atDove Lecture Notes

ANNUAL CONFERENCE LECTURE NOTES

COMMUNICATION TRACK

Demystifying Small Exotic Mammal Anesthesia and Analgesia for the Small Animal Practitioner

Kelly Flaminio, DVM

Introduction

Small exotic mammals are becoming increasingly popular companion pets in the community. This requires the small animal practitioner to become more familiar with these zoological species to be better able to serve their client base. The ability to provide excellent medical care to these animals highly relies on the practitioner's comfort level in administering analgesia, sedation and anesthesia. Many species, unlike dogs and cats, will require sedation for common minimally invasive procedures such as physical examinations, blood collection, imaging or IV catheter placement. It is important to change our mindset in how we work with these species to reduce stress and mitigate complications while providing care.

Getting Started

Common zoologic companion mammals:

- Ferrets*
- Rabbits
- Rodents
    - Guinea pigs
    - Chinchillas
    - Rats
    - Mice
    - Hamsters
    - Gerbils
- Hedgehogs
- Sugar gliders

*Not covered in this lecture due to similarity to other small carnivores (ie cats)

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Equipment Recommendations

- Appropriate housing (away from dogs and cats) and in hospital diets
- Heat support (incubators, heating pads)
- Small stethoscope (Littmann infant size)
- Gram scale (ability to measure to the thousandth of a kg)
- Ultrasonic doppler
- Induction chamber
- Anesthesia facemasks (variety of sizes)
- Non-rebreathing anesthesia circuit
- Small needles, syringes, IV catheters, ET tubes

Preparing for Sedation/Anesthesia

Many small animal practitioners feel uncomfortable performing sedation and anesthesia in small exotic mammals due to the perceived higher anesthetic risk in these patients. While this statement is true, the increase in risk compared to dogs and cats may be surprising. A retrospective study with a high number of patients found the overall perioperative mortality (premedication – 48 hours post-operative) to be 0.17% in dogs, 0.24% in cats compared to 0.33% in ferrets, 1.39% in rabbits 2.01% in rats, 3.29% in chinchillas, 3.66% in hamsters, and 3.8% in guinea pigs. However, in rabbits specifically, the mortality rate increased in sick rabbits to 7.37%. This statistic implies that properly preparing for an anesthetic event, and effectively communicating with the owner are important steps not to be overlooked.

Phases of Anesthesia

Planning for the anesthetic event should not be a significant shift from the normal process in planning for a dog or cat surgical procedure. The phases of an anesthetic procedure are as follows:

Phase 1: Pre-anesthesia

Evaluation
Stabilization
Fasting
Mitigation of stress
ASA score

Phase 2: Anesthesia

Equipment set-up
Body temperature
Anesthetic protocol
Pre-op blood work
Analgesic protocol

Phase 3: At home care

Discharge instructions
- Detailed handouts
- Videos

Follow-up phone call
Scheduled recheck

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In Phase 1 it is important to understand fasting recommendations in each species. Due to the increase in anesthetic risk in clinically ill patients, assigning each animal an ASA (American Association of Anesthesiologists) physical status score during the pre-anesthetic exam is an important step (see below). During Phase 2, it is important to have all required equipment ready to decrease the time under sedation and anesthesia. This step is more critical in exotic animals compared to dogs and cats as time under anesthesia directly effects mortality rates more significantly in these species. During Phase 3, the author recommends making use of the content on Lafabervet.com for detailed handouts and client videos to increase compliance of at home instructions.

