



# Canadian **VET** Practice



CANADA'S VETERINARY NEWSMAGAZINE

SPRING 2023 VOLUME 18, NO 2



Transforming Lives



## let's end pet obesity together

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**90% of pet parents with an overweight pet don't realize it.<sup>1</sup>**

Open to see how we can help

# Tools, promotions and other resources to help more pets lose weight

## Vet Clinic Support

- Hill's Quick Recommendation tool
- Body Fat Index tool to determine ideal weight
- Client education with social media assets
- Weight seminars and recommendation videos

## Pet Parent Support

- In-clinic + vet home delivery offers
- Client online education page





# Canadian VET Practice



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## TEAM Is it burnout or depression?

Depression and burnout can appear very similar. Because there is significant overlap in how depression and burnout present, yet differences in how they are managed or treated, it is important to better understand them so that we can be prepared when the symptoms arise, explained Dr. Marie Holowaychuk, in her *Reviving Vet Med* podcast, episode 31.

### Is it burnout?

Burnout was recently classified by the International Classification of Disease (ICD) as a workplace phenomenon. It is not described as a mental illness but, rather, a syndrome that results from workplace stress that has not been successfully managed. Dr Holowaychuk shared that research indicates that burnout affects up to 1 in 3 veterinarians and 1 in 2 vet techs and support team members.

### Symptoms of burnout include:

1. Emotional exhaustion
2. Increased mental distance from a job
3. Reduced sense of professional efficacy

**Burnout continues on page 2**



Photo Credit: Muskoka Animal Hospital, Huntsville, ON

Stella Nova was feeling snuggly after her spay surgery today

## TEAM Study reveals the emotional toll of financial stress, work environment, and euthanasia

A fall 2022 veterinary burnout study led by Dr. Ivan Zak, CEO of Galaxy Vets, looked into the economic welfare and compensation satisfaction of veterinary professionals and how financial freedom relates to burnout. It analyzed the influence of feedback and support culture on the emotional well-being of employees, and what kind of work arrangements veterinary professionals would value the most. Finally, the study investigated how euthanasia procedures correlate with burnout, especially when they are performed for economic reasons. The study involved input from 1,942 veterinary professionals in different roles and practice settings.

### Key findings of the 3<sup>rd</sup> annual study:

- Burnout returned to pre-pandemic levels.
- Practice managers, CSRs, assistants, and technicians report the highest burnout rates.
- Professional fulfillment index was lowest for CSRs across all years.

**Emotional toll continues on page 5**

## VET Mixing vaccines in dogs

By Scott Weese, DVM, DVSc, DACVM

While I get lots of interesting infectious disease questions every day, most aren't new.

This one was.

To paraphrase, the question was basically “*If we want to minimize the number of injections when vaccinating a dog, can we mix rabies and core (e.g. distemper, parvovirus, adenovirus) vaccines in the same syringe, using rabies vaccine as the diluent for the core vaccine?*”

Some animals are hard to inject once, let alone twice. Mixing two vaccines into one syringe would make it a one-shot deal, which has appeal. But are there potential downsides?

***There are probably at least a couple of major downsides to consider.***

Rabies vaccine is a killed vaccine. “Core” vaccines are infectious (modified live) vaccines. For infectious

**Mixing vaccines continues on page 6**

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# Canadian Vet Practice Advisory Board

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

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## Burnout *continued from page 1*

*Statements that we may hear people say if they are experiencing one or more symptoms of burnout are things such as:*

1. "I feel emotionally drained from my work".
2. "I don't really care what happens to some of my patients".
3. "I haven't really accomplished anything worthwhile on this job".

The etiology of burnout is that it comes from long terms stressors. These stressors can be work related, but home life stressors can also contribute to burnout in the workplace.

*From a lifestyle perspective, these can include:*

- Working long hours
- Having multiple jobs
- Having responsibilities outside of work (e.g., caregiving for children or a parent)
- Having an absence of work life separation (i.e., never stop working)
- Not taking vacation or days off
- Not having enough social support systems in place
- Not practising selfcare

*In the workplace, factors that can contribute to burnout include:*

- Not having control (e.g., scheduling, caseload)
- Having a very demanding workload
- Not feeling recognized or rewarded for the work that you are doing
- Having unclear expectations of what you are supposed to be doing

- Toxic environment
- Values incongruence (e.g., misalignment between owners and employees)
- Insufficient resources (e.g., medication or staffing shortages)

## Is it depression?

Depression, in contrast to burnout, is classified as a mental health disorder. It has an estimated lifetime risk of affecting about 1 in 10 people, noted Dr. Holowaychuk.

*The symptoms of depression are:*

- Low mood
- Feelings of hopelessness or guilt
- Reduced ability to experience pleasure
- Physical symptoms like headaches or GI disturbances
- Inability to concentrate or work

Dr Holowaychuk said that research demonstrates that job stress can be a major cause of depression, even leading to absenteeism form work. Depression is considered a symptom of habitual burnout, which is the fifth of the five stages of burnout. This is the stage where burnout becomes entrenched in peoples lives and they feel they are not able to recover from it.

## How do we differentiate between burnout and depression?

There are a lot of controversial results and studies as to how we differentiate burnout from depression. There is research indicating that symptoms of

**Burnout *continue on page 5***

## Patient-centric virtual care: Support for veterinarians in meeting demand for services

The past few years have been taxing on veterinary clinics. A shortage of veterinarians, combined with a surge of pet adoptions and extra Covid-related protocols in veterinary clinics, have resulted in overworked and exhausted veterinarians and veterinary staff, with frustrated pet owners waiting for extended periods to obtain appointments for their pets. Pet shelters, as well, have struggled for access to veterinarians, and emergency clinics have been inundated with non-emergency cases for pets brought in by owners unable to secure timely appointments with their own clinics.

To help alleviate the load on veterinarians in Ontario, TELUS Health MyPet has been designed as a new piece of the puzzle to improve overall access to veterinary care in this province. While this virtual care platform does not replace hands-on care for your patients, it can help reduce some of the stress on clinics by providing pet owners with timely non-urgent and preventative care consultations for their pets – enabling veterinary clinics to focus their resources on patients that need an in-clinic appointment with a veterinarian. Clinics that want to better triage patient appointments can use the TELUS Health MyPet virtual care platform as part of their regular practice. In-clinic appointments can be offered for patients in need of treatment such as urgent care, testing, vaccines, physical exams, procedures, and hospitalization, while virtual care can be recommended for overall wellness, nutrition and weight management, allergies, parasite control, minor infections, mild stomach upset, chronic disease management advice, and behavioural challenges.

### Benefits of virtual care to your practice

“By routing non-urgent cases to the virtual veterinary care team, clinics can instead focus more attention on the efficient and timely treatment of patients requiring hands-on care, building stronger client loyalty and higher satisfaction with quicker appointment turnaround for their practices,” says Dr. Koharik Arman, Lead Veterinarian for TELUS Health MyPet. “It will help you better manage your clinic schedules and help you and your team return to a healthier work/life balance, decreasing stress and avoiding burnout.”

With TELUS Health MyPet, clients have access to an experienced veterinarian within 24-48 hours, who will support them through a convenient smartphone app for non-urgent interventions. With client consent, mutual patients will have timely and thorough medical records completed and shared with your veterinary clinic to ensure continuity of care.

“MyPet will also save your clinic additional time by performing all follow up communications with the pet owner and keeping you apprised of your patient’s medical condition and progress,” she adds.

