

# EquiManagement

Business Solutions for Equine Practitioners

January/February 2017

## Preparing Your Practice for 2017

Leadership  
Matters

Current  
Challenges  
In Vet  
Business

Courageous  
Conversations





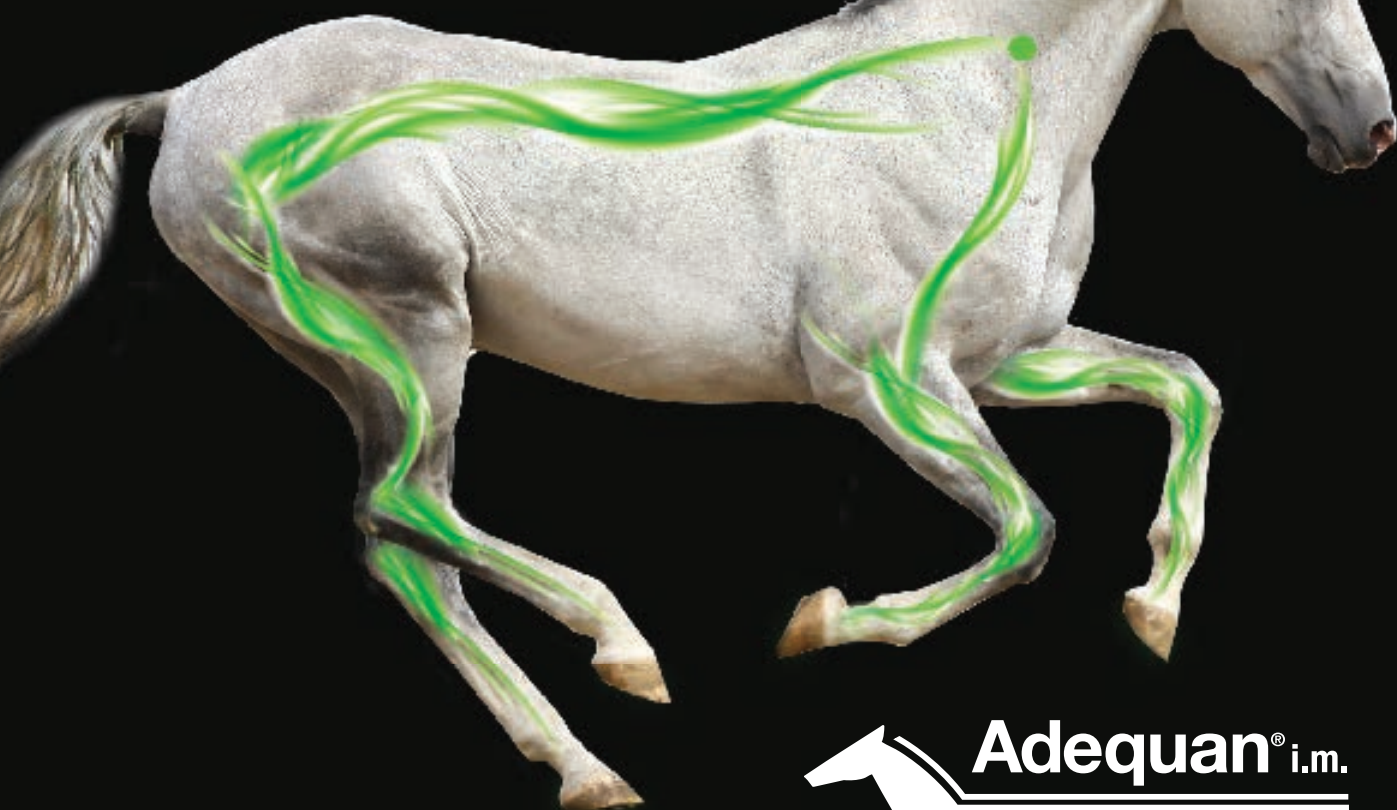


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**Cover Photo:** Veterinarians should put as much into analyzing their businesses as they do into analyzing their patients.

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# Where Are My Socks?

I love SmartWool socks. I wear them year-'round. I especially like the really thick ones called SmartWool Ski for winter. I'm not a fashionista, so the color isn't really as important to me as the thickness, quality and durability. However, they are expensive, so I quit buying them at my local Western wear store and started buying them at Amazon.

Pretty soon, some other choices came up that claimed to be just as good, and they were cheaper, so I switched off of SmartWool to a less expensive brand. They seemed to be okay, so I bought some more when the first ones wore out. Soon I realized that the new socks I was buying weren't lasting as long or wearing as well as the SmartWool socks I loved. I went to Amazon to buy SmartWool, but I couldn't find any. So I trekked down to my local Western wear store, but they weren't carrying SmartWool socks any more because the demand had dried up.

So whose fault is that? Should I expect a store to continue to carry a product that I had abandoned? Should I be mad at a company because I had stopped buying its product, then decided I wanted it again but found it was no longer stocked locally?

## Where's My Banamine?

I've heard several veterinarians complain that they can't get Banamine (flunixin



meglumine), which is manufactured by Merck Animal Health. My question to you is: Have you been buying Banamine that is manufactured by Merck Animal Health? If you are complaining, the answer is probably "no," because you have been buying a generic.

There was a problem with the source ingredient for two of the three generic flunixin meglumine manufacturers (*see p. 10*), which means the generic flunixin meglumine started to be in short supply or was unavailable.

The good news is that Merck Animal Health's Banamine product is doing just fine. They don't use the same source as the generics. The Merck clients who have regularly purchased Banamine from them are not having a problem acquiring it in normal amounts. The company is being very careful to not let any customers stockpile large amounts, and they are ramping up production to try and supply the product to other Merck customers, and hopefully to others in the industry.

So where are your socks?

There's nothing wrong with buying legal generic drugs, but when those manufacturers have problems, don't take it out on the company and the product that you haven't been using. Companies are not in business to produce excess products—whether they be socks or drugs—that people aren't buying from them. **EM**



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# Shopping for Externships

**I**t's that time of year: Vet students across the country are looking at scheduling externships for their clinical years. It can certainly be a stressful time for any student, and it definitely can have an impact on your career. With that in mind, here are a few things to consider when looking at possible externship sites.

## Don't Restrict Your Externships to Internships

Externships are a great way to shop around for where you want to do an internship. Many internships even require you to do an externship at their clinics in order to apply. However, that doesn't mean you have to only do externships at clinics where you are seriously considering doing an internship. Externships are a way to experience a variety of different types of medicine, practice styles and practice managements. These experiences are critical to forming who you will be as a veterinarian in practice.

A good rule of thumb when looking at practices where you might extern is the 2-to-1 rule. For every two practices that you pick for externships that lead to internship programs, make sure you pick one that really piques your interest as a developing veterinarian, regardless of whether or not you want to do an internship there. That balance helps drive your development as a veterinarian and opens doors for opportunities the following year.

## Get Out and Travel!

The clinical year is the last year before you become anchored to a job. Take the chance with externships to get out across the country.

More than anything else, traveling to clinics in different geographic areas gives you exposure to a wide variety of horse cultures. From the working ranch horses in Montana and Wyoming to the sport horses in the Northeast, each area brings something different to the table in terms of the clients a practice serves. Gaining experience dealing with a wide variety of clients and horse types will help make you a better practitioner, wherever you land in your career. Very few places have one single type of client, so gaining exposure to a wide variety of practices and cultures will equip you with the tools to be successful as a veterinarian.

## Ask Questions

Believe it or not, practitioners love to sell you on their clinics. Remember in this whole cycle that these practice owners are also vying for you as an intern and, poten-

tially, as an employee down the road.

Every practice owner is incredibly proud of what he or she has built, and each is interested in sharing those details with you.

So go ahead and ask questions about what the practice is like before you commit to going there for an externship. Ask what percentage of the practice is lameness, reproduction or surgery. Be sure to ask how much time is spent on ambulatory calls, if that is your interest.

## Take-Home Message

The main point is to shop around. You only have a limited number of externships as a student, so it is imperative that you get what you want out of them. Don't think that you are just limited to asking questions at mixer events like AAEP's Avenues. There is nothing wrong with calling or emailing a practice directly and asking questions of the office manager or practice owner. Make sure that they give you the information you want to know!

Above all else, make the externship experience what you want it to be. This is the one time in your career where you get to move freely through many different practices without having to be employed there. Take advantage of the opportunities offered to you. Make your externship experience yours, and you will find that it is one of the best clinical experiences you can get. **EM**

*Zach Loppnow is a senior veterinary student at the University of Minnesota. He is the National VBMA vice president for 2016-2017 and an active member of the Minnesota student chapter of AAEP.*



COURTESY ZACH LOPPNOW



A black and white photograph of a woman with dark hair, smiling and gently holding the head of a light-colored horse. The horse's head is in the foreground, and the woman's face is partially visible behind it. The background is blurred, suggesting an outdoor setting.

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**Keeping vaccines from getting too cold in winter might prevent some reactions.**



## OF NOTE

### Storing Vaccines in Cold Weather

As winter is upon us, veterinarians are out and about performing routine preventive work, including immunization boosters. Maintaining vaccines at an appropriate temperature during transport, storage and administration is critical.

You might have a refrigerator in your truck or use a cooler with multiple ice packs to maintain cold temperatures for your vaccines. But what happens when it is cold outside throughout your working day? What happens when you replace thawed gel packs with frozen packs laid directly on top of and beneath vaccine vials, resulting in over-chilling of vaccines? When is “cold” too cold for vaccines?

Some practitioners have observed that adverse vaccine reactions often occur in a particular group of vaccinates—for example, a group of horses at a single barn that received vaccine from the same group of bottles show localized reactions. Or a group of horses living in northern states in winter might have an unusually high reaction rate after vaccination.

When vaccines get over-chilled, adjuvants start to crystallize. The adjuvant will separate from the antigen to form a precipitate, which is not always visible in the bottle but can elicit local inflammation at the injection site. Killed vaccine is particularly sensitive to the effects of freezing.

While there haven’t been many formal studies on this concept, it is possible that such over-chilling—whether in the originating warehouse, during shipping, in your truck, or close to your clinic refrigerator’s freezer—might cause the vaccine to begin to thicken and gel. Administration of a frozen or semi-frozen vaccine product—even once “thawed”—could possibly incite vaccine reactions more often than if it had been stored at a consistent and desired cooled temperature.

Basic refrigerator temperatures range from 35-46 degrees Fahrenheit. It is a good idea to place a quality thermometer in the center of your cold storage container and to monitor it closely each day.

Killed vaccine should be maintained at a constant cool temperature within this

range and in a dark location.

OSHA (Occupational Safety and Health Administration) requires that no foods or beverages be stored in the vaccine refrigerator, in part because opening and closing the refrigerator for access to consumables tends to cause fluctuations in the desired constant temperature. The Centers for Disease Control (CDC) advise against the use of dormitory-style refrigerators due to challenges in maintaining a constant and appropriate temperature; those units tend to cause freezing of vaccine even when used for temporary storage.

For vaccines transported in a cooler, it is important to layer some insulation (foam, bubble wrap) between the vaccine vials and the ice packs to prevent freezing. In winter climates, keep the cooler in the vehicle’s passenger area rather than in the bed of a truck or a veterinary unit.

This is a reminder to all of us to be cognizant not just about storage of vaccine during warm and hot weather, but also to consider the effects of over-chilling equine vaccines any time of year.—*Nancy S. Loving, DVM*



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Trimethoprim is 2,4-diamino-5-(3,4,5-trimethoxybenzyl) pyrimidine.