American Association of Anesthesiologists Physical Status Scores

Physical Status	Criteria	Examples
ASA I	Healthy patient, elective procedure	Spay/neuter
ASA II	Mild/localized disease	Tooth trim, broken nail, wounds, mass removal
ASA III	Systemic disease without immediate risk to life	GI stasis, urolithiasis
ASA IV	Systemic disease with immediate risk to life	Foreign body, metabolic derangements
ASA V	Will die within 24hrs without intervention	Gastric dilatation & volvulus, liver lobe torsion

<u>Mitigating Anesthetic Risk and Complications</u>

The American Animal Hospital Association (AAHA) recently released anesthesia and monitoring guidelines for dogs and cats in 2020. Many of these potential anesthetic risk factors can be extrapolated to exotic mammals helping the practitioner recognize and then act appropriately to mitigate risk. Some of the most important factors for small mammals are stress, hypothermia and the inability to intubate and thus ventilate (more complete on next page):

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Potential Anesthetic Risk Factors for Exotic Mammals
Modified from 2020 AAHA Anesthesia Guidelines

- Anxiety/stress
- Alterations in body temperature
- Dehydration
- Cardiac arrhythmias
- Oliguria/anuria
- Abnormal blood values
  - Blood glucose
  - Anemia
  - Electrolyte imbalances
- Respiratory tract disease
- Inattentive monitoring
- No vascular access
- Inadequate recovery monitoring
- Inadequate patient home care

Stress

Most small exotic mammals have higher circulating catecholamines compared to dogs and cats making them predisposed to developing physiological changes associated with high stress. Physiological changes are caused by an increase sympathetic response leading to vasoconstriction, hypertension, tachycardia, elevated blood glucose and dysrhythmias. It is important to understand that the natural history of most of these species are prey animals and many are not handled nearly as much as dogs or cats. Taking a slow approach to handling with many breaks in a calm environment will lead to better success. The use of anxiolytics before arrival to the hospital or as a premedication can significantly reduce stress.

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Hypothermia

Small mammals are especially prone to developing hypothermia due to their small body size and high surface area to volume ratios. When completing a thorough physical exam, it is important to take a rectal/cloacal temperature. Hypothermia is a significant poor prognostic indicator for exotic mammals requiring immediate action. The use of heating pads, incubators or carefully placed hot water bottles should be started right away. Animals should be normothermic before sedation and/or anesthesia is started (exception ASA score V). Even normothermic small mammals can become hypothermic within minutes of starting anesthesia. Therefore, it is recommended to use circulating water blankets or heat pads that have been pre-heated prior to the administration of pre-medications. If administering fluid therapy, fluid warmers and bair huggers can also be used to warm the fluids. Fluids being administered subcutaneously should also be pre-warmed. While in recovery, active warming should be continued until the animal is normothermic, sitting up, and ideally eating.

Anesthesia Monitoring

It has been suggested that mortality rates are higher in exotic mammal species due to inattentive monitoring or lack of training in techniques to adequately monitor these patients. It is important to have one anesthetist assigned to each case that monitors the patient from administration of pre-medication to recovery (normal body temperature, eating). Because most of these patients cannot easily be intubated it is important to monitor ventilation closely. A tight-fitting facemask can be used to provide flow-by oxygen and inhalant anesthetic. In emergency situations, many times the patient can also be mechanically ventilate using a tight-fitting mask if respiratory arrest occurs. Standard anesthesia monitoring machines can be used to monitor exotic patients during sedation and anesthesia with minor adjustments to adapt to these patients.

Tips for Using Anesthesia Monitoring Equipment:

- Heart Rate
    - SPO2: Clips are sometimes too large to be placed on the tongue, but can be used on the paw, tail, ear or prepuce.
    - ECG: Non-traumatic clips can be used on most patients with good success. Alligator style clips should not be used but can be clipped to small gauge needles inserted into the skin. Do not used adhesive pads, as these can tear the skin when removed. Esophageal ECGs can also be used in larger patients.

