



# 2026 OVMA GREAT IDEAS CONFERENCE

FOSTERING WELLNESS, DRIVING SUCCESS

PROCEEDINGS

JUNE 10 – 12 | QUEENS LANDING, NIAGARA-ON-THE-LAKE



ONTARIO  
VETERINARY  
MEDICAL  
ASSOCIATION

#2026GREATIDEAS

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# SPEAKER BIOS



## **Heather Loenser, DVM**

Chief Veterinary Officer, Suveto

Heather Loenser, DVM is the Chief Veterinary Officer at Suveto, where she helps hospital teams turn clinical excellence into exceptional client experiences and thriving workplace cultures. A proud Canadian and former Chief Medical Officer and Board Member for AAHA, she draws on years in GP and ER practice to coach leaders in data-driven, emotionally intelligent communication.

An international speaker and frequent national television guest, Heather is known for her engaging, story-driven teaching style that empowers veterinary professionals to lead with both clarity and compassion. As a FRANK Communication Coach with Colorado State University, she equips practice leaders with practical communication tools that make them more effective, empathetic, and fulfilled—creating teams that perform better and feel better.



## **Kemba Marshall, DVM**

Founder, Marshall Recruiting Consortium

Dr. Kemba L. Marshall earned her Doctor of Veterinary Medicine degree from the University of Florida in 1999. After a one-year internship she completed a residency in Avian and Exotic Animal Medicine at the University of Tennessee College of Veterinary Medicine. Dr. Marshall earned her Master's in Public Health degree from the University of Iowa in 2018 and is a boarded Avian specialist of the American Board of Veterinary Practitioners.

Kemba spent five years in private, emergency and lab animal medicine in Dallas TX after completing her residency. She has authored peer-review journal articles and served as Guest Editor for publications including the Journal of Avian Medicine and Surgery, 5 Minute Veterinary Clinics and the Veterinary Clinics of North America.

Dr. Marshall focuses on one health, the intersection of animal, human and environmental health. As Director of Veterinary Services Dr. Marshall oversees the health and wellbeing of all animals on the 1700- acre Land O'Lakes Purina Animal Nutrition Center complex and serves as Institutional Animal Care and Use Committee (IACUC) Officer.

Kemba embarked on her latest venture in 2020 when she founded Marshall Recruiting Consortium to address the lack of diversity in agriculture and animal health sciences.



## Aaron Masecar, PhD, MBA

Vice President of partnerships, CoVet

Aaron Masecar, MA, Ph.D., MBA, is the Vice President of Partnerships at CoVet. After completing his Ph.D. in philosophy at the University of Guelph in 2011 and then teaching for 5 years, Dr. Masecar transitioned to veterinary medicine where he believed he could have a greater impact than what could be done in academic philosophy. His first work in veterinary medicine was with Texas A&M where he helped to build the Veterinary Entrepreneurship Academy and the Veterinary Innovation Summit. He later started working on telemedicine with the Veterinary Innovation Council in 2017. While at VIC, he helped to build educational programs for the North American Veterinary Community and later became the Senior Vice President of Learning at the NAVC. He also held senior executive positions with Colorado State University's Translational Medicine Institute and the Veterinary Emergency Group. Now at CoVet, Dr. Masecar focuses on building partnerships that drive innovation and adoption of AI-powered solutions across veterinary medicine. He recently completed his MBA with a focus on organizational strategy. Aaron and his wife live in Colorado with their two dogs and two cats.



## Darren Osborne, MA

Director of Economic Research, Ontario Veterinary Medical Association

Darren Osborne is the Director of Economic Research for the Ontario Veterinary Medical Association (OVMA) and Economic Consultant for the Veterinary Hospital Managers Association, and Canadian Veterinary Medical Association. Darren conducts economic research and analyses data in order to provide thousands of veterinarians with Fee Guides, Economic Reports, Personal Benchmark Reports, Reports on Compensation and Benefits for Associate Veterinarians and Non-DVM Wage Reports. More recently, Darren is creating study groups - collaborative forums where veterinarians and practice managers come together to share insights, tackle challenges, and collectively drive success. Darren attended York University and completed his Master's Degree in Economics in 1992. When he is not crunching numbers, you can find Darren playing rhythm guitar and vocals in a very mediocre 80's cover band.



## Stacey Santi, DVM

Founder, Vet2Pet

Dr. Stacey Santi is a 1996 graduate of Colorado State University College of Veterinary Medicine and the founder of Vet2Pet, a technology platform for veterinary practices that was acquired by VetSource in 2022. With more than 20 years of experience in small animal and emergency practice, Stacey is known for delivering practical, no-nonsense solutions for veterinary teams in technology adoption, workflow efficiency, client service, and leadership. She is the author of *Stop Acting Like a Girl*, a book that challenges women to let go of outdated expectations and step fully into confidence, assertiveness, and ambition. Stacey also writes a regular column for Today's Veterinary Business called *Off the Record*. She has served on multiple industry advisory boards, is a past president of the Colorado Veterinary Medical Association, and was named Educator of the Year by the Western Veterinary Conference. Stacey splits her time between Colorado and Arizona with her husband, five horses, three dogs, and four chickens. When she's not working, she enjoys cooking, golfing, reading, and binge-watching true-crime shows on Netflix.



## **Greg Toner, CPA, CA, TEP, CLU**

Owner, VetCPA Professional Corporation

Greg is a self-professed tax nerd, and proud of it. As the owner of Vet CPA Professional Corporation, he has dedicated his career to helping veterinarians navigate the complex world of accounting and tax planning. With clients across Canada, Greg specializes in solving business and tax challenges for veterinarians, their practices, and their families.

Vet CPA Professional Corporation is a firm that focuses exclusively on the needs of the veterinary community, offering comprehensive services tailored to every stage of a veterinarian's career. From new graduates starting their journey to established practices seeking to optimize their finances, and even those planning for a successful exit, Greg and his team are there every step of the way.

Their services range from cloud-based bookkeeping to high-level tax planning, ensuring that veterinarians can focus on their passion for animal care while leaving the financial details in capable hands. Whether supporting locum vets, startups, or thriving practices, Greg's extensive experience and deep understanding of the veterinary field have made him a trusted advisor.

Through personalized attention and innovative solutions, Greg and Vet CPA are proud to support the veterinary community, helping practitioners achieve both their professional and personal financial goals.



## **Josh Vaisman, MA**

Founder, Flourish Veterinary Consulting

Josh Vaisman is founder of Flourish Veterinary Consulting, where he helps veterinary teams turn science into practices that build psychologically safe, thriving workplaces. He holds a master's in applied positive psychology & coaching psychology, a graduate certificate in conflict management, and is a Fearless Organization Scan Accredited Practitioner (2021). Author of Lead to Thrive, Josh translates rigorous evidence into practical tools for leaders and teams and, on good days, shares a few groan-worthy dad jokes.

1001

# CULTURE ADVANTAGE: WHY A HUMAN-CENTRIC APPROACH IS THE FUTURE OF VETERINARY MEDICINE

MORNING PLENARY

 Josh Vaisman, MA | Founder, Flourish Veterinary Consulting



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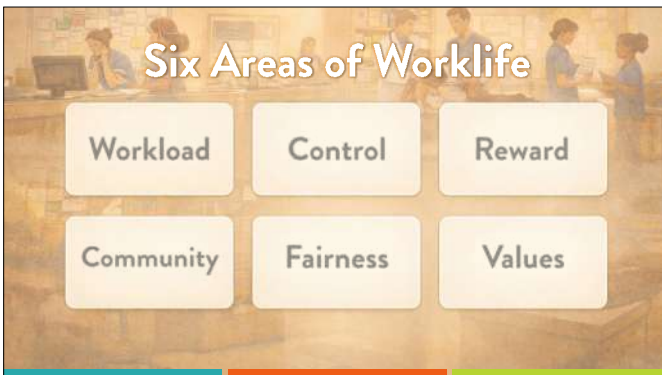
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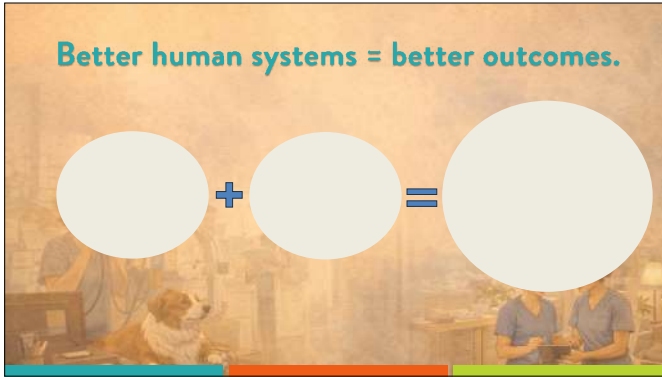
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**May you all thrive, together!**

**SERVICES:**

- Positive Leadership & Team Performance Consulting
- Flourish Academy Certificate Programs
- Culture Workshops/Training
- Positive Communication Training
- Live Keynotes & Webinars

**Josh Vaisman, MAPPCP, CCFP**  
[josh@flourish.vet](mailto:josh@flourish.vet)

**flourish**  
 VETERINARY CONSULTING  
[www.flourish.vet](http://www.flourish.vet)

16

2001

# THE HEART BEHIND THE HUSTLE – WHY TEAMS STAY (OR STRAY)

## HUMAN-CENTERED LEADERSHIP

🎤 Heather Loenser, DVM | Chief Veterinary Officer, Suveto



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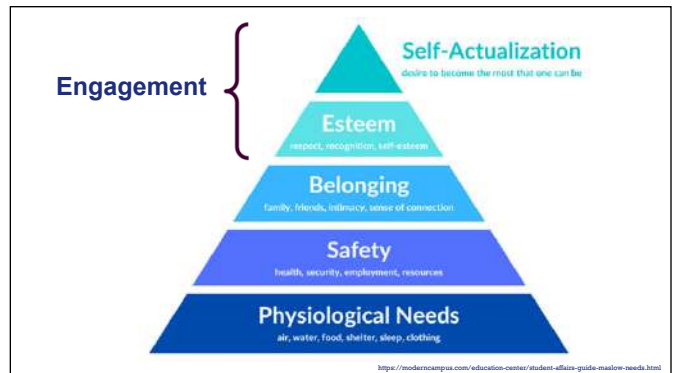
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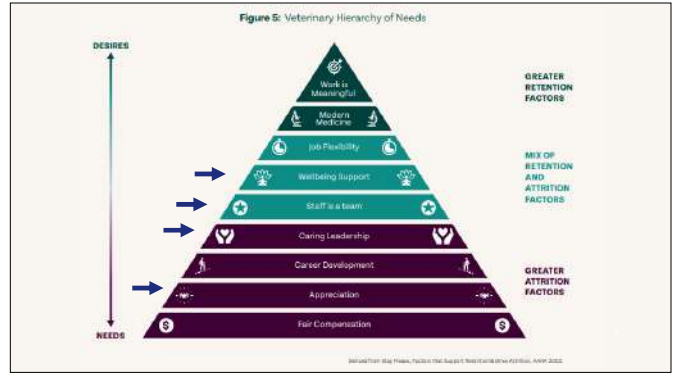


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## VET TEAM HIERARCHY OF NEEDS

AAHA's "Stay, Please" survey revealed ~30% of veterinary team members are planning on leaving their current role. "Caring leadership" and "work being appreciated" rank in the top 5 most important factors in encouraging them to "STAY."

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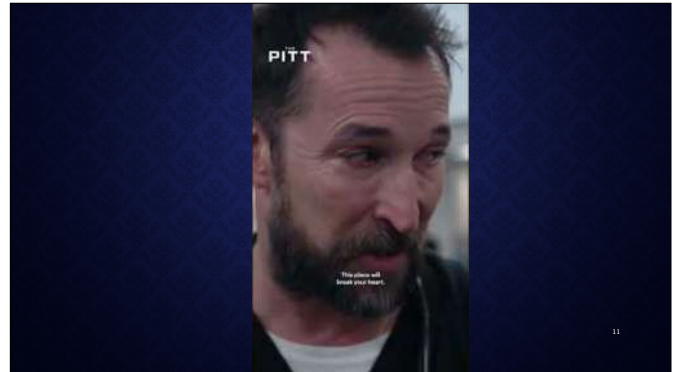


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**"You don't quit your job, you quit your boss."**

Marcus Buckingham & Curt Coffman  
"First Break All the Rules", 1999

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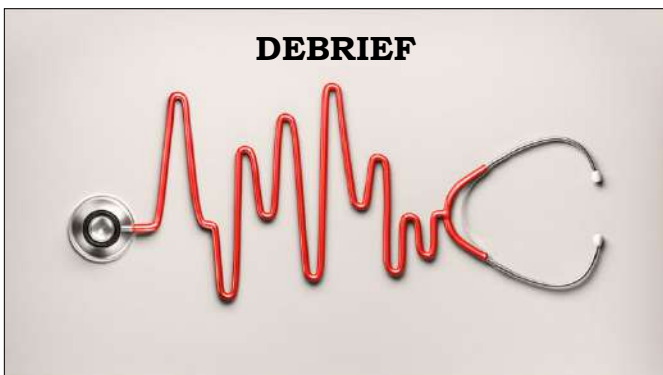
**BUT I DO CARE!**

**INTENT VS. IMPACT**

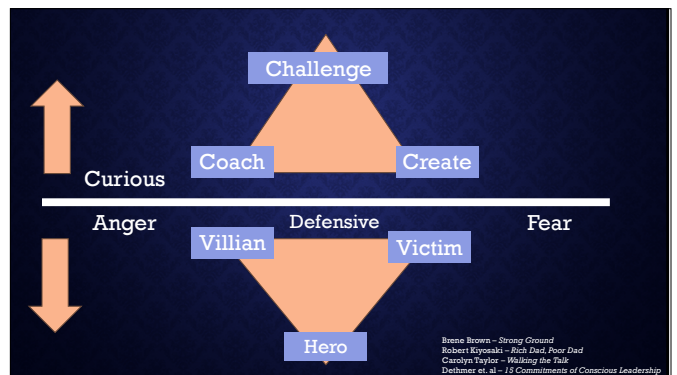
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**FROM  
FEELINGS TO  
FLOW**

Turning Empathy into Action

Heather Loenser, DVM

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2002

# IT'S NOT WHAT YOU SAY, IT'S WHAT THEY HEAR – THE POWER OF EMPATHY IN LEADERSHIP

## HUMAN-CENTERED LEADERSHIP

 Heather Loenser, DVM | Chief Veterinary Officer, Suveto







**IT'S NOT WHAT YOU SAY, IT'S WHAT THEY HEAR**

The Power of Listening in Leadership

Heather Loenser, DVM





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**SKILLS**

-  Open-ended questions
-  Reflective listening
-  Agenda-setting
-  Empathy

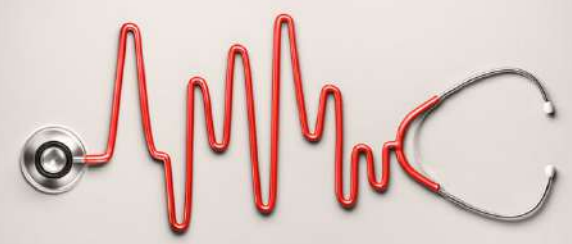
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**SKILLS**

-  Open-ended questions
-  Reflective listening
-  Agenda-setting
-  Empathy

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**PRO'S & CON'S OF**



**OPEN-ENDED QUESTIONS**

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**STARTING OPEN-ENDED ?'S**

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### OPEN-ENDED QUESTION STEMS

Who?	Tell me ...
What ...	Walk me through ...
When?	Show me ...
Why ...	Describe ...
How?	Explain ...

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### OPEN-ENDED STEMS

Who?	Tell me ...
What ...	Walk me through ...
When?	Show me ...
Why ...	Describe ...
How?	Explain ...

