## VETERINARY NURSING IN ACTION





\$2,500<sup>.00\*</sup>

## Applications open now!

The **Tuition for Vet Techs Scholarship**, sponsored by the National Association of Veterinary Technicians in America (NAVTA) and Boehringer Ingelheim is awarded each year in conjunction with National Veterinary Technician Week.

## **ELIGIBILITY**

- Veterinary technology/nursing students enrolled in an AVMAaccredited program (on-campus or distance learning) that has completed at least one year of program requirements
- · Cumulative GPA of 3.0 or higher and full-time student status
- NAVTA Student Membership required (SCNAVTA membership preferred)

## **HOW TO APPLY**

· Submit a transcript and letter confirming the student is in good academic standing VETERINARY TECHNICIAN

PROGRAM

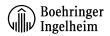
SCHOLARSHIP

- · Submit a minimum of one professional letter of recommendation (i.e., program director, faculty, advisor, DVM, credentialed veterinary technician) (maximum of 3)
- · Submit a 500-word essay on:
- Where do you see the future of the veterinary technology/ nursing profession in 5-10 years and how are you going to contribute to the profession in that timeframe?
- Deadline for submission is **June 30th 2022**

The Tuition for Vet Techs Scholarship will be awarded to 20 applicants in the amount of \$2500.00 \*per year, with the ability to apply multiple years if they meet the recommend eligibility requirements each year. The scholarship funds may be used for payment of tuition fees, supplies for classes/labs, and textbooks. The scholarship funds will be mailed directly to the recipient's school and/or program director.







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## On the cover:

Veterinary technician Kimberly Pisowicz explores how her professional skills make her a better beekeeper, and vice versa..



# A EXECUTIVE BOARD REPORT

## NAVTA Advocates for the Technician Profession

The first goal in NAVTA's strategic plan speaks to NAVTA's responsibility to advocate for professional standards in veterinary nursing/technology. Two specific objectives for that goal are for NAVTA to:

Increase influence on policy makers and regulators so that every state has requirements for veterinary technicians/ technologists/nurses to receive credentials (be registered, licensed or certified), adhere to a standardized scope of practice, and have their title protected.

Increase awareness and recognition of the veterinary nursing profession by coordinating efforts among international, national, and state veterinary medical and technician associations.

In just the first three months of 2022, NAVTA put in to motion several actions that moved both of those objectives forward.

## **Title Protection Report**

In February, NAVTA released its longawaited "title protection report" that showed a vast majority of Veterinary Technicians/Nurses want their title of "Veterinary Technician" to be protected by law, but that most states do not provide such protection. The report showed that 31 states and jurisdictions have no title protection for "Veterinary Technician" within their veterinary

practice acts, while another 10 states have limited title protection.

"The veterinary technician profession has long been challenged by a lack of cohesion and standards in the United States," said NAVTA President Ashli Selke, CVT. "As a result, the title of 'Veterinary Technician' is used inconsistently and, often times, incorrectly, and suffers from a lack of clarity and understanding, both within the veterinary world and among consumers."

The report also showed that nearly 40% of Veterinary Technicians were misinformed about their state's title protection laws. When asked if their state restricts the title "Veterinary Technician" to those licensed through state law, only 61% of responses were correct about the actual status of title protection in their state.

To cure these problems, the report provides recommendations for legislatures and regulatory agencies, academic institutions, veterinary medical and technician associations, veterinary practices, and others.

The report was created by NAVTA's Veterinary Nurse Initiative Task Force, led by Ken Yaqi and Mandy Fults, who reviewed each state's veterinary practice act language and conducted a survey of Veterinary Technicians in the United States.



#### NAVTA

#### **Executive Director:**

Phillip E. Russo, CAE c/o Professional Management Associates 750 US Highway 202 South, Suite 200 Bridgewater, NJ 08807 info@navta.net | www.navta.net

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## **AVMA Collaborative Efforts**

NAVTA leaders have had several productive and positive conversations with AVMA executives in the early part of the year. The first call was initiated by AVMA so that AVMA leaders could personally express their support of NAVTA and Veterinary Technicians in light of the controversy that arose at an AVMA House of Delegates meeting. AVMA CEO Dr. Janet Donlin, CAE, led the call, which included other top-brass executives at AVMA such as Dr. David Granstrom and Dr. Gail Golab. It was an incredible show of support to NAVTA and Veterinary Technicians by the highest levels of AVMA.

In March, NAVTA and AVMA leaders participated in a working call to discuss ways in which our groups could collaborate. The first fruit of that discussion was the AVMA press release supporting NAVTA's title protection report.

#### **State Government Activities**

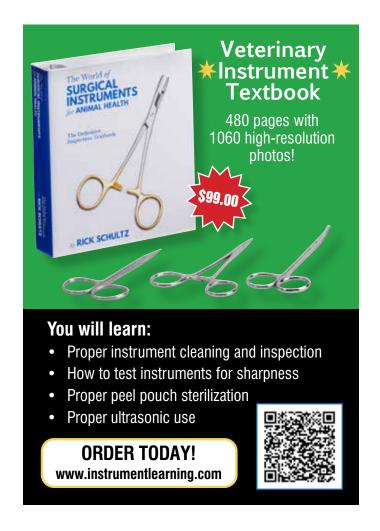
NAVTA leaders met with representatives from state Veterinary Technician associations in Florida, South Carolina, Minnesota to understand better how NAVTA could help them with their government relations issues. In Florida, NAVTA wrote to the state veterinary medical association asking them to support the state VTA's effort to discuss licensure in the state. In South Carolina, NAVTA wrote to the Governor and Senators asking them to reappoint the state VTA's nominee to a seat on the state Veterinary Medical Board. In Minnesota, NAVTA wrote to the state VMA and others endorsing the state's efforts to license Veterinary Technicians. A similar letter is being prepared to support the Massachusetts VTA's efforts.

## **VHMA Workforce Workshop**

NAVTA played an integral role in a workshop developed by the Veterinary Hospital Managers Association. The workshop took a data-driven look at veterinary team workforce issues both now and in the future and began developing a toolkit for practices. The toolkit's goal is to enable practices to streamline their resources, improve efficiencies, and elevate the roles of team members. The toolkit should be available in the summer.

#### **AVTE Conference**

NAVTA's Immediate Past President, Ed Carlson, CVT, VTS (Nutrition), has been invited to provide the Keynote Address at AVTE annual conference in August. Ed will talk about technician utilization, title protection, and student engagement. In addition, NAVTA President Ashli Selke, CVT, will participate in a "fireside chat" with AVTE leadership during the conference.



## **Veterinary Visionaries**

Several NAVTA leaders have been participating in the Veterinary Visionaries think tank group, representing Veterinary Technicians on critical issues facing the profession. Veterinary Visionaries is a future-focused collaboration among nearly 50 organizations that have banded together for online, crowdsourced problem-solving. The group is currently working on the topic of mental health and psychological wellbeing.

Simo &

Ashli Selke, CVT **NAVTA** President

## **NAVTA NEWS**

## SPECIALTIES/STATE ASSOCIATION UPDATES



## The Academy of Veterinary Surgical **Technicians (AVST)**

The AVST would like to acknowledge Mr. Steven Frederick, RVT, VTS (Surgery) on his two recent publications.

The Effect of Grip Location on Kirschner Wire Bending Characteristics; an In Vitro Study was an abstract presented at the Veterinary Orthopedic Society meeting in February 2022.

A case report: Bray CW, Berryessa NA, Frederick SW, Savage MY. Diagnosis and conservative management of primary lymphedema resulting from multiple aplastic lymphocenters in a dog. Top Companion Anim Med. 2022 Mar 6:100651. Doi:10.1016/j. tcam.2022.100651

Ms. Teri Kleist, CVT, VTS (Surgery) will be in Melbourne Australia from Mar. 28 - May 27, teaching the Advanced Veterinary Surgical Nursing course in the Melbourne Polytechnic Bachelor of Veterinary Nursing program.

To learn more about becoming a veterinary technician specialist in surgery, please visit our website at www.avst-vts.org. Here you can learn about academy requirements, view job postings for surgical veterinary technicians, and find links to all of our generous sponsors.

The 2023 AVST Application Packet is now available on available at www.avst-vts.org. Several pages have been added to the website to help candidates prepare for the application process. Please visit the "Resources" page to learn more about writing case logs and case reports, creating PDF files, and obtaining certification for gas sterilization. Not sure where to begin? Visit our "Future Candidates" page for advice on how to get started on your surgical journey. Ready to apply this year? Visit our "Mentor Page" to request a mentor, view mentoring guidelines, get your application started, and stay on track throughout the process. Good luck to all of our current and future candidates!

> Danielle Browning, LVMT, VTS (Surgery) AVST President-elect

## **DON'T MISS THE 2022 ACVS SURGERY SUMMIT**

October 12 - 15, 2022 **Oregon Convention Center Portland, Oregon** 

- > October 12: Laboratories & Workshops
- > October 13–15: Seminars & Scientific Abstracts

## The Tennessee Veterinary **Technician Association**

#### **Upcoming Conference Plans**

The Tennessee Veterinary Technician Association (TVTA) has been working on plans for our first in-person continuing education conferences in two years and we are so excited to connect with our membership face-to-face again. We will be having our annual fall conference



in September or October we are looking at different venues and will report the details in the next state representative report. Check our website www.tnvta.org for details. Our West Tennessee conference will tentatively be on November 19 and 20 at University of Tennessee Martin.

#### Welcome to Our New Middle Tennessee Representative

The TVTA has been searching for a middle Tennessee representative for guite some time. The state representatives serve as a liaison to the Executive Board. They report activities regarding veterinary technicians and veterinary medicine, in the respective areas of the state. We welcome Erika Hale as a new representative. She graduated from Chattanooga State Community College, where she continues to serve as an adjunct instructor of "Introduction to Veterinary Technology" and lab assistant for surgery and anesthesia. Erika lives in Crossville, TN where she is an LVMT at Homestead Veterinary Services, where she is an ambulatory large animal technician. In her spare time, Erika enjoys spending time with her husband and daughter, barrel racing and spending time outdoors.

### **Music City Veterinary Conference**

The TVTA had a booth at the Music City Veterinary Conference in late February and it was well attended. We also had our annual silent auction at this conference, which was very successful. We use these funds to support the scholarship to deserving students at each of the 6 veterinary technology programs in the state. Our quarter zip shirts with veterinary technology logos were a big hit. We plan to have plenty of these and other products for sale at each of the conferences. We picked up 32 new members at the MCVC as well. Remember to renew your membership on the website ASAP, so you will receive lower registration fees for the conferences.

> - Mary M. Hatfield, AS, BS, M.Ed., LVMT, LAT NAVTA State Representative

## **Vermont Veterinary Technician Association**

#### Greetings from Mud Season!

When we say we're in a rut, we mean it literally! Mud season this year in VT is no joke, friends, but the good news is that Maple Sugaring Season is also going STRONG! With the muck, so comes the sweetness!

#### **Veterinary Nursing Initiative**

We are hosting discussions within our membership ranks to understand and formulate a cohesive response to the Veterinary Nursing Initiative. We want to be heard and understood! This is paired with aiming to better define the current technician's role and scope of practice within the hospital/clinic environment and also how to best represent and define team members beyond nursing staff: assistants, kennel staff, reception, and management. We are a brave little state who is known for banding together and that is how we see teams at work also.

#### **Upcoming CE Opportunities**

Our board is working hard on assembling some amazing CE for the fall: hosting the wonderful Benita Altier for lecture and wet lab focusing on dental techniques for the veterinary technician.