**ACTIONS: Microbiology:** Trimethoprim blocks bacterial production of tetrahydrofolic acid from dihydrofolic acid by binding to and reversibly inhibiting the enzyme dihydrofolate reductase.

Sulfadiazine, in common with other sulfonamides, inhibits bacterial synthesis of dihydrofolic acid by competing with para-aminobenzoic acid.

Trimethoprim/sulfadiazine thus imposes a sequential double blockade on bacterial metabolism. This deprives bacteria of nucleic acids and proteins essential for survival and multiplication, and produces a high level of antibacterial activity which is usually bactericidal.

Although both sulfadiazine and trimethoprim are antifolate, neither affects the folate metabolism of animals. The reasons are: animals do not synthesize folic acid and cannot, therefore, be directly affected by sulfadiazine; and although animals must reduce their dietary folic acid to tetrahydrofolic acid, trimethoprim does not affect this reduction because its affinity for dihydrofolate reductase of mammals is significantly less than for the corresponding bacterial enzyme.

Trimethoprim/sulfadiazine is active against a wide spectrum of bacterial pathogens, both gram-negative and gram-positive. The following in vitro data are available, but their clinical significance is unknown. In general, species of the following genera are sensitive to trimethoprim/sulfadiazine:

#### Very Sensitive

*Escherichia*  
*Streptococcus*  
*Proteus*  
*Salmonella*  
*Pasteurella*  
*Shigella*  
*Haemophilus*

#### Sensitive

*Staphylococcus*  
*Moraxella*  
*Moraxella*  
*Klebsiella*  
*Fusiformis*  
*Corynebacterium*  
*Clostridium*  
*Bordetella*

#### Moderately Sensitive

*Moraxella*  
*Moraxella*  
*Brucella*

#### Not Sensitive

*Mycobacterium*  
*Leptospira*  
*Pseudomonas*  
*Erysipelothrix*

**INDICATIONS AND USAGE:** Trimethoprim/sulfadiazine is indicated in horses where potent systemic antibacterial action against sensitive organisms is required. Trimethoprim/sulfadiazine is indicated where control of bacterial infections is required during treatment of:

Acute Strangles  
Respiratory Tract Infections

Acute Urogenital Infections  
Wound Infections and Abscesses

Trimethoprim/sulfadiazine is well tolerated by foals.

**CONTRAINDICATIONS:** Trimethoprim/sulfadiazine should not be used in horses showing marked liver parenchymal damage, blood dyscrasias, or in those with history of sulfonamide sensitivity.

**ADVERSE REACTIONS:** During clinical trials, one case of anorexia and one case of loose feces following treatment with the drug were reported.

Individual animal hypersensitivity may result in local or generalized reactions, sometimes fatal. Anaphylactoid reactions, although rare, may also occur. **Antidote:** Epinephrine.

**Post Approval Experience:** Horses have developed diarrhea during trimethoprim/sulfadiazine treatment, which could be fatal. If fecal consistency changes during trimethoprim/sulfadiazine therapy, discontinue treatment immediately and contact your veterinarian.

**PRECAUTION:** Water should be readily available to horses receiving sulfonamide therapy.

**ANIMAL SAFETY:** Toxicity is low. The acute toxicity (LD50) of trimethoprim/sulfadiazine is more than 5 g/kg orally in rats and mice. No significant changes were recorded in rats given doses of 600 mg/kg per day for 90 days.

Horses treated intravenously with trimethoprim/sulfadiazine 48% injection have tolerated up to five times the recommended daily dose for 7 days or on the recommended daily dose for 21 consecutive days without clinical effects or histopathological changes.

Lengthening of clotting time was seen in some of the horses on high or prolonged dosing in one of two trials. The effect, which may have been related to a resolving infection, was not seen in a second similar trial.

Slight to moderate reductions in hematopoietic activity following high, prolonged dosage in several species have been recorded. This is usually reversible by folic acid (leucovorin) administration or by stopping the drug. During long-term treatment of horses, periodic platelet counts and white and red blood cell counts are advisable.

**TERATOLOGY:** The effect of trimethoprim/sulfadiazine on pregnancy has not been determined. Studies to date show there is no detrimental effect on stallion spermatogenesis with or following the recommended dose of trimethoprim/sulfadiazine.

**DOSAGE AND ADMINISTRATION:** The recommended dose is 3.75 g UNIPRIM Powder per 110 lbs (50 kg) body weight per day. Administer UNIPRIM Powder orally once a day in a small amount of palatable feed.

Dose Instructions: One 37.5 g packet is sufficient to treat 1100 lbs (500 kg) of body weight. For the 1125 g packets and 12 kg boxes, a level, loose-filled, 67 cc scoop contains 37.5 g, sufficient to treat 1100 lbs (500 kg) of body weight. For the 200 g, 400 g, and 1200g jars, and 2000 g pails, two level, loose-filled, 32 cc scoops contain 37.5 g, sufficient to treat 1100 lbs (500 kg) of body weight. Since product may settle, gentle agitation during scooping is recommended.

The usual course of treatment is a single, daily dose for 5 to 7 days.

Continue acute infection therapy for 2 or 3 days after clinical signs have subsided.

**STORAGE:** Store at or below 25°C (77°F)

**HOW SUPPLIED:** UNIPRIM Powder is available in 37.5 g packets, 1125 g packets, 200 g jars, 400 g jars, 1200 g jars, 2000 g pails and 12 kg boxes. Apple Flavored UNIPRIM Powder is available in 37.5 g packets, 1125 g packets, 200 g jars, 400 g jars, 1200 g jars and 2000 g pails.

**CAUTION:** Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

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## Flunixin Status

If you've been looking for generic flunixin meglumine to stock in your truck and clinic, you might have run into a back-order issue on generic products ranging from injectable to paste formulations. It turns out that for the generic flunixinime, there are three manufacturers, two of which use the same source of raw materials.

The FDA routinely inspects manufacturers and companies that supply the raw materials that go into the finished products. At the time this article was written, there was still a holdup in production while the FDA reviewed those facilities and granted approval for continued production.

While there are no promises, the industry is hoping for a quick recovery and FDA approval sometime in 2017. In the meantime, a small amount of generic flunixinime was expected to become available through AgriLabs in November or December 2016, since that company's raw material source differed from that of the other two manufacturers.

Merck Animal Health, the company that makes the original brand product Banamine, is having no shortages, and all of its flunixin meglumine products are currently available due to different raw material sources.

Craig Barnett, Merck Animal Health director of equine veterinary technical services, remarked that "Banamine (flunixin meglumine) is available, and there is no connection between our product and the current situation with the generics. Merck Animal Health is taking measures to increase the production of its product to help better meet the needs of the industry."—*Nancy S. Loving, DVM*

## What About Buscopan?

*Editor's note: Because vets often give flunixin meglumine in conjunction with Buscopan, there were questions circulating about the use of Buscopan alone. We que-*

*ried manufacturer Boehringer Ingelheim Vetmedica Inc. about these questions.*

When faced with a colicky horse, you might reach first for a dose of flunixin meglumine, but what if you have another choice?

One medication, Buscopan (N-butylscopolammonium bromide, 20 mg/mL), available in veterinary medicine since the 1960s, has both diagnostic and therapeutic value for use in cases of early, undifferentiated equine colic.

Buscopan is a spasmolytic drug designed to stop spasms of smooth muscle, and in particular, intestinal smooth muscle. It is indicated for the control of abdominal pain (colic) associated with spasmodic colic, flatulent colic and simple impactions in horses. The beauty of this medication for use in acute colic is its rapid onset (within minutes), followed by rapid dissipation of effects, usually within 30 minutes. The drug exerts no direct analgesic or sedative effects; it only relieves pain related to spasm.

Robert M. Stenbom, DVM, senior equine professional services veterinarian of Boehringer Ingelheim, advised that Buscopan not only provides a therapeutic tool for managing colic, but also allows for prompt treatment assessment due to its rapid action.

Buscopan should not be used in impaction colics associated with ileus or in horses with glaucoma. The effects of Buscopan might be potentiated by the concomitant use of other anticholinergic drugs.

Stenbom said, "By giving Buscopan intravenously before reaching for other medications, the veterinarian may be able to obtain a clearer picture of the horse's situation. While some spasm pain may be severe, it is not necessarily associated with very serious colic conditions (such as enteritis or ischemia). Immediate relief from Buscopan provides a diagnostic and prognostic glimpse; in addition, therapeutic relaxation of intestinal smooth

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muscle allows gas and ingesta to move through the bowel. If the horse experiences only some or no relief, then the practitioner will know fairly quickly that further treatment and other medications may be necessary.”

He stressed that Buscopan isn't likely to mask signs of a serious colic condition as might occur with other treatments, such as flunixin, xylazine or detomidine.

In clinical studies, administration of Buscopan resulted in an increased average heart rate of 30% during the first five minutes, and by 30 minutes post treatment, the heart rate did not differ from its pretreatment value. Therefore, heart rate cannot be used as a valid indicator of pain severity for 30 minutes after injection.

Due to its spasmolytic activity, intestinal sounds also decrease over that

30-minute span. In the interim, the horse can be monitored for degree of pain relief. “Unlike its pharmacological cousin, atropine, Buscopan doesn't form a long-term relationship with muscarinic receptors, but rather ‘gives a kiss and says goodbye’ within 30 minutes, due to rapid metabolism of the drug,” reported Stenbom.

One suggestion is to administer Buscopan immediately following the physical exam, then proceed with a thorough rectal examination to check for intestinal displacement or other bowel abnormalities. Once those steps are completed, sufficient time will have elapsed to enable assessment of the response to Buscopan.

A horse responding immediately with cessation of colic pain might need no further treatment, or other medications can be given if deemed appropriate. Use of Buscopan does not preclude use of any other drugs. On the other hand, if the horse is not comfortable within 30 minutes, then more aggressive diagnostic and treatment measures may be pursued.—

*Nancy S. Loving, DVM*



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### Fourth Annual AVMA Economic Summit

Approximately 180 veterinarians and vet industry members attended the Fourth Annual AVMA Economic Summit held October 24-25, 2016, in Chicago, Illinois. The attendees included economists, academicians, consultants and private practice owners. All gathered to hear the latest data on U.S. vet economics, led by the AVMA's Veterinary Economics Division.

Michael Dicks, PhD, director of the AVMA Veterinary Economics Division, gave a Macroeconomic Forecast. His analysis of trends in the U.S. and global economy led him to project that economic growth will be slow to moderate through 2017, but that the risk of another recession is growing. He reported that real per capita income GDP in the U.S. is rising slowly. Per capita GDP is a measure of the total output of a country per person that takes gross



domestic product (GDP) and divides it by the number of people in the country. Disposable income per capita and median household income are also increasing, he reported. Because vet services are typically paid out of disposable income and demand for services rises with the economy, this is good news for the veterinary industry.

Dicks also stated that low unemployment has led to pressure to increase wages, which has, in turn, decreased profit, as firms have been unable to raise prices due to consumer resistance. Historically, recessions have followed each 60-90 month expansion, and economic indicators are suggesting a downturn is likely, he stated. In conclusion, Dicks recommended building cash reserves, minimizing large investments in infrastructure or equipment, and careful management of expenses.

### **Vet School Applicants**

Lisa Greenhill, MPA, EdD, of the Association of American Veterinary Medical Colleges, reported on the current state of vet school applicants. In 2016 there were more than 7,000 applications, an increase of about 400 over 2015. This reflects a seat-to-applicant ratio of 1:1.6, which has been consistent for the last five years.