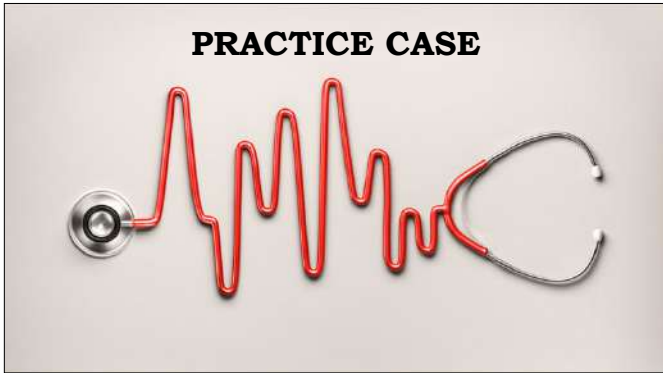
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## SKILL REVIEW

- ? Open-ended questions
- 🧠 Reflective listening
- 📅 Agenda-setting
- ❤️ Empathy

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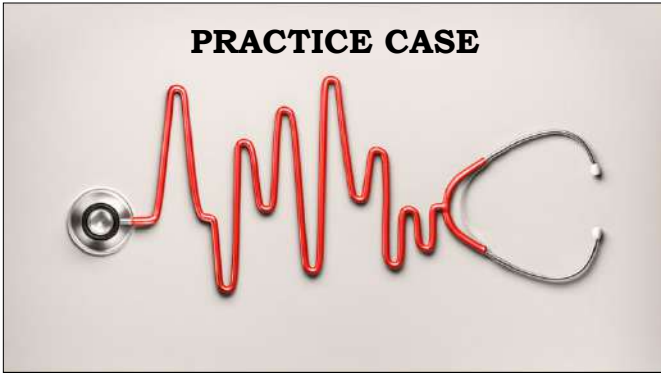


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- ### REFLECTIVE LISTENING STEMS
- “I heard you say . . .”
  - “What you believe is . . .”
  - “In other words, you think that . . .”
  - “Let me make sure I’ve gotten this right . . .”
  - “You’re noticing that . . .”
  - “So, for you, it’s not just about \_\_\_\_, it’s also about \_\_\_\_”

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## PRACTICE CASE



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2003

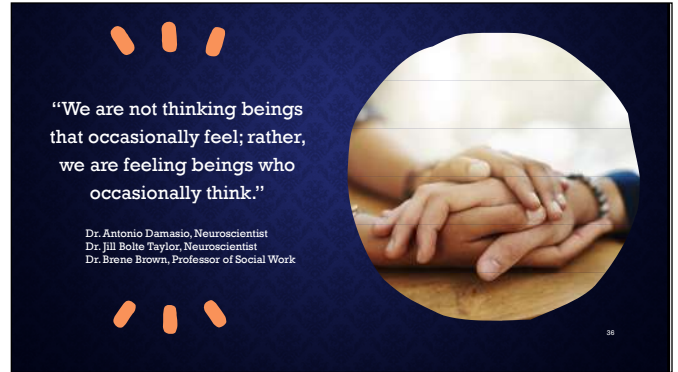
# THE STORIES WE TELL: COACHING THROUGH CONFLICT

## HUMAN-CENTERED LEADERSHIP

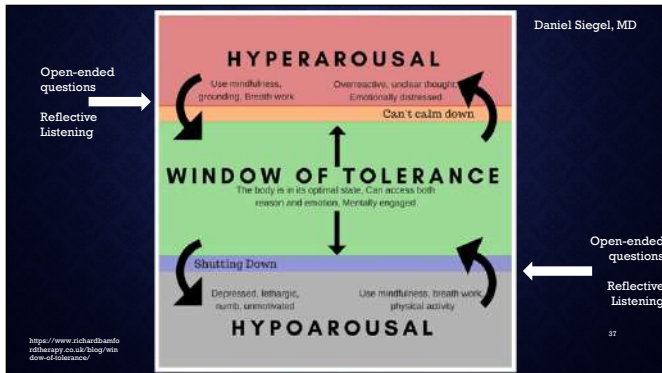
🎤 Heather Loenser, DVM | Chief Veterinary Officer, Suveto



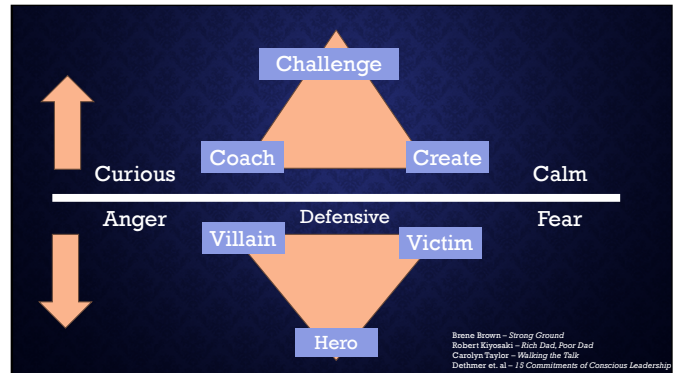
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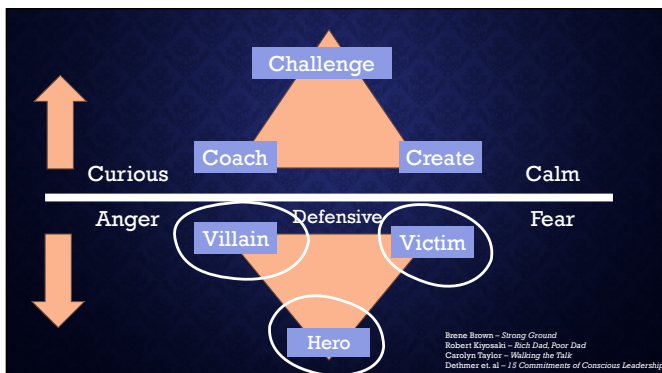
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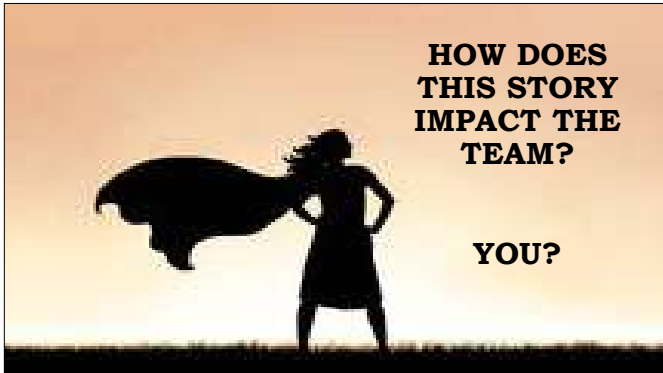
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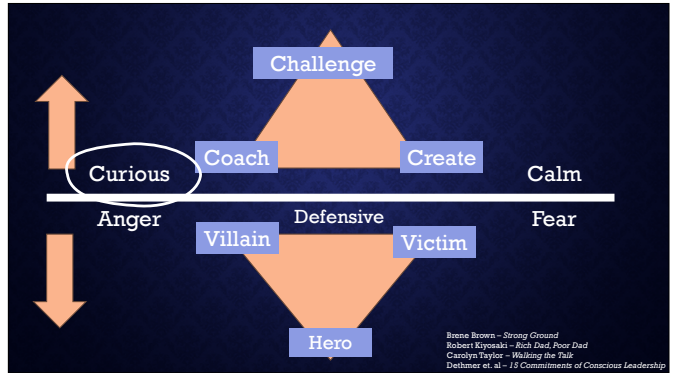
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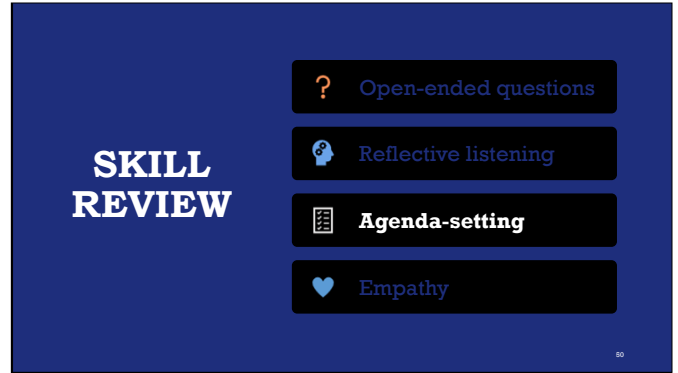
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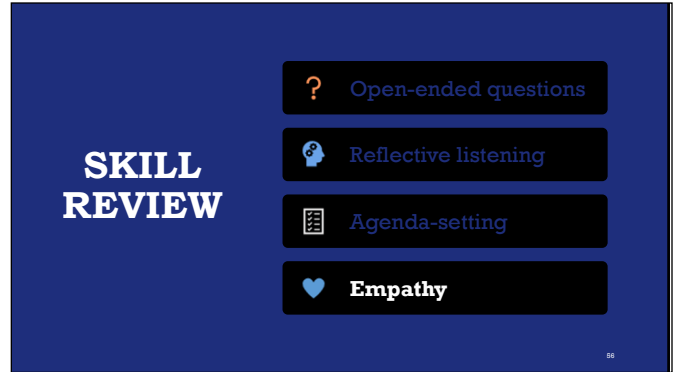
# FROM FEELINGS TO FLOW – TURNING EMPATHY INTO ACTION

## HUMAN-CENTERED LEADERSHIP

Heather Loenser, DVM | Chief Veterinary Officer, Suveto



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## EMPATHY INGREDIENTS

1. Understanding another's perspective is THEIR truth
2. Staying out of judgement
3. Identifying the emotion
4. Communication the emotion
5. Self-compassion



7

## EMPATHY INGREDIENTS

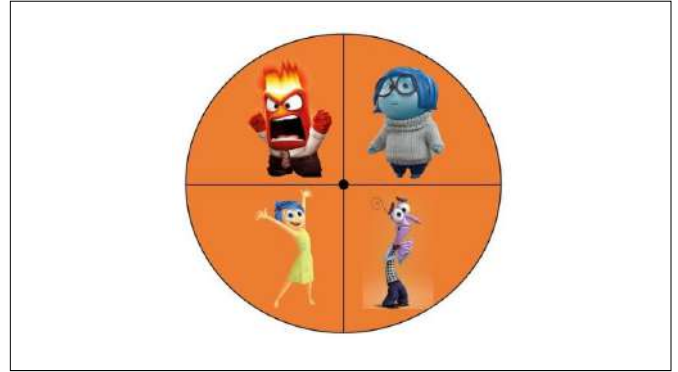
1. Understanding another's perspective is THEIR truth
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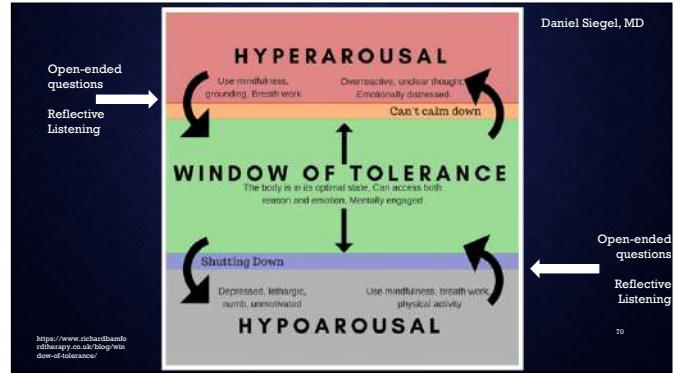
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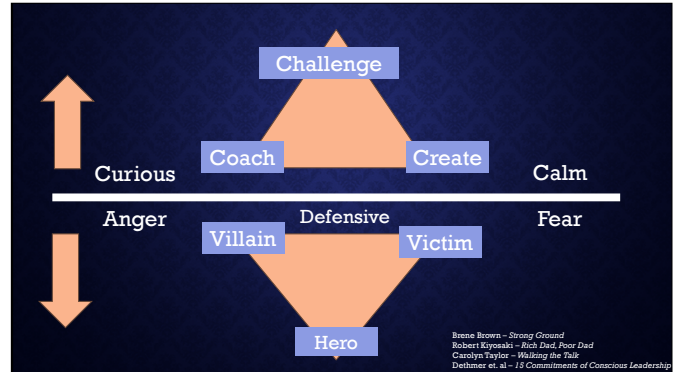
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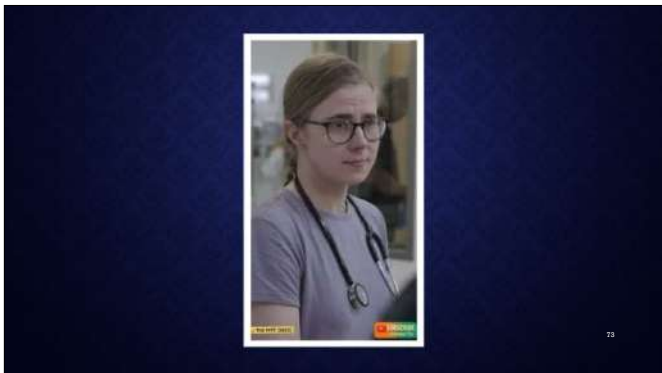
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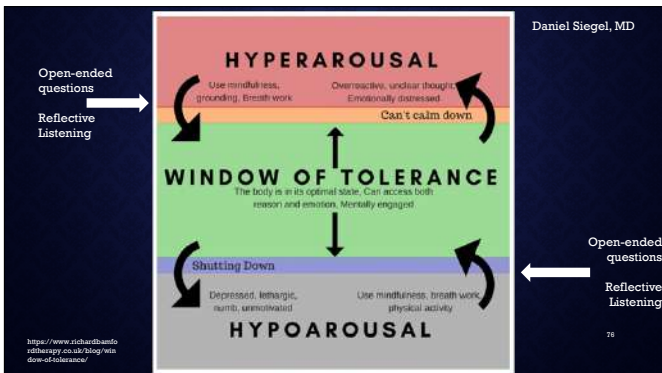
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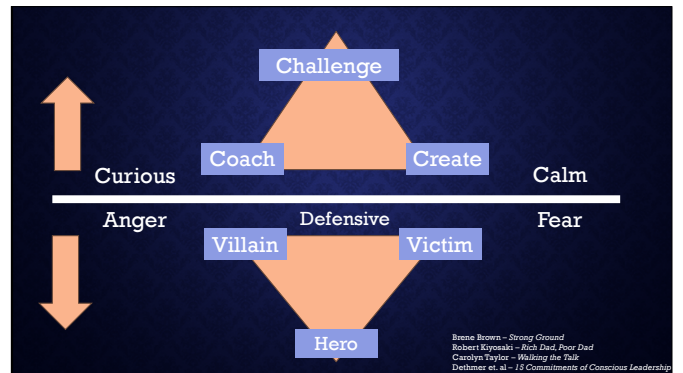
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## THINKERS VS. FEELERS

**THINKERS:**  
 "What do you think about that?"  
 "What thoughts do you have?"

**FEELERS**  
 "How do you feel about that?"  
 "How does that make you feel?"

**IF YOU DON'T KNOW**  
 "What's coming up for you right now?"  
 "What do you notice about that?"  
 "What is that like for you?"

31

## WHAT WERE YOUR REASONS FOR COMING TO THIS TALK TODAY?

32

## EFFECTIVE OPEN-ENDED ?'S

"What brought you in today?"  
 "What's going on?"  
 "What made you want to talk to me about this?"  
 "What's on your mind?"  
 "What do you want to make sure we cover today?"

33

## REASON BEHIND THE FEELING

"You seem [INSERT FEELING]. What's making you feel like that?"

"It's really hard to feel [INSERT FEELING.] What do you think is going on?"

"Wow, you are really [INSERT FEELING.] What's happening?"

34

## WHAT CONCERNS DO YOU HAVE ABOUT SUPPORTING YOUR TEAMS?

35

## CONCERNS

"What worries you about that?"  
 "What concerns do you have?"  
 "What could happen if we don't work on that?"

36

## WHAT GOALS DO YOU HAVE FOR YOU AND YOUR TEAMS?

37

## WHAT HOPES DO YOU HAVE FOR YOU AND YOUR TEAMS?

38

**HOW YOU WISH YOU AND YOUR TEAM WORKED TOGETHER?**

39

**GOAL-SETTERS VS. WISH-MAKERS**

**GOAL-SETTERS**  
 "What is your goal?"  
 "What is your top priority?"

**WISH-MAKERS**  
 "What do you wish would happen?"  
 "How do you hope this turns out?"

**IF YOU DON'T KNOW**  
 "What would need to happen to make sure your needs were met?"  
 "What does "good" look like for you?"

40

**PRACTICE CASE**

41

**WHERE ARE THEY?**

42

Daniel Siegel, MD

**HYPERAROUSAL**  
 Use mindfulness, grounding, breath work  
 Overreactive, unclear thoughts, Emotionally distressed, Can't calm down

**WINDOW OF TOLERANCE**  
 The body is in its optimal state, Can access both reason and emotion, Mentally engaged

**HYPOAROUSAL**  
 Depressed, lethargic, numb, unmotivated  
 Use mindfulness, breath work, physical activity

Open-ended questions  
 Reflective Listening

Shutting Down  
 Open-ended questions  
 Reflective Listening

<https://www.richardbando.com/happy-coach/blog/win-of-tolerance/>

43

**WHERE ARE YOU?**

44

**Challenge**

**Coach** **Create**

**Curious** **Calm**

**Anger** **Defensive** **Victim** **Fear**

**Villain** **Victim**

**Hero**

Brene Brown - *Strong Ground*  
 Robert Kegan - *Rev. and. Poor. Dad*  
 Carolyn Taylor - *Walking the Talk*  
 Detmer et. al - *10 Commitments of Conscious Leadership*

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**PRACTICE CASE**

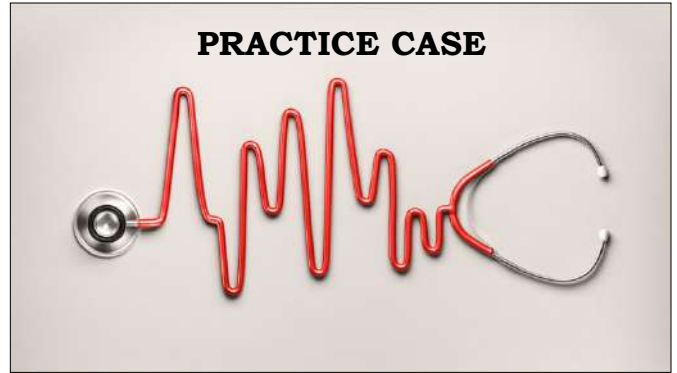
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### CASE

PERSPECTIVE	TRIGGERS FOR JUDGEMENT	IDENTIFY EMOTION	COMMUNICATE EMOTION
REASONS	CONCERNS	GOALS/HOPES/WISHES	

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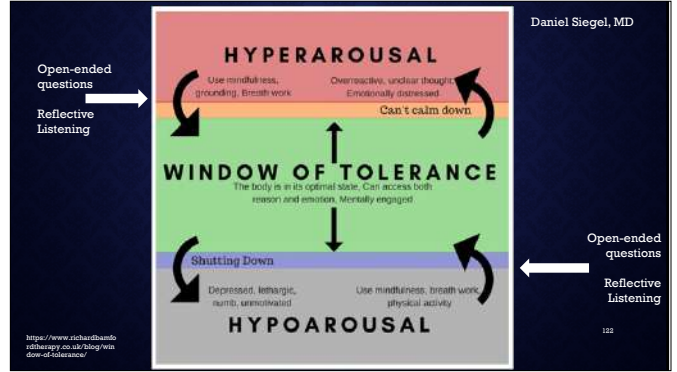
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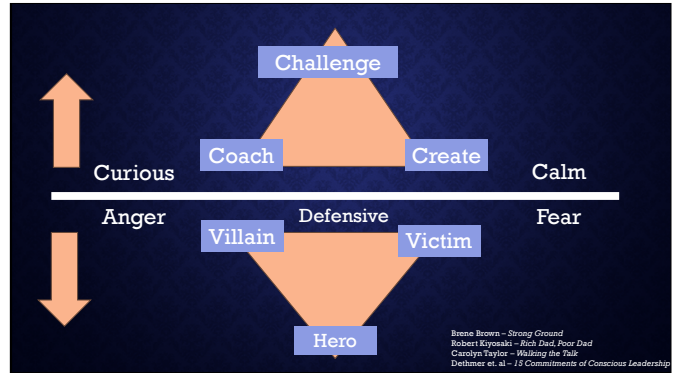
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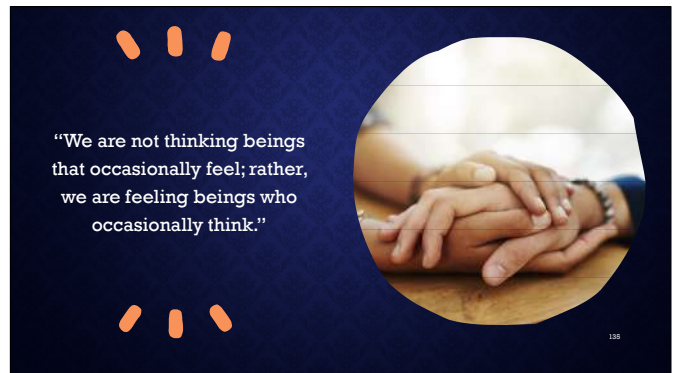
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“You don’t quit your job, you quit your boss.”

