

Episode 46 | Vet Med Opportunities in the Aftermath of Covid-19

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Vet Med opportunities in the aftermath of COVID-19, that's what we're talking about in Episode 46.

Welcome to the Joyful DVM podcast. I'm your host, Veterinarian, and Certified Life Coach, Cari Wise. Whether you're dealing with the challenges in Vet Med, struggling with self-confidence, or you're just trying to figure out how to create a life and a career that you actually enjoy, you'll find encouragement, education, and empowering concepts, you can apply right away. Let's get started.

Hey, everybody. Welcome to Episode 46. Today, we're going to talk about the opportunities available to us in Veterinary Medicine here in this period of aftermath of COVID-19.

Now COVID-19 has been around for over a year now. It's been a tangible, active part of our life for over 12 months, and we're not done with it yet. It's going to be part of our existence for the indefinite future in some way, shape, or form. A year into this pandemic, veterinary hospitals like many service-based businesses, are worn out, stretched thin, and what we've seen in our veterinary hospitals is this demand increasing. The demand for veterinary services has appeared to rise during this time. Any other time, a rise in demand for services would be welcome, but the problem that we're facing, what's creating this extra burden for us during this time is that the foundations of our hospitals weren't ready to accommodate the volume of clientele that we saw before the pandemic, and certainly are not able to do so as that demand has increased. Add to that shortages and staff, staff turnover, under-trained staff, and along with that, the workdays that seem to just linger on and on and on, burnout is becoming even more prevalent. It wasn't in a good place to start with.

Frequently, I hear veterinarians and veterinary technicians and practice managers, hospital owners talking about their desire to get back to normal. Guys, I want to just point out something that should be pretty darn obvious. Normal is a myth. There is no such thing as normal. When we look at the veterinary profession, getting back to normal means going back to a time when things didn't work very well anyway. It's kind of crazy when we start to talk about and think about and dream about getting back to normal when we're not really being honest with ourselves that we weren't actually all that happy with what normal was before this pandemic. Now there are the unicorn practices out there. Quite honestly, this breaks my heart, that a unicorn practice - one that would be outside of the norm - is one where work-life balance exists for the people who work there, and the people who work there feel supported within their workplace. That's what we call a unicorn practice. That's a problem. Unicorns, if you think about medicine are those cases that are the outliers. The ones that we don't see very often. The ones that don't stay top of our radar because they are so rare. We've taken that term and we use it for what truly is the best of the best veterinary hospitals. It's sad. It's sad that the unicorn practice is the one where people actually enjoy their life and their career, feel supported, and are able to maintain balance and a really good sense of wellbeing. We need more of that.

When we think about where we're going in Veterinary Medicine, that conversation about going back

to normal, friends, I would say, let's not do that. Let's not go back to the way that it was because let's just be frank, it sucked. For the vast majority of veterinary hospitals and the people who work there, the way that we existed was not working. It was not sustainable and we know this through all kinds of metrics that we could actually measure within our profession - rates of burnout, rates of staff turnover, rates of suicide. It wasn't working. Unfortunately, in our veterinary profession, because we are compassionate people; because we do care about other humans; because we come into these jobs with a very high level of compassion and responsibility and obligation and just true caring, we have sacrificed our own well-being for the sake of the client and the patient. We've done this for years collectively as a profession. Now, as we are up to our elbows in this pandemic, we're a year into this, we are starting to drown in that lack of infrastructure that we have created for ourselves. There has not been a culture in our veterinary profession where saying 'No' is the norm, is accepted, is supported. Instead, there's fear. There's so much fear of backlash from clients, from coworkers, from bosses, from organizations. This fear has led us to continue to make decisions for ourselves and to continue functioning in our hospitals and our businesses in a way that's not sustainable for a healthy human being. This is our chance.

Here in this turning point of COVID-19 is our opportunity to change this culture. This is an unprecedented time - an unprecedented opportunity - to instill change, to create a universal paradigm shift, not only for ourselves but also for our clients and the profession as a whole. The way that we've done business in the past does not need to be the way that we do business in the future. This profession is well overdue in a big shift in the way that we do this job and the way that we offer our services, but we've been afraid to do it. We've been afraid of the backlash from the clients. We've been afraid of how we think it's going to impact our bottom line, but we don't know. We don't know any of it. Quite honestly, what I think is happening is that we have this opportunity to change the culture, to erase much of the toxicity that's there, to improve our own quality of life, and actually along the way to improve the quality of service that we provide. But to do that, we have to change the way that we do business.

Here in the aftermath of COVID-19, many veterinary hospitals are struggling. They're struggling from the demands that are higher. They're struggling with staff that aren't adequate in number or aren't adequate in training. They're also struggling with working way past the end of the shift or close time to just get caught up. These are not new problems. These are old problems that are amplified by our current reality.