Applicant quality has remained high, she said, with an average applicant GPA of 3.5 and fewer than 20% of applicants having a GPA lower than 3.0.

The current applicant pool is 82% female and 78.4% Caucasian. Interestingly, 21% are first-generation college students, 27% are Pell Grant eligible and 75% attended public universities for their undergraduate degrees. About 25% of applicants applied to vet schools outside of the United States.

Greenhill emphasized that there is high demand for a veterinary education, and despite media attention about high student debt, applicant numbers continue to rise.

### **Supply of Educational Services**

Bridgette Bain, PhD, of the AVMA Economics division, spoke on the topic of

Supply of Educational Services. Over the last decade, the percentage of new graduate vets entering equine practice has fallen from 5% to 2%. Her data also showed that the number of equine-oriented graduates pursuing internships has remained steady. With internship salaries excluded, the mean starting salary for equine practitioners in the U.S. was \$45,000 in 2015.

Bain reported that on average, new vets entering equine practice will receive \$18,327 less in salary than those going into companion animal practice.

While gender differences in salary were 9.4% in 2012, that fell to 3.5% in 2016.

### **Veterinary Work Preferences**

Frederic Ouedraogo, PhD, reported on the work preferences of equine veterinarians. In 2015, the average number of hours worked by equine practitioners was 46.7. He said 28% of equine veterinarians wished to work additional hours and only

14% wished to work less than those hours.

Ouedraogo said that equine veterinarians wishing to work more hours had a current weekly average of 42 hours and wished to increase their hours worked to 55. Of those equine veterinarians wishing to work less, the average work week was 65 hours and the desired number of hours was 45.

### **2016 Economic Impact Survey**

While results from the 2016 AVMA AAEP Equine Economic Impact Survey were not reported at the Summit, Michael Dicks indicated that preliminary results will be available in time for the AAEP Annual Convention in December. Final analysis of the data will be complete in 2017.—Amy L. Grice, VMD, MBA

*Editor's note: Additional information from the AVMA Economic Summit will appear in the online version of this article on EquiManagement.com. EM*

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*Editor's note: According to an AAEP survey, the top things that horse owners want from vets are 24/7 coverage, good communication, the feeling that they and their horses are valued, and a willingness to "keep up" with medical advances. With that in mind, regular installments of **Keeping Up** will feature research and advances in the equine medical community, with a few business twists. Keeping Up will appear in each magazine and on EquiManagement.com in months when a print magazine is not published.*

## Parasites and Stabling

It is generally assumed that horses housed in barns with manure collected every day or two from the stalls are not at risk of ingesting infective larvae of internal

parasites (cyathostomines) unless they are turned out on pasture. That premise has been modified with a recent report by S. Love et al. in *Parasite Vectors* (2016 Aug 31;9:478).

By Day 8 of the study, infective cyathostomine larvae were recovered from moist straw in 18 of 24 samples. Unless the straw was removed and replaced, the number of infective larvae continued to increase over the eight-week period of the study.

*Author's note: This information can be helpful in advising clients of the need for optimal stabling hygiene and appropriate deworming protocols, even when horses are not turned out on pasture.*

## Transport Impact on Health

Competitive horses are subjected to the

rigors of training and to the stresses of travel by trailer and plane. To examine the association between transport management with injury and disease, B. Padalino and colleagues conducted a survey on Australian horses with results published in *PLoS One* (2016 Sep 2;11(9)). Free access to this article is available at <http://bit.ly/2eOIGPV>.

The study examined strategies implemented before, during and after transport and how those factors impacted injuries or disease in 797 horses over a two-year period.

Traumatic injuries (lacerations, bruising, swelling) were reported in 45% of the horses and were noted primarily by respondents younger than 40 years of age and handlers who hauled more than 30 horses a week.

Use of tranquilizers increased the number of reported injuries, while protective gear and regular monitoring of the horses following transport were associated with fewer injuries. Straight-load trailers incurred more injuries than slant-load or truck trailers.

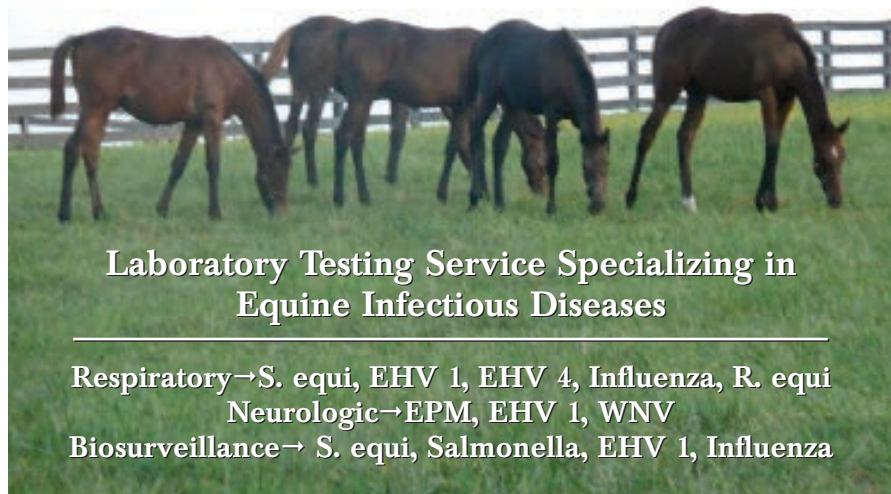
Diarrhea (20%) and heat stress (10.5%) occurred more often when horses were transported by amateurs rather than by professionals. The incidence of heat stress was associated with restriction to hay and water prior to transport.

The 13% of tying-up cases occurred most commonly when horse health was not examined by a veterinarian prior to shipping and if drinking behavior following transport was not monitored.

*Author's note: With these statistics in mind, equine practitioners can counsel clients on the most effective strategies for hauling horses with minimal health or injury-related consequences. More information from this study can be found in this article on EquiManagement.com. **EM***



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# Developing Industry Partnerships

As I was looking at my schedule for the day, I noticed that I had three meetings with representatives of suppliers and manufacturers. I already knew that one of them would try to get our business because his company's products are cheaper than those of the company we are currently using. I hate those types of meetings, because they focus on the one element I don't want our customers to focus on—and that is price.

I like to view relationships with industry partners in the same way that our clients view our veterinary services, with a focus on excellence in our services and value in areas like customer service, reliability, transparency and ethics.

So how do these things look in practice?

Customer service is defined as doing what is possible so the customer has the best experience interacting with your business. This is very easy to say and very hard to do. For example, we have an excellent DR system that had some technical issues, like all of them will. It required several phone calls to get to the bottom of the problem. At the beginning of each phone call, we always got someone new on the company's end, and we had to recount our history each time. That person, in turn, would ask us to repeat the troubleshooting steps as if we had never done them before. Eventually we would get the problem resolved, but not until we had wasted a lot of time and were treated as if we were idiots each time, turning the unit on and off to see whether that made a difference.

Great customer service should be delivered in the same manner that you would like to be treated. A company that truly demonstrates customer service is invaluable.



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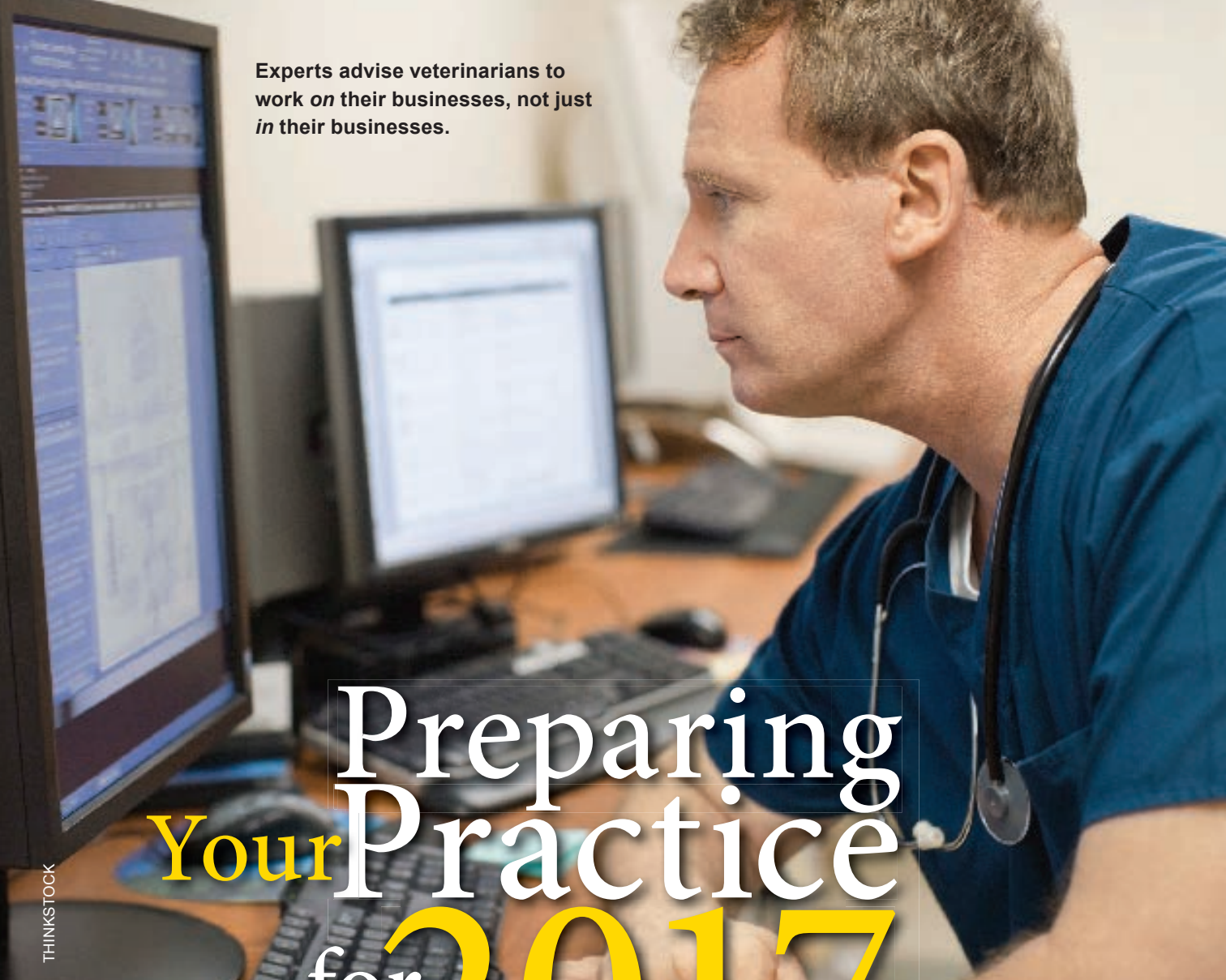
Reliability is simply expecting a company to do what its representatives say they are going to do, when they say they will do it. Again, that sounds simple, but it often gets lost in translation. We make decisions based on the information we receive from our industry partners; yet we look like fools when the shipment didn't get shipped or the wrong thing was delivered. I hate to think of all of the money we have wasted chasing after orders or rescheduling appointments. What seems cheap at first often becomes very expensive.

This leads to transparency. I would rather someone tell us the truth even if we don't like the news than be surprised when something isn't done when scheduled. Whether it is repairing one of our trucks or hearing about a back order, it is better if the company tells us in advance rather than have us learn the bad news after that company has "dropped the ball."

Finally, we want partners that are ethical and that support veterinarians. For example, we were offered a great price on a blood analyzer once. When I asked for references, the company gave me a list of trainers who had purchased its units. That was unacceptable, and we did not buy that unit. We complain about lay practitioners, so why shouldn't we expect our industry partners to understand that?