Marcus Buckingham & Curt Coffman  
“First Break All the Rules”, 1999

55

You can’t feel appreciated until you feel understood.

56

**THE CARE & FEELINGS OF VETERINARY TEAMS**

Heather.Loenser.DVM@gmail.com

Want to have a quick chat?

57



3001

# THE AI TIPPING POINT: HOW THE LAST 15 YEARS CHANGED EVERYTHING

## AI POWERED VETERINARY FUTURE

 Aaron Massecar, PhD, MBA | Vice President of Partnerships, CoVet

### WHY THIS MATTERS TO YOU ON A THURSDAY MORNING

Most veterinarians hear the word “AI” and react in one of two ways: excitement about a flashy future, or eye-rolling at another tech buzzword. Both reactions miss what is actually happening. The reason AI matters to your practice on a Thursday morning is that it has already quietly walked in the door. It is reading your radiographs, writing your reminders, drafting your emails, and flagging your lapsed clients. If you have not noticed, that is because the technology is working well enough to be invisible. If you think of AI as something you will deal with “someday,” you are already behind the curve — not because the future is scary, but because the present is more AI-saturated than most practitioners realize.

This session is not a history lesson. It is an orientation. The goal is to help you identify what is already happening around you, distinguish real change from marketing noise, and decide which shifts actually deserve your attention in the next twelve months.

### AI IS PROBABLY ALREADY IN YOUR PRACTICE

Walk through your typical day and count the AI touchpoints you may not be noticing:

- Your radiology service likely offers “AI preliminary reads” on thoracic and abdominal films. Five years ago, this was not a standard option. Today it is either included in your subscription or available as an add-on.
- Your PIMS probably flags lapsed clients, overdue vaccines, and compliance gaps automatically. Increasingly, those flags are driven by predictive models that identify which clients are most likely not

to return — not just simple rule-based reminders.

- Your reference lab may run AI image analysis on cytology smears and blood films as a first pass, flagging cases for pathologist attention.
- Your team may already be using ChatGPT or similar tools to draft client communications, social media posts, job descriptions, and policy updates. This is often happening informally, without any practice-wide policy.
- If you have purchased an ambient scribing tool in the last eighteen months, you own a generative AI product — the same class of technology as ChatGPT.

The practical takeaway: AI is not coming. It came. The question is whether you are using it deliberately or by accident. A practice that is using AI tools accidentally is paying for features it does not use, missing value it has already bought, and exposing itself to data handling practices it has never reviewed.

### WHAT ACTUALLY CHANGED, AND WHY YOU FELT IT

Three shifts happened at roughly the same time and compounded. First, image recognition got good enough to read radiographs reliably; not perfectly, but reliably enough for clinical triage. Second, generative AI arrived in late 2022 with ChatGPT, giving every practitioner access to a tool that could draft, summarize, and explain. Third, the cost of this technology collapsed. What would have cost a university data center a decade ago now runs on your phone. None of this is theoretical. It is the reason your radiology vendor’s sales rep suddenly has a new product line, and it is the reason your associates may already be using ChatGPT after hours whether you know it or not.

## A REAL EXAMPLE FROM A REAL PRACTICE

Consider a three-doctor small animal practice that added AI preliminary radiograph reads last year, began piloting an ambient scribing tool, and started using a generative AI assistant to draft standardized client handouts. None of these decisions was dramatic. None required a capital investment over a few hundred dollars a month. The cumulative effect after six months: one of the three associates stopped taking records home in the evenings. The practice caught two incidental findings on radiographs that would have otherwise been missed in a rushed read. Client satisfaction scores on communication went up, traced in part to more consistent discharge instructions. That is what the tipping point actually looks like. It is not robots. It is a series of small, compounding gains that add up to a meaningfully better week.

## PRACTICAL TAKEAWAYS

This week:

- Log into your PIMS admin dashboard and identify which “AI-powered” features are already included in your current subscription. Most practices are paying for features they are not using.
- Ask your radiology service, directly: “What AI reads are included in my contract, and how do I enable them?” You may already have them.

- Try ChatGPT, Claude, or Microsoft Copilot for one mundane writing task — a condolence letter, a job post, a social media caption. You don’t need to adopt anything. Just see what it feels like.

This quarter:

- List the three workflows in your practice that annoy you most. These are your AI opportunity list. Scribing, client communication, and inventory management are all common top-three items.
- Talk to one other practice owner about what they are using and what they regret buying. The ecosystem is moving too fast for anyone to stay current alone.
- Set a policy on generative AI use by staff. Even a one-paragraph policy (“yes for drafting non-clinical communication, no for entering patient-identifying information into public AI tools”) is better than the default silence.

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3002

# THE AI ECOSYSTEM: A DEEP DIVE ACROSS THE PROFESSION

## AI POWERED VETERINARY FUTURE

 Aaron Massecar, PhD, MBA | Vice President of Partnerships, CoVet

### BEYOND THE BUZZWORDS: WHAT CAN YOU ACTUALLY BUY?

If you have tried to make sense of the veterinary AI landscape by reading trade publications or walking a conference exhibit hall, you have probably noticed that almost every product now claims to be “AI-powered.” That label has become nearly meaningless. Some products are genuinely using modern machine learning to do something useful. Others have added a chatbot to a twenty-year-old software product and relabeled it. Your job, as a practitioner or practice owner, is to tell the difference — without becoming a data scientist.

This session organizes the landscape into three practical pillars, names real examples in each, and gives you a working sense of what these tools cost, what they deliver, and which ones actually matter for a typical general practice. The goal is to give you enough of a map to walk into a vendor conversation knowing what questions to ask.

#### PILLAR ONE: CLINICAL DECISION SUPPORT

These tools help you make diagnostic or treatment decisions. They carry the highest stakes and deserve the most scrutiny.

Radiology AI is the most mature category. Examples of products currently in the market include SignalPET and Vetology, as well as AI reads bundled into services from reference labs and teleradiology providers. Typical pricing runs in the range of a few dollars to roughly fifteen dollars per study, sometimes bundled into existing radiology contracts at no extra cost.

What does this do for you? For a GP doing five to ten radiographs a day, AI preliminary reads typically

serve one of three purposes. First, they replace some teleradiology referrals on straightforward cases, reducing cost and turnaround time. Second, they give you a second set of eyes before your own read, catching things you might miss when you are rushed between appointments. Third, they provide a defensible documentation trail when findings are subtle. What AI radiology does not do is replace a board-certified radiologist on complex, unusual, or specialty cases.

Cytology and pathology AI is emerging and is most often encountered through major reference laboratories, which may run AI image analysis as part of their standard workflow. For most practices, this is not a separate purchase — it is a service upgrade delivered through labs you already use.

Predictive diagnostics tools look at trends in lab values, vital signs, and clinical notes to flag patients at elevated risk for chronic disease before signs are obvious. These are earlier-stage and evidence of clinical utility is still accumulating. They are interesting to watch, but not yet essential.

Honest take: clinical AI is most useful when it catches red flags you might miss, speeds up routine reads, and gives you a second opinion. It is least useful when marketed as a replacement for your judgment.

#### PILLAR TWO: OPERATIONAL EFFICIENCY

These tools save time on non-clinical work. They are generally lower risk and have clearer, faster return on investment. If you are burned out, this is where to start.

Ambient scribing is covered in its own session, but it belongs here. Examples of products currently in the

market include Scribenote, Talkatoo, VetRec, and Happy Doc AI. Pricing typically ranges from roughly one hundred to four hundred dollars per user per month.

Client communication and scheduling tools such as PetDesk, Vetstoria, and Weave have added AI-powered features for automated reminders, appointment scheduling, and basic client triage chat. A practical test for whether these are worth the money: estimate how many appointment-request phone calls your front desk fields per day, multiply by the time each takes, and compare to the monthly subscription cost. For most practices with reasonable call volume, the math is favorable.

Inventory and scheduling optimization are smaller but growing categories. Early AI inventory products can reduce stockouts and expired-product waste by meaningfully large percentages in the first year. Scheduling tools use your historical visit data to recommend realistic appointment durations by visit type — a small change that compounds across a busy day.

Honest take: operational AI has the fastest felt payoff per dollar spent. Clinical AI is more exciting at the product demo, but operational AI is what actually gives a burned-out practice its evenings back.

### PILLAR THREE: PRACTICE INTELLIGENCE

These tools aggregate data across your clinical, financial, and operational systems to surface patterns a manager would not catch manually. Examples include VitusVet for client engagement analytics and the benchmarking and analytics dashboards built into larger PIMS and corporate platforms.

Practice intelligence matters most to owners and practice managers, less to associates. It is best used when you have a specific question — “why has my dental compliance dropped this quarter?” or “which clients haven’t rebooked in twelve months and should have?” — rather than as a general dashboard you check once and forget.

### HOW TO DECIDE WHERE TO START

You do not need tools from all three pillars. You probably need one tool that meaningfully addresses your biggest current headache. Ask yourself three questions and start where the answer is loudest:

- What is the one thing I wish would just happen on its own each day?
- What work am I taking home that I should not be?
- Where am I losing revenue or clients I should be keeping?

A general practice whose biggest pain is documentation should start with scribing. A practice whose biggest pain is front-desk call volume should start with client communication automation. A practice whose biggest pain is lapsed clients should start with a client-engagement or practice-intelligence tool. Match the tool to the pain, not to the pitch.

### PRACTICAL TAKEAWAYS

- Most practices benefit most from operational AI first, and most often from ambient scribing specifically.
- Ask every vendor: “What is the measurable outcome I should expect in sixty days, and how will we measure it?” If they cannot answer, they do not know.
- Pilot before committing practice-wide. One exam room, one clinician, one appointment type.
- Revisit your tool stack every twelve months. Products improve — and disappear — quickly.
- Be wary of any product where the primary claim is “it uses AI.” The right claim is what the AI does for you.
- Avoid long contracts and watch for data portability. You want to be able to switch tools when a better one appears.

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3003

# THE DEATH OF THE KEYBOARD: THE PRESENT AND FUTURE OF AI SCRIBING

## AI POWERED VETERINARY FUTURE

 Aaron Massecar, PhD, MBA | Vice President of Partnerships, CoVet

### THE PROBLEM EVERY VETERINARIAN KNOWS

You finish your last appointment on time, at 6:00 pm. You then spend the next ninety minutes catching up on SOAPs. You stay late, or you take the notes home. Your family notices. Your sleep notices. Your joy in the job notices.

This is not a technology problem. It is a time-and-attention problem. But technology has begun to solve it, at a pace that has genuinely surprised the people who work in this space. Ambient AI scribing went from experimental curiosity to mainstream adoption in roughly twenty-four months — faster than any other clinical technology in the profession's history. If you have not yet tried one of these tools, the odds are that a practice near you has, and the odds are higher still that the associate in the room next to you is quietly using one whether you know it or not.

This session is entirely practical. It covers what scribing actually does, how to pilot one without getting locked in, what to look for, what to avoid, and how to roll it out so your team and your clients trust it.

### WHAT SCRIBING ACTUALLY DOES

You place a phone or tablet in the exam room. You do your appointment exactly as you normally would — talk to the client, examine the patient, discuss the plan. Within a few minutes (sometimes seconds) of ending the appointment, a structured SOAP note appears in your inbox or directly in your PIMS. You review it, correct what is wrong, and sign. That is it. There is no additional client question-and-answer, no special vocabulary, no change in how you practice.

Typical time savings reported by practitioners who have used these tools for more than a month are in the range of one to three hours per day. That is not a vendor claim. That

is what users consistently report once they have moved past the early adjustment period. For many clinicians, the felt benefit is less about the raw hours and more about what happens to the hours that remain. Evening time stops being spent on documentation. Exam time stops being split between the patient and the keyboard. The client gets your eye contact back.

### THE CURRENT LANDSCAPE

Examples of products currently serving the veterinary market include Covet, Scribenote, Talkatoo, VetRec, and Happy Doc AI. New entrants arrive regularly. Prices range roughly from one hundred to four hundred dollars per user per month, with some platforms offering per-appointment pricing for lower-volume users.

These platforms differ on the dimensions that actually matter in practice:

- **Template flexibility:** can you customize the note format to match your existing style, or must you adapt to theirs?
- **PIMS integration:** does the note copy-paste manually, or does it write directly into discrete medical record fields?
- **Turnaround speed:** is the draft ready in seconds, in minutes, or at the end of the day?
- **Offline capability:** does it work when your Wi-Fi is slow, or when you are on a farm call?
- **Data handling:** where is your audio stored, how long is it retained, and is it used to train future models?

No single product is correct for every practice. A high-volume small animal GP has different priorities than a mobile practitioner or a specialty surgeon. A practice

owner choosing a tool for the whole team has different priorities than a solo associate trying one out personally.

## HOW TO RUN A 30-DAY PILOT

Do not commit practice-wide until you have tested. A framework that works consistently:

**Week one:** one clinician, one product, everyday cases. Focus on how accurate the notes are out of the box and how much editing they require.

**Week two:** same clinician, harder cases. Try chronic patients with long histories, complex surgical recoveries, emergency rechecks. Find where the tool breaks down. Every tool has weaknesses; you want to know what yours are before you depend on it.

**Week three:** add a second clinician with a different style, or a different appointment type. Many practices also find value in having technicians use the tool for discharge instructions and hospitalization updates.

**Week four:** evaluate honestly. Calculate real time savings, not just perceived savings. The clearest test is this: would the pilot clinician pay for it out of their own pocket? If yes, roll it out. If not, try a different product.

## QUESTIONS EVERY VENDOR SHOULD BE ABLE TO ANSWER

- What happens to our audio after the note is generated? How long is it retained?
- Do you use our data to train future models? Can we opt out, and does that change the price?
- What is your uptime record? What happens if your service goes down during clinic hours?
- If I decide to switch tools in two years, can I export my historical notes in a usable format?
- Who signs a privacy and data handling agreement, and what does it cover?
- What is the cancellation policy, and is there a commitment term?

If a vendor cannot answer any of these clearly, that is information. A mature product has clear answers.

## CLIENT CONSENT AND TEAM CULTURE

Most scribing tools record audio, even if only briefly, to produce the note. Your province's privacy and recording

laws apply. Work with your practice counsel or your professional association for specifics, but in most jurisdictions the appropriate posture is transparent disclosure rather than hidden recording. A sample line that practices have used effectively: "We use a secure AI tool to help write your pet's medical record. It lets your veterinarian focus on you and your pet during the visit rather than typing. The recording is processed privately and is not shared or used for other purposes." That language, posted on the check-in counter and mentioned verbally when the client asks about the device in the room, is almost always enough.

Your team also needs to be part of this. A scribing rollout is a practice workflow change, not a doctor-only tool purchase. Technicians, assistants, and client service staff all have workflows that touch the medical record. Include them in the pilot, listen to what breaks, and adjust.

## PRACTICAL TAKEAWAYS

- Pilot with one clinician for thirty days before committing to practice-wide rollout.
- Track time spent on notes before and after, even roughly. This is the only way to know the tool is actually working.
- Pick the tool that fits your workflow, not the one with the best sales demo.
- Write clear client consent language and put it on your check-in materials.
- Include your team in the rollout from day one. A tool the doctors love but the techs dislike will fail.
- Budget for the fact that your best tool today may not be your best tool in eighteen months. Avoid long lock-in contracts.
- If you do nothing else from this conference: try a scribing pilot. The downside is small. The upside is your evenings back.

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3004

# THE JAGGED FRONTIER: AGENTS, BOTS AND THE 2023 CLINIC

## AI POWERED VETERINARY FUTURE

 Aaron Massecar, PhD, MBA | Vice President of Partnerships, CoVet

### WHY THIS MATTERS TO YOU ON A THURSDAY MORNING

Most veterinarians hear the word “AI” and react in one of two ways: excitement about a flashy future, or eye-rolling at another tech buzzword. Both reactions miss what is actually happening. The reason AI matters to your practice on a Thursday morning is that it has already quietly walked in the door. It is reading your radiographs, writing your reminders, drafting your emails, and flagging your lapsed clients. If you have not noticed, that is because the technology is working well enough to be invisible. If you think of AI as something you will deal with “someday,” you are already behind the curve — not because the future is scary, but because the present is more AI-saturated than most practitioners realize.

This session is not a history lesson. It is an orientation. The goal is to help you identify what is already happening around you, distinguish real change from marketing noise, and decide which shifts actually deserve your attention in the next twelve months.

