtually.

While hosting the conference virtually will reduce our ability to network in-person, the ABVMA is committed to delivering a quality conference featuring the same world class continuing education as well as a virtual exhibit hall that will provide an opportunity for delegates to network virtually with industry representatives.

<https://web.cvent.com/event/d6a321f2-2bd3-4c1d-a203-c110eb006854/summary>

The 9th World Congress of Veterinary Dermatology October 20-24

The Executive Organising Committee of the WCV9 has decided that in light of current global events, this will be the first World Congress of Veterinary Dermatology having an all virtual scientific program and commercial exhibition. We will deliver as much of the scientific content as feasible in an on-line format. This will ensure that delegates have an unrivalled opportunity to experience the best speakers in the world on a wide range of exciting dermatology topics. From the comfort and convenience of your home or office, join our virtual platform and be part of this superb international scientific program that will deliver the most recent scientific advances in veterinary dermatology.

www.vetdermsydney.com

BCVTA Fall Conference October 25

Please join us from the comfort of your home for a day of great speakers and celebrating everything that it means to be an RVT in today's ever changing world.

We know that your lives and jobs have been challenging this year and we want you to know that we are still here supporting all that it means to be a BCVTA member.

Lectures will be pre-recorded and include a live chat at the end of session with the speaker.

All lectures will be available for viewing by attendees for 6 months post conference

<https://www.bcvta.com/ahta-of-bc-conference/>

OAVT Virtual Road Show October 2020

The OAVT Road Show – Virtual Edition will feature live webinars throughout October 2020. Content is organized within four tracks: Canine Focus, Compassionate Care, Equine Focus and Feline Focus.

<https://roadshow.oavt.org>

AAEP Virtual Conference and Trade Show December – exact dates to be announced

The AAEP announced on Aug. 19 that the 2020 AAEP Annual Convention & Trade Show, originally scheduled for Dec. 5 – 9 in Las Vegas, Nev., will take place instead as a virtual event. The ongoing COVID-19 pandemic and the potential safety risks to AAEP members, staff, exhibitors and others attending necessitated the move.

The exact dates for December's Virtual Convention & Trade Show and the schedule of sessions and events will be announced in September. The educational program will offer a blend of live and on-demand sessions, ensuring practitioners can conveniently earn CE hours based on their personal schedules.

Thank you for your patience as we plan a new and meaningful convention experience!

Veterinary Marketplace

**Showcase your
animal health product
or service here!**

email us at
info@k2publishing.ca
to ask how!



**WE KNOW WHAT YOUR PRACTICE IS WORTH...
DO YOU?**



A dedicated team offering appraisal, consulting and brokerage services.
Call us at 1-844-ROI-2020 or email vet@roicorp.com.

[in](#) [f](#) [@](#) [t](#) [v](#) roicorp.com

ROI
CORPORATION
BROKERAGE / COURTAGE

ANIMAL HEALTH WEEK OCTOBER 4-10, 2020



**UNDERSTANDING
ZOOONOTIC
DISEASES**

COMMUNITY HEALTH — ANIMALS AND YOU

Visit canadianveterinarians.net to learn more

PROGRAM PLUS SPONSORS



PROGRAM SPONSORS



IN PARTNERSHIP WITH



PRESENTED BY CANADA'S VETERINARIANS

Canadian
VET
Practice

Bringing the whole
veterinary healthcare team
together in a 'One Health'
vision of caring for animals



LEADING THE WAY IN CANADIAN VETERINARY PUBLISHING SINCE 2006
K2 Animal Health Publishing www.k2publishing.ca

WHAT IF...

A PROBIOTIC COULD HELP ANXIOUS DOGS FEEL CALMER?

Introducing Purina® Pro Plan Veterinary Supplements™ Calming Care with *Bifidobacterium longum* (BL999), a probiotic strain shown to help dogs maintain calm behaviour. In a blinded crossover design study, **90% of dogs showed an improvement** in displaying anxious behaviours such as jumping, pacing, and spinning*.



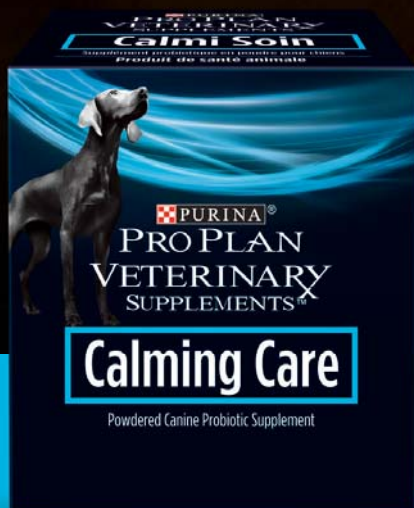
Helps dogs cope with external stressors like separation, unfamiliar visitors, novel sounds, or changes in routine and location



Helps dogs maintain positive cardiac activity during stressful events, promoting a positive emotional state



Helps blunt cortisol response to anxious events and supports a healthy immune system



PROPLANVETERINARYDIETS.CA

1-866-884-VETS(8387) | Talk to your Purina® Territory Manager

* McGowan, R. T. S. (2016). "Oiling the brain" or "Cultivating the gut": Impact of diet on anxious behavior in dogs. Proceedings of the Nestlé Purina Companion Animal Nutrition Summit, March 31-April 2, Florida, 91-97.