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  - Utrasound doppler: The probe can be placed directly onto the heart, tail vein, or pedal vein for constant audible heart rate monitoring
  - Stethoscope: If all equipment is failing, the author's anesthetist will constantly listen throughout anesthesia as changes in heart rate can occur rapidly.
- Respiratory Rate
  - ETCO2: Readings can be obtained from a tight-fitting anesthesia mask, or an intubated patient. A side-stream adaptor can be fitted to a small ET tube to reduces dead-space. In the non-intubated patient, or patients with very small tidal volumes, the ETCO2 may show a low reading, however it typically will detect the respiratory rate parameter.
  - Direct visual monitoring: Ensure the patient is draped in a fashion where the anesthetist can see the patient breath.
- Temperature
  - Thermometers: Rectal or esophageal thermometers can be used throughout anesthesia.
- Indirect Blood Pressure
  - Oscillometric: Indirect blood pressure monitoring has been shown to not be reliably accurate in small mammals partially due to cuff size compared to limb size. However, this data can still be valuable in monitoring blood pressure trends throughout anesthesia. It is recommended that cuffs be placed on front limbs.
  - Sphygmomanometer: Using an ultrasonic doppler is likely a more reliable manner to measure blood pressure, however results should still be interpreted as a trend rather than direct values.

Normal Vital Ranges for Select Species

Species	Rabbit	Guinea Pig	Chinchilla	Small Rodent	Hedgehog	Sugar Glider
Temperature (F)	101.3-103.1	100.4	98.6-100.4	Not routinely taken	95.7-98.6	89.6F
Heart Rate (bpm)	200-300	150-380	100-200	250-500	170-250	100-200
Respiratory Rate (brpm)	32-60	50-140	20-80	70-200	18-90	16-40

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Choosing an Anesthetic Protocol

Protocols using multimodal anesthesia and analgesia are essential in mitigating risk. Recently pharmacokinetic and pharmacodynamic data (especially in rabbits) have become available leading to more refined anesthetic protocols. However, the amount of information available is still limited when compared to dogs and cats, therefore protocol creation remains to be still somewhat reliant on the experienced practitioner's trial and error. A good premedication drug combination should reduce stress, provide analgesia, induce muscle relaxation, and produce an appropriate level of narcosis. Most patients will require gas anesthesia to be administered via an endotracheal tube or anesthesia mask. Inhalant anesthetics cause dose-dependent cardiovascular and respiratory depression leading to hypotension. Rabbits have been shown to be more sensitive to the vasodilatory effects of inhalant anesthetics compared to other species. Appropriate pre-medications reduce the MAC of gas anesthesia helping to mitigate risk by allowing patients to be maintained on low levels of gas.

Anesthetic Protocol Recommendations*

*Author's preference through clinical experience and research

Rabbit Pre-medication Recommendations (IM)

- Midazolam: 0.5mg/kg
- Opioid (choose one)
    - Hydromorphone: 0.2mg/kg
    - Buprenorphine 0.01-0.03mg/kg
    - Methadone 0.3-0.6mg/kg
    - Butorphanol 0.2mg/kg (poor analgesia, good sedation
- Ketamine: 5-7mg/kg
- Dexmedetomidine: 5-10mcg/kg*

*Healthy, elective. Alfaxalone (1-2mg/kg) Propofol (2-5mg/kg) can be given IV for induction if needed

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Rodent Pre-medication Recommendations

Drug (IM)	Guinea Pig	Chinchilla	Small Rodent
Ketamine	5-10mg/kg	4mg/kg	5-7mg/kg
Hydromorphone OR Buprenorphine OR Butorphanol	0.3mg/kg 0.01mg/kg 0.2mg/kg	0.3mg/kg 0.01-0.05mg/kg 0.2mg/kg	0.3mg/kg 0.01-0.05mg/kg
Midazolam	0.25mg/kg	0.25-0.5mg/kg	0.25mg/kg
Dexmedetomidine	5-10ug/kg	5ug/kg	
Induction	If IV catheter can induce with 0.5-1mg/kg of alfaxalone or propofol to effect		

Hedgehog and Sugar Glider Pre-medication Recommendations

Drug	Hedgehog	Sugar Glider
Midazolam + (chose one below)	0.5mg/kg SC	0.5mg/kg SC, IM
Butorphanol	0.5mg/kg SC	0.5mg/kg SC
Buprenorphine	0.03-0.05mg/kg SC	0.01mg/kg IM
Ketamine	3-5mg/kg SC	10mg/kg SC
Alfaxalone	3mg/kg SC	No data
Isoflurane	Via induction chamber followed by facemask	