- Hannah Curtin



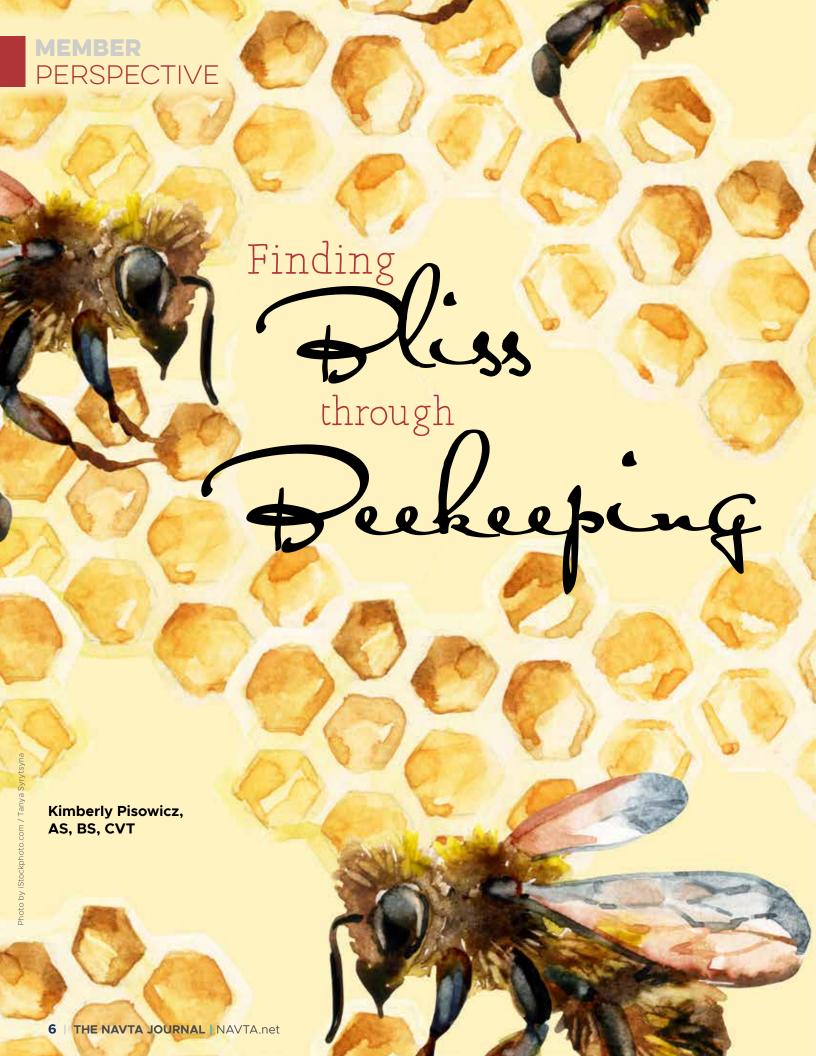


## Introducing the Mindray WATO and VETA Anesthesia Machines

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user confidence.



PERSPECTIVE

Veterinary professionals juggle the needs of multiple patients each and every day. By the end of our shift, we have assisted far more animals than we can remember. As technicians, we have learned to multi-task better than the best of them, prioritize like the pros and anticipate the needs of our DVM's almost flawlessly.

We are individually unique. Some of us prefer the hustle and bustle of emergency, while others prefer knowing what is on the schedule and completing the appointments one by one. Yet, there are others who dabble in both worlds and jump at being front and center when a random emergency comes in. Other technicians are educators and researchers whose devoted work advances our field for future generations.

We gain experience, and in doing so, we grow as individuals. We are ambitious beings with relentless stamina. Our attention to detail is top notch and most of us can handle some pretty gnarly things. We shine like stars once we experience our own 'flow state' and we relish when the daily tasks of our career become second nature to us.

The art of beekeeping requires a variety of skills that technicians practice daily. So much so, that we may have a significant legup in understanding how to keep and care for bees!

The art of beekeeping requires a variety of skills that technicians practice daily. So much so, that we may have a significant leg-up in understanding how to keep and care for bees! From a personal perspective, practicing beekeeping may enhance critical thinking, problem solving, handling and planning skills. Tuning into behavioral and environmental cues may also be gleaned from beekeeping, which could improve overall awareness.

Could one achieve a similar 'flow state' while working up to 60,000 honey bees in a single colony? After experiencing it first-hand,

I believe this to be true without a doubt. Who knew it was possible to achieve this incredible feeling when surrounded by so many buzzing bodies?

This all seems beneficial from a left-brain (logical) approach, but how can it enhance our more feeling-based right brains? Beekeeping may have the potential to evoke feelings of peace that have become dormant or strangely foreign. These are feelings that are held deep within our minds, bodies and souls.

One day you may feel an unforgettable experience while working your bees. Your

heart rate will slow and your breath will balance. You'll enter into a silent trance, mesmerized by the beauty of the frame that you're holding steady in your hands. You'll no longer hear the buzzing of the bees around you. Your body will exhibit stillness. You'll enter into that 'flow state' and this unexpected feeling will surprise you. Peace will blanket over you and you'll notice a positive shift in your well-being. Your hive inspection has sprinkled upon you noticeable amounts of appreciation and bliss.

You've finally allowed yourself to slow down and it feels strangely wonderful. Unknowingly, you have been yearning for this moment. This quieting of mind and body allows you to tend your honey bees in a manner that they desire. Swift, rapid or jerky movements are not taken kindly by the bees, nor many other animals for that matter.

Our willingness to slow down and surrender to each colony teaches us patience and respect. If we listen, we can learn. Beekeeping calms us and allows us to see the beauty of nature again. As we begin to remember nature's familiarity, we grant ourselves permission to reawaken our senses to the remarkable sights and sounds around us.





Gratitude develops as we begin to understand the working dynamics of the queen bee, drone bees and worker honey bees, all of the species Apis mellifera. These hive members work together beautifully to form a large superorganism, known as a colony, whose population peaks around 60,000 bees. Each colony reacts and behaves differently from the next. Similarly, each patient we see at our clinics, shelters or hospitals differ in their behavior, specific needs and methods of approach. They vary physically and behaviorally; likewise, they are individually unique.

You could say there is a bit of worker bee in all of us. As technicians, we understand and respect their dedication and resiliency. We are able to recognize how each bee contributes, influences and affects the colony as a whole. The overall success of the colony depends upon the honey bee's attention to self-care, as well as the care they provide to others and receive from others. The colony relies heavily upon

> Let us consider shifting our perspectives and taking a lesson from the honey bee. We can begin by knowing that our contributions are respected, noticed and highly valued by our teams.

just as our teams require the same of its members to succeed in the

There are times when we undervalue ourselves, which can consequently transform into other negative thoughts or actions. Let us consider shifting our perspectives and taking a lesson from the

honey bee. We can begin by knowing that our contributions are respected, noticed and highly valued by our teams. We can trust that what we share and how we contribute does

strengthen our foundation and the stability of our

team. You and I are fortunate to be part of a group whose members all strive for success; however, it is just as important for us to retain our strong sense of self and know who we are as individuals.

Today, veterinary professionals all over the world are making strides and shifting focus towards personal improvement. We are putting ourselves first and paying more attention to our own well-being. This is imperative work that will continue to evolve and require attention. Each honey bee is aware of the importance of self-care and takes the time to perform it. Let's strive to integrate this crucial element into our own lives. It all "bee-gins" with you!

## MEMBER PERSPECTIVE

## KIMBERLY PISOWICZ, AS, BS, CVT

Kim was introduced to the art of beekeeping in 2018. It has since changed her life so dramatically that she felt compelled to share the benefits and rewards with the veterinary community. A veterinary professional herself since 2003, Kim has shifted her focus to understand how beekeeping can improve the lives of veterinary professionals and is taking time to further her education. She emphasizes that beekeeping is not just putting bees in a box! It is a hands-on commitment that supports, manages and maintains the health of the colony. This colony (essentially one big animal) is susceptible to illness from the 4 P's: poor nutrition, parasites, pathogens and pesticides. She encourages everyone to take full enjoyment in the fascinating honey bee and to educate yourself first to ensure that beekeeping is right for you!



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# TA WEBINAR SERIES



## Canine Allergic Skin Disease: Stella's Story

Thursday, May 12, 2022 • 7:00pm EDT Speaker: Catherine Ruggiero, MS, DVM, DACVIM (Nutrition)







## Focus on Anesthetic Safety: Diagnostics for Patients with Comorbidities

Thursday, June 16, 2022 • 7:00pm EDT Speaker: Tamara Grubb DVM, PhD, Diplomate ACVAA







## Valley Fever in Dogs and Cats: Think Outside the Desert

Thursday, July 14, 2022 • 7:00pm EDT Speakers: Julie Dinnage, DVM and David Bruyette, DVM, DACVIM

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## 4 Realities EXPOSED: A Visual Tour of Heartworm Disease

Thursday, August 11, 2022 • 7:00pm EDT Speaker: Holly Cummings, LVT



# Don't miss our FREE upcoming CE Webinars for NAVTA Members!



## Food for Thought

Thursday, September 15, 2022 • 7:00pm EDT Speaker: Danielle Conway, DVM







## Knowledge is Our First Ingredient (Nutrition Truths)

Thursday, October 13, 2022 • 7:00pm EDT Speaker: Vicky Ograin, MBA, RVT, VTS (Nutrition)

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## Lone Star Ticks: An Expanding Threat to Pets and Humans

Thursday November 10, 2022 • 7:00pm EST Speaker: Janet McConnell, CVT

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# **REGISTER TODAY!**

www.navta.net/webinars



Brandon Dutkiewicz, CVT VCA Brown Animal Hospital



## How Covid-19 Has Affected Veterinary Hospitals

t comes as no surprise that over the past two years, COVID-19 has affected every veterinary hospital nationwide. It has created staffing shortages and has sparked the rise of new clients and patients walking through the door, making the role of the veterinary technician much more important and valuable. With people adopting or buying pets during the pandemic or simply becoming more observant of them as they work from home, there's no doubt why the need for technicians is expected to grow 15 percent from 2020 to 2030.1 The client experience at any veterinary hospital is crucial to the development and success of the veterinary technician and the practice. Because of this, it is necessary for veterinary technicians to become proficient in providing excellent client communication and education, as well as showing empathy. Without the client, veterinarians, technicians, and supporting staff cannot

provide the right care to animals. The technician possesses many skills, but client communication is the backbone to future successes of the hospital. All veterinary hospitals, including emergency, specialty, and general practice have seen changes and have experienced the consequences of COVID-19. Veterinary technicians are going to the curbside for appointments, fielding many more calls, and taking on new clients which has emphasized the importance of strong client communication.

## **Handling Clients with Care**

Sometimes it's easy to become robotic when recommending that a client bring their sick animal in for an exam. We can even fall into the habit of telling clients who are seeking help to just go to the emergency service, which can leave a bad taste in their mouth. It is critical that we treat all clients with patience and understanding when they reach out with concerns about their pets.

It is critical that we treat all clients with patience and understanding when they reach out with concerns about their pets.

For example, if a client is calling to seek help about diarrhea, it's important to obtain a quick, but thorough history about the symptoms that are concerning them. It is important to remember that what may be common knowledge to technicians and doctors is not always to clients. In this example, the technicians might be concerned about a range of things, including a foreign body ingestion, dietary indiscretion, toxicity, parasites, or many other potential factors. The client will need help understanding these potential risks and what they should do (whether at home care or coming in). Rather than abruptly telling them their pet needs to be seen in a short conversation, we need to explain the

importance of why the animal needs care and what kinds of risks need to be evaluated. When time isn't taken to explain things to the client, there is a disconnect resulting in tension between the client and the technician; one is frustrated about why they have to come in or the lack information and the other is frustrated that the client doesn't understand why it is important to schedule an appointment. All of this can be resolved with simply talking the client through why the concerns they have are valid and what could be wrong with the pet; this isn't a telemedicine call and it's not a diagnosis, rather a simple explanation of what might be causing these symptoms and the value in coming in to see a professional. Having a client, especially a new client, experience a couple of extra minutes on the phone so they feel heard will result in that client coming back to your practice, or even simply telling their family and

Personal experience has taught me how clients like to be spoken to; no one enjoys a condescending conversation that makes them feel small or like they should know something they don't.

friends how professional and detailed the technician was at that practice.

## **Customer Service and Client Education Drive Business**

In an article written by Whitler at Forbes, "92% of consumers believe recommendations from friends and family over all forms of advertising".2 Animal hospitals, no matter what the practice type is, are not hanging flyers or making commercials to advertise and bring in new clients; therefore, taking the extra time speak to a client and explain the "why" will help with the current and future success of the practice.

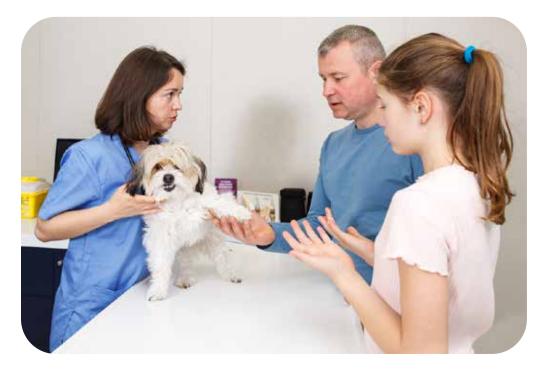
Technicians should always think about the impact of client education, and how it can positively (or negatively) affect the veterinary practice. Personal experience has taught me how clients like to be spoken to; no one enjoys a condescending conversation that makes them feel small or like they should know something they

don't. This is why it is important to think about how we educate clients. This can sometimes mean instructional education like demonstrating how to give subcutaneous fluids at home for a feline patient with chronic kidney disease- it also means breaking down a doctor's diagnosis into plain language, so a client understands. This shows your medical knowledge but also the ability to translate this so a client can understand. A better understanding of why a doctor wants a blood pressure, CBC/Chemistry panel or subcutaneous fluids for the cat with chronic kidney disease will result in an educated client that sees the value in each service tailored for their pet. This will create a stronger relationship between the medical staff and client, and a client that can better understand their own pet. By speaking to a client almost like a friend and less like an instructional robot, you will create an environment in which clients will be more apt to learn and more receptive to your recommendations because they won't feel dumb for not understanding something. They will also feel more comfortable asking questions. The overall goal of an appointment like this

is to educate the client about how to treat and prevent the current problem. When a client feels like they have left the practice with a piece of knowledge and are feeling confident and happy, it will promote more compliance, trust, and extend the longevity of that client.