### Benefits of virtual care for your patients

Virtual healthcare consultations can offer peace of mind to owners with concerns about their dog or cat, by providing timely care for cases that might not be able to be seen in-clinic right away due to fully booked schedules. The client can rest assured that their pet is being seen virtually by a highly-experienced veterinarian and that the medical records from the appointment will be provided to their regular clinic.

In addition to shortened wait times for non-urgent care, the TELUS Health MyPet service can help your most fearful patients avoid stressful visits to the clinic when not medically necessary, and reduce stress-induced flare ups of inflammatory conditions such as cystitis, pancreatitis, and inflammatory bowel disease, that stressful events like clinic visits can exacerbate. It also ensures that pet owners who live in remote areas, or whose pets don’t travel well in vehicles, still have access to quality care. According to Dr. Arman, telemedicine appointments can also help clients take a more active role in preventative care for their dog or cat as they can conveniently connect from the comfort of their home. Virtual care lends itself particularly well to pet owners whose pets have behavioural problems.

“It’s a great option for owners of ‘pandemic puppies’ who are now struggling to cope with behaviour or separation anxiety issues,” she explains.

### The TELUS Health MyPet platform

As part of TELUS Health’s overall commitment to patient-centric virtual care, which they believe should be available to all members of the family,

including our beloved dogs and cats, the TELUS Health MyPet team has fostered excellent relationships with provincial veterinary regulatory bodies, and with input from veterinarians, has created a platform that connects highly-experienced vets with 3+ years in the field to clients, while providing continuity of care with the client’s regular veterinary practice.

Cat and dog owners in Ontario can now take advantage of TELUS Health MyPet virtual healthcare consultations that complement the services provided by their local veterinary clinic. This frees up in-person consultations at the clinic for more critical cases, as well as those requiring hands-on testing or treatments. When a pet owner seeks virtual care for their pet, the consulting veterinarian may prescribe medication to treat the pet’s condition and then follow up with the client to evaluate the response to treatment, or the veterinarian may provide interim treatment but recommend that the dog or cat be taken to their veterinary clinic for further care.

If the case is deemed urgent, the virtual veterinarian will instead advise the pet owner to call their regular veterinary clinic right away or to seek care at a local veterinary emergency hospital. In those situations, the client will be given a full refund of the \$95 virtual consultation fee.

“Sometimes, a virtual consultation can simply reassure the pet owner that they are making the right decision for their pet’s health,” says Dr. Arman.

### Recommending virtual care for newly adopted pets

Virtual care appointments can help new pets get off to a strong start by having a veterinarian consult with the owner on nutritional recommendations to keep the pet healthy, preventing behavioural issues with early interventions and training recommendations, and working with owners of pets who are displaying socialization or separation anxiety issues.

“The vets on the MyPet platform can take the time to address the client’s concerns in detail, without the distractions of a busy clinic or tight appointment schedules,” explains Dr. Arman. “By recommending virtual options to pet owners for preventative and non-urgent care, we help in-person veterinarians focus on pets’ medical issues and enable the provision of other in-clinic services such as exams, vaccinations, and diagnostic tests.”

### What is the value of referring my non-urgent cases?

Approximately 75% of pet problems that are seen for virtual appointments can be treated solely through telemedicine without a clinic visit, according to a 2021 Ontario Veterinary Medical Association (OVMA) survey of pet owners.<sup>1</sup> An example of this would be a dog with mild conjunctivitis that resolves with telemedicine-prescribed ophthalmic drops.

While virtual care doesn’t replace in-person physical exams, vaccinations, or tests, it can be an important complement and relief valve for veterinarians in brick-and-mortar clinics, providing a remote alternative for pet owners seeking preventative health care, behavioural consults, and non-urgent medical interventions, and reducing the need for stressful trips to and from clinics with dogs and cats who may not travel well in vehicles.

Today, nearly six in 10 Canadian households have at least one pet, totalling more than 16 million dogs and cats from coast to coast. With only 15,000 vets across Canada today - including more than 5,300 veterinarians in Ontario - they are doing their best to support the demand for services but need help to alleviate some of the pressure and maintain a healthy work/life balance. This is where virtual care options can help. [CVP](#)

*For more information on TELUS Health MyPet and how it can work for your clients, please visit [telus.com/mypet](https://telus.com/mypet). TELUS Health MyPet is also free to download via the App Store and Google Play.*

### Reference:

[https://online.ovma.org/images/My\\_Images/Using%20telemedicine%20to%20relieve%20pressure-fl.pdf](https://online.ovma.org/images/My_Images/Using%20telemedicine%20to%20relieve%20pressure-fl.pdf)

Sponsored by TELUS Health

**VetLaw****Continuity of ownership options**

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

Veterinarians who are contemplating going into practice with one another and forming a veterinary professional corporation of which they will be joint shareholders, should enter into agreements intended to govern their relationship known as “Shareholders’ Agreements”. These legally enforceable contracts govern the relationship between the parties (for example, who the directors of the corporation shall be, how decisions will be made and how disputes are to be settled) and often also set out various “exit strategies” for all of the individuals, which contemplate the various means by which shareholders can transfer their shares and withdraw from the joint enterprise. A non-exhaustive list of possible exit strategies is set out below:

**Shotgun Buy-Sell**

A Shotgun Buy-Sell provision is often used when the relationship between the shareholders of a business has deteriorated to the point where it is no longer tenable for them to be in business together. The shareholder opting to use this provision offers to either sell his/her shareholdings to the other remaining shareholder(s) or offers to purchase all shares held by the other shareholder(s), effectively ending the joint venture. The shareholder that “triggers” the option sets the price whereas the shareholder receiving the proposal is at liberty to determine if he/she is buying or selling at that price. The notion is that such an arrangement is fair since the party setting the price will not set it too high (as he/she may be the buyer) or too low (as he/she may be the seller). The “danger” of this type of option is that it may be unfair if there is a significant disparity between the relative wealth of each of the shareholders; if one share shareholder is much better off financially, then strategically that shareholder could set a low price knowing that the other shareholder cannot purchase at any price.

**Right of First Refusal (“ROFR”)**

A ROFR provides that a shareholder who is contemplating an offer to sell his/her shares to a third-party purchaser must first offer the other shareholder(s) the right to purchase these shares, on the same terms and conditions as received in their offer from a third party, before they are permitted to sell to the third-party purchaser. ROFRs give the shareholders of a corporation some degree of control over who the shareholders of the corporation will be since they have the ability to potentially prevent shares from being sold to third parties. Typically, such an option would require that a third-party purchaser must enter into the existing shareholders’ agreement with the remaining shareholder(s).

**Right of First Negotiation (“ROFN”)**

A ROFN is similar to a ROFR and sets out that a shareholder who is contemplating selling his/her shares to a third-party purchaser must first enter into discussions with the remaining shareholder(s), who will be given the time-limited right to negotiate and make an offer to purchase these shares before the shareholder is permitted to sell to a third party. The main difference between a ROFR and ROFN is that in a ROFN no third-party proposal exists to be “matched” by the remaining shareholder(s).

**Call Option**

A Call Option provides the corporation with the option to purchase the shares held by shareholder(s) at a particular price, at a particular time or under certain conditions. All of the terms of a Call Option, including price and timing, are often carefully negotiated in the Shareholders’ Agreement. The shares that are subject to a Call Option are sold back to the Corporation for cancellation, which means that all of the remaining shareholder(s)’ proportionate control of the corporation grows given that the pool of outstanding shares is reduced and no other shareholders join the corporation.