### AI IS PROBABLY ALREADY IN YOUR PRACTICE

Walk through your typical day and count the AI touchpoints you may not be noticing:

- Your radiology service likely offers “AI preliminary reads” on thoracic and abdominal films. Five years ago, this was not a standard option. Today it is either included in your subscription or available as an add-on.
- Your PIMS probably flags lapsed clients, overdue vaccines, and compliance gaps automatically. Increasingly, those flags are driven by predictive models that identify which clients are most likely not

to return — not just simple rule-based reminders.

- Your reference lab may run AI image analysis on cytology smears and blood films as a first pass, flagging cases for pathologist attention.
- Your team may already be using ChatGPT or similar tools to draft client communications, social media posts, job descriptions, and policy updates. This is often happening informally, without any practice-wide policy.
- If you have purchased an ambient scribing tool in the last eighteen months, you own a generative AI product — the same class of technology as ChatGPT.

The practical takeaway: AI is not coming. It came. The question is whether you are using it deliberately or by accident. A practice that is using AI tools accidentally is paying for features it does not use, missing value it has already bought, and exposing itself to data handling practices it has never reviewed.

### WHAT ACTUALLY CHANGED, AND WHY YOU FELT IT

Three shifts happened at roughly the same time and compounded. First, image recognition got good enough to read radiographs reliably; not perfectly, but reliably enough for clinical triage. Second, generative AI arrived in late 2022 with ChatGPT, giving every practitioner access to a tool that could draft, summarize, and explain. Third, the cost of this technology collapsed. What would have cost a university data center a decade ago now runs on your phone. None of this is theoretical. It is the reason your radiology vendor’s sales rep suddenly has a new product line, and it is the reason your associates may already be using ChatGPT after hours whether you know it or not.

## A REAL EXAMPLE FROM A REAL PRACTICE

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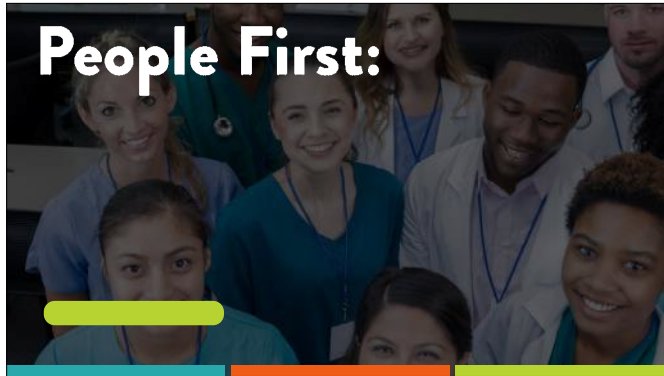
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4001

# PEOPLE FIRST: THE BUSINESS CASE FOR POSITIVE VETERINARY LEADERSHIP

PSYCHOLOGICAL SAFETY & PURPOSE

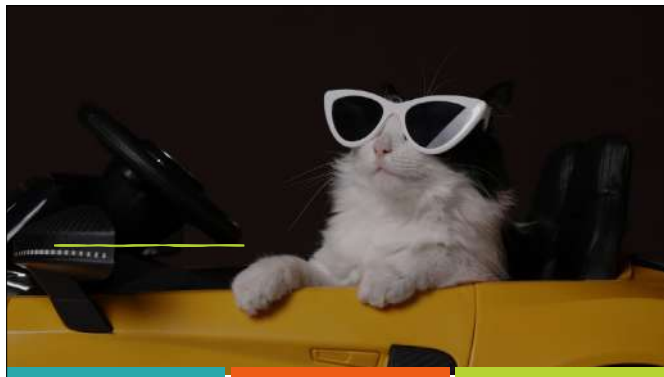
 Josh Vaisman, MA | Founder, Flourish Veterinary Consulting



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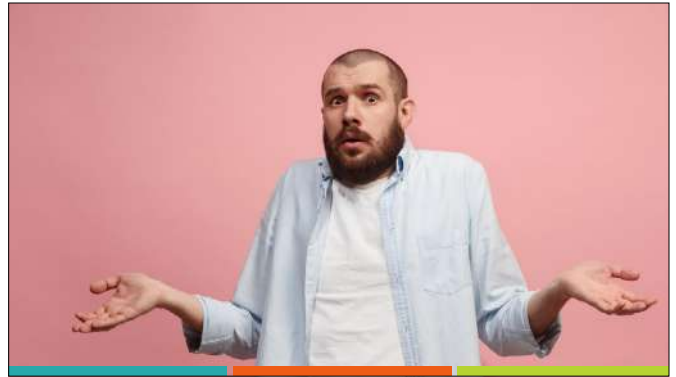
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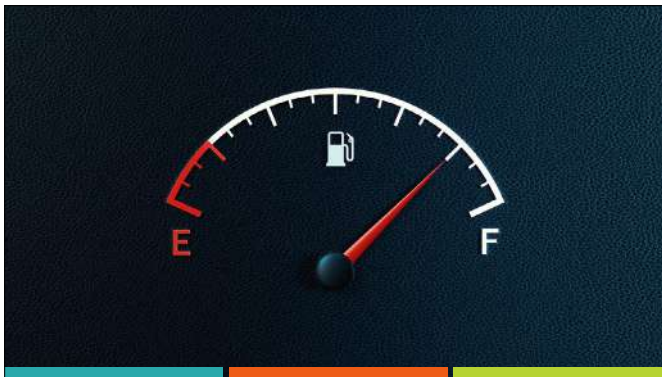
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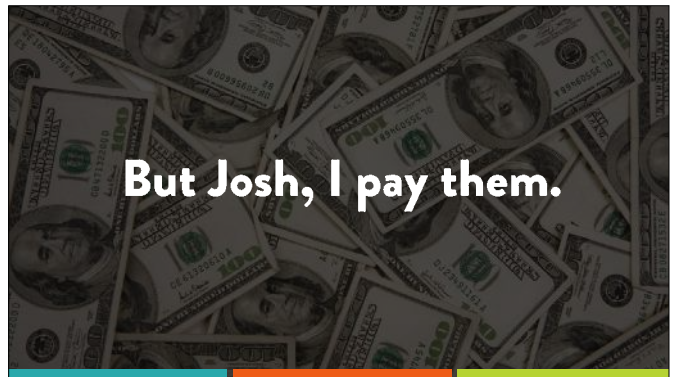
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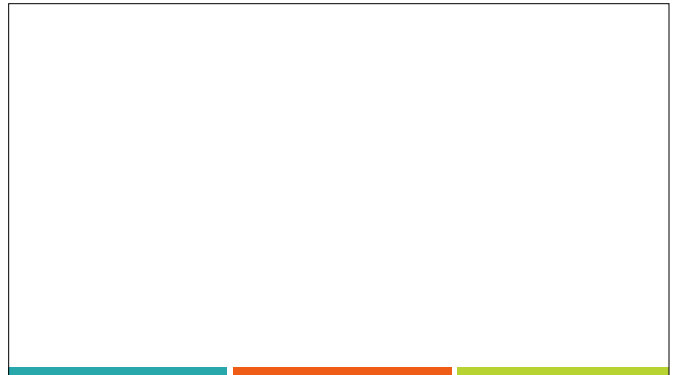
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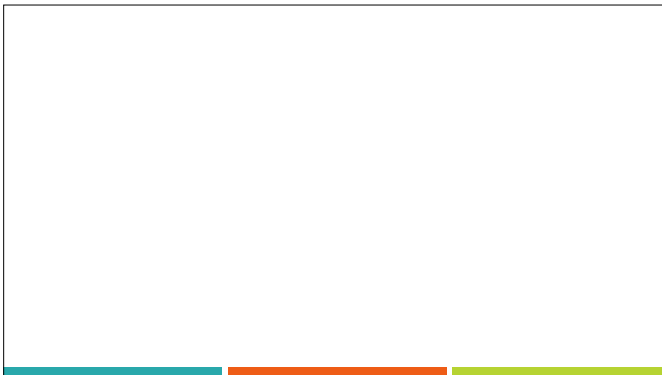
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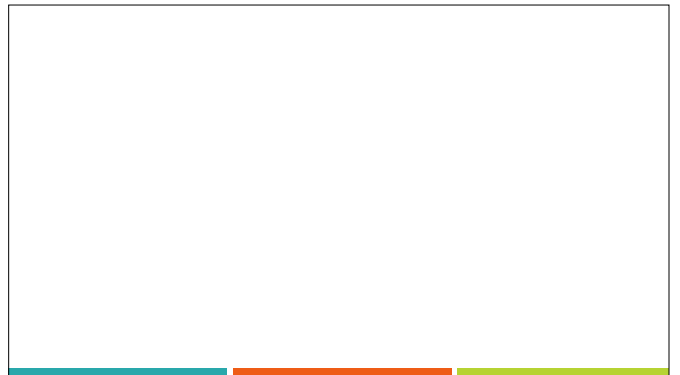
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**4 environmental nutrients ensure these needs are met.**

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 **We call this psychological safety.**


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 **We call this Purpose.**


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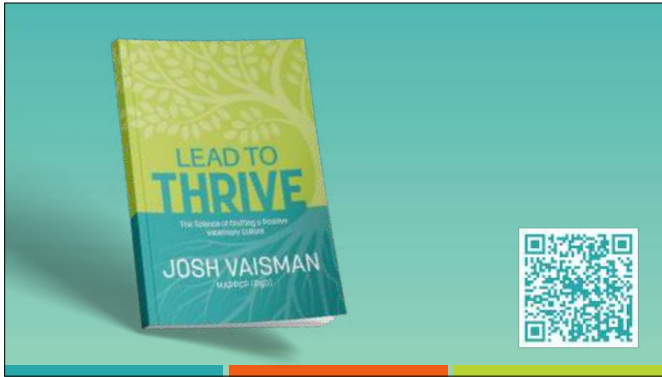
 **We call this Path**

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 **We call this partnership**

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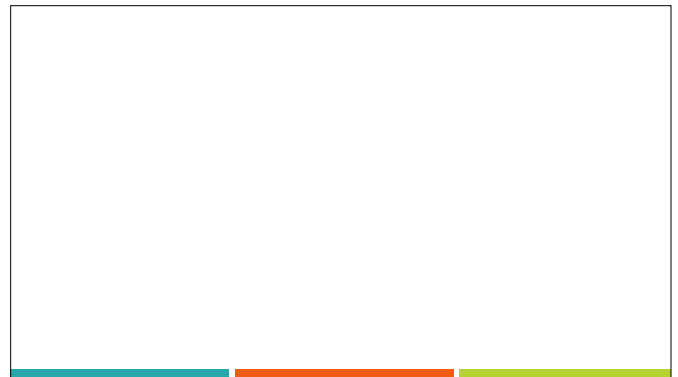
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### The Positive Leadership Difference

	POSITIVE LEADERSHIP PRACTICES HAPPENING	POSITIVE LEADERSHIP PRACTICES NOT HAPPENING
Consider quitting job	Rarely	Often
Consider leaving profession	Rarely	Sometime
Happy with job	Agree	Disagree
Perceived Wellbeing	Doing well	Getting by
Psychological Safety	High	Low

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JAVMA 

**Psychological safety, purpose, path, and partnership reduce associate veterinarian desire to leave current employment**

Charlotte H. McKay, MS<sup>1</sup>, and Joshua M. Vaisman, MAPP<sup>2</sup>

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 Received March 25, 2023  
 Accepted May 20, 2023  
 doi.org/10.2460/javma.23.01.0158

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**2307 associate veterinarians**

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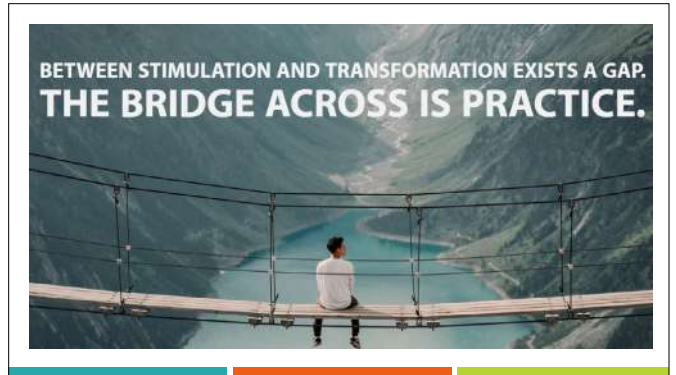


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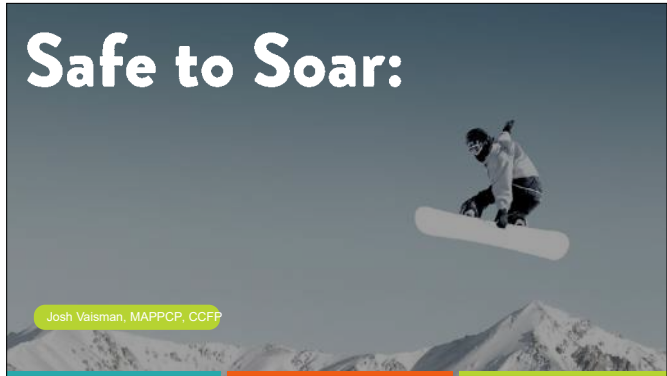
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4002