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Lecture Notes

How Long is the Wait Time?!: Setting Accurate Expectations for Clients

Breanna Gordon, Client Experience Training Specialist

Introduction:

Client dissatisfaction with service quality and access to veterinary care has led to an increase in verbal abuse at the front desk and throughout the hospital. With staff shortages and burnout being severe issues already facing our industry, the need to improve client relations is high. Ensuring that clients are better prepared for what to expect when their pet needs medical attention can improve their overall satisfaction with the quality of the care services provided. Understanding what our clients expect is key to providing satisfactory service and building trust-based relationships.

Client Expectations and COVID-19:

The pandemic has brought new and worsening issues to our industry including staff shortages, increased psychological distress, and high levels of burnout according to Merck's 2021 Veterinary Well-Being Study. Veterinary workforce shortages have been reported across the country as an industry crisis. Clinics and hospitals nationwide have had to reduce services, reduce hours, or close due to staffing issues, DoveLewis among them. These issues have impacted the client experience through reduced access to veterinary care, causing further distress and frustration. When our ability to meet or exceed client expectations are limited, we must instead ensure we are providing accurate expectations and be realistic about our capacities to serve.

SERVQUAL:

SERVQUAL is a research instrument used to evaluate consumer satisfaction within various service sectors. Using this model, we can understand that service quality, or overall client satisfaction, can be measured by comparing the client's expectations to their perceptions. The larger the gap between what a client expects and what they experience, the greater the level of dissatisfaction to be expected.

The 5-Dimensions of SERVQUAL

- Reliability: the ability to perform the promised service dependably and accurately.
- Assurance: the knowledge and courtesy of employees and their ability to convey trust and confidence.
- Tangibles: the appearance of physical facilities, equipment, personnel, and communication materials.
- Empathy: the provision of caring, individualized attention to customers.
- Responsiveness: the willingness to help customers and to provide prompt service.
- What are our clients' expectations for each of these dimensions of service quality, and how does that compare to what they experience?

How to Set Accurate Expectations:

- Evaluate what is influencing your client's expectations. Improve clarity and accuracy where needed.
- Ensure that you are realistic and clear when communicating accurate expectations to your clients.
- Ensure that all team members are on the same page and providing the same information.
- Avoid minimizing the services being provided with over-simplified explanations.
- Provide accurate expectations as early in the patient visit process as possible. If the case of unforeseen circumstances, inform the client of new expectations as soon as possible.

When a client has Unrealistic Expectations:

- Be curious about what influenced a client who has unrealistic expectations.
- Validate that the client's experience is not matching their expectation. Accept accountability for gaps, if appropriate.
- Educate client about factors contributing to their unrealistic expectations, if appropriate.
- Provide clear and accurate expectations moving forward.

Conclusion:

Quality client service should be viewed through the lens of expectation, in addition to experience or perception. The lens of expectation is particularly worth exploring as the veterinary industry faces new and worsening challenges. The gap between expectation and experience will change as our industry and the needs of the community evolve. The greatest kindness we can offer our clients is to be realistic and transparent about our capacities to serve them and their animal companions. We must continue to offer empathy and support in educating clients about what to do and what to expect when seeking care for their companion animals while balancing well-being for ourselves and our staff.