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

**Put Option**

Closely related to the concept of a Call Option, a Put Option gives the shareholder(s) the option to sell his/her shares to the corporation, requiring that the corporation purchase the shares held by that shareholder at a particular price, at a particular time or under certain conditions. As with the Call Option, the terms of a Put Option are often closely negotiated in the Shareholders’ Agreement. The shares are again sold back to the Corporation for cancellation, which means that, similar to a Call Option, all of the remaining shareholder(s)’ proportionate control of the corporation grows, given that the pool of outstanding shares is reduced and no other shareholders join the corporation.

**Drag-Along**

A Drag-Along is a provision that is often incorporated into Shareholders’ Agreements; it allows for a shareholder looking to sell his/her shares to a third party to require that the remaining shareholder(s) also sell their shares along with the selling shareholder. This is often contemplated in Shareholders’ Agreements where there is a strong possibility of there being disproportionate shareholdings, as it allows for a majority shareholder to sell their shares in situations where the third party is only interested in acquiring all of the shares of the corporation.

**Tag-Along**

A Tag-Along is similar to a Drag-Along with the main difference being that the remaining shareholder(s) are the ones who hold this right, as opposed to the selling shareholders, and the remaining shareholder(s) are given the option of selling their shares to a third party purchaser along with the selling shareholder, ensuring that they are able to take advantage of opportunities to sell their shares that they may not have actively solicited.

**In conclusion**

Given that there is no public marketplace for private veterinary professional corporations, it is important that the parties consider the means of creating mechanisms from their continued participation; a carefully considered Shareholders’ Agreement will often deal with combinations of the options discussed.

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

**Burnout** *continued from page 2*

burnout and depression can overlap by more than thirty percent, depending on which scoring system is used, conveyed Dr. Holowaychuk. This, she said, is especially true with emotional exhaustion – that symptom of inability to care or be concerned with our patients and our work, that very often presents with a sense of low mood, or fatigue, or loss of energy – which can look very much like depression.

In addition, work-related risk factors for burnout are also predictors for depression. For example, not feeling supported, or having a high workload, experiencing moral stress – all of these things can predispose a person to depression as well. Further, individual risk factors for depression, such as past depressive episodes, are also predictors of burnout.

Burnout is so often overlapping with depression that it is often difficult to distinguish between them. It’s important to ask yourself, “What is the predominant symptom here?”, stressed Dr. Holowaychuk. If the predominant symptom is low mood, or loss of interest or pleasure, chances are you are feeling depressed. If it feels more like demoralization, emotional fatigue, and irritability, then you are probably experiencing burnout. Sometimes, you feel depressed and burnt out both at the same time.

**Coping and recovery**

If you are experiencing symptoms of depression or burnout, Dr. Holowaychuk stressed that it’s important to pursue mental health supports. Depression, she said, can come on in response to difficult or stressful circumstances. Managing and coping with depression may require the assistance of mental health professionals or coaches and/or medication. It’s also vital to have some good coping strategies in place, advised Dr. Holowaychuk – things like meditation, exercise, and getting outside and enjoying nature.

Burnout can present with very similar symptoms to depression. There is most often an underlying cause such as a work conflict not being dealt with, or not having taken a vacation in a long time, or the demands of being a solo parent. The prevailing symptoms of burnout will be emotional exhaustion and cynicism. Coping strategies are again important, and Dr. Holowaychuk advised asking yourself questions such as:

- “What do I need to let go of?”
- “What do I need to change here?”

**Ways that veterinary professionals can access mental health support:**

- Employee assistance programs.
- Extended health benefits.
- Support through veterinary medical association benefits.

- Example: EAP available to all ABVMA members
- Online support from a mental health provider.
  - Example: *Better Help, or Talk Therapy*
- New Resource through the Shanti Project.
  - Veterinary mental health initiative for veterinarians and vet techs.
- CVMA *Together All* resource.
  - Online anonymous peer support forum that is moderated by mental health professionals who are there to intervene if need be.

**Conclusion**

In summary, it may be very difficult to distinguish between depression and burnout, or you may even be experiencing both at the same time. Dr. Holowaychuk urged anyone experiencing symptoms of depression or burnout to connect, first and foremost, with a mental health professional. You may also get the support that you need through any of the resources noted above and by utilizing coping strategies and tools available for improving your mental health and wellbeing. **CVP**

**Resources**

Shanti Project (Veterinary Mental Health Initiative): <https://www.shanti.org/programs-services/veterinary-mental-health-initiative/>

TogetherAll (Canadian Veterinary Medical Association) <https://www.canadianveterinarians.net/veterinary-resources/veterinary-health-and-wellness-resources/togetherall/>

Mental Health Resources for Veterinary Teams <https://revivingvetmed.kartra.com/page/wellnessresources>

E-newsletter for tangible tips related to veterinary mental health and wellbeing: [www.marieholowaychuk.com/newsletter](http://www.marieholowaychuk.com/newsletter)

*Dr. Marie Holowaychuk is a board-certified small animal emergency and critical care specialist and passionate advocate for veterinary team wellbeing. As a yoga and meditation teacher and wellness coach, she facilitates workshops and retreats for veterinary clinics and organizations and offers individual and group coaching and online programs for veterinary team members. She recently launched a new website (www.revivingvetmed.com) containing wellness resources for veterinary professionals and is the host of the Reviving Vet Med podcast, which offers practical tools and easily applicable tips for burnout prevention and workplace wellbeing.*

**Emotional toll** *continued from page 1*

- On-call veterinary professionals are more burnt out.
- Lack of feedback and support culture has a correlation to burnout.
- Professionals who feel less financially stable reported higher burnout.
- Economic euthanasia is a significant contributor to burnout.

**Burnout returned to pre-pandemic level**

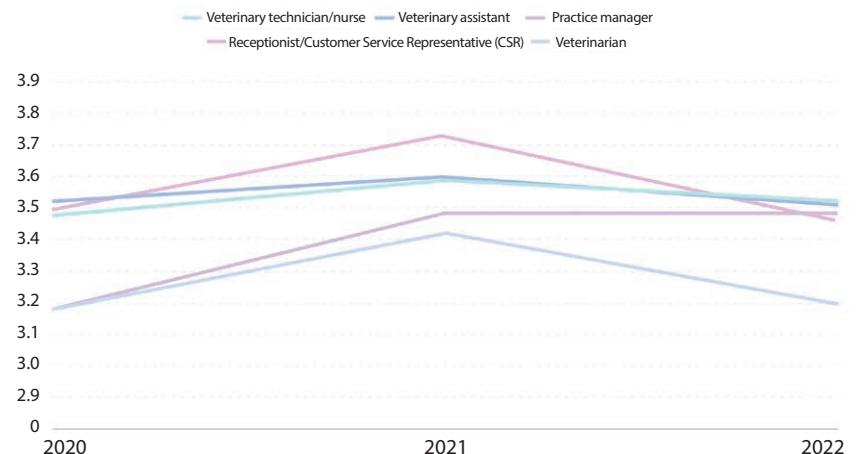
Though burnout rates showed a significant spike between 2020 and 2021, as a result of Covid pandemic related stresses on veterinary healthcare delivery and psychological distress for veterinary teams, between 2021 and 2022 burnout rates decreased, returning to what they were in 2020.