Communicating this to potential industry partners is challenging, and part of the blame rests on the shoulders of equine vets. Over the years, we have trained manufacturers and distributors to give us the best prices at our annual convention, or we will go to the competition and get a better deal. Year after year, we tell them price is paramount; then we are surprised when that is all they can offer us. Something has to give when their profit margins are cut, and that is usually customer service, reliability and transparency. We would be no different to our clients if they kept forcing us to lower our prices.

The next time a sales rep comes to visit you, instead of asking for his best price, ask about the things that are important to your business. Tell him that you want to do business with someone who has an interest in your business over a long period of time and is not just looking to make a sale. You might pay a bit more up front for a piece of equipment, but in the long run, the value you will get from the company will make the initial cost savings seem meaningless. **EM**



Experts advise veterinarians to work *on* their businesses, not just *in* their businesses.

# Preparing Your Practice for 2017

Does your business need to expand or contract—  
or are you situated ‘just right’ in your plan?

*By Nancy S. Loving, DVM*

**A**s the economic downturn of 2008 continues to reverberate throughout the equine industry, many practices are on the rebound, while others still struggle to keep pace. As we head into 2017 on the cusp of many potential political and economic

changes, you might be asking yourself whether it is time to expand, contract or keep your practice the same.

For insights into this question, we turned to Susen Shields, a veterinary practice management consultant working with Zoetis’ People First, and to Jorge Colón, DVM, MBA, the owner of a solo ambula-

tory equine reproduction and neonatology practice based in Lexington, Kentucky, who also works as a veterinary business consultant.

Through Zoetis’ People First program (Growpeoplefirst.com), Shields and seven other business solution managers offer fee-for-service business development and



leadership training. She is in the business of helping practitioners take care of their businesses by meeting directly with them to understand goals and objectives and to identify where they need help. She then matches resources to either help onsite or through group courses.

As one examines practice goals in 2017, Shields advised that it is important to take an inward look to determine how best to be competitive. She tells practitioners to ask themselves questions such as:

- Do I have the resources needed to stay competitive?
- How am I doing, and how do I know how I'm doing?
- Do I want to open another practice in another location?
- Do I need to add to or cut back on staffing?
- I'm on my fourth associate in two years, so what can I do to retain an associate?

Another line of personal inquiry focuses on potential goals for the long term. Do you want to have more time for family and a better life/work balance, or do you want to develop a mega-hospital situation with a large group of doctors, staff and the equipment needed to encompass both medical and surgical services?

Shields noted that some practitioners might be thinking, "I'm a guy/gal in a truck, and I don't want to do this forever; so what might be a game plan to become a multi-doctor practice? How do I prepare for that?"

## Beware of Growing Too Fast

One thing that Shields cautioned against is growing your business too fast. "Rapid growth without sufficient infrastructure is likely to lead to collapse," she said. "While



**"Until horses come to you with wallets strapped to their halters, you are still in the people business," stated Susen Shields of Zoetis' People First.**

each person might feel they are unique in their situation, most practitioners have more of a common thread than differences. Many people are worried about risk of expansion and potential for failure. Many are worried about repercussions of firing a client."

To prepare for expansion means that a practice owner should pursue an in-depth assessment of where the practice is and where it might be going, including whether there is sufficient capital and energy to branch out as a bigger entity.

Each assessment of every practice situation has to be individualized. Shields recommended that practitioners ask themselves, "What do I see myself doing in the next five years if there are no boundaries or limitations in my way?" If a practitioner feels overwhelmed by this question, then she suggested that the practitioners needs some kind of stress relief in order to focus on the business.

For a shorter-range view, practitioners might ask, "What do I see myself doing this time next year?" Shields emphasized that it is vital to think about business rather than just working in the business day after day with no planning.

As both a practicing equine veterinarian and a business management consultant to veterinarians, Colón also stressed that veterinarians need to start thinking differently: "Rather than thinking of oneself as a veterinarian taking care of horses, consider that you are in the *business* of providing veterinary medical care."

Echoing Shields' advice, Colón urged practitioners—owners and associates alike—to think of practice as a business. "Refrain from feeling bad about billing a client, not wanting to charge for

poor results, or feeling obligated to leave a family function to go tend to a horse," he advised. "Otherwise, this continues a culture that this industry has created over many decades: Clients have received what they want, when they want it, for so long that they are in charge of your time."

Instead, he urged the development of a group/team effort between the client and the veterinarian—or even better, his or her practice, if it is a multi-vet business. In that way, it can be possible to avert burn-out and to maximize your bottom line.

## Individualizing Your Strategy

A recent AAEP survey indicated that 70% of equine practitioners work in single- to four-doctor practices, many of them ambulatory. An ambulatory vet can define more than a veterinarian in a truck; it could also be someone who has access to a haul-in facility, but is not in the business of hospitalizing horses (complicated cases are referred to a hospital facility).

Because each practice is so individual with regard to location, practice structure, client demographics and a variety of other environmental factors, there really can be no generalization as to the best approach.

Philosophically, a practitioner might just have a feeling that there needs to be a change. Above all, Colón reiterated that each veterinarian should treat his or her practice as a business, complete with consideration of different environmental pressures relative to where you live.

With regard to pricing of medications and services, Colón pointed out the simple fact that the small business practitioner cannot compete on price with a large-volume buyer such as a multi-doctor practice. Instead, he recommended that the solo practitioner address product provision as part of his or her service.

Colón advised vets to check on other competitors' prices to best balance their fees. "If you try to compete based on pricing, you are transferring power to the consumer," he remarked. "Then the client picks which veterinarian to use based on price, rather than on the service experience and the bundle of associated benefits from excellent service.

"It is best to spend a lot of time on increasing services and benefits for the client in order to develop excellent client satisfaction," he continued.

Excellence in service helps to expand a practice via word of mouth from one client to a friend/acquaintance. Colón said that being financially conscientious about a client's pocketbook encourages that client's trust by not spending his or her funds unnecessarily; when funds are truly needed, those clients will happily spend whatever is necessary for their horses' health.

As Colón counseled, "Service provision is an intangible—you cannot build it, store it or sell it later; it is something that occurs at the time of each client interaction."

Shields pointed out a practical truth: "Until horses come to you with wallets strapped to their halters, you are still in the people business."

The AAEP Touch survey of clients identified top expectations of clients from their veterinarians. One of the main requests was for clear communications. Good communication skills, in combination with tactical thinking, are essential to



**Clients whose trust you have earned will happily spend whatever is necessary for their horses' health.**

developing a practice of excellence. Such skills save time, decrease conflict and increase efficiency and client satisfaction.

One example Shields gave of the critical role of communication is the stair-step process you can provide by explaining your diagnosis, treatment and expected outcome. Not only will your client appreciate your expertise and communication skills, but also you will likely obtain a better outcome if the client understands the instructions and the reasoning behind the therapeutic approach.

Two other key expectations by clients are that their veterinarians are effective lameness diagnosticians and that they are available 24/7. The latter expectation is difficult for every equine practitioner, and especially problematic for those with solo practices. This might be the real reason that some practitioners wish to expand and hire new associates—simply to improve work/life balance by sharing emergency duty.

## Maximizing the Bottom Line

Whether you are planning to expand, contract or keep things moving along the same with your business, there are ways to improve your bottom line.

Improved profitability could modify how one views making a change to a

practice. Perhaps, with strategic management policies, you might find that your practice is just right if you can bring in more profit for the same amount of work output.

Colón emphasized the importance of "lean management."

He said that if you manage your practice better by reducing waste, then you don't need to generate more income to have more left over to pay yourself. This strategy—to decrease waste of time and goods—becomes a mentality and the basis of the culture of your business. He noted several common areas of waste:

- inappropriate pricing (Colón said it is best not to base price on your competition, but rather on your provision of service and benefits.)
- lack of inventory control
- inappropriate and inefficient scheduling of farm calls
- overuse of utilities—as, for example, employees not turning off lights and air conditioning

Colón suggested that there are two ways to achieve lean management:

- 1) through revenue—i.e., appropriate pricing and billing for services performed
- 2) by tailoring expenses to maximize income

The second strategy—tailoring expenses—is something that every practice is able to achieve. Cutting down on expense wastage puts money in your pocket. Inventory control is one essential strategy to accomplish this. Colón said, "A vet should develop the ability to create a system that keeps only what medications and supplies you need on hand, rather than having items sitting on the shelf. This influences cash flow. Also, you lose money with shelved inventory due to shrinkage, breakage, spoilage or out-dating."

He said it is easier to remember what



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\*"Perspectives on equine digestive health," by Helen Warren, PhD. Supplement to Equine Health magazine, May 2016.

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you have dispensed when you only have a limited amount on hand.

He further recommended seeking out manufacturers' promotions and specials with price reductions, looking for rebates and asking about delayed billing. This maximizes cash flow to net down the end cost of a product. "Every dollar spent, or that you fail to bill for, is a dollar that you need to bill *and* collect to just come out even," he explained.

Another bit of practical advice for tailoring expenses is to have more than one pharmaceutical distributor, so you can price-shop at various sources for price differences.

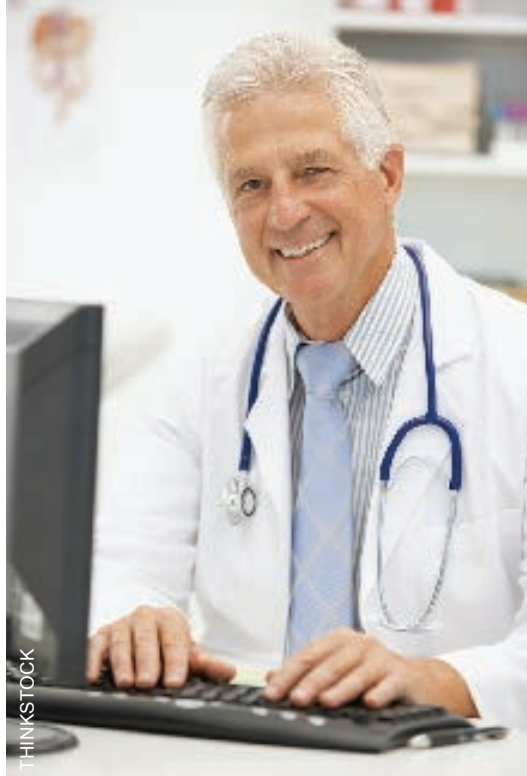
In addition to the tailoring of expenses, another key concept to a successful business practice is to consider the "happiness" and satisfaction of your employees. Colón remarked that it is possible to obtain greater performance from a staff member receiving a slightly better hourly wage than the performance you might receive when cutting wages to a slim margin to save some dollars. "A happy employee is loyal and works hard," he commented.

He suggested that empowering employees with added responsibilities—such as inventory control and scheduling—will reap benefits for your business, such as an improvement in your clients' experiences, as well as employees taking pride in their work and helping you to the best of their abilities. This could have a measured influence on your business plans going forward.

## Expansion

For those who wish to expand their practices, Shields recommended laying out a plan to sustain the business and its competitive advantages. She said that often the impetus to change something—even when things are going well—has to do with a "burn in the belly" that means "I have a lot to offer."

Another impetus to change is the thought that one practitioner voiced: "If I



**Research has demonstrated that businesses with strategic plans in place are 12% more profitable.**

don't change, then I will be an old person before my time."

One question to ask, Shields said, is "Do I need to expand services and offer more wellness programs and advertise my services?" Shields urged practitioners to think about all the "what ifs" and how well you are positioned to grow at a rate you can enjoy and support.