# SAFE TO SOAR: THE SECRET SAUCE OF HAPPY, HIGH-PERFORMING VETERINARY TEAMS

PSYCHOLOGICAL SAFETY & PURPOSE

 Josh Vaisman, MA | Founder, Flourish Veterinary Consulting



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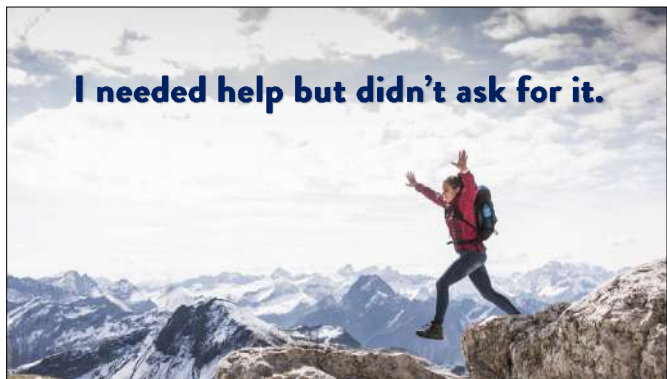
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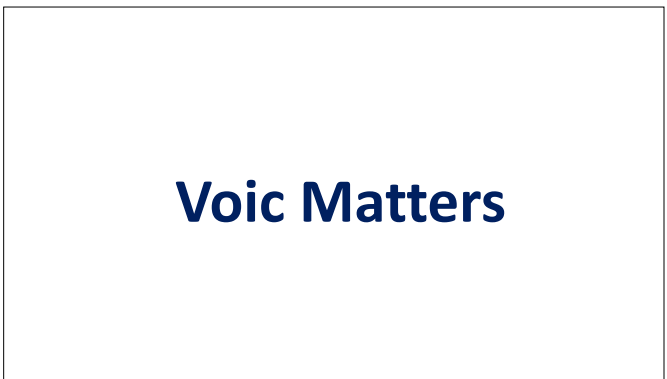
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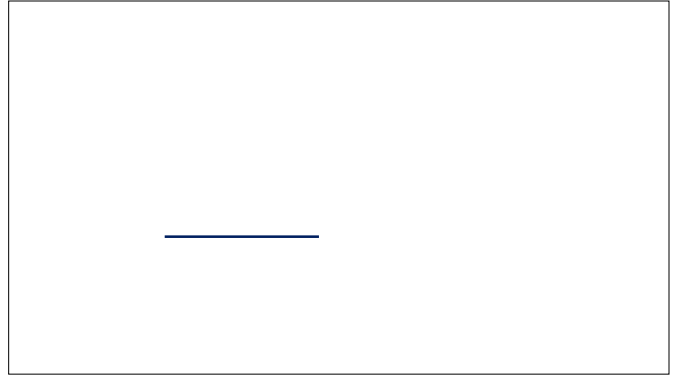
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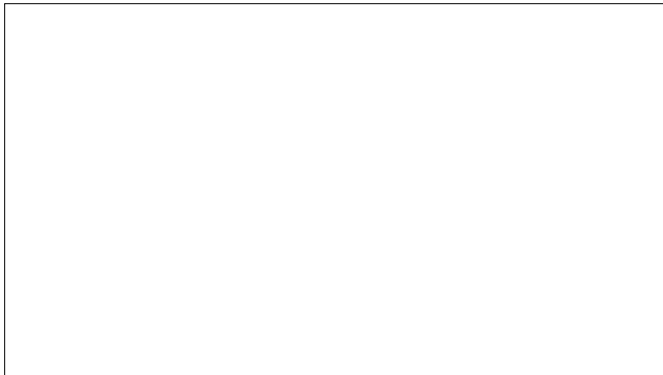
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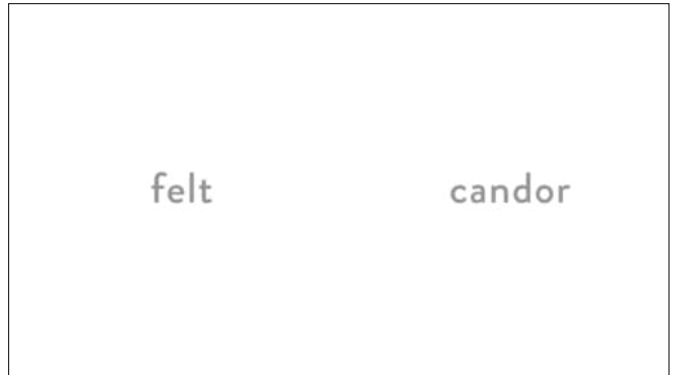
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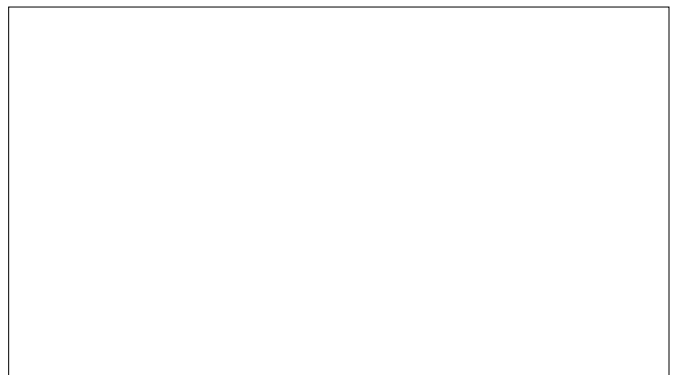
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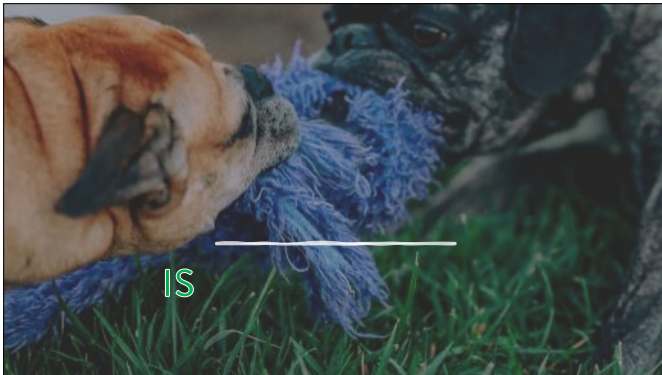
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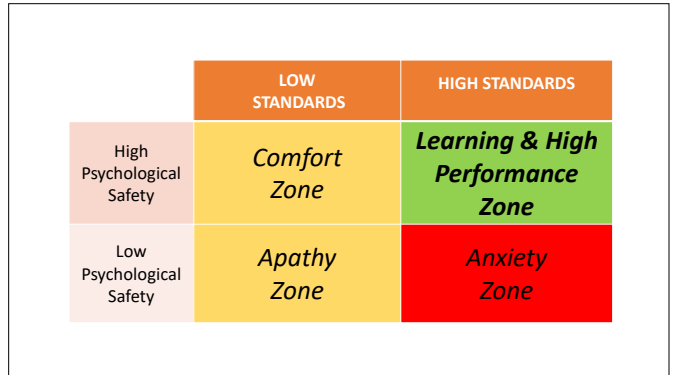
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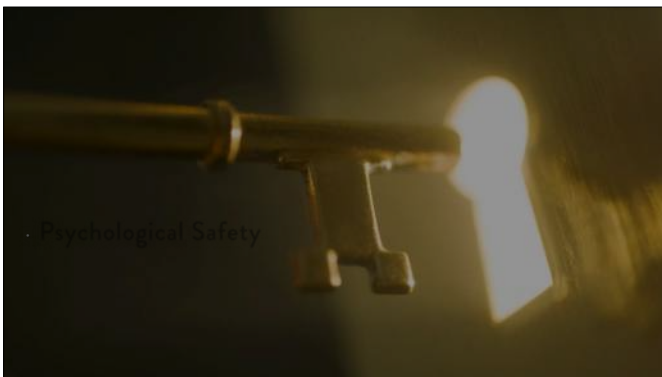
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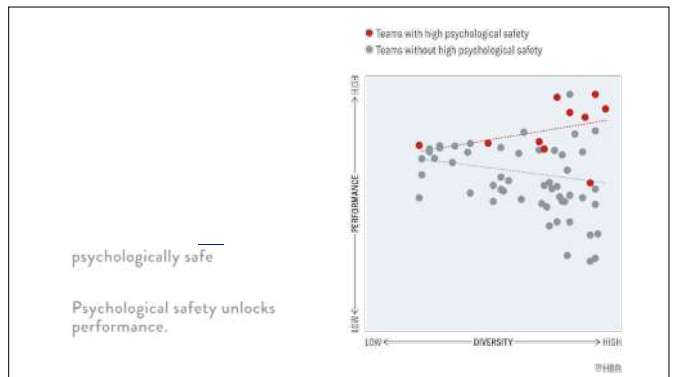
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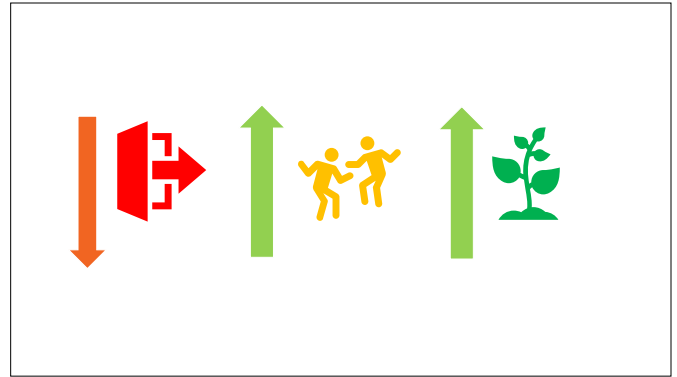
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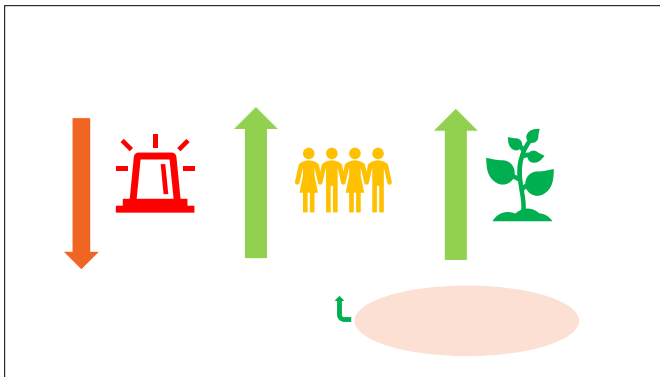
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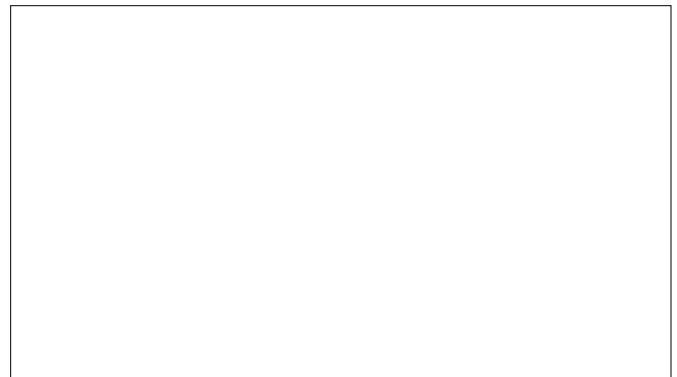
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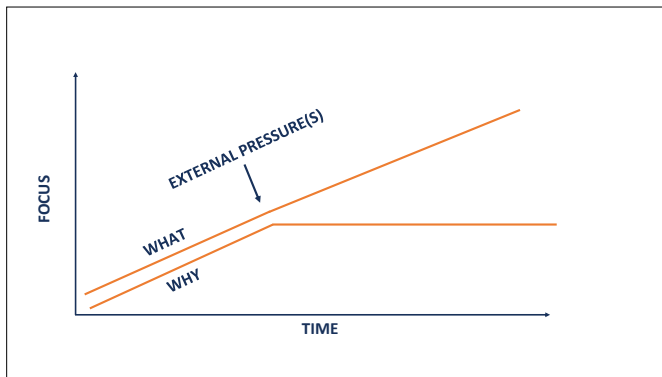
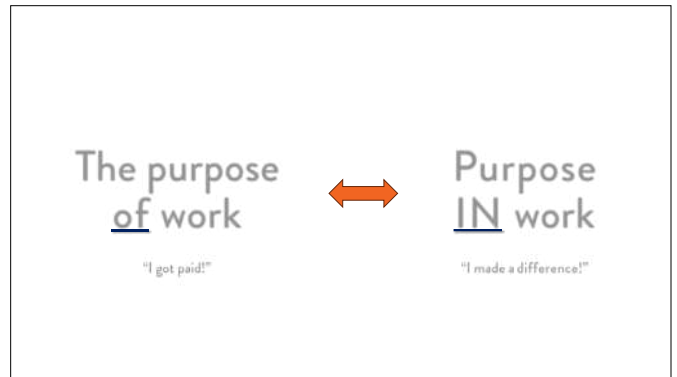
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4003

# IT MATTERS: THE ART & SCIENCE OF ACTIVATING PURPOSEFUL WORK

PSYCHOLOGICAL SAFETY & PURPOSE

 Josh Vaisman, MA | Founder, Flourish Veterinary Consulting



**Mattering**

7

Journal of Happiness Studies (2024) 25:4  
 https://doi.org/10.1007/s10992-024-07274-3

**REVIEW ARTICLE**

**Feeling Important, Feeling Well. The Association Between Mattering and Well-being: A Meta-analysis Study**

Monica Parasita<sup>1</sup> · Camilla Motera<sup>1</sup> · Amanda Narini<sup>2</sup>

Accepted: 16 December 2023  
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**Abstract**  
 Perception of mattering, the feeling of being important to others (Rosenthal & McCullough in Community Ment Health J 2:163–182, 1961), is receiving increasing attention as a factor that promotes well-being. Individual well-being has been defined in different ways, such as hedonic, as in a deep satisfaction with life (Diener & Lucas in Well-being: Foundations of Hedonic Psychology 215, 1999), eudaimonic, as in the realization of the true self (Ryff in Curr Dir Psychol Sci 4(4):59–64, 1995), and hedonic, which is satisfaction across all domains of life (Pavlovsky et al. in J Community Psychol 43(2):199–226, 2015). The present study aims to systematize this body of literature on mattering and well-being to clarify whether the two constructs are linked independently from their conceptualizations. To this end, a meta-analysis of 30 studies, following the PRISMA framework, was conducted. A significant moderate effect size emerged between mattering and well-being ( $r = 0.41^{***}$  [95% CI 0.35, 0.46]), with eudaimonic well-being showing a higher effect size in association with mattering ( $r = 0.55^{***}$  [95% CI 0.46, 0.65]). The results indicate that

55% 41% well-being mattering

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THE JOURNAL OF NURSING ADMINISTRATION

**Mattering: How Organizations, Patients, and Peers Can Affect Nurse Burnout and Engagement**

Julie Haldy, MD, MPP  
 Courtney McClosky, PhD  
 Ronald Horvath, PhD

Beth Stetson, DEd, EdD, OCN, AOCN-BC  
 Yvonne Krollen, MD

**OBJECTIVE:** The aim of this study was to explore professional mattering in a broad context of nurses. **BACKGROUND:** Mattering is a general human social psychology that describes the feeling that one makes a difference in the lives of others and has significance in one's community.

It is no secret that the perception of nurse burnout is high. It has been almost 2 decades since a 1999 study of over 60,000 registered RNs demonstrated that 43% of those surveyed reported a high degree of emotional exhaustion. More recently, researchers have estimated that nearly half of acute care and chronic

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**Meaningfulness**

10

Occupational Health Science  
 https://doi.org/10.1007/s10992-023-09747-z

**ORIGINAL RESEARCH ARTICLE**

**Mapping and Measuring Leadership Practices Intended to Foster Meaningful Work**

Zachary A. Marcotte<sup>1</sup> · Tamara Myler<sup>2</sup> · Wesley Adams<sup>3</sup> · Jeremy D. W. Clifton<sup>4</sup>

Received: 10 January 2023 / Revised: 6 July 2023 / Accepted: 26 July 2023  
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**Abstract**  
 Experiencing meaningful work is strongly linked to occupational health, and organizational leaders can play a role in facilitating meaningful work through various practices. However, studies identifying and classifying specific leadership practices that foster meaningful work are limited. In this article, we detail and classify more workplace-specific leadership practices that enable meaningful work and contribute a new tool to assess them. In three studies of employees in various work contexts ( $N = 609$ ;  $N = 647$ ;  $N = 751$ ), we

Almost 50% of team member's experience of meaning at work comes from the relationship with their boss.

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**Mattering + Meaningfulness**  
 activated interpersonally

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**Activating Purpose**

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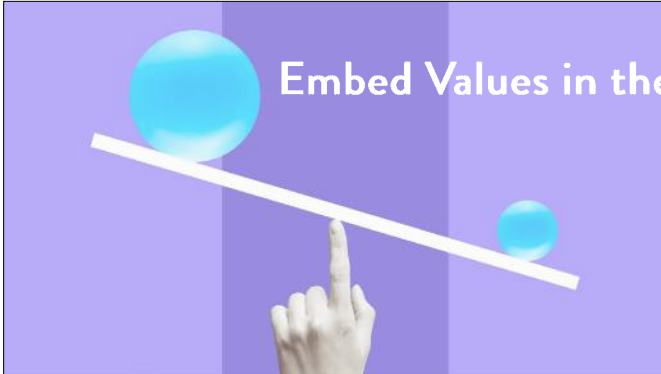
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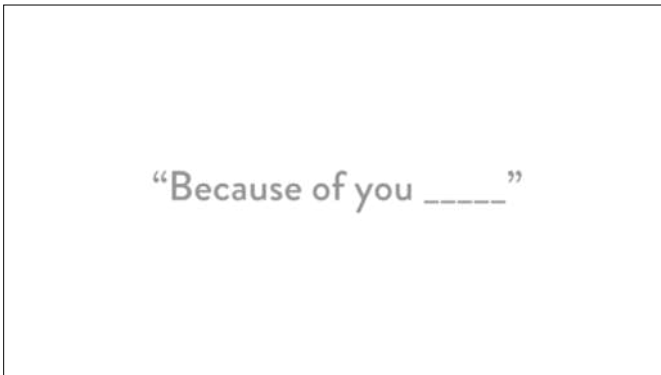
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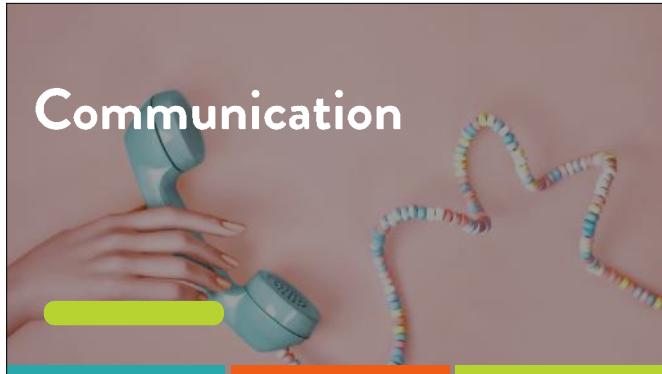
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4004

# POSITIVE COMMUNICATION FOR LEADERS

PSYCHOLOGICAL SAFETY & PURPOSE

 Josh Vaisman, MA | Founder, Flourish Veterinary Consulting



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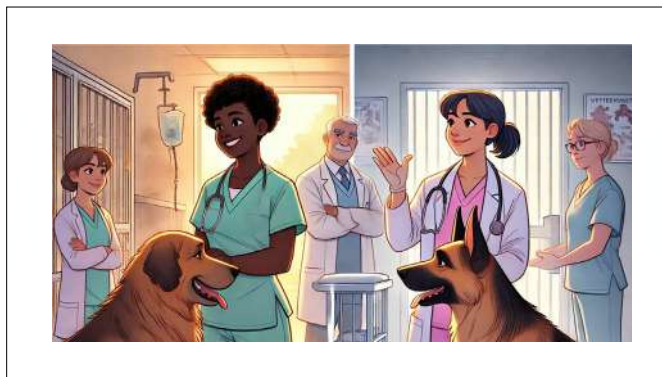
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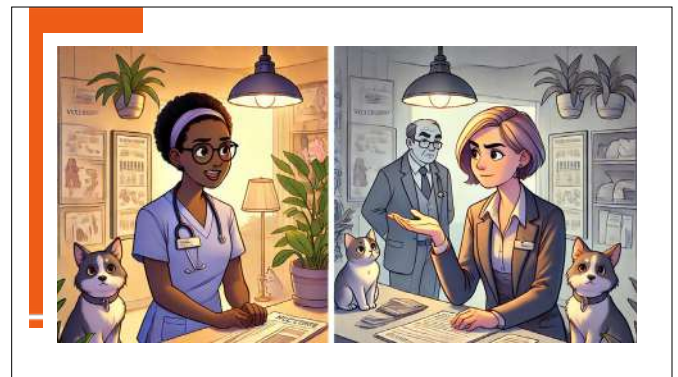
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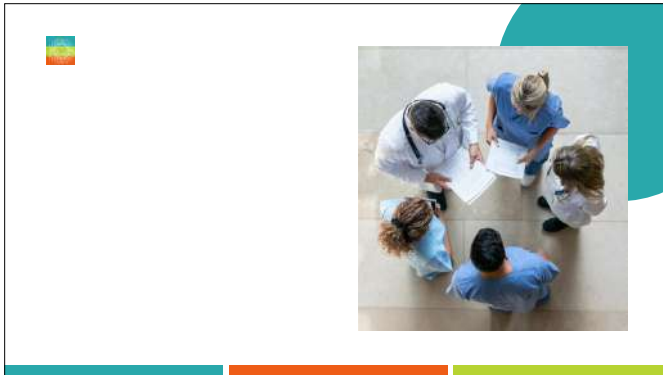
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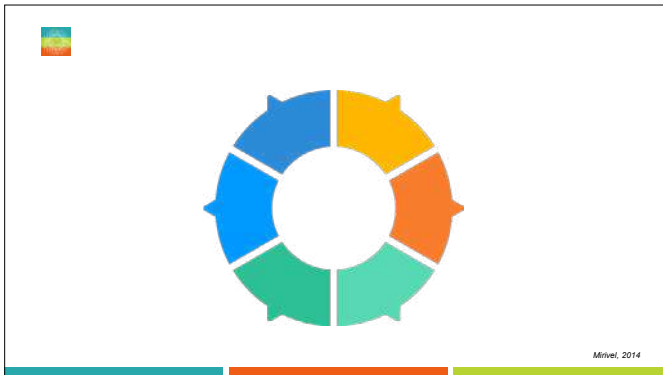
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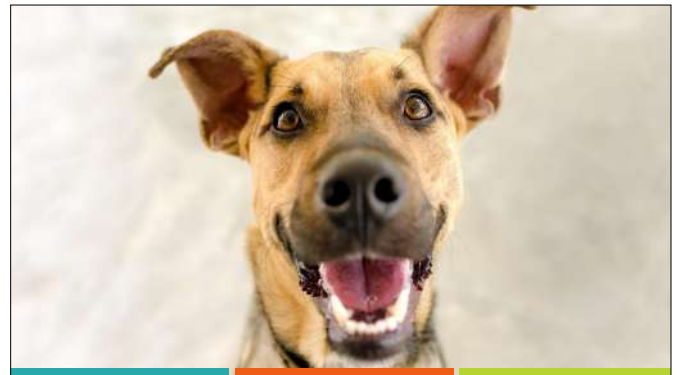
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5001

# NEUROWHATSITY

## NEUROSCIENCE FOR BETTER TEAMS

 *Kemba Marshall, DVM | Founder, Marshall Recruiting Consortium*

### NEUROWHATSITY

Imagine a blank canvas that's dedicated to capturing all the artistic brilliance your brain can produce. Every emotion, thought, word, and image coming to mind and revealing itself in real-time. After a few hours or perhaps even a few days of capture, what would your canvas look like? Is it full of scattered information? Maybe it's a mix of pictures, patterns, and words? How easily can you make sense of what you see? Is it well organized and linear, or is this perhaps your artistic version of a messy desk that looks like the aftermath of an office cyclone to most, but for you, it's a beautifully structured workspace with carefully stacked business cards, strategically placed Post-It notes, and the perfect balance of random papers and crumbs from yesterday's afternoon snack?