## **Empathy is Free of Charge**

Finally, displaying empathy is a crucial factor for how to grow the practice. Empathy has a large impact on the client



People want to do everything they can for their pet, but it doesn't always translate to affording a large workup or expensive tests: the technician needs to advocate for the client's needs and adapt to still providing quality patient care.

experience and how they perceive the practice. This will affect their decision to return. Empathy is different than sympathy; the difference being that with sympathy you are showing the client that you care and share your mutual feelings, whereas when you empathize, you're trying to understand where the client is coming from, and why they have those certain feelings. It's when you put yourself in their position as you share a bad prognosis or diagnosis with them, or simply a larger treatment plan than expected for a non-emergent visit. Empathy does not cost a client anything and it goes a long way. And, for the technician, genuinely caring and trying to understand what the client is facing at the moment is not a lot of extra work.

It is easy to get stuck in the fast-paced appointment to appointment flow, where sometimes it's frustrating when a client declines even a small treatment plan, or emotionally exhausting with frequent euthanasia's causing compassion fatigue and burnout. It's important to try to feel

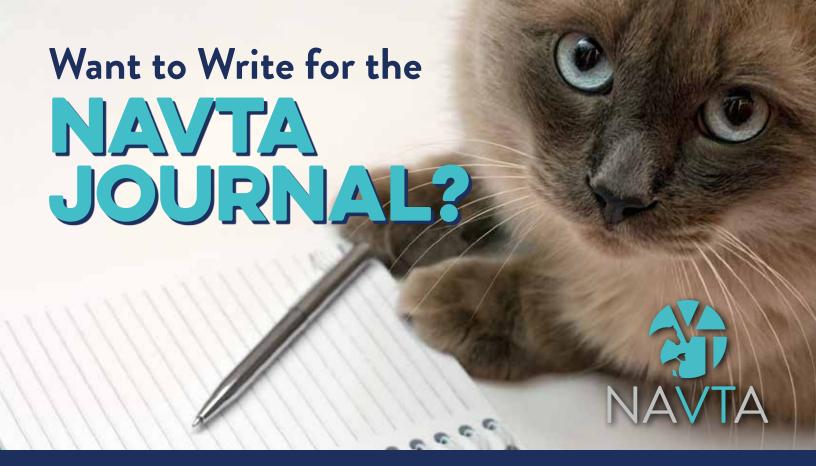
what the client could be feeling at that moment, no matter what the circumstance. People want to do everything they can for their pet, but it doesn't always translate to affording a large workup or expensive tests; the technician needs to advocate for the client's needs and adapt to still providing quality patient care. Clients are people, and it doesn't take a study or statistics to know that people like to be heard, understood, and respected. This goes back to the point of how word of mouth marketing is far superior marketing than any other form of advertising.; When people feel like they are heard, this will translate to not only a long-term committed client, but an indirect way to earn new clients in the future.

It is a tough time in the veterinary industry right now, but it's important to continue to focus on why the industry is what it is today, the clients. The clients deserve to feel like they have a say in their pet's care and are involved in the decisions that are made. This means teaching them

preventive skills, educating them on how to treat their pet, taking the extra couple minutes on the phone, and simply putting yourself in their shoes. Working on these skills and being mindful to use them on a daily basis can help a technician be well rounded in their skills while helping the practice grow and become much more in tune with their clients.

## **REFERENCES**

- Unknown. (2021, December 29). How much do veterinary technicians earn? All Allied Health Schools. Retrieved February 26, 2022, from https://www.allalliedhealthschools.  $com/vet\text{-}tech/salary/\#\text{:}\sim\text{:}text\text{=}The\%20$ job%20growth%20for%20veterinary%20 technicians%20is%20projected,to%20grow%20 8%25%20over%20the%20same%20time%20
- Whitler, K. A. (2019, September 9). Why word of mouth marketing is the most important social media. Forbes. Retrieved February 22, 2022, from https://www.forbes.com/sites/ kimberlywhitler/2014/07/17/why-word-ofmouth-marketing-is-the-most-importantsocial-media/?sh=3ff42e4054a8



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   The author must own or have permission to use all images.
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- Cite all references.
- Articles and case studies should be between 1,000 and 3,000 words.
- CE Articles must be 3,000 to 3,500 words and include an objective statement, CE Quiz and speaker Bio/CV.



# SEROTONIN SYNDROME

NEUROTRANSMITTERS GONE WILD

Stephany Marshall, LVT, VTS(ECC)

oxicities of various forms are a common occurrence in the veterinary emergency room. One of the more uncommon, but potentially life-threatening ones, is an increase in serotonin (also called 5-hydroxytryptamine [5-HT]), which can lead to serotonin syndrome. Most of the serotonin in the body is located in the enterochromaffin cells and in the gastrointestinal (GI) tract. Platelets use an active absorption mechanism to scavenge and store serotonin generated by enterochromaffin cells in the GI mucosa. The lungs also take serotonin from circulation and either store it or transfer it to platelets. Serotonin acts centrally as a neurotransmitter to alter mood, aggression, thermoregulation, sleep, vomiting, and pain perception. Peripherally, its effects include vasoconstriction, platelet aggregation, uterine contraction, intestinal peristalsis, and bronchoconstriction.1 There are several drugs that can increase 5-HT in the body of humans and animals and many that veterinarians prescribe to manage anxiety or behavior disorders in

dogs and cats. The accidental ingestion and overdose of these medications are increasing as the use of antidepressant medications in humans and animals is becoming more prevalent.

## **Serotonergic Medications**

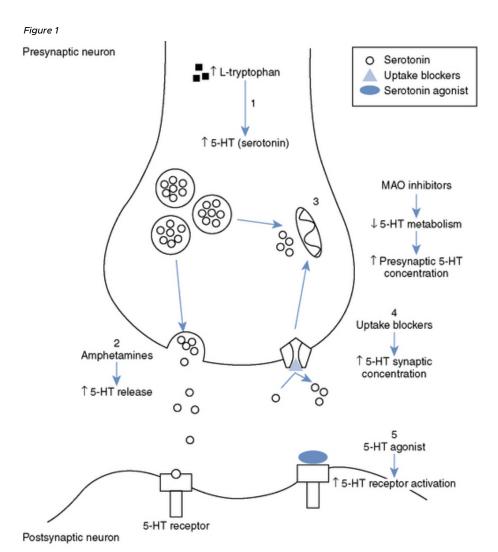
With the specialized field of veterinary behavior becoming more established, more and more pets are being treated for behavior disorders, such as anxiety, fear, reactivity, or obsessive behaviors. These include Serotonin Reuptake Inhibitors (SSRIs) such as fluoxetine (Prozac). There are also medications that are commonly prescribed or used for pain, including tramadol, fentanyl, or methadone, which can increase 5-HT. SSRIs selectively block the reuptake of serotonin by presynaptic neurons, increasing the serotonin level in the synapses.2 SSRIs are considered safer than other serotonergic drugs with toxic doses reported at over 100mg/kg in dogs and 50mg/kg in cats. Tricyclic Antidepressants (TCAs) include amitriptyline, clomipramine, mirtazapine, and also trazodone. TCAs

are often used along with SSRIs but their mechanism of action is a bit different. They block the reuptake of serotonin and norepinephrine in presynaptic terminals, which leads to increased concentration of these neurotransmitters in the synaptic cleft.3 TCAs also have anticholinergic effects, in which affected animals may demonstrate delayed gastric emptying and decreased intestinal peristalsis, enhancing absorption.4 TCAs are reported to have a narrow margin of safety with toxic doses being about 15mg/kg. Monoamine Oxidase Inhibitors (MAOIs) were the first form of antidepressants introduced in human medicine in the 1950s. MAOIs inhibit the breakdown of certain neurotransmitters, including serotonin, norepinephrine, dopamine, and tyramine, thus, increasing their levels and allowing them to continue to influence the cells that have been affected by depression.<sup>5</sup> Right now there is only one MAOI approved for veterinary medicine and that is selegiline. Selegiline (Anipryl [Zoetis]) is commonly used to help treat canine cognitive dysfunction.

Oftentimes pets will present to the emergency room for the accidental ingestion of human antidepressants or over-the-counter supplements. These can include tryptophan, melatonin, 5-HTP, and amphetamines, such as ADHD medications.

MAOIs should be used with caution, as they can be particularly dangerous when taken in conjunction with certain foods, medications, and supplements. There has yet to be a lethal dose reported in dogs and cats, but in humans, a dose of only 2mg/kg is considered extremely toxic.1

Oftentimes pets will present to the emergency room for the accidental ingestion of human antidepressants or over-the-counter supplements. These can include tryptophan, melatonin, 5-HTP, and amphetamines, such as ADHD medications. All of these medications and so many more can increase serotonin levels; even recreational drugs, such as LSD or cocaine. When dogs or cats ingest a combination of serotonin-based medications, or in overdose situations, a drug-induced syndrome can occur called serotonin syndrome where there are elevated serotonin levels in the central and peripheral nervous system. This can result via a variety of mechanisms depending on what kind of medication or supplement the animal ingested (Figure 1). Drugs like amphetamines and cocaine will increase the release of stored serotonin, while when the dose of L-tryptophan is increased, the amount of serotonin synthesized increases correspondingly, resulting in an excess of serotonin vesicles, which flood the synaptic cleft.<sup>6</sup> The excess serotonin released causes the postsynaptic serotonin receptors to become hypersensitive, resulting in serotonin syndrome symptoms. There are a few ways that serotonin syndrome can occur besides drug overdose and ingestion of more than one antidepressant medication. For example, there are certain drug classes, when combined with behavioral medications, that can lead to problems. Tramadol, an opioid agonist used for analgesia, when combined with fluoxetine can increase the risk for seizures. Another commonly prescribed medication for dogs that should be avoided with serotonergic agents is S-adenosylmethionine (Denamarin), which is a supplement used for liver and joint support.



## **Clinical Signs and Diagnosis**

A complete and thorough medical history should be obtained from the owner, including when and how much of the medication was ingested if known, as well as asking if the pet is on any other medications or supplements. The veterinary technician can play an important role in this step as this information will be vital in order to provide treatment and decontamination, as well as to give an accurate prognosis. Clinical signs of serotonin syndrome can be characterized by autonomic hyperactivity (tachycardia, tachypnea, hypertension, diarrhea, mydriasis, hyperthermia, hypersalivation, abdominal pain), neuromuscular signs (tremors,

rigidity, seizures, hyperreflexia, ataxia, disorientation), and altered mental status (agitation, excitement).7 Transient blindness can also occur in some cases.

Diagnosis is made with a reported history of ingestion along with appropriate clinical signs. Once ingestion and toxicity are confirmed or if it is highly suspected then decontamination and treatment can be started. Performing decontamination,

Once ingestion and toxicity are confirmed or if it is highly suspected then decontamination and treatment can be started.

## **CURRENT CONVERSATIONS**

including emesis, gastric lavage, and administration of adsorbents (e.g., activated charcoal) will be dependent upon how much time has elapsed since the animal ingested the medication. If the patient is asymptomatic, with no vomiting or no neurologic signs, and with recent ingestion, then emesis can be induced. Otherwise, gastric lavage and giving activated charcoal, which binds tightly to these drugs, can be initiated, as 5-HT is readily absorbed in the GI tract. Repeating doses every 6 hours is often necessary with TCAs, as these medications undergo enterohepatic circulation. If the patient is already symptomatic then it is too late and often not safe to decontaminate.