Colón suggested that there were several ways for a practice to expand:

- Provide the same service to more people to increase your market share.
- Provide new services to existing clients (although he noted that this might dilute your proficiencies).
- Provide new services to new clients.

He cautioned that as you grow your practice, you might need to hire new staff members/associates. When you are turning cases over to a new associate, it becomes important to educate that client on how that new veterinarian can provide what he or she has received from you.

Another consideration with regard to expansion focuses on the true costs of hiring a new associate. Colón defined activity-based costing as the cost and expenses

based on the amount of resources a product or service consumes; in this case, a new associate is a significant added expense.

It is also important to review how much of the associate's work is a transfer from your workload versus the generation of new work and clients. When you transfer your services to another practitioner, business income might decrease—or, at the very least, not change. This might be a reasonable trade-off if you want to retire or need more family and personal time. If you purposefully contract your business, then you are accepting an exchange of working less to making less income.

It goes without saying that practices with high fixed expenses—hospitals, in-house facilities—have to continually expand because the fixed bills that don't go away need to be paid before there is money left for one's own salary.

## Business Tools to Determine Your Strategy

Shields suggested that practitioners looking to modify their practices might benefit from using a practice management consultant. Research has demonstrated that organizations with strategic plans in place are 12% more profitable.

Many veterinary management practices are available around the country. One respected resource is the Zoetis service Profit Solver ([zoetisus.com/profit-solver](http://zoetisus.com/profit-solver)), which analyzes the net profit by service based on a practice's own intrinsic costs, rather than using benchmarks averaged through the regional or national equine industry.

Profit Solver examines 70-100 services in a practice and fleshes out the most profitable services and loss leaders. Shields noted that if you choose to offer a low-profit service, go into it with your eyes open and include a discussion of additional options with the horse owner or trainer. Such a discussion might counterbalance



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the “loss” by enabling you to add in other services and to make adjustments based on how the loss impacts to your bottom line.

The software of Profit Solver also can identify profit leaks, as well as running *pro forma* scenarios.

For instance, if you add a new veterinarian to your practice, increase the salary of a staff member or buy digital X-ray equipment, how much must you charge to recapture those investments? Shields noted, “This service models scenarios and is an overlay into overall business evaluation and assessment of ‘Am I the right size?’”

Another business tool offered by Zoetis is a SWOT analysis with metrics to anticipate whether you will still be competitive in three to five years. SWOT analysis looks at four different quadrants:

a) Strength should be examined from an internal view—as, for example, “What do I do well?” or “I have a good reputation for what?”

b) Weaknesses are vulnerabilities. Shields advised, “Look at economic trends that might rock your boat.” For example, if competitive practices move into an area, what is your strategy to maintain your business? “Complacency may mask vulnerability, and once competition occurs, you’ll need to be more important to and involved with your clients,” she said. This could be a reason to consider expansion of a practice.

c) Opportunities are the external components of what is out there as a market for your services. For example, is there a new breeder in town or a new horse show facility? Is there a new subdivision development, which could be either a threat from loss of land for horse facilities or an opportunity from real estate increase? Is there a big snowbird population



### **Vets should examine their own businesses as thoroughly as they do a horse in order to move forward successfully.**

moving into your area of people wanting to ride year-around?

d) Threat is also looked at from an external viewpoint.

Is being a solo practitioner a strength or a weakness? Shields said, “The strength is that you are very agile; you can make changes and adaptations very quickly. The weakness or threat is the obligation to 24/7 care based on client expectations.” Being a solo practitioner located in an area with a high population of veterinarians could also be perceived as a strength (sharing emergency duty, access to referral hospital) or a threat (excess competition).

“Often, it is helpful to have an objective consultant sort through your practice and provide guidance for what steps to follow to maximize your bottom line,” said Shields. Sometimes the obvious may not be so obvious, because you are in the middle of this yourself.”

Part of the examination process should look at the relationship between practice owners and colleagues/associates. She explained that with some example questions: “Is there a counterbalance between practitioners that is cohesive and constructive? What about capitalizing on your skill set? For example, if your skill set is primarily reproduction, but local economics dictates that reproductive practice isn’t currently active, then is your skill set matching up with a sustainable opportunity?”

By taking a good hard look at yourself

and your practice and applying the SWOT evaluation, you might be able to uncover layers that can be modified to improve your practice environment.

Shields asked, “How are you set up? Where are you set up? Does this match your objectives?”

There will be regional and local differences, differences in equestrian

disciplines and specialty differences. She recommended asking yourself, “What are you good at? Not so good at? Are there signs of positive growth in your area? Are financial markets feeling stronger? As an example, many East Coast horse investments are tied into the health of the stock market.”

From Colón’s perspective, Kentucky is still feeling the economic effects of 2008. While the economy has improved, money available from clients of the middle-class Thoroughbred industry has not bounced back. Without that expansion within the Thoroughbred environment, there are not as many horses for a practitioner to pick up as patients, while at the same time there is fierce competition from other local practitioners.

In such a case, a veterinarian either needs more clients or needs current clients to get new horses or use more services. He said it is hard for an equine veterinarian to expand in such an economic climate.

### **Take-Home Message**

No matter the state of the economy going forward, like Colón, Shields stressed, “Work *on* the business, not just *in* the business.” It takes conscious reflection on where you are in your practice and how to best manage your bottom line while offering the best service. This self-analysis will help determine whether you wish to expand, contract or stay the same with your practice. **EM**



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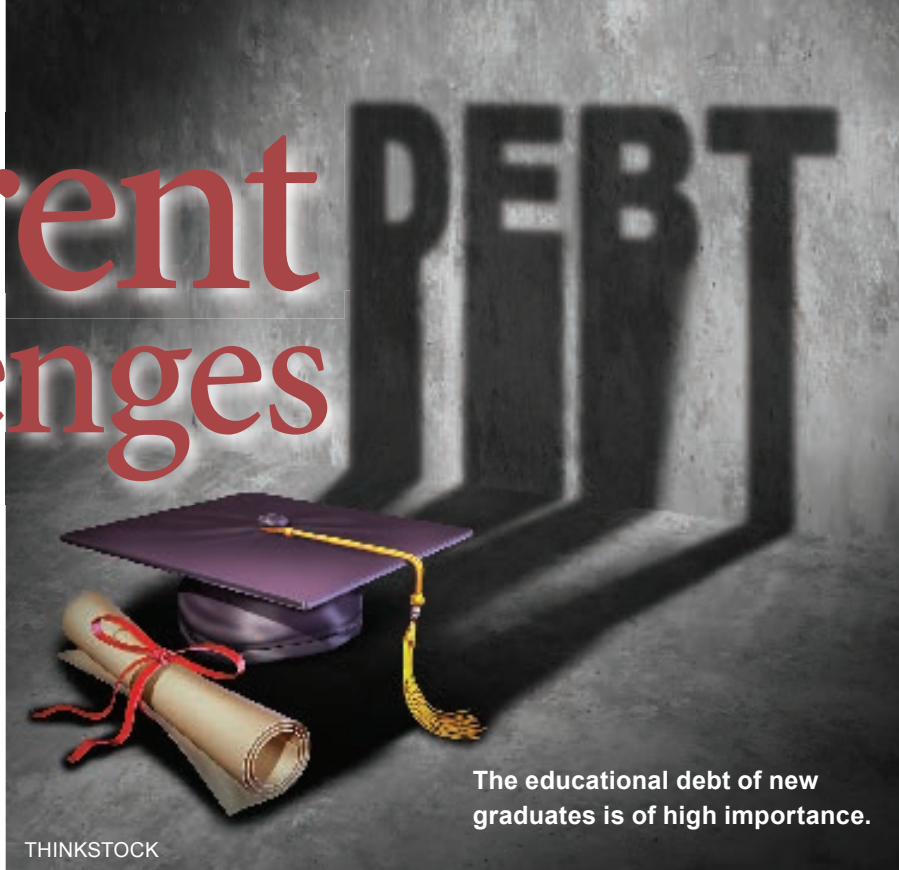
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## Survey Results:

# Current Challenges in Equine Practice



AAEP members might not agree about the most important problems, but they do agree that change is happening in the profession.

By Amy L. Grice, VMD, MBA

**T**he AAEP maintains a number of member listservs in which robust exchanges occur. Conversations often center on current issues in equine practice, or participants express concerns about certain veterinary industry developments.

To gather more information about this latter topic, a four-question survey on “Challenges in Equine Practice” was posted on the General community listserv of the AAEP. One hundred fourteen veterinarians responded, of which 35% were male and 65% were female.

### Who Responded

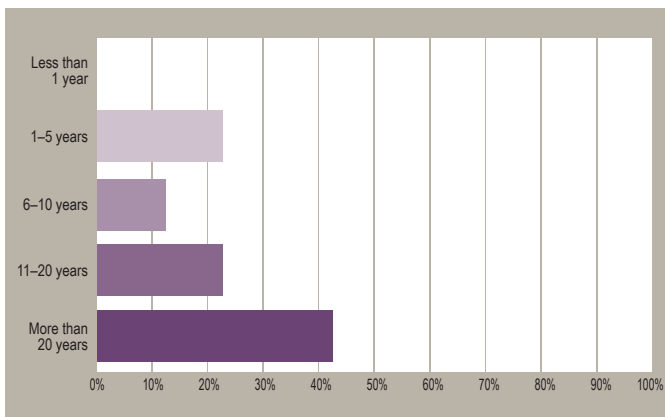
The respondents represented a fairly broad segment of equine veterinarians. 42% reported being in practice more than 20 years. Respondents who had been in prac-

tice from one to five years numbered 23%, as did those in practice 11-20 years. Those who had been practicing six to 10 years made up 12% (see Figure 1).

Participants in the survey were asked to respond to a list of current challenges in equine practice and indicate their level of concern with each on a scale of minor, moderate, significant and critical importance (see graph on p. 27).

Nine respondents chose to comment on this question, and the majority commented on the significance of student debt levels.

One responding veterinarian wrote, “While I have always felt equine medicine to be my calling and one of the greatest joys of my life, these problems are beyond critical. My life is in crisis over some of these issues, and I am considering leaving



**Figure 1. Length of time respondents have been in practice**



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**PRECAUTIONS:** Corticosteroids, including BetaVet®, administered intra-articularly are systemically absorbed. Do not use in horses with acute infections. Acute moderate to severe exacerbation of pain, further loss of joint motion, fever, or malaise within several days following intra-articular injection may indicate a septic process. Because of the anti-inflammatory action of corticosteroids, signs of infection in the treated joint may be masked. Due to the potential for exacerbation of clinical signs of laminitis, glucocorticoids should be used with

caution in horses with a history of laminitis, or horses otherwise at a higher risk for laminitis. Use with caution in horses with chronic nephritis, equine pituitary pars intermedia dysfunction (PPID), and congestive heart failure. Concurrent use of other anti-inflammatory drugs, such as NSAIDs or other corticosteroids, should be approached with caution. Due to the potential for systemic exposure, concomitant use of NSAIDs and corticosteroids may increase the risk of gastrointestinal, renal, and other toxicity. Consider appropriate wash out times prior to administering additional NSAIDs or corticosteroids.

**ADVERSE REACTIONS:** Adverse reactions reported during a field study of 239 horses of various breeds which had been administered either BetaVet® (n=119) or a saline control (n=120) at five percent (5%) and above were: acute joint effusion and/or local injection site swelling (within 2 days of injection), 1.5% BetaVet® and 1.3% saline control; increased lameness (within the first 5 days), 6.7% BetaVet® and 8.3% saline control; loose stool, 5.9% BetaVet® and 8.3% saline control; increased heat in joint, 2.5% BetaVet® and 5% saline control; and depression, 5.9% BetaVet® and 1.6% saline control.