**Burnout rate YoY, mean scores**



In 2022, burnout rate, albeit still high, returned to pre-pandemic level

**Burnout by role, mean scores**



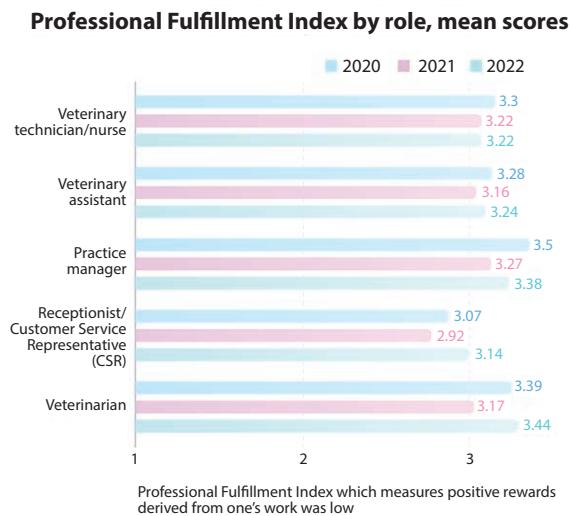
The only group whose burnout rate increased and continued to stay high were practice managers

## Practice managers, client service reps, assistants, and technicians report the highest burnout rates

Burnout rates increased for all roles during the pandemic, including veterinarians, and then decreased again in 2022 for all staff except practice managers, whose burnout levels remain high relative to everyone else. Therefore, this group may require special attention in dealing with job related burnout.

## Professional fulfillment index was lowest for customer service reps

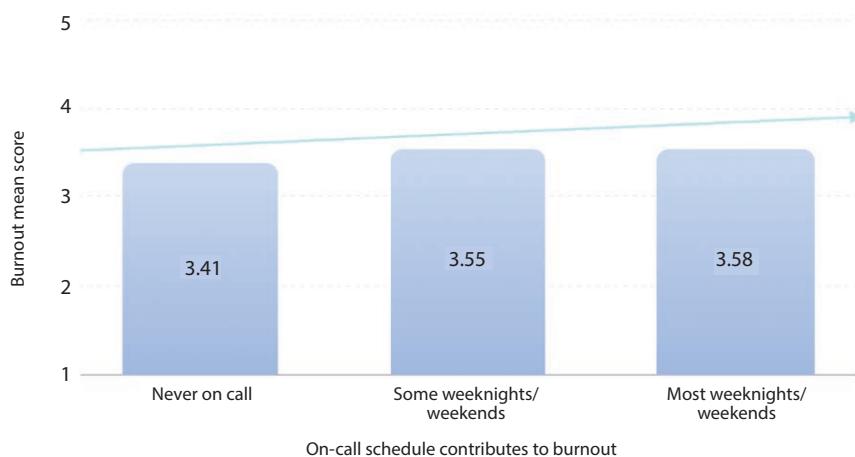
Professional fulfillment index (PFI) is a measure of positive rewards derived from one's work. For veterinarians, though PFI decreased during the pandemic years, it increased again from 2021 to 2022. However, PFI has not shown any increase year to year for customer service reps, who consistently report the lowest PFI scores.



## On-call veterinary professionals are more burnt out

The survey revealed that veterinary professionals who were on call had higher burnout rates than those who were not on call. Almost every third respondent was required to be available at least five weeknights/weekends per month. Regardless of whether one was on call a few days a week or on most days, those who worked on call reported higher burnout rates.

### Burnout rate and being on-call



## Mixing vaccines *continued from page 1*

vaccines to work, the modified (weakened) viruses must still be able to cause a low grade infection, to induce an immune response. If rabies vaccine is mixed with the modified live vaccine, I have no idea what would happen to the modified live organisms. It's plausible that components of the rabies vaccine (which are not designed to support microbial growth and may contain preservatives to inhibit microbes) could inhibit the core vaccine. So, I wouldn't have confidence that the core vaccine would work as expected.

## Would the rabies vaccine work?

I'm less concerned about the killed rabies vaccine being impacted by the live core vaccine, but the key is *I don't know*, and I doubt anyone has any data on that. That creates a couple of different levels of risk.

- If we (veterinarians) use a product in a manner not according to the label, we're getting into unknown territory. Consider whether the owner would be told that we're doing something that might inhibit the vaccine(s) from working. We can't state with confidence that what we're doing (and charging for) is likely to be effective.
- From a regulatory standpoint, the bigger issue is whether the rabies

It was suggested that there may be room for incorporating tele triage services – either by forming a virtual care team from existing employees or partnering with a third party provider to reduce workload for on-call doctors and thereby alleviate some of their burnout.

## Lack of feedback and support culture has a correlation to burnout

Almost half of respondents (47.6%) said they didn't feel heard by their employer when they provide feedback. Those who felt that their feedback was not valued by their employer were more likely to have increased levels of burnout.

The study also found that lack of support from peers, managers, and practice owners may also contribute to employee burnout. 46.7% of respondents said they didn't receive stress management support from their coworkers, 60.56% lacked support from their supervisors, and 66.89% lacked support from practice owners.

## Professionals who feel less financially stable reported higher burnout

Analysis of study input revealed that those who felt less financially stable were also more likely to report higher burnout. This result was similar across all roles. Further, 64% of respondents reported that their income didn't sufficiently meet their needs; 72% of respondents didn't feel adequately prepared for retirement.

The burnout level between veterinarians on commission and on salary wasn't significantly different; however, those on commission felt more financially stable and more secure about their retirement. It may be worth further exploring how profit-sharing models can be applied to all roles in a hospital, noted Dr. Zak.

## Economic euthanasia is a significant contributor to burnout

Veterinary staff who regularly perform euthanasia for clients who cannot afford to keep taking care of their pets experience higher rates of burnout than staff who perform fewer cases of economic euthanasia.

On average, respondents reported euthanizing 17 pets per month, and 20% of these cases were due to clients not being able to afford treatment. While burnout rate and the number of pets that were euthanized were unrelated, burnout was significantly linked to the percentage of economic euthanasia.

According to the study summary, this finding enhances existing research of burnout among veterinary staff and the potential mental toll that euthanasia can have on the veterinary team in cases where there is a viable medical alternative.

## Conclusion

The study provides useful data on the relationship between veterinary mental health and workplace culture, compensation, and euthanasia. The full whitepaper is available to read at <https://links.galaxyvets.com/burnoutstudy>. It includes discussion and ideas on how employers could improve staff experience and work-life balance based on the input from survey respondents. **CVP**

vaccination would be effective. The expectation is that we are giving rabies vaccine as per the label. If we don't, but we indicate that the animal is properly vaccinated, that's dodgy. A rabies vaccination certificate assumes the vaccine was given according to label directions. If the dog was exposed to rabies, it's far from guaranteed that it would be properly protected, which leads to significant issues with quarantine / confinement periods and managing the risks to the people / animals in contact with the exposed dog.

So, while I completely understand the desire to limit the number of **injections**, doing something like mixing vaccines in the same vial or syringe is something I'd stay away from.

For cats, there's an easier solution. There's a licensed vaccine that includes feline core vaccines and rabies vaccine. For dogs, if we want to give multiple vaccines, we need to give multiple injections to help ensure they're effective.