## **Treatment**

Supportive care is provided with intravenous fluids to help maintain blood pressure and support renal function. Most of these drugs, specifically SSRIs, are highly protein-bound so diuresis may not enhance excretion. Treatment is otherwise symptomatic. Phenobarbital (4-16mg/ kg IV) is a barbiturate drug that can be used to treat seizures. Methocarbamol (22-55mg/kg IV PRN), a muscle relaxant, is recommended to alleviate tremors. Phenothiazines, such as acepromazine, can be used to treat agitation. Blood pressure and electrocardiogram (ECG) monitoring is often suggested. Tachycardia can be treated with propranolol, a non-specific beta-adrenergic blocker. Patients with GI signs can be treated with anti-nausea medications such as maropitant (1mg/ kg IV or SQ) and gastroprotectants such as pantoprazole (1mg/kg IV). Cyproheptadine (1.1mg/kg in dogs and 2-4 mg/kg in cats), a serotonin receptor antagonist, has become a mainstay in treatment for serotonin syndrome. This medication can be given orally, or rectally if oral administration is not attainable due to neurologic status. Cyproheptadine specifically blocks the 5-HT1A and 5-HT2A receptors, which are the receptors responsible for the symptoms of serotonin



Supportive care is provided with intravenous fluids to help maintain blood pressure and support renal function.

syndrome varies based on the severity of clinical signs, the amount ingested, and the time it takes to begin treatment. J

### **REFERENCES**

- 1. Silverstein Deborah C, Hopper Kate. Small Animal Critical Care Medicine. 2nd ed. St. Louis, MO; Elsevier Saunders; 2015. Pp. 414-
- 2. Spooner, M. M. (n.d.). Inside Behavior: Serotonin Syndrome: When Good Drugs are Used Badly. VetFolio. Retrieved December 3, 2021, from https://www.vetfolio.com/learn/article/ inside-behavior-serotonin-syndrome-whengood-drugs-are-used-badly
- Moraczewski, J., & Aedma, K. K. (2020, December 7). Tricyclic Antidepressants -StatPearls. NCBI. Retrieved December 3, 2021, from https://www.ncbi.nlm.nih.gov/books/ NBK557791/
- Wismer, T. A. (2008, September 1). Antidepressant drug overdoses in dogs. ASPCApro. Retrieved December 3, 2021, from https:// www.aspcapro.org/sites/default/files/etoxbrief\_0700.pdf
- Laban, T., & Saadabadi, A. (2021, August 6). Monoamine Oxidase Inhibitors (MAOI) -StatPearls. NCBI. Retrieved December 3, 2021,

- from https://www.ncbi.nlm.nih.gov/books/ NBK539848/
- 6. Reineke, E. L., & Drobatz, K. J. (2016, September 10). Serotonin Syndrome. Veterian Key. Retrieved December 3, 2021, from https://veteriankey.com/serotonin-syndrome
- 7. Crowell-Davis, S. L., & Poggiagliolmi, S. (2008, September 1). Serotonin Syndrome. Amazon AWS. Retrieved December 3, 2021, from https://vetfoliovetstreet.s3.amazonaws.com/mmah/ ac/52ee36b35c4d38b06d33906d878046/ filePV\_30\_09\_490.pdf
- Gwaltney-Brant SM, Albretsen JC, Khan, S. (2000, June 15). 5-Hydroxytryptophan toxicosis in dogs: 21 cases (1989-1999). PubMed. Retrieved December 3, 2021, from https://pubmed.ncbi. nlm.nih.gov/10863592/

syndrome.8 Prognosis for serotonin



## Monique Feyrecilde, BA, LVT, VTS (Behavior)

## LEARNING OBJECTIVE:

After reading this article, Cooperative Veterinary Care, discuss and differentiate between Level 1, 2 and 3 patients, and implement prevention and training protocols.

## **Introduction & Relevance**

ooperative Veterinary Care (CVC) aims to provide a comfortable and reduced-stress medical experience for patients, veterinary teams, and clients. By observing and responding to patient body language, creating a hospital environment conducive to stress reduction, and employing specialized training and behavior modification techniques, veterinary teams can provide a great deal of medical care using little or no manual restraint.

Reducing patient stress is relevant to veterinary practice to enhance team safety, as well as patient and client experiences. Our first priority as professionals should be the safety of the veterinary team. In 2014, a study in just one state identified 1,827 reported injury events on the job for veterinary technicians. Of those reported injuries, 74% occurred during patient restraint and treatment. 1 The same study showed technicians who believed injuries on the job are to be expected or difficult to avoid are more likely to be injured. The author has worked full time in small animal private practice since 1997 and has only sustained three animal bites, with only one requiring medical attention. Veterinary professionals deserve a safe working environment. Setting an expectation of minimizing risks to the team during handling is an important part of Cooperative Veterinary Care.

The second priority is the safety and comfort of the patient. Patient comfort should not be limited to physical comfort, but should encompass the entire patient experience including emotional well-being. Protecting the emotional well-being of patients is part of our responsibility to protect them from harm. Determining the emotional state of animals relies on accurate interpretation of their body language. Interpreting animal body language is a skill which can be learned through education and coaching. In preparing to provide Cooperative Veterinary Care, veterinary teams should be educated about animal communication and body language and be able to categorize an animal's stress or fear level based on these body language cues. Not all veterinary technician education programs teach body language and behavior, but this knowledge is crucial for successful and safe patient handling. Numerous resources are available on animal body language safety. 2-4

Protecting the emotional well-being of our patients means developing protocols

This program is pending approval by the AAVSB RACE program for 1 hour of continuing education in jurisdictions which recognize AAVSB RACE approval. Please contact the AAVSB RACE program if you have any comments/concerns regarding this program's validity or relevancy to the veterinary profession.

to proceed, pause, or stop care based on the animal's emotional state. The use of "brutacaine" is outdated for both people and pets.5-7 Simply holding animals with more skill and more force is not enough. We must also respect their body language cues. When an animal shows mild stress and fear, this is a non-violent request for the fear-inducing interaction or stimulus to cease. The veterinary team can earn the trust of many patients by respecting this non-violent and appropriate communication rather than ignoring it in the interest of completing scheduled tasks. Prioritizing tasks as medical needs vs. wants (true emergent and life-saving care versus everything else) and scheduling care accordingly are important steps in Cooperative Veterinary Care planning.

Protecting the emotional well-being of patients also enhances the client experience, increasing the likelihood clients will seek proper veterinary care for their pets. When surveyed, clients state they are concerned about their pets' stress levels at the veterinary clinic. Up to 38% of cat owners report failing to make appointments due to perceived patient stress, while 54% report the idea of making an appointment causes the client stress due to unpleasant past experiences.8 Providing pleasant care experiences and gaining the trust and cooperation of patients will help clients relax and feel more comfortable in the hospital. Clients who trust the veterinary team and observe lower patient stress levels are more likely to schedule visits and comply with veterinary care recommendations.

The benefits to patients, clients, and the veterinary team reach beyond emotional comfort. More frequent client and patient visits boosts revenue for veterinary practices. Decreased injuries on the job decreases L&I claims and expenses, and decreases time off due to injuries. I assert that protecting the emotional well-being of patients through Cooperative Veterinary Care will increase revenue, decrease spending and, most importantly, increase job satisfaction and professional longevity

for veterinary technicians.

The first step in incorporating Cooperative Veterinary Care is to ensure the hospital culture is consistent with creating this experience for patients, clients, and the veterinary team. Establishing a scoring system for patients so the veterinary team agrees when it is ok to proceed with care, when care should be paused, and when care needs to stop and be rescheduled is a good starting point. Once patient stress levels have been identified, appropriate training techniques can be used to facilitate CVC. The techniques described in this brief piece are predominantly useful for non-emergencies (e.g. preventive care visits, hospitalized patient treatments, diagnostics, and treatments for non-life-threatening conditions). Life-threatening emergencies should be treated as rapidly as medically necessary to preserve the life of the patient.

## **Patient Consent and Predictability**

Imagine this: As a child, you were held still and forced to allow the dentist to give you a filling. Although the dentist numbed the area with a local anesthetic, the experience was extremely frightening for you. The sights and smells of the dental office give rise to anxiety and the sound of the dental drill can still put you on edge even if it is on television. Even as an adult, you have been avoiding visiting the dentist. Now you have a broken tooth and have no choice but to continue suffering with the painful injury or go through the unpleasant trauma of an extensive visit with the dentist.

This human example speaks to the importance of comfort and consent for medical procedures. Being held down as a child and forced to endure a scary if non-painful experience can leave lasting emotional scars, preventing even the most rational and responsible adult from seeking necessary dental care.9 When these anxious patients do receive care, they perceive pain scores higher than those of non-anxious patients.<sup>10</sup> Have you heard the commercials

for sedation dentistry, gentle dentistry, or twilight dentistry? These services are becoming more common because so many people avoid the dental office due to fear, and more dentists are realizing that addressing fear and anxiety is a crucial step in providing healthcare.9

## CVC is centered around the understanding that every patient's perception of treatment is unique.

CVC is centered around the concept that veterinary patients can give or withdraw consent for medical procedures, and the understanding that every patient's perception of treatment is unique. The point of consent is variable, based on what procedure is being performed and what level of training the patient has previously received. For simple procedures, the patient may give consent simply by showing he or she is comfortable enough to eat treats during the procedure and choosing to stay near the veterinary team during the procedure. For more advanced procedures, the point of consent may be trained. For example, the animal may be trained to go to a medication station mat, platform, or exam table. When the patient chooses to go to and remain on the table, medical training, medical procedures, and positive reinforcement for those procedures occurs. When the patient chooses to move off of the station (mat, platform, table, etc.), the patient has withdrawn consent and the procedure or training session should be stopped, as well as all positive reinforcement. Other forms of consent such as a chin rest behavior can be established through training.

The idea of patient consent is contrary to much of what we may have learned in veterinary technician training, prior textbooks, and other courses. Until now, most veterinary handling education has revolved around methods to safely restrain a fearful patient. Cooperative Veterinary

## **BOX 1. EQUIPMENT AND ITEMS FOR COOPERATIVE VETERINARY CARE**

## **NON-SKID SURFACES**

- Yoga mats
  - · These can be sanitized in the washing machine (Air dry or NO HEAT dry only).
- · Rubber-backed mats
  - Examples include anti-fatique kitchen or bath mats, area rugs with anti-slip treatments.
  - These can be sanitized in the washing machine (Air dry or NO HEAT dry only).
- Table covers
  - · Commercially available adhesive table covers can be purchased through http:// vetwarming.com/fear-freetable-covers/.
  - · Table covers can also be used on the floor.
  - · These can be sanitized between patients using a surface disinfectant and discarded at the end of each day.

## **PHEROMONES**

- Pheromone products are commercially available for both cats and dogs.
- Diffusers, sprays, and wipes are all available.
- · Using wipes in front of the client helps the client see value added Fear Free service.

## **HIDING OPPORTUNITIES**

- · Towels, blankets (treat with pheromones, warmed when possible)
- Infant changing pads
- · Carrier bottoms
- Cubbies

#### **TREASURES**

· Items to help with distractions and building positive emotional responses in the exam room.



#### **EDIBLE**

- · Texture variety: Sticky, smooth, crunchy, moist, etc. and can be stored at room temperature
- Squeeze cheese, peanut butter
- · Baby food (refrigerate after opening)
- · Baby food sausages (refrigerate after opening)
- Canned puree type pet food (refrigerate after opening)
- Tiny training type moist treats (easy to toss)
- · Freeze dried liver or other highly palatable meat-based soft dry treats
- · Crunchy treats
- · Dried fish or fish flakes
- · Palatable sticky cat treats (for example, Kong Easy Treat Salmon Formula http://www. kongcompany.com/products/ cats/treat-dispensers/treats/ salmon-easy-treat/)

## **FOOD ADMINISTRATION TOOLS**

- · Squeeze tubes (camping supply, I use GoToob brand)
- 3ml and 20ml syringes
- Food retaining toys (For example, Kong Blue by Kong Company https://www.campbellpet.com/ products/Kong-Toys-and-Treats/ KONG%C2%AE-Blue)
- · Kongs (Kong Company), Twist-n-**Treat (Premier Pet Products)**
- Paper plates
- Plastic spoons
- Tongue depressors
- · Pretzel rods or other edible treat delivery system for enthusiastic eaters

#### **TOYS**

- · Feather, fur, and bell toys for cats
- · Fishing pole type cat toy
- Tennis balls/Rubberized tennis balls
- Squeaky or plush toys (great for mouthy puppies)
- · Tugging toys

## THE DRAWER DEDICATED TO **CVC IN OUR EXAM ROOMS CONTAINS:**

- · Squeeze cheese
- · Squeeze peanut butter
- · Baby food and baby food sausages
- · Canned, puree-consistency pet food
- · Tiny training type treats (easy to toss)
- Freeze dried liver
- Squeeze tubes (camping)
- · 60ml syringe with dosing tip
- · Kongs (Kong Company), Twist-n-Treat (Premier Pet Products)
- · Clicker (prefer Karen Pryor's iClick, especially if the room has hard floors/little sound dampening)
- Target plates/paper plates
- Squeaky toys
- · Feather toys and fur mice
- · Feather fishing pole
- · Jingle kitty toys
- · Tennis balls/Rubberized tennis balls
- Puppy tugs
- · Pheromone wipes
- 1 small towel
- · Tug toys
- Paper plates
- · Plastic spoons
- Tongue depressors
- Muzzle set

## **TRAINING TOOLS**

- Clickers
- · Treat bags/treat holders for use during training
- · Station opportunities (mat, rug, towel, etc.)
- · Targets (spoon, target stick, plastic lids or disks



Care represents an alternative: teaching the patient to allow treatment without the necessity for strong restraint.