**DOSAGE AND ADMINISTRATION:** Shake well immediately before use.

Use immediately after opening, then discard any remaining contents.

**RX ONLY**

**References:** 1. Trotter GW. Intra-articular corticosteroids. In: McIlwraith CW, Trotter GW, eds. *Joint Disease in the Horse*. Philadelphia: W.B. Saunders; 1996;237-256.

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**CAUTION: Federal law restricts this drug to use by or on the order of a licensed veterinarian.**

**DESCRIPTION:** BetaVet® is a sterile aqueous suspension of betamethasone acetate in betamethasone sodium phosphate injection. The combined betamethasone content of the suspension is 6 mg/mL where each mL contains 3.15 mg betamethasone (as betamethasone sodium phosphate); 2.85 mg betamethasone (as betamethasone acetate); 7.1 mg dibasic sodium phosphate; 3.4 mg monobasic sodium phosphate; 0.1 mg edetate disodium; and 0.2 mg benzalkonium chloride, as a preservative in water for injection. The pH is adjusted to between 6.8 and 7.2.

**INDICATION:** BetaVet® is indicated for the control of pain and inflammation associated with osteoarthritis in horses.

**DOSAGE AND ADMINISTRATION:** **Shake well immediately before use.** Using strict aseptic technique, administer 1.5 mL BetaVet® (9 mg total betamethasone) per joint by intra-articular injection. BetaVet® may be administered concurrently in up to 2 joints per horse. Use immediately after opening, then discard any remaining contents.

**CONTRAINDICATIONS:** BetaVet® is contraindicated in horses with hypersensitivity to betamethasone. Intra-articular injection of corticosteroids for local effect is contraindicated in the presence of septic arthritis.

**WARNINGS: Do not use in horses intended for human consumption.**

Clinical and experimental data have demonstrated that corticosteroids administered orally or parenterally to animals may induce the first stage of parturition when administered during the last trimester of pregnancy and may precipitate premature parturition followed by dystocia, fetal death, retained placenta, and metritis. Additionally, corticosteroids administered to dogs, rabbits and rodents during pregnancy have resulted in cleft palate in offspring. Corticosteroids administered to dogs during pregnancy have also resulted in other congenital anomalies including deformed forelegs, phocomelia and anasarca. Therefore, before use of corticosteroids in pregnant animals, the possible benefits to the pregnant animal should be weighed against potential hazards to its developing embryo or fetus. **Human Warnings:** Not for use in humans. For use in animals only. Keep this and all medications out of the reach of children. Consult a physician in the case of accidental human exposure.

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control; loose stool, 5.9% BetaVet® and 8.3% saline control; increased heat in joint, 2.5% BetaVet® and 5% saline control; depression, 5.9% BetaVet® and 1.6% saline control; agitation/anxiety, 4.2% BetaVet® and 2.5% saline control; delayed swelling of treated joint (5 or more days after injection), 2.5% BetaVet® and 3.3% saline control; inappetance, 3.4% BetaVet® and 2.5% saline control; dry stool, 1.7% BetaVet® and 0% saline control; excessive sweating, 0.8% BetaVet® and 0% saline control; acute non-weight bearing lameness, 0.8% BetaVet® and 0% saline control; and laminitis, 0.8% BetaVet® and 0% saline control.

**CLINICAL PHARMACOLOGY:** Betamethasone is a potent glucocorticoid steroid with anti-inflammatory and immunosuppressive properties. Depending upon their physico-chemical properties, drugs administered intra-articularly may enter the general circulation because the synovial joint cavity is in direct equilibrium with the surrounding blood supply. After the intra-articular administration of 9 mg BetaVet® in horses, there were quantifiable concentrations of betamethasone (above 1.0 ng/mL) in the plasma.

**EFFECTIVENESS:** A negative control, randomized, masked field study provided data to evaluate the effectiveness of BetaVet® administered at 1.5 mL (9 mg betamethasone) once intra-articularly for the control of pain and inflammation associated with osteoarthritis in horses. Clinical success was defined as improvement in one lameness grade according to the AAEP lameness scoring system on Day 5 following treatment. The success rate for horses in the BetaVet® group was statistically significantly different (p=0.0061) than that in the saline group, with success rates of 75.73% and 52.52%, respectively (back-transformed from the logistic regression).

**ANIMAL SAFETY:** A 3-week target animal safety (TAS) study was conducted to evaluate the safety of BetaVet® in mature, healthy horses. Treatment groups included a control (isotonic saline at a volume equivalent to the 4x group); 1X (0.0225 mg betamethasone per pound bodyweight; BetaVet®); 2X (0.045 mg betamethasone per pound bodyweight; BetaVet®) and 4X (0.09 mg betamethasone per pound bodyweight; BetaVet®). Treatments were administered by intra-articular injection into the left middle carpal joint once every 5-days for 3 treatments. Injection site reactions were the most common observations in all treatment groups. Injection site reactions were observed within 1 hour of dosing and included swelling at the injection site, lameness/stiffness of the left front limb, and flexing the left front knee at rest. The injection site reactions ranged from slight swelling (in many horses on multiple days in all treatment groups) to excessive fluid with swelling, pain, and lameness (4x group only). Injection site reactions were observed most commonly on treatment days, and generally decreased in number and severity over subsequent days. The incidence of injection site reactions increased after the second and third injection (number of abnormalities noted on day 10 > day 5 > day 0). In the BetaVet® treated groups the number and severity of the injection site reactions were dose dependent. The 4X BetaVet® group had the highest overall incidence of and severity of injection site reactions, which included heat, swelling, pain, bleeding, and holding the limb up at rest. The control group and 4X group (which received similar injection volumes) had a similar incidence of injection site reactions; however, the severity of reactions was greater in the 4X group. Absolute neutrophils were statistically significantly higher in the BetaVet® treated groups as compared to the control group. Trends toward a decrease in lymphocytes and eosinophils, and an increase in monocytes were identified in the BetaVet® treated groups after the initial dose of BetaVet®. Individual animal values for white blood cells generally remained within the reference range. BetaVet® treated horses also had a trend toward increased blood glucose after the initial dose. Some individual animals showed mild increases in blood glucose above the reference range.

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this chapter of my life and heading to industry or small animal.” Clearly the survey spoke to the concerns of equine veterinarians, and the responses were heartfelt.

The educational debt of new graduates and the increasing numbers of new veterinarians were the two concerns that garnered the most significant and critical-importance responses.

Encroachment by lay practitioners into equine care and a lifestyle that impairs wellness were the next two most-important challenges identified by survey takers.

When the responses of doctors who had been practicing more than 20 years were examined as a group, not unexpectedly, more considered the increasing number of new veterinarians to be of significant and critical importance than graduate debt levels (*see graph below*).

60% of these more experienced veterinarians considered the increasing number of new veterinarians to be of critical importance to the industry, while 47% considered educational debt of new graduates to be critical. 35% of this cohort

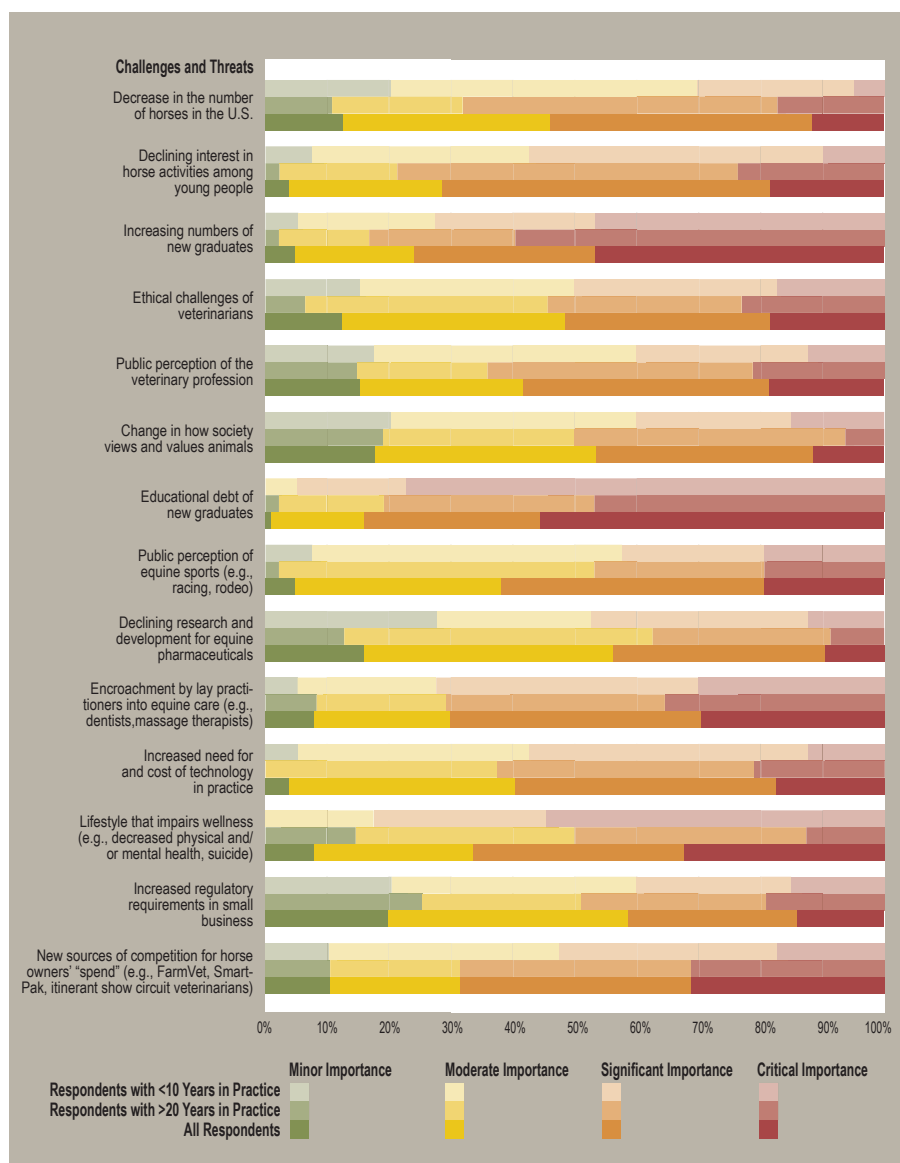
considered encroachment by lay practitioners to be critical, with 12.5% considering lifestyle that impairs wellness to be in the same category.

This is in contrast to those respondents in their first 10 years of practice, whose ranking of critically important issues was 77.5% for debt level of new graduates, 42.5% for increasing numbers of new veterinarians, 30% for encroachment by lay practitioners and 55% for lifestyle that impairs wellness (*again, see below*).

It is not unexpected that the concerns of veterinarians at different stages of their careers might differ. Those who have been practicing more than 20 years have likely already experienced the successful payment of their own educational debts, and they might feel that the same will occur equally as readily for their younger colleagues. They might not fully appreciate the income-to-debt ratio that these new equine veterinarians face, or have a full understanding of the current costs of school attendance.

Those in practice less than 10 years might be struggling with the burden of their educational debts, even as they begin on a successful career path; salaries are low for entry-level equine practitioners, and many of those individuals might also be starting families in this time frame, which decreases their ability to work the long hours traditionally seen in the profession. It is only natural that the perspectives of these groups are different.