Now reimagine your canvas with all of its captured brilliance; however, the only information available is in the form of pictures. And these pictures are incredibly detailed with depths of beauty and precision that reveal new ways of artistic thinking. This "out of the box" type of thinking can generate higher levels of creativity, drive more consistency for producing innovations, and even accelerate problem solving.

For some, the ability to think in this form of precision visuals is not only a talent, it's a neuro-superpower hardwired into their brains. With words and patterns possibly being far more difficult to generate, process, or even make sense of, these photorealistic visual thinkers have incredible abilities that neurotypical brains normally do not.

Before we lose each other, let us get back to the title of this presentation, "Neurowhatsity." Of course we are going to define it, share data, demonstrate some evidence-based meaning and value to leadership in veterinary medicine, and provide tools and resources for successful daily practice integration with your team, hospital, or organization.

Neurodiversity is not a medical condition such as a disease or disorder to be "fixed" but a natural and valuable variation in human experience. In this natural state of being, neurological differences impact a person's social, emotional, and cognitive functioning in ways that affect the individual's behavior. And these variations can be identified within specific types of neurodivergence. Here are just a few of the more common examples of neurodiversity and their behavioral descriptions:

1. **Autism spectrum disorder (ASD):** Strong focus on specific interests, heightened sensory sensitivity, unique communication styles like preferring literal interpretations or indirect communication. May struggle with social interaction and prefer routines.
2. **Attention-deficit/hyperactivity disorder (ADHD):** Impulsivity, fidgeting, hyperactivity, and difficulty in focusing. May also have trouble with organization, time management, and completing tasks.
3. **Dyslexia:** Difficulty with reading, writing, and spelling due to differences in processing language. May have strong visual-spatial skills or excel in oral communication.
4. **Dyspraxia (developmental coordination disorder):** Challenges with coordination and movement, motor skills like handwriting, and gross motor activities like sports. May excel in creative problem-solving or have strong visual-spatial skills.
5. **Dyscalculia:** Difficulty with math concepts like number sense (a heightened ability to work with numbers), calculations, and problem-solving. May excel in other areas like language or visual-spatial reasoning.
6. **Tourette syndrome:** Involuntary tics, vocal or motor, that can range in frequency and severity. May also have co-occurring conditions like ADHD or OCD.

7. **Dysgraphia:** Difficulty with handwriting, including legibility, speed, and fluency. May struggle with written expression but excel in other forms of communication.
8. **Sensory processing disorder (SPD):** Heightened or underresponsive reactions to sensory stimuli like sound, touch, taste, smell, and sight. Can lead to difficulty in daily activities and social situations.
9. **Learning disabilities (LDs):** A range of conditions that affect specific areas of learning, such as reading, writing, math, or language processing. May have strengths in other areas and require different learning approaches.
10. **Giftedness:** Exceptional intellectual or creative abilities, often accompanied by asynchronous development and intensity in interests. May require specific support and learning environments to thrive.

**Note:** This list is not exhaustive, and neurodiversity encompasses a wide spectrum of experiences. So, while these examples are common, the number of examples is seemingly infinite, and the individual presentation of these conditions will be unique.

## NEURO-WHAT-IS-ITY?

It is critical to understand that all brains are wired differently. This is not about “good” or “bad,” but rather about a spectrum of strengths and challenges that shape our individual experiences. We live therefore in a natural diversity of human brains, each processing information and experiencing the world in ways that are just as valid as the next. As we continue to broaden our understanding, here are some common concepts and their meanings (NeuroQueer 2023):

**Neurodiversity:** The natural diversity of human brains, with an infinite variation in neurocognitive functioning. It is a biological fact – not a perspective, approach, belief, or political position.

**Neurodiversity paradigm:** The philosophy of neurodiversity. A perspective or approach that believes neurodiversity is a natural and valuable form of human diversity, with social dynamics similar to other forms of human diversity – ethnicity, gender, or culture.

**Neurodiversity movement:** The social justice movement. Not a single group or organization, rather, many individuals and groups seeking civil rights, equality, respect, and full inclusion for the neurodivergent.

**Neurodivergent:** A person whose brain functioning differs from what is considered “normal.” In other words, having a mind that functions in ways that significantly diverge from dominant societal standards of “normal.”

**Neurotypical:** A person whose brain functioning is considered “normal.” Or, having a style of neurocognitive functioning that falls within dominant societal standards of “normal.”

**Neurodiverse:** A group of people with different types of brains. Commonly misused where the correct word would be neurodivergent – individuals can diverge, but an individual cannot be diverse. Neurodiverse is restricted to a group of people with one or more members having neurocognitive functioning that substantially differs from the other members.

The key takeaway from the above neurodiversity terminology is to understand that it can be thought of as a spectrum. Just like there is no one way that different personalities (think introverts or extraverts) navigate the world or behave, there is no one way that neurodiverse individuals navigate the world. There are, however, some observations which may help us identify and work more effectively with neurodiverse individuals. Working effectively with individuals allows veterinary teams to work such that each team member contributes at their highest capacity. Our goal should be to create an environment in which first, all individuals feel included and appreciated. To include and appreciate others we should seek to identify individual’s preferences. Here are a few examples:

- **Learning styles:** Individuals who have not just a preferred learning style but a reliance on a particular learning style which may sometimes be polarizing.
- **Social interactions:** Aversion to social settings, eye contact and touch is another potential indication that an individual is neurodiverse. Pay particular attention to sensory sensitivities (overresponsive to stimulation such as bright lights, strong smells, loud noises, or certain physical sensations) if you are trying to determine if an individual is neurodiverse.
- **Communication styles:** Understanding communication styles as direct and concise vs creative and abstract can bridge gaps and foster empathy. Neurodiverse individuals may be very literal, struggling to understand sarcasm.

- **Emotional processing:** Recognizing different emotional processing styles can build understanding and support. Individuals who express emotions very intensely or who need time alone to process emotions throughout the day may be neurodiverse.

Let us now focus on the “so what” of neurodiversity by examining some statistics and data on neurodiversity.

15.5 million American adults were diagnosed with ADHD in 2023. Studies by Deloitte show that neuroinclusive companies have 2.5x cashflow/employee, 28% higher revenue, 30% greater profit margins and 2X net income as compared to non-neurodiverse companies. In the workplace, neurodiverse individuals often are misunderstood and misconstrued as lacking intelligence. This leads to chronic low and no employment throughout neurodiverse communities. In reality, neurodiverse individuals are often extremely loyal employees. Neurodiverse employees hold tightly to policies and procedures thus improving work outputs and quality outcomes. Companies hesitant to hire neurodiverse individuals may fear that the requested accommodations of those individuals will be costly. Common accommodations include flexible work hours, noise cancellation headphones and quiet areas. Data from the Job Accommodation network finds over half of accommodations cost nothing while most others are less than \$500.

Let’s look at several corporate examples of accommodation programs for neurodiverse individuals which you may be familiar with.

TSA Cares assists travelers who need additional support during security screening via Passenger Support Specialists (PSS). Individuals with disabilities, medical conditions or any need for support can call (855) 787-2227 seventy-two hours prior to their flight time. PSS assists individuals who feel pressured to quickly move through security checkpoints. The role of PSS is to provide a sense of calm and thoughtful reassurance at the airport. This program was rolled out in 2012 and received 3000 requests for assistance. In 2024 more than 69000 passengers were assisted.

The Hidden Disabilities Sunflower program is a global initiative to discreetly assist persons with hidden disabilities. This program was started at Gatwick Airport in 2016. Recognized in over 50 countries, over 3.5 million lanyards have been distributed. This discreet program allows individuals to signal that in shops, at work, on public

transportation or other public spaces they will need a helping hand, understanding or more time.

Microsoft’s Neurodiversity Hiring Program focuses on attracting and supporting neurodivergent candidates. Microsoft has partnered with Mentra an AI driven job matching platform to assist neurodivergent individuals find career paths in Microsoft by considering cognitive strengths, accommodations and environmental sensitivities. 97% of candidates placed through Mentra are retained at Microsoft. These programs offer ways in which we can think about making veterinary spaces more neuroinclusive for both clients and team members.

## MAKING VETERINARY SPACES NEUROINCLUSIVE

- All successful business initiatives must be secured by executive buy-in with visible leadership support.
- Re-think traditional hiring practices. In lieu of formal, rigid interview formats businesses may consider skills-based hiring interview formats.
- Recurring neurodiversity training for managers and teams.
- Personalized support for neurodiverse individuals through curiosity. Discussions should not focus on deficit focused accommodations but rather strength based optimization. Questions like, “What conditions help you do your best work?” and “When do you feel most energized in your role?” may help your team members feel more psychologically safe to engage in real dialogue with you.
- Flexible work arrangements where possible
- Sensory friendly environments minimizing distractions and strong smells
- Clear and concise communication
- Natural lighting
- Closed door spaces for individuals to work either alone or in groups and other noise mitigation
- Expanded Employee Assistance Programs (EAPs) to include behavioral health benefits and neuro-affirming resources.

## CONCLUSION

Neurodiversity, or differences in the way every individual's brain works, is a natural occurring fact of life. Neurodiversity is not a disease to be treated or a condition to be managed. Neurodiversity can be found anywhere you find people, including our team members, our clients, our vendors, our drug reps and all credentialed veterinary professionals. Neurodiversity if leveraged as a strength brings tangible benefits to organizations through increased employee satisfaction, improved client satisfaction and increased revenue due to increased client compliance. Neurodiversity has benefits which are fully realized in environments where individuals feel they belong, feel safe learning, feel safe contributing and most importantly feel safe challenging norms, protocols and procedures. Leaders and managers can cultivate these environments by becoming curious about the people working with them and the customers they serve. Neurodiversity training is essential for teams to fully leverage neurodiversity. Leveraging neurodiversity can be accomplished by modifications to physical spaces, hiring practices and policies and procedures. When you are unsure what your team members or clients may want or need, you can practice one of the oldest forms of data collection. When unsure, do not assume ask and listen for understanding. This process of asking and listening is beneficial to all neurotypical and neurodiverse individuals.

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5002

# BUILDING INDIVIDUAL AND ORGANIZATIONAL RESILIENCE NOW

## NEUROSCIENCE FOR BETTER TEAMS

 *Kemba Marshall, DVM | Founder, Marshall Recruiting Consortium*

### BUILDING INDIVIDUAL AND ORGANIZATIONAL RESILIENCE NOW

C equals DVM. I don't remember the exact first time I heard this in vet school, but as soon as I heard it I embraced it. When I think about some of the most challenging intellectual work I have ever done I think about vet school, my internship and my residency. There was SO MUCH to learn. I tried everything for study aids: note cards, elaborate highlighting schemes, turning to a random book chapter and asking myself a question about the page I happened to open. Like most veterinary school students I had done well in K-undergrad, very well. And then I started my first year of vet school with, you guessed it, anatomy. At some point during my first year, my anatomy professor Dr. Kevin Anderson, himself a physician, said, "Always remember C=DVM". That reframed everything for me and I no longer felt I had to achieve a 4.0 GPA in vet school in order to become a successful veterinarian.

I kept another critical vet school teaching throughout my career. Dr. Michael Schaer, one of my beloved vet school professors, taught us that any time we had to do a humane euthanasia, we were to work with our CSRs to ensure the next patient was always a puppy or kitten vaccine appointment. Neither my anatomy or critical care professor ever used the word resilience but the lessons they gifted me taught me a lot about resilience. In both scenarios my professors wanted me to accept my reality and then utilize resources to help me navigate those realities. Most importantly, my professors demonstrated to me that there were things in my control in both of my realities. This self-reflection of what I was in control of was actually one of the key steps to individual resilience.

### Individuals who seek to build their resiliency can follow four steps:

1. Accept your reality/experience-just as proverbial weeble wobbles get knocked down, cases will go south, owners will be angry, team members will have disagreements.
2. Find support-EAPs (employee assistance programs), hobby groups, friends, family, pets, peers, look to your left and your right, maybe someone sitting next to you as you read this.
3. Self reflection- Ask yourself what is good about this? Are you learning something new, relooking at a case not going the way you thought it would, looking up journal articles? When you think about how much you learn from cases that go just as you thought vs the ones that don't, when do you tend to learn more? You Always Have Other Options
4. Remember that you determine your value, your contributions, your responses, your worth.

### What all individuals can do:

- Remember that everyone will go through something, sometime.
- Remember that everyone gets knocked down.
- When asking who decides your value, your contribution, your worth remember you do.
- Find Support
- Accept your experience
- YAHOO (You Always Have Other Options) strategy, ask What's good about this?
- Adapt, recover and evolve in adversity

## RESILIENCY FOR DECISION MAKERS

Leaders must guide teams through disruption while staying focused on long term business goals and employee development. A leader's stability fosters trust and confidence in the team. Leaders must also adapt and innovate- by embracing change, learning from failure and identifying opportunities within challenges.

Resilience was listed as the most coveted leadership trait for the calendar year 2025. Decision makers must navigate the macro environments of political uncertainty, cultural shifts and economic volatility at work all while balancing their own personal and professional needs. Veterinary medicine spending is still made up of discretionary dollars. That means after rent, utilities and groceries clients consider what they can spend on their animals. To put that into a right now frame of reference, ask yourself this. What does a gallon of gas cost these days? How much is a bag of high-quality dog/cat food or horse feed? Families and individuals are facing pressure from multiple sides. Having or working with an animal that needs care adds to these existing macro pressures.

### Six Steps for Decision Makers to Build Their Resilience

1. Practice Optimism - believe in the possibility of solutions and commit to finding them (reframing, control controllables, celebrate small wins)
2. Embrace adaptability - stay curious, pivot when needed, continuously evolve (seek and act on feedback, stay informed about industry trends/ changes, encourage team problem solving)
3. Build endurance (sustain energy, focus and commitment over time)-prioritize nutrition, rest, exercise, utilize mindfulness and stress management, stay committed even when progress feels slow
4. Develop vision, a clear sense of purpose and direction. Connect actions to values and goals (regularly revisit goals to ensure alignment with values, communicate vision to team connecting their work to a larger purpose, use your vision to maintain focus)
5. Master stress management - identify the stressor and stress reliever, center yourself, BIBO, meditation, journaling, self-care boundaries
6. Build and maintain your support system of peer groups, family, friends, colleagues

## CULTIVATING LEADERSHIP AT THE INDIVIDUAL CONTRIBUTOR LEVEL

Leadership is a choice without regard for title, role or years in veterinary practice. Leaders inspire and empower teams. Everyday leaders include veterinary technicians, shift leads, associate veterinarians and customer service representatives. Even though you don't control a profit and loss statement, and even with zero decision making authority- you have the opportunity to lead (e.g. in the waiting and exam room!). There is always something you can do. For example:

- Notice who is not in the conversation
- Notice who is always in the seat of decision-making
- Notice when things aren't going well
- Acknowledge the weight of a poor patient outcome

### A recent Forbes Magazine article lists these 7 Cs for building resiliency at the individual contributor level -

1. Competence - knowing you're capable
2. Confidence - believing in your strengths and abilities
3. Connection to support network
4. Character – be true to your values and beliefs
5. Contribution – develop a sense of purpose in knowing you have the power to positively impact others
6. Coping - Knowing first that stress is unavoidable and second how to manage stressful situations
7. Control - Understanding the choices that you have and the consequences thereof

## ORGANIZATIONAL RESILIENCE

Organizations, just like individuals, exist in a state of constant flux. There are macro pressures like geopolitical events and economic challenges that organizations must manage. For businesses there is always the intrinsic need to sell products and services to the largest possible customer base. Organizational resilience then is a company's ability to adapt to and survive disruptive events. It allows a company to maintain its core functions and integrity.

## Building Organizational Resilience

- Organizational routines - efficient when work is predictable
- Simple rules or heuristics - rules of thumb that help speed up the decision-making process and prioritize the use of resources in a less predictable context
- Improvisation - spontaneous, creative efforts to address an opp or a problem

To become more adept at improvisation: Analyze and discuss processes before crisis hits

- Question assumptions behind your routines
- Practice doing more with less
- Deepen your knowledge of how your work fits into the whole
- Invest in building expertise
- Identify priorities
- Learn to give up control

Covid is a recent example of organizations have to adapt on the fly to do things differently. In our time together today we will share in small groups a "covid change" which was a necessity then that you still do now because it actually improved one of your organization's key performance indicators. This is a prime example that change, even when forced upon is, can often lead to improvements. This ability to reframe challenges and obstacles is key to individual and organizational resiliency.