Cooperative Veterinary Care is not a silver bullet or a magic pill. It will not suddenly transform fearful and defensively aggressive patients into animals who happily participate in treatment. It will, however, create a culture where those patients receive the respect, training, medical management, and time they require to receive treatment without suffering further iatrogenic behavioral injuries.

## **Preparation: Environment, Items & Equipment**

Environmental stressors are common in the veterinary setting. Diminishing environmental stressors facilitates Cooperative Veterinary Care by helping animals be in an emotional state conducive to relaxation and learning. The emotion of fear inhibits higher executive functions, but enhances the development of emotional memories. When animals are fearful, they form long-lasting memories about the feared stimuli. This makes good evolutionary sense: fear is an important tool to improve safety and keep organisms away from harm. However, when fear levels are high in our veterinary patients, they may perceive necessary care as harm, developing long-lasting fearful memories, and triggering a strong emotional response during subsequent visits.

Reducing environmental stressors requires the veterinary team to view the hospital environment and experience from the patient's perspective. Reducing stressors such as barking dogs and other animal vocalizations, pheromones left behind by stressed animals, slippery surfaces, unstable surfaces, strong chemical odors, and social contact with other animals will facilitate Cooperative Veterinary Care. A list of suggested tools and equipment can be seen in Box 1.

## **Preparation: Medical Management**

Even when every effort is made to create a calm environment, some patients have

Moderate or severe stress without handling Level **Cooperative Care Training for wants** Severe stress or self-defense with handling Sedation required for needs Refuses most food and tactile rewards **Three** Medication usually indicated Difficulty returning to baseline Training process guides treatment plan Proceed with CAUTION for needs Mild stress if no handling Level Mild or moderate stress during handling **Desensitization & Counterconditioning** Medication may be needed Stops accepting food, tactile during handling Two May need to pause, assess, reschedule Returns to baseline rapidly Calm, Relaxed Body Language GO ahead with treatment for wants & needs Level If Mild Stress, returns to baseline easily **Distraction Techniques** Readily accepts food, toy, tactile Monitor for changes in body language One Chooses close proximity Monitor food acceptance and proximity

Figure 1. Patient classification guidelines Excerpt from Cooperative Veterinary Care with permission

moderate to severe anxiety and would benefit from the use of medical treatment for fear, stress, and anxiety. There are a wide variety of short-acting anxiolytic supplements and medications available. Practitioners should familiarize themselves with these options and stock several choices in-clinic for ease of use and prescribing. Dosages and medication selection are outside the scope of this article, but numerous other resources are available. The use of acepromazine as a single agent for fearful and especially aggressive patients is contraindicated.

#### Preparation: Knowledge

A knowledge of basic conditioning and learning theory is helpful for veterinary professionals. CVC uses principles of desensitization, classical conditioning, and operant conditioning for patient training. The process of desensitization helps patients tolerate treatments by breaking treatments down into small increments which are not startling or frightening. By combining desensitization with classical conditioning or counterconditioning, we can train patients to enjoy treatments by showing the pet each step in the treatment process predicts something wonderful they enjoy. Operant conditioning can be used to teach complex behaviors such as stationing, standing or remaining still during treatments, offering a paw or

holding it still for nail grooming, assuming lateral recumbency without restraint for a radiograph, unrestrained blood collection, and much more.

## Implementation: Every patient, every visit

Patients are learning all the time, whether we are intentionally training them or not. During each patient visit, the animal should be assessed by the technician/nurse and their stress level identified. Level One patients show few or no stress markers and proceed with treatment through simple distractions because prevention of fear is generally sufficient. Level Two patients show mild and moderate stress markers, and treatment should be paused for interventional desensitization and classical counterconditioning. Level Three patients show moderate and severe stress markers. These patients are in distress. Any nonlife-saving treatments should be stopped, and a training plan using operant and classical conditioning put into place before further treatments are performed.

Figure 1 shows examples of patient classification criteria.

## **Level One Patients: Prevention & Training**

Cooperative Veterinary Care starts with prevention for Level One patients. Many puppies and kittens who start out

Many puppies and kittens who start out relaxed in the veterinary hospital can be maintained with simple distraction methods, and can learn to be relaxed adults for veterinary care as well.

relaxed in the veterinary hospital can be maintained with simple distraction methods, and can learn to be relaxed adults for veterinary care as well. When working with distraction techniques, the concept is to use something the animal enjoys to hold their attention during medical procedures. Using distractions this way may also result in beneficial classical conditioning, but simultaneous conditioning is not the most effective type of classical conditioning for building a strong response.

To use the distraction method, first assess the patient's interest in the distraction. Food is usually effective for most relaxed patients. Offer the food and while the animal is interested in the food, simulate part of the desired medical procedure such as touching the area where an injection will be given. If the patient remains interested in the food, pinch the injection area, then tent the skin, then inject.

If the patient loses interest in the distraction when handling or treatments are attempted, the patient should be moved to the Level Two category, or interventional training. If distractions are not effective and are used repeatedly, the undesirable outcome of classically conditioning the patient to have an aversion to food in the hospital can occur. If the presence of food predicts something unpleasant occurring, the animal may have a suppressed desire for food and increased fear and anxiety about handling. Once conditioned, this is a challenging response to replace. For this reason, the

use of distractions should be limited to animals who are relaxed, remain relaxed and eating throughout the procedure, and show little or no changes in body language during handling.

## **Level Two Patients: Intervention & Training**

When a patient is showing a fear response during handling or treatments, intervention should be undertaken to reverse the fear response and improve the patient experience. Mild intervention generally consists of desensitization and classical conditioning or classical counterconditioning (DS/CC/CCC). With classical conditioning (CC), we form an emotional response connected with a particular stimulus, such as an injection. Classical counterconditioning (CCC) is used when there is an existing unwanted emotional response and we are trying to replace it with a new, desired emotional response. The process for each type of conditioning is the same; assuring the potentially worrisome stimulus predicts something the patient really enjoys which elicits a pleasant emotional response.3

To use DS/CC/CCC, first identify something which provokes the desired happy emotional response. Second, identify the potentially worrisome stimulus, then break it down into smaller non-frightening steps. This breakdown is called the exposure hierarchy or exposure ladder. Next identify a non-stressful starting point where the patient does not show any fear response. Begin working through the exposure ladder by presenting a low level version of the stimulus and then immediately provoking the happy emotional response. For example, if I am working on nail grooming, I might show a dog the nail clipper and then give a small piece of hot dog or steak.

Monitor the patient for signs of increasing stress as you move through the exposure ladder. If the patient shows fear or anxiety, pause and return to the last point where no stress was shown. Depending upon the patient's tolerance, it

may be possible to continue to attempt to progress through the ladder, or the session may need to be ended and addressed at a later time.

The training process for patients with mild and moderate stress may take only a few seconds for a puppy's vaccine to be injected, or may take several visits to work all the way up to a nail trim in a moderately fearful dog. The keys to success with DS/CC/CCC are proper patient identification, keeping the patient

#### Patient comes to the handler

#### Patient remains stationary

- · Open a syringe wrapper
- · Handle syringe and medication vial

#### Touching injection area

- · Stroke with fingers
- · Stroke firmly
- · Tent skin gently
- · Tent skin firmly
- · Tent skin firmly and pinch
- · Tent skin firmly and pinch firmly

## Hold a syringe while touching patient Stroke with fingers

#### Stroke firmly

- Tent skin gently
- · Tent skin and approach with syringe
- Tent skin and approach with syringe, pinch skin
- · Tent skin and approach with syringe, tap with capped syringe

Tent skin and simulate injection firmly with capped syringe

Tent skin and pinch sharply while simulating injection

### Administer subcutaneous injection

Figure 2. Example exposure ladder for injections. Green represents the most likely low stress approximations, while orange represents the most likely to cause stress.



Figure 3. Border Collie puppy on her station in the exam room, anticipating food rewards.

below the threshold of observable stress, choosing correct timing so the potentially feared item predicts something wonderful and elicits a pleasant emotional response, and progressing only at the patient's rate of readiness. Figure 2 shows an example exposure ladder for DS/CC injections. Each hierarchy will differ depending upon the individual preferences and experiences of each patient. Attention to the patient's level of motivation, desire to participate, and stress level is crucial at each point during interactions.

For CVC training, we rely on positive reinforcement, which means giving the animal something they like or enjoy when they have performed the correct behavior.

## **Level Three Patients: Intervention & Training**

Level Three patients present special challenges because they are experiencing moderate to severe stress and are in emotional distress. These patients are not receptive to training when they are so fearful. The first step with Level Three patients is to identify them, and then provide immediate stress relief. These patients often benefit from medical management prior to attempting procedures or training sessions.

More fearful patients may be intrinsically fearful as a part of their personality or temperament, or may have learned fear of handling and veterinary procedures. In either case, these patients will require more advanced training in order to allow care. For some Level Three patients, the goal of CVC training is simply to be able to give intramuscular sedation without causing severe stress. For others, complete cooperative care with voluntary examination, blood collection, injections, nail grooming, and more can

be achieved. Level Three training methods can be used for any patient as prevention, but Level Three patients are unlikely to respond to distraction training or simple DS/CC/CCC.

Consent training and operant conditioning are the primary tools used in Level Three training. Consent training requires the handler (veterinary technician/nurse, trainer, veterinarian, etc.) to teach the patient what the consent behavior is, and then respect the patient's wishes. For example, a patient may be trained to come to a station (specific location where training and treatment occur) and remain there for nail care. If the patient leaves the station, the nail care session ends, and so does all other interaction.

Operant conditioning is a training method where the learner tries different behaviors, and behaviors either increase when a desired consequence follows or decrease when an undesired consequence follows.3 For CVC training, we rely on positive reinforcement, which means



Figure 4a. A puppy's first introduction to chin rest on the station, using a rolled towel as the chin rest.



Figure 4b. A terrier offering the chin rest behavior to give consent for grooming. Note the soft wagging tail.

giving the animal something they like or enjoy when they have performed the correct behavior. Frequently when we are using operant conditioning, marker-based training and shaping are also used.

Marker-based training means the learner is given a signal when the right behavior happens, and then the primary reinforcer such as food follows.3 Using marker-based training allows the trainer to mark the precise moment the desired behavior occurs, even if feeding the learner during the behavior is impractical or impossible. Shaping is a training process where a complex behavior like going to the station is broken down into many component puzzle pieces called approximations. The trainer watches carefully for approximations of the completed behavior and marks them, following each marker with a reward. Shaping requires good skills and practice. The rate of reinforcement must remain high enough that the animal is motivated and engaged, and the criteria for reinforcement must be adjusted so the animal's performance improves over time without diminishing motivation or desire to participate in training.3 Modulating changes in criteria while maintaining an appropriate rate of reinforcement is the key to successful training.

As an example, the behavior of going to the station could be shaped using the following approximations: Look at the station, lean toward the station, move one step toward the station, move more than one step toward the station, lean over the station, sniff the station, touch the station with any body part, touch the station with a different body part, step on the station with one paw, step on the station with multiple paws, step on the station with all four paws, remain at the station for longer duration, remain at the station for longer duration while handling occurs. Figure 3 shows a puppy at her station.

Another example of a trained consent behavior is the chin rest. Using shaping, the patient can be taught to place his or



Figure 5. A previously fearful dog participates in voluntary nail care during a Cooperative Veterinary Care training session with the author.

her chin on a platform, towel, handler's hand, handler's leg, etc. By moving into the chin rest position, the patient is giving consent to proceed with training and care. If the patient moves out of the chin rest position, consent is withdrawn and the session is paused. Once in the chin rest position, a variety of veterinary behaviors can be introduced using the principles of desensitization (breaking the behavior into small increments which are easy for the patient to tolerate) and operant conditioning (reinforcement for remaining in position while the care is given). While this process may seem time-consuming, for the right patient and handler it is incredibly empowering and can simplify care for everyone involved. Figure 4a shows a puppy's first session of the chin rest behavior. Figure 4b shows a terrier being groomed while offering a chin rest.