Older veterinarians might see the increasing number of new practitioners—as well as the encroachment of lay practitioners into equine care—as threats to their revenue streams and to the sales of their practices as retirement assets in the future. With these issues at the forefront of their current personal reality, it is only natural that their focus is in these directions. Equine doctors early in their careers are less likely to be practice owners, so they might be less likely to appreciate the impact of revenue on profit and value, and thus might be less concerned about these forces.



**Figure 2. Survey of respondents' opinions regarding levels of importance of challenges and threats for the equine veterinary industry**

## Lifestyle and Wellness

The largest difference between the two groups is in the significance attached to a lifestyle that impairs wellness. Only 12.5% of older veterinarian respondents considered this critical, contrasting with 55% of those with under 10 years of service.

With females dominating the ranks of younger graduates, a biologic imperative might be in play here. With their child-bearing years coinciding temporally with the commencement of a professional career, having enough time for all the demands placed on them creates a large stressor for these women.

Older practitioners of either gender have typically already completed raising their families, and with more financial success later in their careers, have more choices about how to spend their time. They might have accrued additional vacation time through years of service or be in ownership roles that allow them to take as much time as they need or want.

## Vets Speak Out

The final question of the survey was open-ended. It asked: "What are your thoughts about the future of the equine veterinary industry?"

Sixty-one respondents answered this question. Some were discouraged. One veterinarian wrote, "Frankly, I'm concerned. While some geographic areas remain healthy, I feel like the majority of the U.S. is seeing a decline in clientele with a concurrent increase in competition for their services."

Another responded, "Overall, the stresses of practice today force young veterinarians to perform treatments of questionable necessity in order to pay off huge educational and equipment debt for survival against the backdrop of a diminishing patient population."

The concerns expressed focused on the difficulties with a profession that is in a state of transition. Most respondents expected that times would be a little tough as change occurred. As one shared, "Hold

on tight; it's gonna be a bumpy road."

The need for change echoed through many respondents' comments. One said, "It's got to change, or we won't have an industry in a few decades." Another wrote, "It has a good future, but we need to be flexible and adapt, as the old methods will not always work."

Another cautioned, "We have the potential to make some important changes to the equine industry with changing demographics, but I don't feel the 'powers that be' are focusing on the right aspect of that change."

## Observations

Overall, the mood was cautiously optimistic. As one veterinarian noted, "Any 'industry' is only as good as its people. The veterinary profession is, for the most part and in my experience, FULL of absolutely wonderful people! Compassionate, thoughtful, engaging, giving, dedicated—continue to fill in with as many warm and fuzzy adjectives you can think of, as they will all be true."

With changing times come opportunities for the formation of new paradigms. Practitioners just entering the field have shown flexibility and have demonstrated resolve and initiative in finding their own niches in the industry. Innovative service offerings and uses of technology have streamlined some processes and met emerging client needs.

The resilient young people entering the equine veterinary arena have been proactive in focusing attention on work-life balance and wellness, and they are ready to find new ways to structure practice. Some form niche practices limited to dentistry or integrative therapies. Others have negotiated part-time positions to allow them time with growing families. Still others have embraced fast-paced careers in large group practices that can accommodate their needs.

As older generations of equine veterinarians begin to position themselves for retirement, they might face difficulties

they did not anticipate. A practice with a culture that is incompatible with current practitioners' needs might be hard to sell. It could be wise to begin to integrate work practices that allow for improved life balance and personal wellness.

Sometimes this type of change comes simply from changing client expectations. Rather than insisting on a particular veterinarian, clients should be encouraged to be satisfied with—and accustomed to—receiving equivalent care from whatever doctor is available. This allows a practice's doctors to each have time when they are truly not "on the clock."

Financial policies that require payment at the time of service are important to consider introducing, as well; many older practices have large sums outstanding in accounts receivable, requiring time and money to be spent each month on invoicing and collection efforts. Practices that are operated with appropriate business management are generally more profitable, and thus have higher value and are more readily sold.

## Take-Home Message

The equine veterinary industry has successfully weathered storms before: the tax reform act of 1986, when tax shelters supporting horse ownership were eliminated; the high interest rates in the last decade of the 20th century, when the prime rate was 10%; the lack of qualified candidates for equine positions in the early 2000s; and the Great Recession of 2008, which devastated the horse industry.

As we watch those times recede in the rear-view mirror and face our current problems, it is important to remember the incredible wealth of intelligence, dedication and pragmatism that defines equine veterinarians. These are the strengths of our profession, and we can expect to see imaginative solutions emerge from this talented group to lead us into the future. **EM**



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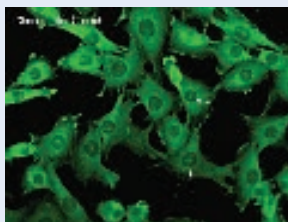
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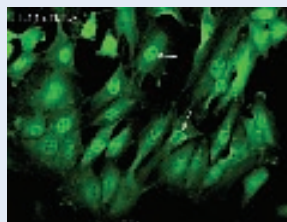
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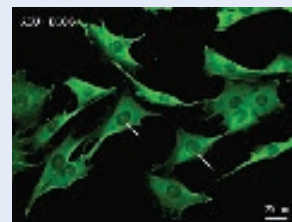
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<sup>1</sup>Source: Survey conducted in February 2016 of equine veterinarians who recommended oral joint health supplements.

1. Heinecke LF, Grzanna MW, Au AY, et al. Inhibition of prostaglandin E2 production by the combination of hyaluronan, avocado/soybean unsaponifiables, glucosamine, and chondroitin sulfate involves a NF-κB dependent mechanism. *ORS* 2011.

2. Heinecke LF, Grzanna MW, Au AY, et al. Inhibition of cyclooxygenase-2 expression and prostaglandin E2 production in chondrocytes by avocado soybean unsaponifiables and epigallocatechin gallate. *Osteoarthritis and Cartilage* 2010;18:220-227.

In every aspect of your life—personal and professional—you should strive to be a positive leader, clearing the way to allow others to excel.



THINKSTOCK

# Leadership Matters

Learn how to be a leader to yourself,  
your clients, your staff and your coworkers.

*By Amy L. Grice, VMD, MBA*

If you are a solo practitioner, the owner of a small practice or an associate veterinarian, you might be wondering: “What does leadership have to do with me?” It might help to define leadership.

Webster’s Dictionary calls leadership “the power or ability to lead other people,” but it also encompasses self-leadership.

If you ask individuals what leadership means to them, you often get different answers from each person. But while the definitions might vary, the general sentiments remain the same: Leaders are people who know how to achieve goals and inspire people along the way. In the words of life coach John Maxwell, “A leader is one who knows the way, goes the

way and shows the way.” Or, in the words of coach John Wooden, “The most powerful leadership tool you have is your own personal example.”

## Leadership

Let’s next consider the difference between “little ‘l’” leadership and “big ‘L’” leadership. “Big ‘L’” leadership is that which fol-





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lows being appointed or recognized as the leader—you are the practice owner, the team captain, the mayor of your community or the deacon in your church. Your leadership follows the authority vested in you by the office or position you hold.

By contrast, think about the times when you had no official title, yet you still led by example; when you have helped or taught others; when you have spoken up regarding an issue about which you are passionate; and when you have assumed the responsibility to do something well or to see something through, even if you weren't the one "in charge." This is "little 'I'" leadership, and it is extraordinarily important in the world. This kind of leader makes a difference every day. As John Quincy Adams once said, "If your actions inspire others to dream more, learn more, do more and become more, you are a leader."

Leaders cannot inspire others if they

cannot lead themselves. Self-leadership includes:

- *self-awareness*—the ability to acknowledge, understand and be conscious of one's own values, perspectives, strengths, weaknesses, leadership styles and emotional needs; and
- *self-management*—the ability to nurture and harness one's own passion, abilities, emotions and leadership capacity in decision-making.

Leading others requires:

- *other-awareness*—the ability to acknowledge and recognize the passion, gifts, strengths, weaknesses, potential and needs of others; and
- *other-management*—the ability to grow and motivate other people to develop their potential and/or fulfill the organization's objectives.

Some leaders are conscious of themselves—their personalities, idiosyncrasies, motivations and competencies—but

they simply cannot manage themselves, especially their emotions and weaknesses. They lack self-control, lose their cool, become critical, behave inappropriately, are unable to delegate and have difficulty keeping their pride in check.

Self-leadership is an ongoing process of self-reflection, not a one-time project. The ongoing, everyday habit of self-reflection and measurement of behavior against personal principles and goals builds this leadership of self. Personal leadership is a never-ending work in progress that draws on continually maturing self-understanding. Sadly, some people never mature to become leaders, instead remaining insecure, self-defeating and unable to control their own behaviors, much less influence others.

Veterinarians are called to be leaders in their profession and in their communities. They lead colleagues, clients, students, families and fellow citizens. Leadership is often confused with management, but compare and contrast the roles of these in the chart below.

Managers	Leaders
focus on things	focus on people
do things right	do the right things
plan	inspire
organize	influence
direct	motivate
control	collaborate
follow the rules	take risks
encourage conformity	encourage creativity
provide instruction	provide inspiration
create followers	create other leaders

## Managers vs. Leaders

Practice owners must be managers as well as leaders, and it is important to recognize that both have valid and valuable roles to play in a practice. It is also essential to understand that if you are in a leadership role but fail to lead, there *will* be a leader, but you will have no influence over the direction that the followers will go.

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One of the responsibilities of being a practice owner is to lead. As a solo practitioner, this means that you set clear expectations for your clients so their demands don't overrun the boundaries of your personal life. As a multi-doctor practice owner, this extends your responsibility to setting expectations for your entire practice team and helping its members achieve their professional goals, as well as the goals of the practice, to the best of your ability.

Leadership that flows from the power of position ("big 'L'") includes the power to give rewards, the power to punish and the power to control information. While this type of leadership might have some strength in limited situations, leaders who use coerciveness and the threat of their power to accomplish their objectives are usually seen as autocratic and dominating, and they rarely succeed in exerting any positive influence over their organizations or the people they employ. Few people enjoy having power exerted over them and will do whatever they can to undermine those who try to control them.

Instead, practice owners need to lead through sharing of information, collaboration and inspiring their team members with a vision. The first step is articulating the practice's vision clearly and regularly, so that the entire staff understands the leader's priorities and why importance is placed on those goals.

It is also important to realize that mood is contagious. In Daniel Goleman's article "Social Intelligence and the Biology of Leadership," he explained how mirror neurons influence the moods of groups of people. As a leader, you must take responsibility for controlling your moods and coming into the workplace in a positive mood to set the tone for the day. Your employees' moods will often mirror yours; if you are stressed and irritable, don't be surprised if your receptionist snaps at clients on the phone, or your technician is surly.

Respect for your leadership must be earned by your actions. You must walk your talk, or you risk losing the respect of your colleagues, your clients and/or your

## **Practice owners need to lead through the sharing of information, collaboration and inspiring their team members with a vision.**

practice team members. Always align your actions with your values and priorities.

Every practice has struggles, and good leaders will show resilience in the face of discouragement. No matter whether you are a "big 'L'" or a "little 'I'" leader, you can be a beacon of light and positive emotion in times of trouble. Make sure your glass is always at least half full. Don't be the person about whom another could say, "His glass isn't just half empty; I'm not sure it's ever had water in it!"

Perseverance might be the most important of all the habits of successful leaders. In fact, even if you struggle sometimes with your leadership, with perseverance

you will eventually succeed. Because difficulties, obstacles and stress can show up frequently in a busy veterinary practice, that means leaders get a lot of opportunities to be re-

sourceful and feed a culture of optimism and confidence.