Source: *Worms and Germs blog* <https://www.wormsandgermsblog.com/2023/05/articles/animals/dogs/mixing-vaccines-in-dogs/>  
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# Veterinary technicians' contribute to shared decision-making



**RELATIONSHIP-CENTRED  
— VETERINARY MEDICINE —**  
AT THE ONTARIO VETERINARY COLLEGE  
www.rcvm.uoguelph.ca

Study results indicate that *clients are more involved in decision-making related to their pet's healthcare when both the veterinary technician and veterinarian work collaboratively to communicate with the client.* The 2022 study, conducted by Natasha Janke, PhD, Jane R. Shaw, DVM, PhD, and Jason B. Coe, DVM, PhD, was designed to describe and compare veterinary professionals' use of shared decision-making (SDM) during companion animal appointments.

In the study, SDM was assessed in four practices that utilized veterinary technicians in the exam room; for example, a veterinary technician would initiate the appointment, gather history from the client, and perform the initial patient assessment. The veterinarian would then enter the exam room and briefly summarize the history gathered back to the client to ensure accuracy. Together, the veterinarian and/or veterinary technician then presented diagnostic and treatment options, provided treatment or care plans and associated estimates for services and procedures, and obtained informed consent from the client. The veterinary technician stayed in the examination room to assist the veterinarian during the entire appointment. In general, the veterinarian handled discussions of more complex medical topics, while the veterinary technician discussed preventive care and routine procedures.

## Decision identification and classification

For the purpose of the study, only decisions wherein more than one diagnostic, treatment, or management option was available, including the choice to “wait and see,” and the client’s values, beliefs, or preferences were given consideration were scored. Each of these preference-sensitive decisions was categorized based on which member of the veterinary team was involved in the decision-making process with the client.

Technician-only decisions were those made between the veterinary technician and the client, while veterinarian-only decisions were made between the veterinarian and the client. Veterinary technician and veterinarian decisions were those in which both the technician and veterinarian contributed to elements of the decision-making process.

Each preference-sensitive decision was further classified into categories including behavior, dentistry, diagnostic (screening or testing), nutrition/supplements, parasite prevention, surgery, treatment, vaccination, or other (see Table 1).

**Table 1** —A categorization of the types of decisions scored using the OPTION<sup>5</sup> instrument, stratified by veterinary professional involvement (n = 129).

Decision type	Veterinary Technician	Veterinarian	Veterinary Technician and Veterinarian
Behavior	0	1	0
Dentistry	0	5	0
Diagnostic (screening or testing)	6	16	18
Nutrition/supplements	1	4	1
Parasite prevention	3	5	7
Surgery	0	1	0
Treatment	0	28	14
Vaccination	4	3	4
Other <sup>a</sup>	6	0	2
<b>Total</b>	<b>20</b>	<b>63</b>	<b>46</b>

<sup>a</sup>The decisions categorized as “other” included a discussion of multiple preventive medicine topics that were combined into a single decision.

## Study results: Veterinary technicians contribute to shared decision-making

- Out of the 85 appointments included, 76 appointments (89%) included at least one preference-sensitive decision that could be evaluated.
- There was an average of 1.7 preference-sensitive decisions made per appointment.
- Decisions that involved both a veterinary technician and veterinarian scored significantly greater than decisions involving a veterinarian-only or a veterinary technician-only. (see Table 2)
- No significant difference was found in scores of decisions involving a veterinary technician only compared to a veterinarian only.

## Participating veterinary technicians supported client decision-making alongside the veterinarian in over a third of decisions made, resulting in significantly higher levels of SDM compared to decisions made between the client and veterinarian or client and veterinary technician alone.

- This suggests that veterinary technicians contribute to the process of shared decision-making during companion animal appointments, leading to greater client engagement. Thus, veterinary practices, clients, and

**Table 2**—Descriptive statistics (Mean, SD, Median, Min, Max) of OPTION<sup>5</sup> scores stratified by who was involved in the decision-making process with the client and results from Kruskal-Wallis tests used to identify differences in OPTION<sup>5</sup> scores based on team member involvement in decision-making. Results represent pre-intervention decisions only (n = 129).

	Veterinary Technician (n = 20)			Veterinarian (n = 63)			Veterinary Technician and Veterinarian (n = 46)			Kruskal-Wallis test
	Mean (SD)	Median	Min-Max	Mean (SD)	Median	Min-Max	Mean (SD)	Median	Min-Max	P-value
<b>Overall score (/100)</b>	22.5 (7.15) <sup>a</sup>	25.0	5.0–35.0	25.4 (11.50) <sup>a</sup>	25.0	5.0–55.0	29.5 (8.4)	30.0	15.0–55.0	.0114
<b>Item 1 (/20)</b>	1.00 (2.60)	0	0–10.0	0.80 (2.55)	0	0–15.0	0.45 (1.75)	0	0–10.0	.4739
<b>Item 2 (/20)</b>	5.00 (3.60)	5.0	0–10.0	5.55 (3.25)	5.0	0–10.0	5.75 (2.95)	5.0	0–10.0	.7183
<b>Item 3 (/20)</b>	7.50 (2.55) <sup>a</sup>	7.5	5.0–10.0	8.75 (2.70)	10.0	0–15.0	9.80 (2.55)	10.0	5.0–15.0	.0041
<b>Item 4 (/20)</b>	5.50 (2.75)	5.0	0–10.0	5.10 (3.95)	5.0	0–10.0	5.55 (2.85)	5.0	0–10.0	.8077
<b>Item 5 (/20)</b>	3.50 (3.30) <sup>a</sup>	5.0	0–10.0	1.05 (1.01) <sup>a</sup>	5.0	0–15.0	7.95 (4.80)	7.5	0–20.0	.0010

<sup>a</sup>Significantly different from decisions involving both the veterinary technician and veterinarian for the same item or overall score based on the Mann-Whitney U test ( $P < .05$ ).

patients are likely to benefit from utilizing veterinary technicians more often in appointments, fostering SDM with clients.

**Participating veterinary technicians supported greater integration of clients’ preferences during veterinarian-client interactions than veterinarians did unaccompanied.**

- Veterinary technicians in the study practices were responsible for eliciting the client’s full agenda. Their presence during veterinarian-client dialogue of client beliefs, values, or preferences presumably enabled them to further incorporate client preferences into a management or treatment plan.

**The mean score for educating clients about options was significantly lower when decisions were made independently with the veterinary technician compared to decisions made in collaboration with both veterinary professionals.**

- Practices can provide opportunities to assist veterinary technicians’ communication skill development to support their discussion of topics in which they feel the least comfortable and empowered to discuss with clients, such as nutrition and hospice care.

**The acknowledgment or justification of choice is frequently the least prevalent communication behavior observed during the process of shared decision-making.**

- This may be particularly important when veterinary technicians and veterinarians are working collaboratively. For example, if a preference-sensitive decision initiated between a client and veterinary technician is thought to be a decision that is best managed in collaboration with the veterinarian, the veterinary technician can inform the client that various choices exist in relation to their animal’s veterinary care, followed by an acknowledgment that the client will be further supported in this decision-

making process when the veterinarian joins the appointment.

**Study conclusions**

Since SDM was considerably improved when both the veterinarian and veterinary technician participated in the decision-making process, it appears that *companion animal clinics would benefit from providing ongoing support for veterinary technicians’ communication skill development* via continuing education opportunities. Veterinary organizations, such as the National Association of Veterinary Technicians in America ([www.navta.net](http://www.navta.net)), continue to advocate for the profession to enhance the role of veterinary technicians in practice.

*Research is needed to examine the use of veterinary technicians within examination room interactions, and the effect on clinic-specific outcomes* such as:

- veterinary professional wellbeing
- job satisfaction
- retention, and
- practice financial metrics.