Using positive reinforcement and markerbased training to teach Cooperative Veterinary Care behaviors can result in veterinary care where little or no restraint is required. When the environment is conducive to learning and training, and the animal knows what to expect, many patients can voluntarily consent to and participate in their own care. While this is

a major departure from the "brutacaine" of the past, these techniques represent an opportunity to provide safe and comfortable interactions for the patient and the veterinary care team.

Patients who understand they can consent and withdraw consent, and understand the behavior required to earn rewards, are likely to allow care.

Patients who understand they can consent and withdraw consent, and understand the behavior required to earn rewards, are likely to allow care. Caregivers who respect the communication from their patients will stay safe and earn the trust of these animals. I often use the example of grooming, especially nail care, because so many veterinary patients fear nail grooming and this act can damage the trusting relationship between animals and veterinary caregivers, making medical care much more difficult in the future. An example of approximations to teach an

## The only limits to what can be trained using CVC techniques are the imagination of the veterinary team or trainer and the comfort level of the patient.

animal to participate in nail care might include: coming to the station, remaining on the station while the trainer touches a low-sensitivity area such as the shoulder, remaining on the station while the trainer progressively touches higher sensitivity areas up to and including the toenail, remaining on the station while the trainer repeats these steps while holding nail clippers, allowing the trainer to approach the paw and then touch a nail with the clippers, allowing the trainer to simulate trimming a nail, and then allowing the trainer to trim a nail. The training process described here may take one minute or ten visits, depending upon the prior experience and level of anxiety the patient is feeling. Figure 5 shows an example of a dog stationed for nail care during a training visit. Notice the dog is free to move away at any time and choose not to participate. This dog willingly stays near the author and chooses to participate in training.

The only limits to what can be trained using CVC techniques are the imagination of the veterinary team or trainer and the comfort level of the patient.

## **Conclusion**

Cooperative Veterinary Care presents an opportunity to change the way we approach patient care. By observing and responding to signs of stress and fear in our animal patients rather than ignoring these signs and carrying on, we can keep the veterinary team safe and prevent Iatrogenic Behavioral Injuries to our patients. Teaching patients how to give and withdraw consent, how to tolerate handling, how to stand quietly to be examined, how to allow injections, how to offer a body part for blood collection, how to lie on the x-ray table without restraint, and more can improve the quality of care we provide to our patients.

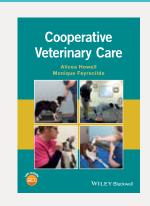
Providing CVC services including distraction training, desensitization and classical conditioning, and classical counterconditioning, as well as the more advanced operant conditioning techniques may increase veterinary visits by clients and improve the quality of these visits for the client, patient, and veterinary team. Increased visits and offering a broader variety of services such as veterinary readiness or CVC training visits lead to increased revenue for hospitals. Decreased patient stress and decreased heavy restraint should decrease injuries to both patients and veterinary team members.

Speaking from the heart, I know I entered the veterinary profession to improve the quality of life of animals, protecting their well-being and diminishing suffering. Constantly causing pain and suffering to animals in the name of medical care can take a physical and psychological toll on veterinary health care teams. These techniques have allowed me to help patients receive more and better medical care and have allowed me to embrace my mission to provide highquality medical care without doing harm to my patients in the process. J

## MONIQUE FEYRECILDE, BA, LVT, VTS (BEHAVIOR)

Monique Feyrecilde is a Veterinary Technician Specialist in Behavior, and works full time in small animal private practice. With over 20 years of experience, Monique brings a unique blend of behavioral science and practical skills to take veterinary teams to the next level.

An accomplished lecturer, curriculum developer, and author, Monique enjoys traveling to meet and work with veterinary professionals at educational events around the world. When she is not working or teaching, Monique enjoys spending time with her family including competing with her own dogs in sheepdog trials and agility trials.



#### **REFERENCES**

- 1. Leslie, D., et al. (2014) Evaluation of factors associated with work-related injuries to veterinary technicians certified in Minnesota Journal of the American Veterinary Medical Association. Journal of the American Veterinary Medical Association, 245(4) 425-433. https://doi.org/10.2460/ javma.245.4.425
- 2. Yin, S. (2009) Low Stress Handling, Restraint and Behavior Modification of Dogs and Cats: Techniques for Developing Patients Who Love Their Visits. Davis, CA: CattleDog Publishing
- 3. Shaw, K., and Martin, D. (2015) Canine and Feline Behavior for Veterinary Technicians and Nurses. Ames: Wiley.
- 4. Handelman, B. (2009) Canine Behavior: A Photo Illustrated Handbook. Spokane: Direct Book Service.
- 5. Benger J. "Brutacaine" vanquished, but pain remains. Emergency Medicine Journal: EMJ. 2006;23(11):823. doi:10.1136/emj.2006.040980.
- 6. Sønderskov ML, Hallas P. The use of "brutacaine" in children in emergency departments in Denmark. Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine. 20(2) 49. doi:10.1186/1757-7241-20-S2-P49.
- Loryman B, Davies F, Chavada G, Coats T. Consigning "brutacaine" to history: a survey of pharmacological techniques to facilitate painful procedures in children in emergency departments in the UK. Emergency Medicine Journal. 23(11) 838-840. doi:10.1136/emj.2006.034140.
- 8. Volk, J., et al. (2011) Executive summary of the Bayer veterinary care usage study. Journal of the American Veterinary Medical Association. 238 (10) 1275-1282. https://doi. org/10.2460/javma.238.10.1275
- 9. Berggren, U., & Carlsson, S. G. (1986). Qualitative and Quantitative Effects of Treatment for Dental Fear and Avoidance. Anesthesia Progress, 33(1), 9-13.
- 10. Sanikop, S., et al. (2011) Relationship between dental anxiety and pain perception during scaling. Journal of Oral Science, 53(3), 341-348.

## LET'S REVIEW...

- 1. Priorities of Cooperative Veterinary Care include:
  - a. Reduced stress on the patient.
  - b. Safe working environment for the team.
  - c. Improved safety for the patients.
  - d. All of the above
- 1. A training method where the learner tries different behaviors, and behaviors either increase when a desired consequence follows, or decrease when an undesired consequence follows is known as:
  - a. Marker based training
  - b. Operant conditioning
  - c. Consent training
  - d. All of the above
- 1. When the patient is given a signal and the right behavior happens, a treat is given. This is an example of?
  - a. Marker based training
  - b. Operant conditioning
  - c. Consent training
  - d. Counter conditioning
- 1. Patients in emotional distress are considered to be in which level?
  - a. Level 1
  - b. Level 2
  - c. Level 3
  - d. Level 4
- 1. Patients that approach a veterinary team member are considered to be in which level?
  - a. Level 1
  - b. Level 2
  - c. Level 3
  - d. Level 4





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THE REGISTERED VETERINARY **NURSE:** 

Within Reach or a Far-Off Fallacy?

By Rebecca Giacomini, CVT, VTS (ECC)

e are living in a historical time in our profession; change and positive growth in scientific advancements have been at the forefront of clinical veterinary medicine for a number of years. Now, more than ever, we have an abundance of ongoing research and clinical trials that lead the way in redefining evidence-based practice. Science has evolved. Medicine has matured. So, we must ask ourselves, "Why is it that the veterinary industry seems to be at a pivotal tipping point and ultimately suffering?" Additionally, "why is staffing at an all-time low?" There is a discontinuity and imbalance in the scientific growth, and the slow rate at which the veterinary nursing industry is advancing: namely in title and scope of practice protection.

For nearly two decades, I've held the veterinary industry as beloved and close to my heart as a practicing Certified Veterinary Technician. I have felt the exquisite wins and life-saving actions from cohesive teams I've worked with across the country. I have seen the amazing outcomes when advocating for our animal brethren to both the client and attending veterinarian as this is our plight: to be a voice for the otherwise voiceless. As a Veterinary Technician Specialist in Emergency and Critical Care, I've nursed the sickest of patients back to health who go on to survive and live long, healthy

lives. I've seen the bravery of all staff members working tirelessly day in and day out to provide the best possible care to our animal patients while attempting to retain some sort of sanity and balance amidst the chaos. This is the beauty that we all share, all nursing staff.

I have also experienced the drama and trauma of the industry. Who hasn't? Honestly, I've lived through more industry drama than most, but this has also broadened my perspective and deepened my understanding of its needs. These experiences have ultimately made me a strong proponent of title and scope of practice protection, including title change to the Registered Veterinary Nurse.

Below are a few focused thoughts that hopefully spark conversation and initiative within the readers.

## We were never called veterinary technicians to begin with.

Like any good medical professional, I like to do my own literature searches, read up on any available evidence on a particular subject, speak to others more informed than myself to ensure my own understanding of the facts, and then form or adjust my professional opinion and clinical practice accordingly. The facts and topics surrounding title protection and scope of practice are no different.

Before we move forward and make

Before we move forward and make decisions on which path to take, we must examine the past and any lessons learned during those times. Only then can we see the absurdity of repeating the same behaviors over and over again.

decisions on which path to take, we must examine the past and any lessons learned during those times. Only then can we see the absurdity of repeating the same behaviors over and over again. Did you know we were called animal technicians first? I believe it stemmed from a militarygovernment initiative. Surprisingly,





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back in the 70's the term "veterinary" was a protected title reserved only for veterinarians. Furthermore, publications, organizational titles, and common clinical practices were to call technicians "animal hospital nurses." In the late 70's, when it came time for the AVMA to make another decision regarding title, they questioned switching animal technician to veterinary technician both fearing it would confuse the public and the obstacles of a protected title. It wasn't until the late 80's that the title "veterinary technician" was agreed upon, industry-wide, and disseminated into practice among state organizations and clinical hospitals.

## The term "nurse" is only protected in human medicine.

Did you know the reason for scope of practice protection surrounding "Nurse" and "Registered Nurses" was to keep unregistered professionals within their own industry from using this term? Human medicine had too many unlicensed personnel, such as technicians, students, and assistants, within the hospital system misidentifying themselves as nurses to patients and their families. The laws surrounding title protection for nurses in human medicine are meant to ensure the public is fully aware who they are interacting with.

## We should not let another industry dictate our fate.

Many opposing the VNI, or even the simple use of any "Nurse" derivative in the veterinary industry, attempt to make the argument that the human nursing profession has worked hard for their title. Who are we to take that from them? While the human nursing profession has worked hard for their title, why should

they get to determine the title in another industry? Aren't we the only other medical nursing industry? Doctors are doctors. Nurses should be nurses. The protected verbiage should be within their own industry, ensure public protection, and protect their actual title—Registered Nurse. The protected titles for doctors are veterinarian and physician, yet they are both doctors. Many of us are Certified Veterinary Technicians yet animal nurses. We can share the term nurse.

## The title Registered **Veterinary Nurse is less** confusing for the public.

Every single time someone asks what I do for a living, I find myself answering "I'm an animal nurse." It is the same story. There is a noticeable decrease in the number of odd looks or clarifying questions I receive when I say, "veterinary technician" or how I might have to school that person a little when they reply, "I was a vet tech once." For safety reasons, the public needs clarity. How are we ever going to achieve that when our own industry has no regard or understanding of our titles and what we do?

## A medical hierarchy is absolutely necessary for regulated growth.

Similar to the doctor - nurse relationship, I cannot do my job well without the support of highly qualified and trained assistants. However, these uncredentialed staff members, valuable members of the nursing team, are not veterinary technicians or nurses. Yet sometimes they are given these titles and expected to practice at a level they have not been trained or credentialed for. Hospitals and doctors must recognize the value in all staff members and empower full utilization across the

While the human nursing profession has worked hard for their title, why should they get to determine the title in another industry?

board yet provide clear scope of practice boundaries. Only then will we begin to move forward as an industry.

## We must pave a path for the next generation of veterinary nursing staff.

Like many before us, there are multitudes of us out there doing the necessary work to make positive, impactful change happen. Just imagine where we would be if our state associations recognized our value and the need to be regulated by the Department of Regulatory Affairs just like any other medical professional. Research has shown that once a profession's title and scope of practice are defined, protected, and reinforced then that profession flourishes. A clear path with respect and dedication to protection of title and scope of practice will attract new talent and retain them.

## **Current title protections are** not adhered to nor penalized by a regulatory body.

The work of the VNI and other organizations seeking similar outcomes will only go so far. What must change is at the organizational and individual level. We must change the hearts and minds of all the business owners who make executive decisions, the managers who tow the line, and the doctors who enforce decisions in daily practice. Currently, there are existing veterinary technician title and scope of protection bylaws in many states. However, the majority of these laws are blatantly disregarded by the key stakeholders of our industry. This has got to stop. Period.

## We all want the same thing: title and scope of practice protection.

I'd like to keep this one simple. Just read the heading again. We all want the same thing - the advancement of our industry, patient care standards, and improving patient outcomes across the board. Ultimately, the



title we choose should be the least of our concerns. True growth would be title and scope of practice protection that is actually applied and regulated within our own industry among our own professionals and key stakeholders.