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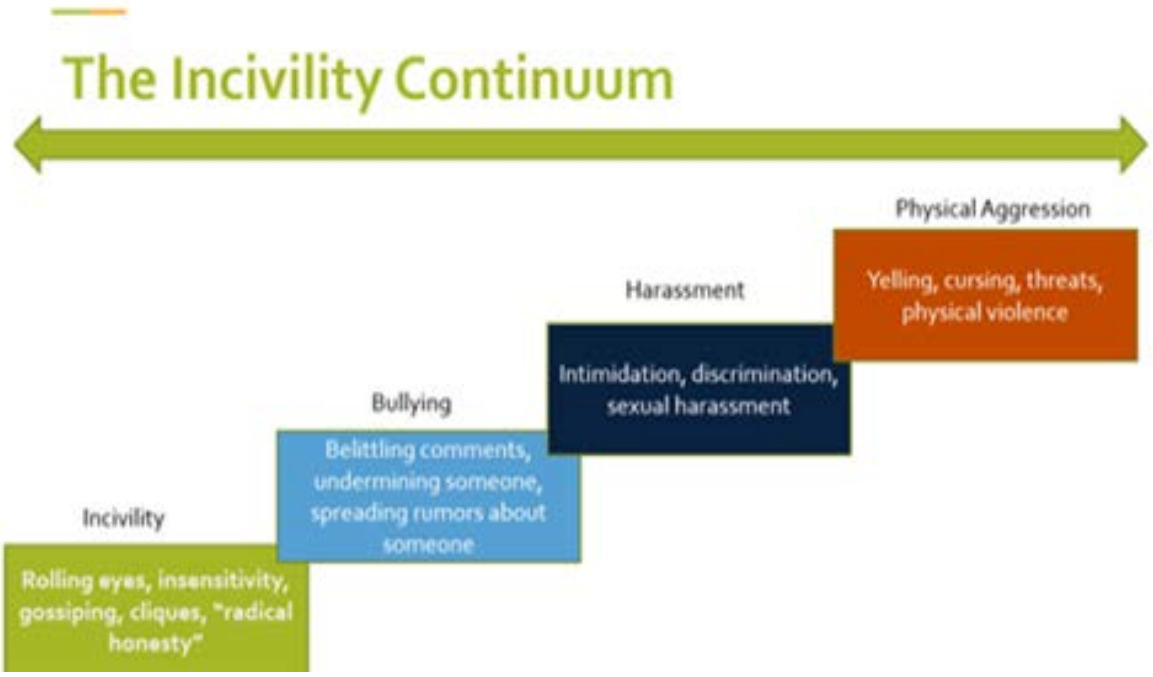
Lecture Notes

I'm Just Being Honest: Incivility and Radical Honesty in the Workplace

Tess Payne, Director of Community Engagement
Monica Maxwell, Chief Administrative Officer

Introduction

"The No. 1 reported cause of dissatisfaction with the job experience is characterized as 'unfair treatment at work' – the lack of a culture that emphasizes respect, community, and contribution acknowledgment."
- (Gallop Pool, CNBC, Unhappiness is at a Staggering All Time High)



Bullying and harassment are frequent topics of educational conferences in both human and veterinary medicine, but what is often overlooked is the "incivility continuum," a spectrum of behaviors that are unwelcome in the workplace.

Incivility will be the focus of this lecture as we do a deep dive into this behavior and talk through tools on how to recognize the behavior in ourselves and how to deal with it when exhibited by our colleagues and client.

Getting Started

According to the Harvard Business Review's 2013 article on "the Price of Incivility," incivility, is described in the article as "unchecked rudeness...has been on the rise for years." Examples of these behaviors are:

- Slammed doors
- Side conversations
- Purposeful exclusion
- Blatant disregard for people's time
- Bluntness without regard for purposeful communication

We have all likely experienced these behaviors and been uncivil to others (regardless of intention). While incivility might seem minor it does have large impacts on the recipients of this behavior. HBR cites that people who experience incivility at work:

- 48% intentionally decrease the work effort.
- 47% intentionally decrease time at work.
- 38% intentionally decrease quality of work.
- 66% said their performance declined.
- 78% said their commitment to the organization declined.

Incivility is an interesting workplace phenomenon and is often overlooked as minor behavioral issues from managers when dealing with employee or client behavior. Add to that, employees who are acting with incivility often mistake their own behavior for mentorship, honesty, or "just treating others how they were treated."