*Evidence of the impact of SDM on patient outcomes, such as adherence or ongoing patient health, is needed* to provide additional insight on clinical outcomes in veterinary medicine.

Overall, *the study provides evidence of the substantial contribution veterinary technicians make towards client communication to promote SDM and, ultimately, client engagement in veterinary care.* CVP

Source:

Veterinary technicians contribute to shared decision-making during companion animal veterinary appointments, Natasha Janke, PhD; Jane R. Shaw, DVM, PhD; Jason B. Coe, DVM, PhD, [doi.org/10.2460/javma.22.08.0380](https://doi.org/10.2460/javma.22.08.0380)

# From wild to work: Embrace your inner zebra and bring your creative self to the office

By Caroline Brookfield, DVM

Explore how you can bring the creativity and authenticity you embody at home to your professional life. Just like the zebra’s unique stripes, you have a distinct set of qualities that make you stand out. By embracing these traits and incorporating them into your work, you can bring a new level of innovation and authenticity to your role.

As a speaker on creativity, I often get the question **“I feel creative at home, but how can I be more creative at work?”** Some people may feel more relaxed, and free from distractions, at home, and more constrained at work. How can we overcome these external or internal barriers to creativity? I recently posted a poll on LinkedIn about how we show up at home vs. at work. As of writing, the answers are evenly split between:



Are you different at home compared to work? With respect to creativity, there are underlying psychological barriers that can prevent creativity in the workplace.

Keep reading for reasons why people act differently at home and at work, and how to overcome those barriers to unlock your creativity in the workplace.

**The fear of failure and judgement prevents creativity at work**

Let’s face it, we’ve all had that one boss who always looks over our shoulder, making us feel like a kid who can’t tie their own shoelaces. It’s no wonder that we feel hesitant to take risks and try new things. Not only do we worry about our performance affecting our livelihood; we are conditioned to want to be accepted and fit in, thanks to our collaborative history of living in

groups. If we were excluded? We died. Kind of higher stakes than turning in that report on time, but it feels the same.

**Rejection hurts.** This fear of rejection and failure holds us back from stepping outside the norms of established behaviour and processes. Which would work if we were still living in caves and not much changed. Berries stayed poisonous (or not) and tigers remained as predators, not prey.

So, use your big massive evolved brain to build awareness of this instinctive reaction and start thinking logically about what is really holding you back from shining your creative light in the workplace.

**Even analytical jobs benefit from creativity**

You might argue that your job requires diligence, with no room for creativity. Nobody wants a maverick surgeon unless they have nothing to lose, or an accountant that likes to follow their intuition, or an air traffic controller who takes time to daydream.

But, **creativity does not have to work against established processes**, it can be helpful if used in the right way.

- **The surgeon** might start using AI (like I did as a framework for this post!) to write her medical records, freeing up time to research the latest techniques.
- **The accountant** might find economies in using points cards or new reporting methods to save time and resources.
- **The air traffic controller** might take time to make a healthy lunch in order to give them fuel for the day.

So many people think that creativity is frivolous, random and antithetical to the rigors of an analytical job.

Using creativity at work starts with the foundation of creative thinking – to separate divergent from convergent thinking. When crunching numbers, or landing planes, or choosing where to make an incision – not a lot of room for divergent thinking (imagination). But, when considering the best accounting

technique for a client, or how to structure a break schedule for maximal rest and productivity, or new approaches to unusual cases, divergent thinking shines. **Know when the situation calls for divergent thinking and separate that time from convergent demands. Do both, but not at the same time.**

*Here's an example:* A team is meeting to discuss Q2 results. The marketer giving the presentation sticks to the facts and data.

The first questions may be about the data and how the numbers were obtained, a much more analytical (convergent) discussion. But soon, the conversation turns to what the numbers mean, which now spins off into divergent territory.

*Why might sales have dipped on Feb 14?* This is the time for divergent thinking, to throw out all of the ideas that might be the cause. It would be easy to say that Valentine's Day was the cause, because it seems the most obvious. Divergent thinking will identify other factors, such as a snowstorm, a power outage, or an alien invasion that interfered with customers' ability to purchase the product.

### Psychological safety puts the "psycho" in workplace creativity

OK, I could have spent more time finding a better title than that...

Here's one that ChatGPT suggested when I put that title in and asked "write a new title." It gave me 4 very boring titles, so I had to ask it to "make it funnier." I always seem to have to do that.

### "Creativity without the crazy". The importance of psychological safety at work"

Hey, I'll use it!

Now back to Safety.

Did you ever play that game in school where everyone had to share something embarrassing about themselves? Remember how scary it was to open up and share something personal with your classmates?

My grade 3 speech was titled "Embarrassing Moments." I didn't win, that honour went to Allison with her great speech starting with "on July 1, 1985, a 7-4-7 jumbo jet will be leaving the Toronto airport, for London, England. And I will be on that plane.....alone". So dramatic! It was fantastic! I think she went to the Nationals.

Aaaanyway, back to the workplace.

**If we don't feel safe to share our ideas and take risks, we'll never reach our full creative potential.** At a large corporate meeting, leadership had hired (undoubtedly very expensive) consultants to talk about innovation. I was seated with someone from the supply chain department, which I knew nothing about. For real, I didn't even know what it meant. Could have been jewelry.

This was a great strategy for creativity, and we collaborated on a great idea, merging both of our knowledge areas, to solve a current business problem. After the meeting, I was excitedly squeezing the primo hand squeeze lightbulb swag (to remind us to be innovative), thinking about our new solution. I shared the idea, expecting lightning to strike the ground in front of me. My VP quickly retorted, "that won't work". Wow. *I was so deflated.*

I don't care too much about career ladders and upward mobility and things, so it didn't bother me too much, but it didn't make me want to share any more ideas or motivate me to find new solutions. At that same company, I was conversely given a lot of latitude with the way I implemented my KPIs (see that, using fancy words like KPIs!).

As the lead on a presentation to an important client, I chose a unique and creative way to share the information. One of my colleagues, participating in the presentation, was sweating bullets.

He said, "what if what we present doesn't match their vision?"

Well, we will learn, I exclaimed!

Maybe I was a line item away from getting fired from that job, but my results spoke for themselves, and I continued to push the envelope. Despite

the innovation conference snafu, I was confident to try new things and take small risks, thanks to a supportive manager. Honestly, I think they just didn't know what to do with me (**hot tip: move so fast that you tire out your superiors, then they leave you alone, in my experience.**)

**Basically, we need to feel confident to take small risks, be vulnerable, and okay to be ourselves.** Much of that confidence depends on your manager and the organizational culture, but you're not going to like this POV (Point of View, get with the lingo). Your ability to speak out and be vulnerable, and try new things, also depends on you. You need to have the confidence to take the chance to be yourself, and to realize that it's not only enough, it's spectacular.

### If you want to speak, then speak. If you want to be creative at work, then create.

If you want to speak, then speak, is an idiom or expression in the professional speaking world. It means that if you want to speak in front of audiences, the only way to get better and get booked is to be on a lot of stages. SUPER helpful advice, right? But let's look at creativity through this lens. When people complain that they can be creative at home but don't know where to start at work, my advice will now be, "if you want to be creative, then create". **That means, take time every day to do something different, creative, take time to day-dream, or have a brainstorming session with your team on something ridiculous.** I mean, how do you think instant mushroom coffee was invented?