## We should stand united, regardless of varying viewpoints.

It is time to embrace the stage with an empowered, united force of veterinary nursing professionals. We have been debating among ourselves for far too long while the powerful stakeholders in our industry continue to make decisions for us. Unfortunately, there are counterintuitive viewpoints circulating within our profession. Similar to America's political environment, it seems those across the aisle tend to fall back on unhealthy tactics of opposition such as bullying, quilt shaming, and gaslighting. It is time both sides have an honest and authentically vulnerable conversation about this difficult topic. We can disagree and still engage in respectful, professional conversations with an end goal to find an ultimate win-win solution. I believe this is the only way forward.

## Nursing is a lost art in veterinary medicine

When was the last time you, as a practicing clinical credentialed veterinary technician or nurse, purposely wrote a summarized nursing management plan for all of your patients? When was the last time you discussed nursing management concerns in rounds, made a purposeful plan, and carried it through? Many experienced professionals working in the ICU setting do this routinely, but it's not consistent throughout industry. When was the last time you recorded patient management concerns on your anesthetic plan? It often seems that critical thinking with a nursing mindset is a lost art in our industry and many of us out there are just performing nursing duties without critically thinking things through. Many

simply may not have been taught the importance of nursing concerns and nursing management plans. With open, honest discussion, we can begin to shift the mindset to serving the patient before oneself, honing nursing insight, and explicitly creating nursing plans that are followed through on.

I dream of one day being fully respected and acknowledged as the educated, credentialed. skillfully trained, and highly knowledgeable veterinary medical professional that I am.

## I'd like to leave you with one final thought.

I dream of one day being fully respected and acknowledged as the educated, credentialed, skillfully trained, and highly knowledgeable veterinary medical professional that I am. Our industry problem is vast and complex and one that requires multiple solutions across a variety of touch points. I think one of those primary solutions is title change and hopefully that means a change to Registered Veterinary Nurse. We must continue the conversation amongst ourselves and support our non-credentialed peers on a pathway that is right for them and for our industry. We must seek title change in order to awaken the industry just enough for systemic change to finally happen. J

## **ABOUT REBECCA** GIACOMINI, CVT, VTS (ECC)

Rebecca Giacomini, CVT, VTS (ECC) is a Certified Veterinary Technician and specialist in emergency and critical care. She started in general practice, stayed in this arena for just over a year, then transitioned into emergency and critical care medicine where her love for specialty veterinary medicine blossomed. Rebecca holds active memberships to state and national associations and is an invited speaker at regional and international events. Her professional clinical interests include lung disease and mechanical ventilation, nursing management of the septic and coagulopathic patient, advanced anesthetic case management, and CPR. Rebecca owns and operates a veterinary healthcare training and consulting firm that focuses training on live clinical touchpoints for nursing staff and consulting projects to improve employee engagement and retention. She lives with two amazing cats and one incredibly loyal cattle dog named Dingo.



# UTILIZING A S.M.A.R.T. GOAL

## COMBAT VETERINARY TEAM BURNOUT BY ACHIEVING DEFINED GOALS

## Rebecca Rose, CVT

## **Survey Says! Achieving Goals Combats Burnout**

"Those who had professional goals reported significantly less burnout and felt happier and more valued than those who did not," states a recent survey conducted by Dr. Ivan with his team at Veterinary Integration Solutions and Galaxy Vet.1

The whitepaper goes on to say, "Among other factors, the study sought to determine whether goal setting has a connection with burnout rate. The hypothesis for this was that veterinary professionals might be at higher risk for under-challenge burnout subtype because of their highachieving nature. Monotony, boredom, underutilization of skills, and lack of learning opportunities are some of the common contributors to this tupe of burnout."

If you know me, you understand I am SOLUTION ORIENTED! So, if we can determine (either by what your gut tells you - veterinary technicians have a strong sense of intuition-go with your gut - or by a survey) that lack of goal setting creates little career advancement and professional growth then the solution is establishing personal and professional goals, LET'S DO IT!



## **Establish Personal and/** or Professional Goals

Veterinary team members may think to achieve a goal it has to be GRANDIOSE, over-the-top in measurement. NOT SO! Veterinary professionals are encouraged to define a small, medium, and LARGE goal, celebrating each upon achievement.

## **Examples of Goals**

### Personal:

- 1. Read or listen to a self-help book to improve communication skills
- 2. Attend a local play
- 3. Volunteer as a leader with the local 4-H group



#### Professional

- 4. Deliver a 30-minute presentation to your veterinary team on improving and benefits of active listening skills
- Read or listen to The Experience Economy, Work is a Theatre & Every Business a Stage<sup>2</sup>
- Evaluate and update consultation/ exam room handouts related to geriatric patient care

See how these goals could be defined as either personal or professional with varied degrees of impact with different levels of time and resource (\$) commitment?

What goals would you like to achieve? Write them here and share with your supervisor and family.

#### **Personal Goals**

1.	
	rofessional Goal
1.	
 3	

## Yes, I've used a SMART Goal before

You may have used or heard of a SMART Goal, but you are challenged to use it EFFECTIVELY.

What I often experience when working with veterinary teams is that the worksheet is not used to its fullest potential by fully filling it out from top to bottom. Trust in the process.

That is precisely what we are going to do, walk through the process.

## A goal without a plan is simply a wish.

Goals are best defined as a specific task or bite-size project. As an example, improving client communications is far too vague; a better, smaller goal, Understanding Empathy in Client Communications.

Another example: create Standard Operating Procedures (SOPs)—WOW! That's a monster! How about creating SOPs in properly disinfecting a patient cage? Or SOPs in laboratory procedures for diagnosing internal parasites? You get the gist—pare it down! Define for success then celebrate when completed.

## A personal goal from the examples above—apply SMART Goal

- Specific—Volunteer as a 4-H Leader in an entry level position committing to 2-year term
- Measurable—Stepping outside of comfort zone to network with 4-H leaders, young adults, and build skills in leadership
- Actionable—Become acquainted with mentoring and supporting the local 4-H leaders, attending monthly meetings, following up on action items with members and community
- Relevant—Because of the awesome experience as a child, feels appropriate to give in this manner
- Timely—Begin researching and connecting to determine the best focus for time and talents. Commit to two years, then re-evaluate.

**CELEBRATE!** When reaching the two-year mark, bake cupcakes for all the members and leaders!

## A professional goal from the examples above—apply SMART Goal

- **S**pecific—Deliver 30-minute presentation to team on improving and benefits of active listening
- Measurable—Desired end goal is for the veterinary team to assess their active listening skills
- Actionable—During upcoming team

- meeting (in three months, place on the agenda) be given "the floor" for 30-minute presentation with slide deck and projector
- Relevant—Supports the hospital's mission of listening to clients to meet the needs of the patient
- Timely—Build the notes to accompany the presentation in 4 weeks. Build the slide deck by 8 weeks. Practice the presentation with manager in 9 weeks. Polish and deliver the class in 12 weeks. Place on the Team Meeting Agenda with a worksheet.

**CELEBRATE!** Yes, you read correctly, celebrate the professional accomplishment! Equally important in acknowledging the goal and bringing it to fruition is recognizing the hard work and dedication in completing. Ice cream for EVERYONE immediately following the presentation!

Equally important in acknowledging the goal and bringing it to fruition is recognizing the hard work and dedication in completing.

## **Support Goal-Setting at Work**

In the Blog 10 Ways to Support Your Team at Work<sup>3</sup>, author Robert Chastney, suggests:

- Communicate regularly, clearly articulating the goals and resources needed to achieve the goal
- **2. Check-in regularly**, placing progress reports into the goal in a timely fashion
- **3. Be inclusive**, and seek help from all within your network
- **4. Learn to prioritise**, both the goal itself and the time management around it

**DISCLAIMER:** The NAVTA website does not provide specific psychotherapy advice. The site is intended only for use by consumers in search of general information pertaining to wellbeing and related topics. Content is not intended to replace or serve as substitute for professional consultation or service. Observations and opinions on the website should not be misconstrued as specific advice.

- **5. Empower others** by leading through example in goal-setting and achieving
- 6. Work on emotional intelligence, always a good goal to elevate selfawareness
- 7. Set reasonable goals, small, medium, and LARGE, quantifying the time and resources needed
- 8. Take breaks to evaluate obstacles, resources, and building blocks needed
- 9. Focus on wellbeing, because a veterinary professional can only give from a full tank or a full cup
- 10. Promote growth, yours and others on your team

## Make your goal a REALITY!

Use the worksheet below to bring your goal to its fullest potential, COMPLETED! Share liberally with your team, managers and leaders.

Wishing you all the success and goals achieved in 2022 as you can conceivably complete! J

## **REFERENCES**

- 1. Burnout and Work-Life Balance Study in Veterinary Profession: November 2021, Veterinary Integration Solutions, Dr. Ivan Zak, November 2021, https://vetintegrations. com/insights/burnout2021/
- 2. The Experience Economy, Work is Theatre and Every Business is a Stage, Joseph Pine II and James H Gilmore, April 1999, https:// www.amazon.com/Experience-Economy- $\underline{Theater\text{-}Every\text{-}Business/dp/0875848192}$
- 3. Ten Ways to Support your Team at Work, Future Learn, Robert Chastney, October 2020, https://www.futurelearn.com/info/ blog/ten-ways-support-your-team-at-work,

## **SMART GOAL WORKSHEET**

Specific (give it a concise title)	
Measured (what is the current	state and what is the desired end goal)
<b>A</b> ccountable (who has oversig	ht- 2 team members if within a team
<b>A</b> ctionable (what are the step:	s needed)
Relevant (how relevant is this organization, is it supported w	to the overall mission or goals of the
	vitn resources)
Fimely (keep it on track with s	· · · · · · · · · · · · · · · · · · ·
Fimely (keep it on track with s	· · · · · · · · · · · · · · · · · · ·
Fimely (keep it on track with s	pecific dates and check-ins)
Fimely (keep it on track with s Date started Middle review (2)	pecific dates and check-ins)  Middle review (1)  Completed date
Fimely (keep it on track with s  Date started  Middle review (2)  Celebrate Achievements (reco	pecific dates and check-ins)  Middle review (1)  Completed date
Fimely (keep it on track with s  Date started  Middle review (2)  Celebrate Achievements (reco	pecific dates and check-ins)  Middle review (1)  Completed date
Fimely (keep it on track with s Date started Middle review (2)  Celebrate Achievements (reco	pecific dates and check-ins)  Middle review (1)

Who's Involved in the Care of Your Pet When They Go to the Vet?

## THE ANSWER MAY **SURPRISE YOU.**

## **Robin Pence NAVC**

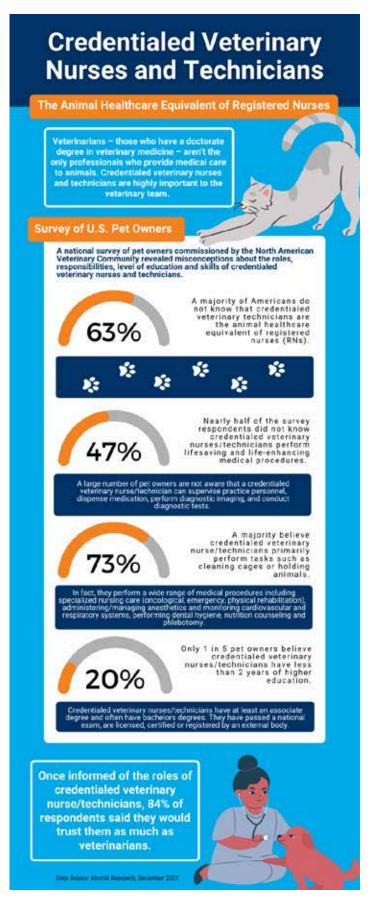
recent survey has found that many pet owners are unaware of the wide range of care provided by credentialed veterinary nurses/technicians, from preventive medicine to lifesaving and emergency care for patients

Pet owners from across the United States were recently polled for a survey commissioned by the North American Veterinary Community (NAVC) asking if they knew who was caring for their pets when they go to a veterinary hospital. While the survey found pet owners trust and feel positive about credentialed veterinary nurses and technicians as part of the patient care team, responses revealed striking misconceptions about their role, responsibilities, education and skills.

While the survey found pet owners trust and feel positive about credentialed veterinary nurses and technicians as part of the patient care team, responses revealed striking misconceptions about their role, responsibilities, education and skills.