"Honesty" is often the excuse given for sharing hurtful words. Over the last several years a movement for "radical candor" has increased in popularity. There is often confusion between radical honesty and radical candor. Radical honesty is defined by Dr. Brad Blanton, PhD as commenting on things as you observe them. By contrast, radical candor is caring personally and challenging directly. In essence, radical candor is mentorship in its truest form. Being clear to help someone grow and be better, not trying to "put them in their place" or tear them down.

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The perceived reasons for ICV (multiple choices were allowed) were described as power demonstration (30; 28%) or to unload stress (33; 31%) in 63 (59%) of the answers. Whereas, blame (n = 12; 11%) or shifting responsibility (n = 20; 19%) was selected in 22 (21%) of the answers (Fig 4).

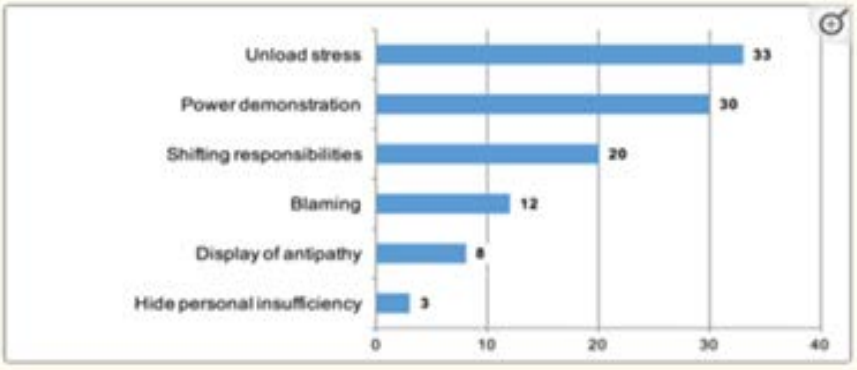


Fig 4

Subjective interpretation of perceived ICV.

(n = 106, multiple answers possible).

According to a 2018 PLoS One article "Bad Manners in the Emergency Department: Incivility Among Doctors," the top two reasons for why others were exhibiting incivility were stress and a demonstration of power.

There is also a connection to the perfectionism exhibited in healthcare culture and incivility. Perfectionism is not just tied to increased stress, but to unrealistic standards (for ourselves and others), a fear of failure, an over focus on results, and a highly critical viewpoint. All of these characteristics add to incivility and many behaviors seen on the incivility continuum.

Tools for Dealing with Incivility and Radical Honesty

The first tool to dealing with incivility is self-awareness. Self-awareness of our own emotions (and being okay that we have them) and self-awareness of who we are at our best and at our worsThis graphic from Human Performance Technology (https://blog.dtssydney.com/how-does-emotional-intelligence-affect-your-disc-profile) is a good tool to identify who you are on a good day and who you are on a bad day. Knowing who you are in stress is a good way to not only check in with yourself (I am feeling highly critical, is that fair?) and also to communicate with your colleagues so they have the opportunity to help you reset (radical candor) and give you grace.

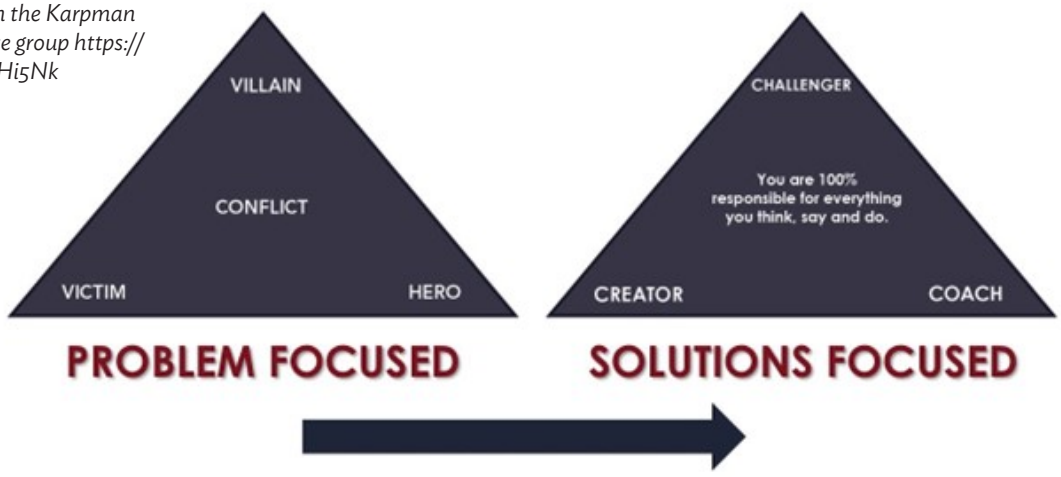
Recognize the Value of Emotions—Including Anger