Also, **creativity requires rest. If you are in a stressed or anxious state, it can be difficult to explore unusual or innovative approaches.** Whether it's painting, playing guitar, or watching cat videos on YouTube, taking time for ourselves can actually make us more productive and creative in the workplace.

How do you show up to work? Are you different at home vs work, and do you want to be? I've always marveled at people who seem like completely a different person at work vs when you get to know them outside of work. It's not a criticism, but I am genuinely curious about the drivers of that behaviour and change. The sales manager who is straight straight-laced and serious at work, yet stars in musical theatre on the weekend. Or the quiet, unassuming analyst who performs African music and dance on her days off.

Is it an expectation at work to look a certain way, or a desire to keep our softest centres protected? Or something else?

*Dr. Caroline Brookfield is a Reluctant Creative. She is a veterinarian, author, speaker, stand-up comic, and mom. Faced with a false ultimatum of art or science, she chose science. Does that sound familiar? If you're a "left brainer" like Caroline, you might share the belief that creativity is for artists, kids and grandmas, and somewhat ancillary to more important goals. Feeling snubbed, eventually Caroline's creativity demanded attention like a cat at dinnertime. She learned how to integrate her creative and scientific sides, realizing the importance of both, and that you don't have to choose. Caroline is passionate about helping you to identify your own barriers to individual, everyday creativity, so that you can speak up, stand out, and build a uniquely satisfying future for yourself. Caroline presents balanced evidence, with easy to understand and actionable takeaways, kind of like a keynote mullet: Fun up front and data in the back. You can also learn how to balance rigor with creative expression to survive the gusting winds of change, with a smile on your face.*

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

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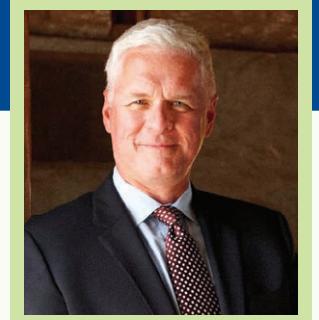
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## Veterinary Business Today The 1% Difference



By Mike Pownall, DVM, MBA

I have met some people that take pride in how frugal they are. Saving money is a driving force in their lives. I'm sure you know people like this. They will drive to a grocery store 5 or 10 minutes further away from where their usual store to save on some items. Or they sit and sit on the decision to buy a new piece of equipment for their veterinary practice.

I was very much like this at one point. I remember several years ago when I lived near the USA border. Gas in America is always cheaper than gas in Canada and I would often drive 30 minutes, wait at the border crossing, drive into the border town and get gas, wait at the border crossing to get back into Canada and then drive 30 minutes home. All that to save \$10. One day I realized how foolish this was. My time was worth something and the extra wear and tear on my vehicle wasn't worth it.

Unfortunately, I have met too many veterinary practice owners that have a frugal mindset when managing their businesses. Their mindset is either why spend money if we don't have to, or let's try and maximize our profitability. These practice owners usually look at their Cost of Goods Sold (COGS), or the medications and supplies they buy. They spend a lot of time trying to save a couple of percentage points in this area. They get so focused on where they can save money, that they never look up and explore growth opportunities.

If the goal of being frugal is to make more profit there are much better and easier ways to do so with a growth mindset.

Let's look at this simple profit and loss statement. The numbers are estimates to demonstrate my point. In this example, the cost of medications and supplies is 25% of revenue or turnover. That leaves a profit of 15%.

Baseline		
Revenue	\$500,000.00	
Drugs/Medication	\$123,000.00	25% of revenue
Payroll	\$200,000.00	
Fixed Costs	\$100,000.00	
Profit	\$75,000.00	

Next let's see what happens with our profitability if we reduce our cost of goods sold, our medications and supplies by 1%. We reduce our total Cost of Goods sold by \$1,250, which goes right to our bottom line. I can see the cost-conscious practice owner smile at this.

1% Saving on Drugs and Medications		
Revenue	\$500,000.00	
Drugs/Medication	\$123,750.00	
Payroll	\$200,000.00	
Fixed Costs	\$100,000.00	Extra Profit
Profit	\$76,250.00	\$1,250.00

But what happens if instead of reducing our COGS by 1% we increase our prices by 1%. Right away we increase our profitability by \$5,000. Now our profit is 16% of revenue instead of 15%. And for those who

are wary about raising your fees, rest assured none of your clients will notice a 1% increase. For example, an \$80 routine exam fee would become \$81. Not really noticeable is it?

But you insist you don't want to raise fees. What happens if you grow your business by 1%. Perhaps you are introducing a new service, or you increase your marketing efforts. If our COGS stay at 25% of revenue we add \$3,750 to the bottom line. Even if you spent \$1000 on Facebook ads to get that increased revenue you are still making more money than reducing your COGS by 1%.

1% Price Increase		
Revenue	\$505,000.00	
Drugs/Medication	\$125,000.00	Stays the same
Payroll	\$200,000.00	
Fixed Costs	\$100,000.00	Extra Profit
Profit	\$80,000.00	\$5,000.00

1% Increase in Business		
Revenue	\$505,000.00	
Drugs/Medication	\$126,250.00	25% of revenue
Payroll	\$200,000.00	
Fixed Costs	\$100,000.00	
Profit	\$78,750.00	\$3,750.00

Obviously, reducing costs while raising fees or growing your business is optimal, but the relentless pursuit of savings misses the big picture. The amount of revenue is always bigger than all of your expenses unless your business is losing money. Modifying that bigger number, revenue will have a bigger impact than focusing on the smaller number of expenses. Think of the time spent looking for deals, or negotiating with vendors. You would need to lower your COGS by 4% to equal the profit you would gain with a 1% price increase.

1% Increase in Business and 1% Savings on Drugs and Medications		
Revenue	\$505,000.00	
Drugs/Medication	\$123,750.00	24% of revenue
Payroll	\$200,000.00	
Fixed Costs	\$100,000.00	
Profit	\$81,250.00	\$6,250.00

What is the one thing we don't have enough of? Time, of course. Let's use time wisely and focus more of our attention on developing a growth mindset and enjoy the bigger impact it will have on the profitability of our businesses.

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

## Canadian Veterinary Medical Association (CVMA) news

By Lori Ahronson, Manager, Communications and Public Relations

Please see the information below for updates on the CVMA's recent activities and resources across Canada.

### CVMA welcomes new CEO

The CVMA is pleased to welcome **Mr. Joel Neuheimer** as our new Chief Executive Officer. Mr. Neuheimer has over 25 years of experience in federal government advocacy, leadership, and governance, and will use these skills to further the CVMA's goals to be seen and heard more and to foster a better understanding of veterinarians across Canada. He is determined to deliver on the CVMA's vision, mission, and priorities which underpin our ambition of embodying, "One profession. One strong voice."

### CVMA – IRCC Immigration Pathways webinars

Six regionally focused webinars on immigration pathways presented by Immigration, Refugee and Citizenship Canada (IRCC) Outreach Officers are available on the *Veterinary Workforce Shortage* landing page of the CVMA website. These sessions focused on immigration pathways that do and do not require a Labour Market Impact Assessment (LMIA), options for supporting foreign workers through permanent residence, and immigration programs that provide flexibility for regional areas in Canada.

### 2023 CVMA Convention — July 6 to 9 Joie de Vivre in Quebec City

Celebrate the CVMA's 75th anniversary in historic Quebec City during our 2023 Convention. The CVMA Professional Development Committee has developed a stellar program offering over 100 hours of continuing education (CE) including business management, companion animal, equine, ruminant,

professional wellness, animal welfare, One Health topics, and more.