## **Ineffective Leaders**

Ineffective leaders typically share common weaknesses. The first is not trusting team members. The job of the leader is to guide his or her team to accomplish practice goals. However, too often, leaders either micromanage their employees or personally take on more tasks than they can accomplish successfully.

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These two things happen for the same reason: Leaders don't trust their team members to do something as well as the leaders themselves can do it. Many leaders, especially perfectionist veterinarians, struggle with delegating projects to others, for fear that no one will be able to meet their level of execution. Unfortunately, this behavior typically prevents engagement from succeeding and causes employees to feel less invested in the success of a particular initiative.

It's important that, as a leader, you select a team of people who share your values, train them well, then give them the autonomy to be able to succeed individually. This kind of trust is particularly important because people feel most satisfied with their work when they understand the expected outcome but are allowed to have control over the process.

## Handling Problems

Another common challenge among leaders is learning how to handle disagreements or problems that arise within the team. You might be afraid that calling out someone in your practice for poor behavior or performance will make him or her dislike you, but in the long run, it will hurt your whole staff more if you don't nip an issue in the bud.

Many veterinarians avoid confrontation at all costs, but when performance or personality issues go unaddressed, they fester and set an overall tone that decreases the team's trust in its leader. Resentment typically builds, not toward the offending employee, but toward the practice owner who lets the situation continue uncorrected. If there is an issue, it's best to address it right away before it escalates.

Most people incorrectly assume that a problem is the result of incompetence or poor performance, when in actuality it's often a result of a misunderstanding of expectations. Remember Stephen Covey's fifth habit: Seek first to understand, then to be understood.



**People thrive on appreciation, so if you think someone is doing a good job, let him or her know.**

## Seek Input and Stay Humble

Making decisions without seeking the input of those with the most knowledge is another way that leaders go astray. Always have a conversation with the employees who are either doing the work (e.g., performing lab tests) or are affected by your decision (e.g., choosing uniforms) before coming to a final decision. Not only does this foster a positive atmosphere in the practice, you also might learn something important that affects your thinking.

Poor leaders often lack humility. Leaders should never pretend that they're infallible or more important than others. People need to know that you're not above admitting your shortcomings, so lead by example and be transparent if you make a bad decision or fail to be the leader you aspire to be.

## Reward, Recognize and Celebrate

Finally, when you're caught up in the crazy whirlwind of equine veterinary practice, you might not always take the time to express your appreciation for your team's hard work. Even worse, you might feel so overwhelmed by your own contribution that your coworkers' efforts might

pale in comparison in your mind.

But people thrive on appreciation, and they aren't mind readers. If you think someone is doing a good job or has done something specific that shines, be sure that you tell him or her in a way that will resonate with that person. This includes senior veterinarians praising younger veterinarians and young veterinarians praising senior veterinarians; they all want to be rewarded and recognized for their merits.

If associates don't feel appreciated, chances are they will search for new employment. It's important to note that some folks enjoy being recognized in a meeting of their peers, but others would be horrified by the spotlight. Make the effort to know their comfort level and preferences.

## Communicate

All of these weaknesses also show up in the leadership of clients. Does it make you furious when your client doesn't follow your recommendations? Maybe he or she failed to understand the instructions or the reasons why they were important! Do you seek your client's opinion about his or her horse's condition, treatment and response to therapy? If you do, that person will feel more engaged and respected.

Do you ever play the "I'm an important doctor; you need to listen to me" card? Being humble with your clients might create more loyalty.

Do you praise your client when he or she follows a complicated treatment plan and shows dedication and attention to detail? Everyone likes praise for a job well done. Giving your client a compliment about good care helps build an emotional bond to your practice.

## Take-Home Message

Leadership matters on many levels. Being aware of the plethora of ways that you are a leader in your life—whether leading yourself, your clients, your staff or your coworkers—is essential if you want to have the most positive impact possible. Lead on! **EM**





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THINKSTOCK

# Courageous Conversations

Ease the stress of sharing bad news  
with these key strategies.

*By Colleen Best, DVM, PhD*

**F**or most of us, bad-news conversations are something that we dread, whether we are giving or receiving the bad news. It's human nature to dislike bad news and to want to avoid conflict. This, in itself, is part of what makes these conversations so challenging.

When you are uncomfortable with the

content to be shared in a conversation, it is difficult to be a present participant and to spend the time necessary to adequately discuss the issue at hand. Unfortunately, these discussions can't be avoided, and learning how to communicate bad news effectively can ease some of the associated stress.

We often say we need to "deliver" bad news, but the word "deliver" implies a

simple transaction in which an object or piece of information is handed off from one person to another. This idea meets the most basic of criteria for a bad-news conversation, as the other party receives the required information; however, it falls well short of an effective conversation. Often, there are decisions to be made following the sharing of the difficult news, or a deter-





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mination of the next steps to be taken.

Also, much of the time we would want to share the news in a compassionate and kind fashion. In order to convey the news gently, and to allow the other party to receive the news and continue to be in an emotional state to process information and make decisions, a conversation based on two-way communication and partnership is essential. I prefer to think of conversations in which difficult news is shared as “courageous conversations” rather than conversations in which bad news is delivered.

In general, the pillars of successful courageous conversations are the same, whether they are with clients or staff. However, one important consideration in any courageous conversation is the degree of responsibility you bear for the news itself. For the most part, when you are discussing difficult news with clients, you bear little responsibility for the news. You might have uncovered the problems, noticed concerning findings and offered diagnostics, but it is not your fault that their horses have colicked or suffered injuries.

When delivering bad news to staff, you might be more responsible for the decision. While there’s nothing to be done about how much responsibility you bear for the decision, it is important to recognize that, as it can impact the dynamics of the conversation.

## Conversation Content

Let’s get down to the conversation itself. The first thing that you must consider is whether the content you need to share qualifies as “bad news.” There are obvious bad news conversations, such as letting an employee go or delivering news of a career-ending injury to a client. Some are more subjective; for instance, denying an employee’s time-off request or educating a client about his or her horse being overweight.

Preparation for courageous conversa-

tions cannot be done unless you have recognized that you need to have a courageous conversation! When in doubt, assume what you are going to share will be received as bad news.

## Set the Stage

Investing time to effectively set the stage for your conversation will significantly improve the likelihood of having a smooth and productive conversation. There are a number of things that should be considered, with the first being timing. Some-

## Choose a time for your ‘courageous conversations’ when there are minimal distractions and no other demands on your time or the other person’s time.

times there are no choices about when the conversation can occur, such as in an emergency medical situation; but often there is some choice, even if it’s just a matter of minutes.

Choose a time when there are minimal distractions and no other demands on your time or the other person’s time. The next thing to consider is the physical environment. If possible, choose a place that has a bit of breathing room and enough space for both parties to be physically comfortable; your vet truck is likely not a good choice! Also, consider whether the news is going to be delivered in person or remotely.

As equine veterinarians, we handle many things over the phone because we are on the road and it’s most convenient to do so. However, courageous conversations are best handled in person, as the ability to respond to the other person’s cues is essential. Many cues regarding emotional state are nonverbal or paraverbal (i.e., speed of speech and vocal tone), which are harder or impossible to interpret via phone.

Lastly, consider the people that are to be involved in the conversation. Weighing the emotional safety of the other person is essential. If you know that your client is close with his or her trainer or barn manager,

ask whether he or she would like to include that person in the conversation. Conversely, if you are sharing bad news with an employee, it might best be delivered one-on-one, so that person don’t feel ganged up on. The adage “praise in public, criticize in private” applies here. With few exceptions, it isn’t appropriate to share bad news relating to an individual in a staff meeting.

## Conversation Timing

Once you’ve laid the foundation for the conversation, it’s time to think about the interaction itself. The way in which the conversation is initiated or the other party is invited to speak to you can set the tone for the remainder of the interaction.

It can be stressful and anxiety producing to be asked to “pop by the office” or to find someone “when there’s time.” As much as possible, try to invite the person to speak with you at a time when the conversation can happen shortly thereafter. This will minimize the dread and potential buildup of anxiety on the other person’s part.

Similarly, care should be taken to share the news without unnecessary delay in the conversation for the same reason. That said, it is important to give the recipient a warning to prepare for what’s coming. A signpost statement, where an indication of what is to come is given, allows the other party to prepare for the information that is about to be shared.

Examples include: “I have some difficult news ...” and “I know you were hoping ... but ...”. I think of this part of the conversation as a road sign that indicates a sharp corner or a steep hill ahead; these phrases cause me to take extra care and tap the breaks.

## What’s Not Said

Next, think about how you speak. When having a discussion about difficult subjects or sharing difficult news, it’s important to be aware of your nonverbal and paraverbal





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cues, as well as those of the other party.

Our words convey our conscious thoughts; we tend to spend most of our time preparing for a conversation by choosing our words carefully. However, our nonverbal and paraverbal cues convey our emotions and subconscious thoughts. Thus, if we are uncomfortable, hurried or filled with dread about the conversation, it's likely that this will come across through our nonverbal cues even if the words we've chosen do not convey them.

It's also important to attend to the other party's nonverbal cues. If he or she pulls back and looks away, it might be time to slow the conversation or pause. If the person cries or tear up, there might be an opportunity to offer comfort and support. Being attentive to one's nonverbal cues will allow you to guide the conversation and meet the other party's needs without needing to overtly solicit them.

Partnership Conversations

Receiving bad news can be very isolating. It can create questions and doubts about the future, which can add fear to an already emotion-laden conversation. Thus, the idea of partnership between ourselves and the client or employee is of particular value. The nature of the situation might preclude this from being a long-term relationship, but there is value in establishing partnership for this conversation.

Partnership can be established through

two-way communication when the communication occurring is responsive and appropriate, given the other's contributions. Time is allowed for both parties to share their thoughts and ask questions, much like a rally in tennis. Using "we" statements also contributes to the formation of a strong partnership. The use of the word "we" instead of "you" subtly asserts that you are there to provide support and

Empathy is not agreement; you can disagree with someone and still be empathetic toward him or her and the situation.

assistance in this circumstance.

Another useful tool is an "I wish" statement; it is an excellent way to communicate empathy and acknowledge your recognition that this is a difficult situation in a non-judgmental and partnership-oriented way. For example, "I wish that there was more we could do."

Empathy

Empathy is an essential ingredient in a courageous conversation. Empathy involves the intellectual understanding of another's perspective, followed by a verbal or nonverbal demonstration of that understanding. Empathy is not agreement; you can disagree with someone and still be empathetic toward him or her and the situation.

It is also not sympathy, where you

experience feelings similar to the other person. This is an important differentiation, because sympathy can lead to compassion fatigue and burnout in the long run.

Empathy also necessitates an open mind and curiosity about the other's thoughts and perspectives. This might seem unnecessary when sharing bad news, but it isn't. Each of us is unique and reacts to situations differently and in accordance with our life experiences.


When we make assumptions about how someone is going to respond, or that person's emotions, we negate his or her individuality and risk damaging our relationship

with that person.

We can learn about the other person's thoughts and perspectives by asking check-in questions following the sharing of difficult news, such as: "How is that sitting with you?" or "What questions do you have about that?"

Check-in questions provide an opportunity for two-way communication and will allow you to respond appropriately to the person's unique situation and the impact that the news has had on him or her.

Take-Home Message

Sharing difficult news is never easy, and courageous conversations require courage, no matter how many skills you use or how well prepared you are. Remember to take your time, set the stage effectively, establish partnership and be empathetic. 

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