Resiliency, the ability to bounce back, is key for individual contributors, business leaders and organizations. Resiliency can be developed and in our current state of affairs, it should be intentionally developed. In this presentation we have discussed immediate actions individuals, business leaders and organizations can take to build their resilience. If there is a need for inspiration we can think back six years ago to the global covid-19 pandemic and what was required to successfully navigate that pandemic. Undoubtedly some of those historic necessary changes have or can be incorporated into our current policies, procedures and practices.

5003

# THE COST OF CULTURE

## NEUROSCIENCE FOR BETTER TEAMS

 *Kemba Marshall, DVM | Founder, Marshall Recruiting Consortium*

### CREATING A HEALTHY, POSITIVE PRACTICE CULTURE

Introduction -Veterinary medicine, like our planet, has seen a lot of change over the last six years. Covid, curbside care, mental health and disease, social media, client and employee expectations have all impacted the profession of veterinary medicine. At the height of the covid pandemic veterinary medicine rose to the challenge with innovative ways to keep our teams, animals and clients healthy and safe. With more time at home, client demands for veterinary medicine services surged during the pandemic. With more time at home, employee demands for work and life surged during the pandemic. These surges have continued even if clinic visits have waxed and waned. What is at the heart of any veterinary setting is culture. In today's presentation we will talk a lot about culture, why it matters and how it is created.

Culture can be defined as a system of norms, expectations and beliefs accepted by a group of individuals.

Often culture is communicated and imitated without individuals being conscientiously aware of this. Culture is demonstrated by the way team members speak to one another, disagree with one another and hold each other accountable. Additionally, the way clients are treated and talked about is due to the workplace culture. Organizations like veterinary practices are envisioned into life by a founder to accomplish a specific why. The "how" an organization operates represent values based behaviors over a series of interactions. Over time these value-based behaviors can be viewed as crystals. Over time these crystallized cultural norms become "the way we do things around here". Culture is either intentionally created or unintentionally destroyed with each human to human interaction.

What then does a healthy culture look or feel like? In healthy cultures, all individuals are seen, heard and valued. Healthy cultures also align around a clear mission

and shared values. Once the mission is understood steps are communicated so that all individuals understand their role in accomplishing the mission. At the conclusion of the mission there is a vision statement which describes an ideal scenario. For example, a Acme Veterinary Clinic may exist to provide better health outcomes for animals and the people in their lives. Expected outcomes for Acme Veterinary Clinic may include cutting edge veterinary medicine that improves animal health customer service that exceeds every expectation. These expected outcomes can be quantified by a certain number of animals being seen by a certain date, or decreasing local incidences of veterinary dental disease, skin disease or arthritic pain. Shared values for Acme Veterinary Clinic might include healthy people, healthy pets and healthy human interactions. These shared values could then translate to employee health insurance, childcare, personal time off, meal and restroom breaks and individual development plans.

With an established mission, vision and shared values, employee recruitment and retention are tied to business performance. Transparent mission and goal tracking allow all employees to take ownership of business outcomes. Shared missions and values also provide a way to navigate conflict. All hiring, training, reward, recognition, firing and coaching decisions should align to the organizational agenda. It is critical to ensure that a healthy, positive culture does not dissolve into toxic positivity. Healthy, positive cultures do not dismiss people, their feelings or their contributions. Additionally, healthy, positive cultures allow people to talk about the tough stuff.

Contrary to popular belief, conflict is quite normal between humans. Emotions can heighten this conflict especially when you have individuals who work in their calling working with individuals who value animals as their children. How organizations address conflict is

what creates the culture. A healthy, positive culture allows individuals to get to the real issue while working purposively to address “the elephant in the room” or the feelings of someone else.

There are costs to having a negative, unhealthy work culture. Organizational staffing levels influence hours of operation, training/onboarding activities, employee and client turnover. Many of the key issues impacting the veterinary medical profession are rooted in workplace culture. In Canada the annual turnover rate for veterinary professionals is 23%, the average annual turnover rate for Canadian employees is 16.9%.

The employee net promoter score (ENPS) is a critical tool for monitoring the employee experience. This powerful survey consists of two questions: 1. On a scale of 1-10 how likely are you to recommend our workplace to a friend? 2. What is the principal reason for your score? Survey results should be communicated to the entire workforce along with actionable steps to improve based on that employee feedback. For any survey, employees must operate at the highest level of psychological safety. ENPS is an effective tool for prioritizing the needs of the team.

Psychological safety has four stages. The first stage is foundational and contributes to a sense of belonging. Stage 1 is inclusion safety and asks, “Am I wanted and appreciated here?”. Stage 2 only occurs after spending time with others. Learner safety is stage 2 and asks, “Can I admit mistakes or share feedback without fear?”. Stage 3 is evidenced by individuals offering insights, sharing perspectives and applying their talents. In contributor safety, the question to be answered is, “Will my contributions be dismissed, ignored or put down?”. Challenger safety, stage 4 is the highest level of psychological safety. Stage 4 is evidenced by individuals challenging the status quo, offering constructive criticism or proposing changes. Challenger safety hopes that there is no retaliation for rocking the boat.

## CONCLUSION

Veterinary medicine is not in a good place at present. Burnout, staff shortages and team dissatisfaction feel like all we ever hear about. Additionally, the practice of administering care to our patients and our clients requires that we give of ourselves constantly. The highs and lows of seeing patients recover and end of life discussions take their toll on each of us. Conflict around these emotions then should not be surprising. Add to this our outside of work lives as parents, partners, siblings, providers and caretakers and it is not surprising that veterinary practice can be complicated.

In the midst of all the chaos however, there exist practices where none of these things occur. Practices where financial growth comes because of the team, not at the expense of the team. Such places are considered islands of excellence and they tend to have something in common. They have taken culture seriously and worked tirelessly, often for years on cultivating a place where people are proud to work and business is a two way street designed for all to win.

Purpose, mission and values are often found at the center of healthy cultures. If there is lack of alignment on the team regarding purpose, mission and values, culture will suffer. Purpose can be defined as why we choose to exist together beyond financial gain. This statement should hold true for both individuals and the organization.

Employee turnover is a key performance indicator. In a survey of 2000 employees, 34% said corporate culture caused them to look for a new job. Sick days and overall absenteeism are also ways to assess practice culture and employee experience. Veterinary medicine is at a good place in this moment at select work spaces. Those practices have purpose, mission and values aligned to their practice culture and operate at the highest level of psychological safety.

5004

# STOP HIRING & START RETAINING

## NEUROSCIENCE FOR BETTER TEAMS

 *Kemba Marshall, DVM | Founder, Marshall Recruiting Consortium*

We are still dealing with the impacts of covid-19 on the global workforce. As we were shut in our homes many gained covid clarity, where our personal and professional priorities became crystal clear all of a sudden. We discovered new hobbies, new routines and in some instances quit our jobs. Even those of us who did not quit our jobs saw the evening news and newsfeeds describe the Great Resignation. Help wanted signs were everywhere and we all waited longer for seemingly everything. We saw employees leave jobs and secure new ones with significant pay and benefit increases. We saw signing bonuses skyrocket and a entirely new gig economy come to life right before our very eyes. Many who quit jobs secured different employment opportunities earning a higher wage. According to recent AVMA data there are conservatively 11 jobs available for each veterinarian looking for a new opportunity. These numbers are likely to be even higher for support teams including receptionists and veterinary technicians. The Great Resignation has highlighted the ability of employees to transfer skills easily from one industry to the other.

It has also been stated that people join companies or organizations but leave people. Common reasons employees leave employers include not feeling seen or valued by employers and not seeing a path for career advancement. Historically because of incentives like pensions, employees joined a company and retired from that same company. It is now common for employees to spend their working years with multiple employers. Employees are looking for experiences where they are able to contribute and influence the course of the organization. The time has passed when employees simply clocked in for a shift and got paid at the end of the week. Employees are often looking to grow and develop their skillsets even if they wish to remain in their current role. The employee experience should be cultivated through frequent communication between managers and employees.

Three questions should come to mind when employers are thinking about retention (encouraging employees to stay with current employers) and recruitment (encouraging job seekers to join new employers). These questions are part of the join-stay-leave assessment. Why do individuals join or organization? Why do individuals leave our organization? Why do individuals stay at our organization? These results can give valuable insights towards organizational best practices for retention and recruitment. Join-stay-leave assessments can be done formally or informally. Employees need to be able to freely answer the questions asked and managers need to be sincerely committed to acting on feedback once it is received. The art of retention and recruitment is listening to what individuals ask for and finding a way to give it to them.

Let us begin our discussion our discussion with retention. I am of the opinion that retention is the more important area to focus on. If employers are unsuccessful at keeping the employees they have today it is highly likely that those same issues will eventually cause newly hired employees to leave as well. There are dollar costs associated with employees who leave. These costs have been estimated at 1-2X the employees salary. There are also immeasurable costs associated with turnover. Employees leave and take knowledge with them that is often never written down. This tribal knowledge can be all but impossible to replace. Employees who remain will undoubtedly have to pick up extra work. There is also the morale impact on employees who remain. There is the inevitable ripple of questions. "If so and so left, should I also be looking" is a question that can linger with employees who remain for extended periods of time. Increased roles and responsibilities can lead to burnout and increased workplace tension. The longer it takes to fill a position the more likely it is that individuals will be asked to do more work, often without an increase in paid wages. Cross training can be an effective means of not only engaging associates but also

creating a stop gap in the event of employee turnover.

Cross training is an effective strategy to not only ensure associates are able to cover different areas of the hospital but also a way to solicit feedback from employees on ways to improve the client and patient experience. When you are new to a role the pain points of how that work gets done are very obvious. Once you have been in role for awhile you find or develop work arounds. Work arounds are created to fill a gap or a void in a process or procedure. Soliciting employee feedback on workflows is a great way to hear the employee experience through a fresh perspective. Continuing education courses are available online and in person. Once an employee has gone to a course or even completed a webinar, consider having that individual summarize the training for the rest of the team. Employee training plans should be crafted by both the employee and the employer to ensure that they are mutually beneficial. Upskilling is where associates are trained in an enhanced skill. For example, if there are kennel assistants who would do well in veterinary technician school, can your organization cover all or a portion of that training? In reskilling associates are trained in a new area. For example, are there receptionists who have interest in becoming credentialed veterinary technicians or attending veterinary school? Assisting with this type of employee development is a powerful retention tool for both the employee and for those that learn of this.

When you are asking for feedback or asking what experiences your employees are looking for it is unlikely you will be able to do everything they ask. You should state up front what financial or legal limitations you have. This transparency goes a long way in building trust. The goal of these discussions are to ask what would be meaningful for the employee, actively listen to their response and then find the middle ground together. By explaining at the outset both sides will need to compromise you can set up conversations for success. Development plans are supposed to be long term, the goal is to build a foundation with the employee so they understand what is to happen over the short, medium and long term. Compromise may be as straightforward as understanding what an employee is looking for over the next 12 months and then compromising to develop a plan to deliver what they are looking for over the next 24-36 months. This also has to be a two way conversation regarding employee development. Explain the goal of these conversations so the employee has time to think and

then have the employee come back to you when they are ready to have the conversation. Wait until the employee has as an idea of what they would like to see for their own personal development. Development plans written by an employer for an employee lack enough buy in at the onset to be successful most times. A good thought starter may be to ask an employee, "What does your ideal work life look like?"

Everyone is prioritizing a healthy work-life balance these days for obvious reasons. When asking, what does your ideal work life look like, be prepared to only listen in the first conversation. No idea should be disregarded at the onset. Take time to reflect on what your employee has shared and why they have shared the information. At minimum you should thank the employee for sharing this information with you. A good compromise is thoughtful and will validate concerns raised by your employee. Development plans may include skills an employee wants to develop that are both personal and professional. For example, if your go to person says they are missing time with their kids and want to leave on time each day, what are you willing to do in order to make that happen? Total compensation packages including dental, health and vision benefits should be reviewed frequently. This review should include both management and employees to understand if the benefits offered are the ones that are most meaningful to your employees. For employees who are prioritizing a healthy lifestyle a good compromise may be more healthy food options on the menu when clinics have food delivered. Group memberships to local gyms or YMCAs are also options you can look into to address work-life balancing.

Once you have started critically evaluating work-life balance, a key question emerges. What benefits/ programs do we not have that would help employees in their personal and work lives? These should also be group discussions. You may have employees on your team that have worked at other businesses and had benefits and programs that really were deemed valuable. There are many options to consider anything from ergonomic work stations or a different way to recognize employees. Employee of the month parking spaces have been around for a long time. Does that help your employees? The only way you will know is to ask for feedback, listen closely to what you hear and then work together on compromise. Remember that work life balance also includes not having to repeat a task throughout the day due to computer or telephone issues. This is also a good time to assess

whether or not employees have the tools they need to do their jobs.

If we now focus on understanding the market and paying fair and competitive wages, this applies to both employees we want to retain and employees we want to attract. Looking at starting salaries for other hourly jobs in your community is a good way to gauge your local market. We should not have veterinary care team members leaving the industry because they can make drastically more in an industry like fast food or casual dining when their passion is to work with and around animals. Local chambers of commerce and small business administration centers are another good resource for understanding local wages and benefits. In addition to starting wages, scales for promotions and timed salary increases should also be understood by both managers and employees. Prosal and other compensation programs tied to commission should be routinely evaluated and clearly explained to associates. There has been a lot in the news about paying hiring or sign on bonuses. While these are a great way to recruit talent they can backfire when existing employees are not given any type of staying bonus. It is also important to note that money not always be the most important thing. For some a four day workweek may be most important. For the go to person who wants to leave work on time the most important thing may be filling key roles so that individual does not have to take on so much. This will become obvious when you ask employees what is important for their personal and professional lives at this time.

Lastly as we work our way through this post-pandemic resetting of normal, leadership has never been more important for retaining and recruiting employees. Lead from the heart with vulnerability, humility, transparency and empathy. The pandemic is still with us and we are dealing with a host of other issues both professionally and personally. Leaders should be willing to be human in front of their employees and invite employees to be fully human at work also. This means realizing that there are things that we have all lost over the past two years that we will never be able to regain. It also means that things happen that are out of our control. It should also mean that effective teams have rallied together and faced seemingly insurmountable odds. Being vulnerable means we expect the best of ourselves and our teams and understand when things don't go as we planned. Humility means saying "I don't know". We have all said that more often over the past two years. Being humble

means acknowledging someone else in the room has an opinion or a point of view that is different from yours and as valuable as yours. Being humble means solutions do not always come from the top. We have discussed transparency where you share as much with the team as you can because no one likes to be caught off guard or surprised at work. Empathy means recognizing others and taking the time to understand a perspective that you may not share. While there are many businesses over the past two years that have had tremendous burnout and turnover there are also businesses which have thrived over the past two years. They have solidified their culture and established themselves as an employee of choice. They have found that when employees are treated well they will go above and beyond to deliver care and customer service. For these practices retention and recruitment are a team effort where individuals are asked their opinions, those opinions are heard and valued and as a team, compromises are made.

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6001

# LOYAL CLIENTS AREN'T BORN – THEY'RE BUILT

## BUILDING LOYAL CLIENTS

 Stacey Santi, DVM | Founder, Vet2Pet

### INTRODUCTION

Most of us were never taught how to build loyalty. We were taught how to diagnose, how to treat, how to save lives. And somewhere along the way, we assumed that if we did those things well enough, clients would stay. But that's not actually how it works. Loyalty isn't built on medicine alone. It's built on how people feel when they interact with you, your team, and your practice. And if you've ever wondered why great medicine doesn't always translate into long-term clients, you're not alone.

The reality is bonding rates aren't as strong as we think. A large percentage of clients don't come back consistently, and when they leave, it's rarely because of a missed diagnosis. It's because of how the experience felt. We saw this amplified during COVID. Clients were frustrated, anxious, and disconnected. They couldn't be with their pets, communication broke down, and suddenly we saw very clearly what actually matters to them.

That's where this framework comes in. The 7 Love Languages of Loyalty are the ways clients interpret care. Not what we think we're delivering, but what they actually feel.

### ACCESSIBILITY

If clients can't get to you, they can't stay loyal to you. It's that simple. Accessibility isn't about working harder or longer hours, it's about being smarter with how your practice is set up. When someone is worried about their pet, they don't want to wait three days and they don't want to jump through hoops. They want to feel like you're there. Practices that win in this space create pathways, not barriers. A few small shifts in scheduling, communication, and pharmacy workflows can completely change how accessible you feel without burning

out your team. And the practices that figure this out? They feel different to clients immediately.

### COMMUNICATION

Your clients are not hearing most of what you say. Within an hour, they've already forgotten half of it, and within a week, almost all of it is gone. That's not because they don't care. It's because they're stressed, emotional, and overwhelmed. So when we say "they didn't follow my recommendations," what we often mean is "they didn't fully understand or retain what I said." Great communicators don't just talk more, they talk differently. They simplify, they repeat, they structure information in a way that actually sticks. And when you get this right, everything improves: compliance, trust, and outcomes.

### CONVENIENCE

We are all consumers outside of veterinary medicine, which means we know exactly what convenience feels like. We expect things to be easy, fast, and seamless. And then we walk into our own practices and realize... we're not always delivering that experience. Convenience is one of the fastest ways to build loyalty because it reduces effort. If it's easy to book, easy to refill, easy to get answers, clients stay. If it's not, they start looking elsewhere. The good news is this is one of the most fixable areas in a practice. A few thoughtful systems can make your practice feel dramatically more modern and client-friendly.