Nearly half (47%) of pet owners did not know that the role of the credentialed veterinary nurse/technician includes performing medical tasks and procedures. The overwhelming majority, 73%, understood their role was cleaning cages, removing animal waste, feeding or grooming pets — tasks generally performed by less experienced and non-credentialed staff. Sixty-three percent of pet owners do not know that credentialed veterinary nurses and technicians are the animal healthcare equivalent of registered nurses.

"Like their counterparts in human healthcare, credentialed veterinary nurses and technicians are also highly skilled



## **NAVTA NEWS**

"Respondents indicated they value veterinary nurses/technicians; now it's up to us to do a better job by educating pet owners how vital they are to the veterinary healthcare team, so their skills can be better leveraged for the benefit of animals everywhere."







professionals, providing life-saving and life-enhancing care for pets as well as emotional support," Harold Davis, BA, RVT, VTS (Emergency and Critical Care) (Anesthesia and Analgesia), NAVC Board President said. "Respondents indicated they value veterinary nurses/technicians; now it's up to us to do a better job by educating pet owners how vital they are to the veterinary healthcare team, so their skills can be better leveraged for the benefit of animals everywhere."

Credentialed veterinary nurses and technicians perform a wide range of procedures requiring extensive skill, knowledge, and education, including:

- · Monitoring and managing anesthesia, cardiovascular and respiratory functions during surgery, and throughout recovery.
- · Radiology and diagnostic imaging, including advanced studies like CT, MRI and ultrasonography.
- Dental charting, teeth cleaning, instruction in home care.
- · Advanced care for hospitalized patient needs.
- Nutrition and behavior counseling.
- Specialized nursing care in disciplines which mirror veterinary specialists, including oncology and cardiology among many others.
- · Phlebotomy, laboratory management and more.

On the topic of education, 20% of respondents mistakenly believe that veterinary nurses/technicians have less than two years of higher education. Respondents also have little awareness of the national exam needed to attain a license or the requirements for continued education to maintain that license.

"The vast majority of credentialed veterinary nurses/technicians hold an associate degree in veterinary technology with many obtaining and now seeking out their bachelor's to further their career goals. They have passed a national exam, are licensed, certified or registered by an external governing body in their state," Ashli Selke, RVT, CVT, NAVTA President said. "We are educated healthcare professionals who understand the whys behind the science and can advocate wholly for our patients."

Survey findings also revealed that once respondents were informed about the roles and responsibilities of credentialed veterinary nurses/ technicians, their specialties and the required level of education and expertise, their perceptions changed.

- 69% of pet owners reported they would feel more confident and comfortable with the level of care they can provide, and
- 84% would trust them as much as a veterinarian.

"Credentialed veterinary technicians are deeply passionate individuals who are committed to caring for animals and supporting their owners. It's important that we help pet owners understand the critical role credentialed veterinary technicians have as part of the medical team and their dedication to the health and well-being of their patients," said Carolyn Spivock, RVT, Director of Veterinary Technician & Assistant Development, VCA Animal Hospitals. "We believe that as pet owners better understand

the medical knowledge, advanced skills and expertise of credentialed veterinary technicians, coupled with the compassionate care they provide, their confidence and trust in technicians will increase. Building stronger relationships between veterinary technicians and pet owners is one meaningful way we can continue to improve care for pets and grow the support we can offer our clients."

The survey was conducted as a part of a national awareness and education campaign led by the NAVC and VCA Animal Hospitals, with support from NAVTA. The campaign is part of the Veterinary Nurse Empowerment Initiative, a bold new program the NAVC launched in January to elevate and advance credentialed veterinary nurses/ technicians. The goal is to change perceptions and attitudes among pet owners, close the knowledge gap and instill confidence in the professionals who provide animal healthcare. For more details on the Veterinary Nurse Empowerment Initiative, visit navc.com/ veterinary-nurses-and-techniciansempowerment-initaitive. J

"It's important that we help pet owners understand the critical role credentialed veterinary technicians have as part of the medical team and their dedication to the health and well-being of their patients,"

## Methodology

Atomik Research conducted an online survey of 1,013 pet owners throughout the United States who indicated having at least one pet in their household. The margin of error for the overall sample fell within +/- 3 percentage points with a confidence interval of 95 percent. Fieldwork took place between December 22 and December 24, 2021. Atomik Research is an independent, creative market research agency.



## **ABOUT THE NAVC**

The North American Veterinary Community (NAVC) is a nonprofit organization dedicated to supporting and advancing veterinary professionals worldwide. The world's leading provider of veterinary continuing education, the NAVC delivers essential training, tools and resources for veterinary professionals to stay abreast of advances in animal medicine and provide the best medical care for animals everywhere. Through its commitment to innovation and excellence, the NAVC has developed a diverse portfolio of products and services, including: educational events, headlined by VMX, the world's largest, most comprehensive continuing education conference and launchpad for new products and innovations within the veterinary industry; a robust digital platform for virtual learning and engagement; the veterinary industry's largest and award-winning portfolio of trade publications; and an advocacy arm which unites the veterinary community and pet lovers. The NAVC was founded in 1982 and is headquartered in Orlando, FL. Since 2017, the NAVC has been recognized annually as one of the Top Workplaces by the Orlando Sentinel. To learn more about the NAVC's products and brands, visit https://navc.com/. To see our schedule of upcoming events, visit https://navc.com/calendar/



## **ABOUT VCA ANIMAL HOSPITALS**

A leader in veterinary care, VCA Animal Hospitals is committed to caring for the future of veterinary medicine. We are a family of hometown animal hospitals determined to positively impact pets, people, and our communities. From general practice to emergency and specialty care, VCA delivers world-class medicine to more than four million pets each year. Our national network of clinics and hospitals invest in cutting-edge tools, training and technology that enables our Associates to lead the industry today and into tomorrow. Among our talented 35,000 Associates are nearly 7,000 veterinarians—including 430 who are board-certified specialists nearly 4,000 credentialed technicians and over 10,000 veterinary assistants – all dedicated to giving pets the very best in medical care.

As part of the Mars Veterinary Health family of brands, VCA is committed to the Mars Petcare Purpose—A Better World for Pets™. To learn more about VCA, visit: www.vca.com.





## LICENSED VETERINARY **TECHNICIANS:**

Respected—Yet Misunderstood

survey by the North American Veterinary Community (NAVC) confirms that clients have a high regard for credentialed veterinary technicians/nurses but really don't know exactly what you do.

According to the NAVC survey, most people (63 percent) indicated they don't know that veterinary nurses and technicians are the animal equivalent of human registered nurses. I suggest the reality is that most credentialed technicians/nurses do lots more than most nurses. After all, nurses are rarely also dental technicians, administer anesthesia, work as X-Ray technicians, offer behavior or psychiatric advice and consult family members at end of life, obviously not to mention administering euthanasia.

Few respondents were aware of the national exam needed to attain license and/or the requirements of continuing education. Only 22 percent correctly identified two qualifications veterinary nurses/technicians must have to be credentialed. The survey didn't ask if pet parents are even aware that technicians may—with further education—be

Clients have a high regard for credentialed veterinary technicians/nurses but really don't know exactly what you do.

specialized. One might suspect that number would fall way under 22 percent.

The vast majority (84 percent) of those questioned either somewhat agree or strongly agree that they trust of a veterinary nurse/technician is equivalent to a veterinarian. I wonder how many may even trust the nurse/technician more than the vet? That question wasn't asked.

Just over half of the respondents (55 percent) feel better knowing that veterinary clinics include highly trained technicians/nurses. The problem is that in the real world this too often doesn't happen, which clearly isn't in the best interest of clients, their pets or the profession overall. The bottom line is that credentialed nurses/technicians are not only underpaid they are under-utilized.

And for many individuals, the latter is more of an issue. As I've yet to meet a nurse/technician who joined the profession to get rich.

In December 2021 the Journal of the American Veterinary Medical Association reported, Preliminary results from a survey of veterinary technicians revealing that job satisfaction correlated with working directly with clients, feeling appreciated by their boss and co-workers, and years spent as a technician.

When it came to retention, veterinary technicians who planned to remain as a technician were more likely to have graduated from a four-year AVMA Committee on Veterinary Technician Education and Activities-accredited program; to be accredited in more states; to have children at home; and to be overused. Veterinary technicians who did not plan to remain as a technician were more likely to have worked more places as a technician, to work more hours per week, to work at practices with more employees, and to be underused.

According to this AVMA survey, when it



comes to veterinary technician utilization, 37 percent of survey respondents said they were sometimes or frequently asked to perform medical tasks by their supervisor that they were not qualified or trained to do. However, 59 percent said they were sometimes or frequently asked to perform tasks that a lower-level person could do, and 57 percent said there are medical tasks they are qualified or trained to do but are sometimes or frequently not asked to perform by their supervisor.

Simply put under-utilization is an issue and correlated not only with job satisfaction, but according to the NAVC study also correlates with best serving clients.

Confusing matters further regarding public perception and to some extent even within the industry is the recent NAVTA report which notes various technician titles are simply not understood.

Only 10 states have a clear definition

of the title "veterinary technician" and restrict its use to people who have formal credentials in that state, according to a new report by the NAVTA.

"The veterinary technician profession has long been challenged by a lack of cohesion and standards in the United States," says the NAVTA study. "As a result, the title of 'Veterinary Technician' is used inconsistently and, often times, incorrectly, and suffers from a lack of clarity and understanding, both within the veterinary world and among consumers."

The report, entitled *Title Protection* for Veterinary Technicians is Needed and Desired, But Absent and Misunderstood in Most States, says veterinary practice acts in 29 states, the District of Columbia and Puerto Rico lack restrictions on use of the title "veterinary technician." Another 10 states limit who can use titles of "certified veterinary technician,"

"licensed veterinary technician," "licensed veterinary medical technician" or "registered veterinary technician," but do not restrict use of the more general title of "veterinary technician." You can see how even professionals are confused by the mash up of terminology and titles.

Going back to the NAVC survey, 82 percent of pet parents somewhat or strongly agree they feel better knowing that veterinary clinics include highly trained and experience veterinary nurses and technicians. Given what they know or think they know, clients do appreciate your efforts.

#### **SOURCES:**

DVM 360, Survey Findings Striking Misconceptions Regarding Veterinary Technicians, March 29, 2022, <a href="https://www.dvm360.com/view/survey-finds-striking-misconceptions-surrounding-veterinary-technicians">https://www.dvm360.com/view/survey-finds-striking-misconceptions-surrounding-veterinary-technicians</a>

Journal American Veterinary Medical Association, Survey finds underuse related to retention for veterinary technicians, December 8, 2021

NAVTA Survey and Report Confirm: Title Protection for "Veterinary Technician" Is Needed and Desired, But Absent and Misunderstood in Most States, published by National Association of Veterinary Technicians in America, 2022. chrome-extension://efaid-nbmnnnibpcajpcglclefindmkaj/viewer.html?pdfurl=https%3A%2F%2Fd2vjg8vjbfxfu1.cloudfront.net%2Fapp%2Fuploads%2F20220222135054%2F-NAVTA\_Title-Protection\_Whitepaper\_final-1.pdf&clen=1072111&chunk=true

## ABOUT STEVE DALE

Steve Dale, CABC, has been a member of the Winn Feline Foundation Board of Directors for thirteen years. Steve is a founding member of the CATalyst Council, and serves on the Board of Directors of the Human Animal Bond Association. He's a contributor to several books including *The Cat: Clinical Medicine and Management*, edited by Dr. Susan Little; and *Treatment and Care of the Veterinary Geriatric Patient*, edited by Dr. Mary Gardner and Dr. Dani McVety; and he edited *Decoding Your Dog*, authored by members of the American College of Veterinary Behaviorists. Steve is the host of three radio talk shows, and he speaks at veterinary and animal welfare conferences around the world. His website is www.stevedalepetworld.com.



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## As a NAVTA member you'll receive:

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- · Advocacy for our profession in national and state legislation.
- Receive NAVTA Journal and Enewsletters
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- 20% membership discount if you are a specialist or member of your state association
- Free access to VetMed Resource—an online information site that gives you access to the world's scientific literature on veterinary medicine.
- 20% discount on VPN Plus+, our premium subscription based site for both veterinarians and technicians
- 10% discount on VetMedTeam.com courses
- 10% off Puppy Start Right for Instructors Course. hosted by the Karen Pryor Academy
- 20% discount on Vetlexicon, the worlds largest online clinical reference source, provided by Vetstream. In addition, NAVTA members can receive a free, 30 day trial!
- 20% off FearFree Certification
- Beyond the Crown Veterinary Education offers NAVTA Members a 20% discount off of TWG

- Discounts on movie tickets, theme parks, hotels, tours, Broadway and Las Vegas shows!
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- 10% discount on all online purchases at www.scrubidentity.com
- Complimentary membership with VetCheck the amazingly simple veterinary communications software!
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