"People who are able to process their anger and make meaning from it are more creative, more optimistic, they have more intimacy, they're better problem solvers, they have greater political efficacy."- Soraya Chemaly, *Rage Becomes Her*

https://www.ted.com/talks soraya_chemaly_the_power_of_women_s_anger/transcript?language=en

Monitor Your Place on the Triangle

Take Action - Taking Ownership with the Karpman Drama Triangle – Abegis Performance group https://www.youtube.com/watch?v=ViE3SzHi5Nk



Clear is Kind

"Feeding people half-truths or bullshit to make them feel better (which is almost always about making ourselves feel more comfortable) is unkind. Not getting clear with a colleague about your expectations because it feels too hard, yet holding them accountable or blaming them for not delivering is unkind."

https://brenebrown.com/articles/2018/10/15/clear-is-kind-unclear-is-unkind/

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Lecture Notes

The Art of Giving Bad News

Erin Erck, Director of Client Care and Patient Access

Bad news is broadly defined by R. Buckman as, "information that will alter a person's view of his or her future and result in persistent cognitive, behavioral, and emotional responses" *Breaking Bad News: Why is it Still so Difficult.*

In veterinary medicine, we are forced to give it every day and in every role from a doctor sharing a difficult prognosis and offering euthanasia to a CSR talking about limited payment options and wait times in pandemic conditions. Often, this skill is one we learn through trial and error and in cases where life, death, and money are concerned, that can feel like trial by fire. There are many right ways to have these conversations, and a few wrong ways as well.

<u>The SPIKES Method</u>

- Setting
- Perception
- Invitation
- Knowledge
- Empathize
- Summarize

The SPIKES Method is commonly taught and shared in Human and Veterinary settings, and can serve as an incredible guide to these conversations. But, we likely have more practice than we think in life giving and unfortunately receiving bad news from break ups, college rejection letters, being fired, to our own medical journey's and those of our loved ones. What lessons can we learn from these life situations that effect each human to bring into these daily but incredibly important conversations with our clients?

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Lecture Notes

Building Belonging and Connection During Times of Challenge

Sonja Zabel, DVM, MS, DACVD – she/her
Sarah Harris, CVT, VTS (ECC) – she/her
Monica Maxwell, SPHR, SHRM-SCP, MBTI – she/her
Debrah Lee, LCSW – she/her

Working in the field of veterinary medicine is both challenging and rewarding. In times of stress, it may feel as though the work is about mere survival; however, it can also be work that supports thriving – as individuals and as a community. Our connection with our teams greatly impacts our experience in the workplace and influences our work. Interpersonal dynamics in the workplace matter – particularly whether we feel that we have a voice.

"Psychological safety is a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes, and that the team is safe for interpersonal risk-taking." - Amy Edmondson

Amy Edmondson's early research looked at adverse drug events in human hospitals. They initially hypothesized that the most cohesive teams would have the fewest errors. Instead, what they found is that the teams with the greatest cohesion had the greatest number of reported errors. That sense of cohesion was identified as psychological safety. Psychological safety gives people voice. It enables them to be able to share their thoughts, ask questions, and make mistakes. (Mistakes in healthcare can be particularly fraught. We may get stuck vacillating between two thoughts: mistakes are bad, and mistakes are a part of living.)