### TRUST

Trust isn't built in one big moment. It's built in a hundred small ones. It's in how you talk about money. It's in

whether you call when you say you will. It's in how you respond when a client suggests something they found online. The fastest way to lose trust is to make someone feel dismissed or judged. The practices that build deep trust treat clients like partners, not problems. They're consistent. They're transparent. When trust is strong, everything else gets easier.

## EDUCATION

Clients are going to Google and AI. That's not changing. So the question isn't how to stop it, it's how to guide it. Education is one of the biggest opportunities we have, and one of the most underutilized. Most people are visual learners, and most of what we explain verbally doesn't stick. The practices that stand out are the ones that make learning easy. They show, they simplify, and they reinforce. When clients understand what's happening and why, their anxiety drops and their confidence goes up. And confident clients make better decisions.

## PERSONALIZED CARE

Not every client wants the same experience, and not every pet needs the same approach. Some clients want all the details. Some want the highlights. Some are relaxed, some are stressed, some are in a hurry. The magic

happens when your team can read the room and adjust. Personalized care isn't about doing more, it's about doing what matters to that specific person and that specific pet. When clients feel known, not just seen, it changes the entire relationship.

## SURPRISE & DELIGHT

This is the fun one, and it's often the most memorable. Surprise and delight are those small, unexpected moments that make someone stop and think, "Wow, that was different." It doesn't have to be big or expensive. In fact, it usually isn't. It's about thoughtfulness. It's about creating moments that feel personal and a little bit unexpected. These are the things clients talk about, share, and remember long after the medical visit is over.

## CONCLUSION

Loyalty isn't an accident. It's built on purpose. And the practices that focus on these seven areas aren't just delivering care, they're creating experiences people want to come back to. The good news is you don't have to overhaul everything at once. Even small shifts in one or two of these areas can start to move the needle. And once you start seeing it, you can't unsee it. Loyalty becomes something you design, not something you hope for.

6002

# HOW TO ROLL OUT CHANGES THAT STICK

## BUILDING LOYAL CLIENTS

 Stacey Santi, DVM | Founder, Vet2Pet

### INTRODUCTION

If you've ever rolled out a "great idea" in your practice and watched it die a slow, painful death within two weeks, you are in very good company. Most changes don't fail because they're bad ideas. They fail because of how they're introduced, who's involved, and how they're executed. We tend to move fast, assume buy-in, and then feel frustrated when the team doesn't follow through. But the truth is, change is a process, not a memo announcement. And if you want something to actually stick, you have to be far more intentional about how you build it, roll it out, and support it over time.

This framework is designed to help you do exactly that. Not just implement change but implement it in a way that people adopt it so it sticks.

### STEP ONE: CHOOSE THE RIGHT PROBLEM

Most practices don't have a shortage of problems. They have a shortage of focus. It's very easy to get caught in the cycle of trying to fix everything at once, which usually results in fixing nothing well. Before you do anything else, you have to get clear on what you're actually trying to build. What kind of practice are you trying to create? And where are the biggest gaps right now? Whether it's patient care, client experience, team dynamics, your own sanity, or the business side, the goal is to identify the problems that actually matter, not just the ones that are the loudest. Because if you pick the wrong problem, even a perfect rollout won't save it.

### STEP TWO: RUN THE PROBLEM THROUGH THE GAUNTLET

This is where we tend to skip steps, and it costs us. We jump straight to solutions without really understanding the

problem. In medicine, we would never do that. We wouldn't treat without a diagnosis. But in practice management? We do it all the time. The smartest way to approach this is to think like a clinician. Start with what you think is going on, then actually gather data to prove or disprove it, then make a diagnosis, then create a plan, and then reassess. It sounds simple, but most people don't take the time to do it properly. And when you don't, you end up solving the wrong problem or creating a solution that doesn't hold up in the real world.

### STEP THREE: PRIORITIZE WHAT'S WORTH YOUR TIME

Not all problems are created equal, and not all of them deserve your attention right now. One of the biggest mistakes practices make is investing a ton of time and energy into changes that don't actually move the needle. This is where prioritization comes in. There are simple ways to evaluate ideas based on how many people they impact, how meaningful that impact is, how confident you are in the outcome, and how hard it will be to implement. When you start looking at problems through that lens, it becomes very clear which ones are worth pursuing.

### STEP FOUR: KNOW YOUR PEOPLE

Not everyone on your team thinks the same way about change. Some people are excited by it. Some tolerate it. Some actively resist it. And if you treat everyone the same during a rollout, you will struggle. Every practice has a mix of personalities, from the people who want to try something new yesterday to the ones who would prefer nothing ever change again. The key is understanding who these people are and using them strategically. Because the success of your rollout has far less to do with the idea itself and far more to do with who is driving it and who is influencing the rest of the team.

## STEP FIVE: BUILD A ROLLOUT PLAN THAT ACTUALLY WORKS

This is where most ideas either gain traction or fall apart. A good rollout is not a lunch and learn. It's a sequence. It starts with identifying a few key people who will help lead the change, giving them the space and training they need, and then expanding to the broader team. There's a moment in every rollout where you have to decide if this is something you're going to commit to or walk away from. And once you go live, the real work begins. Gathering feedback, adjusting, and refining. The practices that do this well don't expect perfection out of the gate. They expect iteration.

## STEP SIX: CHAMPIONS MAKE OR BREAK IT

You cannot do this alone. The people you choose to help drive the change matter more than the change itself. The best champions are not always the loudest or the most senior people. They are the ones who have influence, credibility, and enough ownership to actually move things forward. They need time, autonomy, and alignment with your goals. If those pieces aren't in place, even the best champion will struggle. When you get this right, everything moves faster and with far less resistance.

## STEP SEVEN: EXPECT OBSTACLES (AND PLAN FOR THEM)

Every rollout will have friction. The question isn't if something will go wrong, it's what and when. Some obstacles are obvious and predictable, others come out of nowhere. The more you can anticipate what's likely to happen, what might happen, and what would completely derail the project, the better prepared you'll be. When obstacles show up, and they will, your response determines whether the change survives or quietly disappears.

## CONCLUSION

Rolling out change that sticks is about being deliberate. When you slow down just enough to choose the right problem, understand it deeply, involve the right people, and build a thoughtful rollout, things change. Not overnight, but steadily. And once your team starts to see that your changes actually work, buy-in becomes easier the next time. That's when momentum starts to build. And that's how you create a practice that is truly built to last.

7001

# CASE STUDIES

## STUDY GROUP FOR A DAY

 *Darren Osborne, MA | Director of Economic Research, Ontario Veterinary Medical Association*  
*Greg Toner, CPA, CA, TEP, CLU | Owner, VetCPA Professional Corporation*

We all struggle with medication markups, scheduling RVTs, and compliance. In Study Group for a Day, you will be put into breakout Study Groups and will look at different case studies involving these issues. In the safety of your Study Group, you can explore new ideas, test long standing beliefs and push yourself to find the answers to these lingering questions.

Following are the case studies for each session. Attendees will be divided into breakout groups and tackle one case study per session. Groups will present their findings, and a winning group will be chosen for each case study.

### MARKUPS: PROTECTING YOUR PRACTICE FROM INTERNET PHARMACIES

This following case study explores the financial trade-offs between in-house veterinary dispensing and external pharmacy fulfillment.

### CASE OVERVIEW: THE PRICING CONFLICT

Dr. Victoria runs a privately owned two doctor veterinary hospital. Currently, pharmacy sales account for 25% of the clinic's gross revenue. However, a local human pharmacy has begun marketing "Pet-Friendly Pricing" directly to her clients, creating a competitive friction point. A good, long standing client recently asked Dr. Victoria for a prescription for her pet's medications so she could have them filled at the local human pharmacy. Dr. Victoria's manager went online and found out the drug prices were a lot lower at the local pharmacy but there were higher fixed costs.

### THE FINANCIAL MODELS

The veterinarian and pharmacist use vastly different cost recovery structures:

FEE COMPONENT	VETERINARY HOSPITAL	HUMAN PHARMACY
Drug Markup	100% (Cost x 2)	23% (Cost x 1.23)
Dispensing Fee	\$37.60 (Discretionary)	\$15.00
Shipping/Handling	\$0.00 (Point of Sale)	\$15.00
Prescribing Fee	\$24.90 (Discretionary)	\$24.90 (Charged by Vet)

## COMPARATIVE ANALYSIS

To understand the "Break-Even" point where a client saves money by switching to the pharmacy, consider these three medication scenarios:

- Short-term Antibiotic (Cost: \$20.00)
- Vet Hospital: \$40.00
- Pharmacy: \$79.50
- Result: The client pays \$39.50 more at the pharmacy due to fixed fees.
- Chronic Heart Medication (Cost: \$80.00)
- Vet Hospital: \$160.00
- Pharmacy: \$153.30
- Result: The pharmacy is \$6.70 cheaper. This is the "switch point" for many clients.
- Specialty Medication (Cost: \$150.00)
- Vet Hospital: \$300.00
- Pharmacy: \$239.40
- Result: The pharmacy is \$60.60 cheaper

## DISCUSSION QUESTIONS FOR STUDY GROUP

**Customer Psychology:** At what "savings threshold" do you believe a client is willing to wait 3-5 days for shipping versus walking out of the clinic with the drug today?

**Operational Ethics:** The \$24.90 prescribing fee is a "barrier to exit." Is this a legitimate administrative cost recovery or a punitive measure that could damage long-term client trust?

**Competitive Strategy:** If Dr. Victoria wants to keep high-cost drug sales in-house, should she move toward a "Fee + Low Markup" model similar to the pharmacy, or emphasize the value of "Immediate Care"?

What would you do if you were Dr. Victoria?

## MANAGING STAFF: HOW MANY RVTS DOES IT TAKE TO SCREW IN A LIGHTBULB?

This following case study explores human resource and revenue opportunities from increased use of RVTs for order and implementation, technician led appointments and advanced delegation.

## CASE OVERVIEW: INTRODUCING TEAM BASED CARE

Queens Landing Veterinary Hospital is a two-doctor, four-Registered Veterinary Technician (RVT) practice struggling with a steady caseload and staff burnout. Despite having a high technician-to-doctor ratio (2:1), the veterinarians spend a significant portion of their day on routine procedures, injections, phlebotomy, and dental cleanings. Meanwhile, the RVTs report feeling underutilized, often performing duties like basic cleaning or restraining that could be handled by assistants.

## THE LEGISLATIVE SHIFT

Modern legislation is formalizing a "one profession, two professionals" model. This change enables RVTs to perform to the full extent of their training through authorized activities like

### 1. Implement "Order and Initiation" Models

Under new legislation, RVTs can initiate authorized medical tasks without a direct, case-by-case order from a doctor for every step.

### 2. Launch Technician-Led Appointments

**Wellness & Vaccine Boosters:** RVTs conduct the visit and administer vaccines.

**Chronic Care Management:** Consults for nutrition, weight loss, and monitoring diabetic patients.

**Post-Operative Rechecks:** Incision checks and bandage changes.

### 3. Advanced Technical Delegation

Modern regulations allow RVTs to take on higher-risk activities under appropriate supervision.

**Surgical & Dental Support:** Utilize RVTs for advanced anesthesia monitoring, pain assessments, and complex imaging (e.g., dental radiology).

**Administrative Leverage:** Empower RVTs to draft medical records and SOAPs using standard templates, saving significant doctor time.

## DISCUSSION QUESTIONS FOR STUDY GROUP

**Operations:** How should the hospital restructure its daily schedule to integrate RVT-led appointments without disrupting the doctors' flow? How will appointments be structured?

**Delegated Tasks:** What tasks will RVTs perform and who is on the new team?

**Financial Consideration:** How are RVTs paid under the new model? How much revenue can RVT's contribute to the practice? How much veterinary time can RVTs free up by taking on more client facing tasks?

**Pricing Challenges:** How will you set your fees for the following scenarios?

## PROCEDURE

### Recheck Appointment

Done by veterinarian

Done by RVT

### Monthly Injection

Administered in "back"

Administered in RVT appointment

### Annual Wellness w Vaccines

Done by veterinarian

Done by RVT

**Marketing:** How is the new team-based approach presented to the rest of the hospital and clients?

What would you do if you oversaw Queen's Landing Veterinary Hospital?

## MARKETING: WHY WON'T MY CLIENTS RETURN MY EMAILS?

This following case study explores the Search Engine Optimization paradox – data vs. perception. Groups will develop client personas and determine the best method to connect with their persona(s). Best methods include the new role of AI to find and get found on the internet.

**Case Overview:** Customer Segmentation, Persona Development, and Search Engine Algorithms

Dr. Victoria, owner of Queens Landing Veterinary Hospital, is a highly skilled practitioner in a competitive suburban market. Business is steady, but growth has plateaued. One afternoon, Dr. Victoria conducts a quick digital audit of her practice.

**The "Near Me" Win:** When she searches for "veterinarians near me" while sitting in her office, her hospital appears in the "Local Map Pack" (top three results). She feels confident.

**The "Best" Loss:** She then searches for "best veterinarian near me." This time, the search engine's AI-driven generative results and review-weighted algorithms kick in. Queens Landing is nowhere to be found on the first page. Instead, competitors with more robust review profiles and "lifestyle-oriented" content dominate the screen.

Frustrated by this invisible barrier, Dr. Victoria contacts Dewey Cheatum & Howe Marketing Group. She tells them, "I'm a top-tier vet, but the internet doesn't seem to know it. I need more clients who value quality over cost."

The marketing consultant's first question stops her cold: "Who is your target audience?"

Dr. Victoria pauses. "Anyone with a pet," she says. The consultant shakes his head. "To move the needle on those 'Best' searches, we need a specific Persona. We need to know who we are talking to before we can tell them why you're the best."

## THE CHALLENGE

Dr. Victoria has the data of 1,200 active clients, but she has never analyzed their demographics, psychographics, or pain points. She needs to transition from "General Practitioner" to "Preferred Choice" by defining her ideal client.

## THE ASSIGNMENT

You are Dr. Victoria and you need to develop a Client Persona.

### Part 1: Data Gathering (Hypothetical)

Based on the suburban location of Queens Landing, identify three potential segments you might serve:

**The "Puppy Parent":** High-income, first-time owners, tech-savvy.

**The "Silver Companion":** Retirees with aging pets, high loyalty, prefers phone calls over apps.

**The "Budget-Conscious Family":** Busy households, price-sensitive but need convenience.

### Part 2: Developing the Persona

Choose one of the segments above (or make up your own) and create a detailed persona profile including:

**Name & Demographics:** (e.g., "Suburban Sarah," age 34, \$110k HHI).

**Pet(s):** What are her pets and what are their names?

**Goals:** What does she want for her pet? (e.g., "Longevity and Instagram-worthy health").

**Pain Points:** What keeps her up? (e.g., "Conflicting advice on TikTok vs. the vet").

**Digital Behavior:** Where does she look for the "Best"? (e.g., Local Facebook groups, Google Reviews).

**What Defines Her:** What car does she drive, what is she reading right now, what streaming service does she use and what is she watching? Where does she go on vacation? If you had to describe her with one phrase what would that be?

### Part 3: Strategic Application

How would defining this persona help Dr. Victoria solve her "Best Veterinarian" search problem?

**Hint:** Consider how specialized content (e.g., "The Best Senior Pet Care Guide") affects SEO differently than a generic homepage.

## DISCUSSION QUESTIONS

Why did the AI-driven search for "Best" yield different results than the location-based search for "Near Me"?

How does having a specific persona change the way a business collects and manages online reviews?

What are the risks of Dr. Victoria continuing with an "Anyone with a pet" marketing strategy?

## GET SMARTER AT SOLVING PROBLEMS

Once you understand the problem, you no longer have a problem.

Practices struggle with problem-solving because they jump to solutions too quickly. They treat different problems the same way, or they confuse symptoms with the root causes. The most common problem is people relying on quick fixes.

Not all problems are the same, so they shouldn't be solved the same way.

First, you should start by classifying the problem. Is it an equipment issue, a protocol issue, or a people issue?

You can't solve all problems the same way.

## FACILITIES AND EQUIPMENT

If you're looking at an equipment or facility issue, a cost-benefit analysis is typically the way that you want to look at the solution. Things to consider are repair versus replacement, downtime and the impact that the new equipment will have on your productivity and efficiency gains. With replaced or repaired equipment, consider a return on investment calculation for an upgrade or new technology.

## PROTOCOLS

If you have a protocol issue, you need to fix the system. You need to understand what the underlying problem is and where the system is breaking. Is it a handoff? Is it a lack of clarity? Is it an inconsistency? Then you need to identify who is best to draft the updated protocol or document what you've been doing so far. Then, someone needs to review that protocol and ensure team alignment.

Finally, the team needs to check in to ensure the redesigned or new protocol is working as intended.

Most importantly, you can't blame people for broken systems.

## PEOPLE

People issues can be broken down into two broad topics:

1. Skills issues
2. Personality issues

Within skills issues, we can look at whether the issue is:

- A gap in baseline expectations (something that everyone should know how to do)
- A specialized skill that they do not have

If it's a baseline skill issue, then you likely need to look at reinforcing expectations or providing refresher training.

If it's a specialized skill, you can approach this similarly to an equipment decision. Is it worth investing in this specialized

skill, and will it generate a return for your practice, either through cost savings or increased revenue?

Personality issues are the hardest issues to work through.

The first question you need to ask is whether there's an underlying cause. You need to go deeper and look at whether there's an underlying cause within the practice. Or is that underlying cause outside the practice?

Within the practice, issues typically fall into one of four buckets:

1. Role clarity
2. Communication breakdown
3. Team structure
4. Workload

These four issues can be broken down by revising the expectations and definitions of each role.

Practice managers and practice owners typically don't have as much control over external issues. Personal lives get messy. There are lots of layers to people, and we typically only see the surface at work. If there is an issue at home, it's possibly inappropriate to get into the full details of that issue at work. You may need to consider extending other support services, such as an Employee Assistance Program, so that your staff have the resources to help them work through the challenges they're facing personally.



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