The Convention features several signature events including the CVMA Summit facilitated by CVMA's President-Elect, **Dr. Trevor Lawson**; the CVMA National Issues Forum; and the CVMA Awards Gala. These signature events offer unique networking, engagement, and learning opportunities. We look forward to hosting you in Quebec City this summer! Please visit our website for more information on the scientific program, speaker lineup, registration, and tourism.



### Supporting veterinary professionals' mental health through a peer-to-peer community

The CVMA and **Togetherall** discuss the unique stressors impacting the veterinary profession and how a peer-to-peer community can help. This webinar highlights the current state of mental health amongst the Veterinary profession, personal stories about mental health challenges, and how peer support can be instrumental in recovery and ongoing management of symptoms. The webinar also highlights a mental health resource that is available to all CVMA members and students – Togetherall, a clinically-moderated online 24/7 anonymous platform. Find the recorded webinar under the *Latest News* section of our website.

Mark your calendar for the VET Conference. Summer Special ends August 31st.



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## A guide to supporting diversity, equity, inclusion and belonging (DEIB) in the workplace

CVMA's Affinity Partner, HRdownloads, invites you to take a closer look at DEIB and how you can help create a safe and positive work environment for all employees. DEIB is a strategy to help employees experience a workplace free from discrimination every day of the year. It involves celebrating diversity, as well as recognizing and addressing ongoing challenges that equity-deserving groups face in the workplace. Visit the *Latest News* section of our website to read the entire article.

### The Working Mind program

**The Working Mind** (TWM) program is a must for all veterinary staff as it addresses workplace mental health issues caused by inherent workplace

stresses such as day-to-day workflow pressures, interpersonal relationships, conflicts, and some unique to veterinary medicine like ethical and moral distress. The Employee and Manager courses use trained facilitators, workshop manuals, contact-based videos that present actual employees and managers dealing with issues related to the program's content, discussion exercises, and personal goal setting to enact the coping skills within the program. Employees and Managers who take this training have shown an increase in resiliency skills, a decrease in stigmatizing attitudes, and an increase in mental health wellbeing. Visit the *Veterinary Health and Wellness* section on our website to learn more and



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## Industry News

### TELUS Health MyPet launches in Ontario

On April 4, 2023, TELUS Health announced the Ontario launch of TELUS Health MyPet, a virtual pet care platform bringing experienced local veterinarians together with dog and cat owners to provide care for a range of health issues, from nutritional management and parasite control to behavioural challenges and prescription of certain medications, all through an easy-to-use smartphone app. Developed on the heels of our fastest growing, highest customer rated virtual care service - TELUS Health MyCare - the TELUS Health MyPet platform is designed to ensure pet owners have access to the support they need, including those who live in remote areas, or whose pets don't travel well in vehicles.

Visit the TELUS Health MyPet website at:

[https://www.telus.com/en/personal-health/mypet?CMP=VAN\\_myPet](https://www.telus.com/en/personal-health/mypet?CMP=VAN_myPet)

### Chewy plans expansion to Canada in 2023

Chewy, an online retailer of pet food, toys, and accessories, announced on June 8 that it plans to enter the Canadian market in the third quarter of 2023. In its quarterly memo to shareholders, Chewy explains that international expansion has long been a part of the company's strategic roadmap. Chewy says now is the right time to begin this expansion since a multi-year transition of Chewy's tech stack into the cloud means they can now leverage their platform to be reliably deployed in Canada, without meaningful incremental investment.

Chewy's initial launch into the Canadian market will focus on the Greater Toronto area (GTA), which represents the largest metropolitan region in Canada.

### Canine flu vaccine shortage issues

Canada has been dealing with a major shortage of canine influenza vaccine. That's caused a few different hassles, some related to disease and others related to vaccination requirements.

Here's how Dr. Scott Weese would prioritize our limited supply:

Read the full article at <https://www.wormsandgermsblog.com/>

### Seneca's Acute Self-care for Veterinary Professionals

Acute Self-Care for Veterinary Professionals is a cross-disciplinary program between Seneca's Social Service Worker and Veterinary Technician programs that focuses on mental health within the veterinary and animal care community. This online program runs for six weeks and focuses on training and techniques to help navigate the nuanced stressors common within veterinary and shelter medicine.

Register for the program at <https://www.senecacollege.ca/programs/workshops/SCV100.html>

### WSAVA alerts to emerging 'canine welfare crisis' caused by the popularity of short-nosed breeds

Veterinarians around the world are warning about an emerging canine welfare crisis caused by the rapidly increasing number of short-nosed (brachycephalic) dogs. These dogs can have exaggerated anatomical features that can seriously

affect their health and well-being. The most concerning of the health issues they face is Brachycephalic Obstructive Airway Syndrome (BOAS).

The Hereditary Disease Committee (HDC) of the World Small Animal Veterinary Association (WSAVA) has produced an educational video highlighting the problems that BOAS can cause in brachycephalic breeds, including French bulldogs, English bulldogs, and pugs. During the video, members of the WSAVA HDC and other experts explain how the appearance of short-nosed breeds has been affected by breeding for extreme and exaggerated anatomical conformation. While dogs which snore or pant are considered cute by some, the experts point out that these traits are not normal and that the dogs are, in fact, struggling to breathe. Many short-nosed dogs require surgery to survive and have a significantly shorter lifespan than other dogs.

Speaking during the video, Dr Peter Sandøe, Director of the Centre for Companion Animal Welfare at the University of Copenhagen, says: "With French bulldogs now the most popular breed in many countries and with English bulldogs and pugs also very popular, the number of affected dogs is increasing dramatically. Selective breeding for an exaggerated short nose has created dogs whose health, in many cases, is compromised for the sake of perceived 'cuteness'. It is simply unethical to breed dogs which struggle to breathe."

The WSAVA Hereditary Disease Committee is calling on all stakeholders – breeders, owners, veterinarians, media, regulators, and others – to work together to improve the welfare of these breeds going forward, and change perceptions of what 'healthy' looks like in these dogs.

The video is available here: [www.wsava.org/boas](http://www.wsava.org/boas)

For further information, please contact Rebecca George, George PR, [rebecca@georgepr.com](mailto:rebecca@georgepr.com)

### The North American Veterinary Community launches NAVC HiVE

On June 12, the North American Veterinary Community (NAVC) launched NAVC HiVE, a new style of in-person events that will bring world-class industry events and the industry's brightest thinkers directly to members of the veterinary community across the U.S. Concurrently, the NAVC announced its first HiVE, the Vet Nurse+Tech HiVE, the first and only event of its kind dedicated to the largest professional segment in the veterinary industry – veterinary nurses and technicians. Registration opens today for Vet Nurse+Tech HiVE which will help kick off National Veterinary Technician Week and take place in Austin, TX October 16 -18, 2023.

### Upcoming veterinary conferences

- Canadian Veterinary Medical Association (CVMA) Convention, July 6-9, Quebec City, PQ
- American Veterinary Medical Association (AVMA) Convention, July 14-18, Denver, CO
- American Association of Feline Practitioners (AAFP) Conference, October 12-25, Memphis, TN
- CanWest Veterinary Conference, October 14-17, Banff, AB
- NAVC Vet Nurse+Tech HiVE, October 16 -18, Austin, TX
- Veterinary Education Today (VET) Conference, October 27-28, Toronto, ON



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