Did you ever have an idea or suggestion that you didn't voice? Was there ever a time when you didn't ask for help? Have you ever seen someone make a mistake and not say anything? Have you ever made a mistake and didn't tell anyone? Were you ever struggling but didn't tell anyone?

When we don't feel safe, we withhold. We keep the gift of learning from ourselves and others. A lack of safety may also drive us into a stress response (fight, flight, freeze, or fawn), which inhibits our ability to think and connect. Connection cannot happen in the absence of safety. Psychological safety is the bridge between surviving and belonging.

Belonging is a core human need. We cannot build connection without voice – i.e., psychological safety – and we cannot feel safe if we don't feel that we belong.

1. *Edmondson AC. Learning from mistakes is easier said than done: Group and organizational influences on the detection and correction of human error. The Journal of Applied Behavioral Science. 1996;32(1):5-28. doi:10.1177/0021886396321001*

"Because true belonging only happens when we present our authentic, imperfect selves to the world, our sense of belonging can never be greater than our level of self-acceptance." - Brené Brown, Gifts of Imperfection

"True belonging is not something you negotiate externally, it's what you carry in your heart. It's finding the sacredness in being a part of something." - Brené Brown, Braving the Wilderness

Belonging is intimately connected with the relationship that we have with ourselves. We also live within and are influenced by multiple systems and social contexts based on our unique life experiences and circumstances over time. These factors – our identities of privilege and/or marginalization; relative position within an organization due to hierarchy, seniority, or technical skills; the communities in which we have previously or currently reside – can contribute to our understanding and sense of belonging.

Workplace Behavior Continuum

2. University SC. Theoretical framework. Theoretical Framework - Office for Multicultural Learning - Santa Clara University. https://www.scu.edu/oml/about-us/theoretical-framework/#:~:text=Bronfenbrenner's%20ecological%20systems%20theory%20is,every%20facet%20of%20your%20life. Accessed October 7, 2022.

The Merck Veterinary Well-Being Study III found that one of the most important actions that employers can take is to provide a climate that fosters well-being and mental health, which includes creating a strong sense of belonging to a team and candid and open communications among team members. In the workplace, we all have a role and opportunity in influencing the conditions for belonging by upholding dignity – i.e., seeing and cherishing unique identities and treating others with respect. We get to belonging through inclusion.

Our panelists offer a few guiding principles that support them as they seek to practice respectful behavior in the workplace with the aim of fostering inclusion and promoting psychological safety.

- Assume generously
- Allow for multiple truths
- Lean into curiosity
- People are experts in their own lives
- Be aware of the wake you leave behind

Practicing communication and having respectful conflict can be challenging and developing a better understanding of the relationship between intention and impact can be a helpful part of the process.

"The only way to know what someone intended is to ask them – and the only way to let a person know their impact is to tell them." - Center for Creative Leadership

Our panelists also offer some of their intrapersonal and interpersonal strategies that support them in practicing respectful behavior in the workplace with the aim of fostering inclusion and promoting psychological safety.

Intrapersonal Tools	Interpersonal Tools
• Practice self-awareness • Self-compassion[4] • QTIP: Quit Taking It Personally • "But what if it's fine?" • 30 seconds of something that you enjoy • Affirmations • Take your breaks • To do list & It's ok NOT to do list	• Find your pause • Ask yourself: Is it... True? Necessary? Kind? Is it useful? • Reflect, Acknowledge, Apologize • Communicate your needs • Call people in rather than calling them out

3. Veterinary wellbeing study. Merck Animal Health USA. https://www.merck-animal-health-usa.com/about-us/veterinary-wellbeing-study. Published February 8, 2022. Accessed October 7, 2022.

4. To learn more about self-compassion, visit Kristin Neff's website (https://self-compassion.org/), which offers more information including guided practices

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Lecture Notes