So getting back to normal, where all but the unicorn practices we're already struggling in these areas, is not the goal we should be striving to achieve. This period in history is Veterinary Medicine's opportunity to permanently change the culture of a typical veterinary practice. It will require doing things differently. It will require courage to initiate and sustain the change. It will require being willing to experience the backlash from people who don't like the changes that you make. I promise you,

you are equipped for all of it and your future will be better for it. Let's also face it, when it comes to the fear of backlash, aren't you getting it anyway? So if you're working your tail off, if your well-being is suffering, if you don't have any work-life balance and you're still catching a lot of grief from the people who aren't happy with the way that you do things, would you not rather get that same grief and have the quality of life to be able to step away, to be able to build the rest of your life, take care of your own well-being? What we miss is that we're already uncomfortable. Many of us don't make changes. We don't make radical changes, for sure, because of the fear of feeling uncomfortable when we communicate those changes; because of the anticipation of feeling uncomfortable when people respond to those changes, and so we don't make the changes. So what we miss is that we're already uncomfortable even if the changes aren't being implemented. So if we're going to be uncomfortable either way, how about trying something different? At least your discomfort will be for moving towards something that could potentially make a massively impactful, positive change in your own life. Instead of just continuing the way that we have been feeling uncomfortable and not seeing anything ever change. The definition of insanity is doing the same thing over and over and expecting a different result.

As we start to dream about getting back to normal, just recognize we're dreaming about going back to doing what we've always done, which has never worked except for the unicorn practices that have figured it out. It's time for some major change here. Now I'm not going to leave you here and just tell you, "Yeah, you need to make some changes and everything's going to get better." I know that's not going to help, but what I am going to do is I'm going to offer three very unconventional and game-changing solutions for some of our chronic Vet Med problems. These are out there. These are definitely like of the radar kind of ideas, and as I thought through these, I asked myself this, "What would I do if I was still in full-time veterinary practice; if I still owned my veterinary hospital, what would I do at this moment in time?" and I remember back when I did own my veterinary hospital. We went through some periods where I personally was very burned out. I had been like many solo practitioners, you know, working six days a week, and that was not going to be sustainable for me. I made some other changes, ended up, like the story is very long, bottom line, let's just jumped to the bottom line. The bottom line is I knew, make me going back and staying in six days a week veterinary practice was not going to work. I was not willing to do that and so I made some radical decisions. What I did at that period was I cut our hours and I did this in a couple of stairsteps, not really realizing how far I was going to take it, but what ultimately ended up happening was that we were open, I think it was three and a half days a week - Monday, Tuesday, and Thursday and half a day on Friday - close every Wednesday, closed half day on Friday and never open weekends. That's where we landed. In doing that, we made more money. We went from six and a half days a week, or I'm sorry, five and a half days a week - Monday through Friday and half a day on Saturday - to three and a half days a week - three full days and a half-day during the week and no weekends - and made more money. How is that possible? It's possible because we got really efficient. It's possible because I started saying no to the things that I really didn't want to do. It's possible because I did raise my prices.

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When I look at what our opportunities are here and what I would do, how I would approach the challenges that you guys in full-time practice are facing, I've got some pretty unconventional and game-changing ideas. I know that some of you guys are going to be like, "Well, Cari, you're not even in full-time veterinary practice. Who are you to tell us what to do?" What I want to offer is that I'm just simply somebody who's been there, who's been gotten to the point in their lives who's not afraid to make a radical change for the right reasons, and I'm not afraid to test it out and see how it goes. This is true in every area of my life. You have to have that courage to be able to consider these kinds of things. Many of us won't even come up with these kinds of ideas on our own because we are so stuck in the rules of how this has always gone down in the veterinary world.

Here are my three unconventional solutions. Number one is in regard to the demand where we are seeing this increase in demand for veterinary services. We've seen an increase in pet count. People got pets during the pandemic, and now what we've got is we've got all these people with their new pets and all the people with the existing pets, and they all need all their routine care and then they also need all their sick care. Many of us are doing curbside. So how do we navigate all that? Well, the very unconventional solution to consider is streamlining the routine. So streamlining the vaccine appointments, the preventive care appointments, the ones that are the routine things. By streamline, guys, I'm talking about vaccine clinics at your own shop. We know there is a population of veterinary clients who want to get their otherwise healthy pet in for their shots, their heartworm testing, their fecal and out the door as quickly as possible. So why don't we accommodate those? I remember 25 years ago, so much panic around vaccine clinics and how it was going to steal our bread and butter. Guys, at that point in time, the conversation was already started, that vaccination appointments were not going to be sustainable income for the future. We've seen that be true and what we've also seen become true is that vaccine clinics like stand-alone vaccine clinics from all kinds of different organizations exist and thrive. We also have experienced that some of our best clients go there to get their vaccines and then come to us when the pets are sick. Now, some of us get really angry about that. I never took that route. I didn't get mad about it because I would rather they get vaccinated and come to me when they had medical conditions that needed advanced care, than not get vaccinated at all. So I had no problem with that personally, and you're going to have to figure that out for yourself. But I think that there is a massive opportunity in setting up a bit of a mass vaccination event, mass preventive care event within our own organization, within our own hospitals. Maybe it's once a month. It's going to depend on your demand, but in metropolitan areas, hospitals have been doing this forever. I can think very clearly about a hospital in the metropolitan DC area - in the area where I worked when I first got out of veterinary school - where they literally have like a vaccine clinic in a parking lot. So you just made your appointment for your vaccine at the clinic. You stayed in your car until your number was called and then your dog or cat got swept in and they did what they needed to do and then it was right back out. So it's kind of like early curbside, but only for preventive care. So this is something that we could do. We could pick these days that is only preventive care, where you're getting in all these backlogs - all these vaccine appointments, heartworm tests, and all of that

- and if that's all you're focusing on for that mass event, then all of your resources can be focused on that or at least the vast majority of them can. You can have a certain population of your employees doing that. Like you can figure that piece out depending on what the demand is. It wouldn't be something super difficult to set up. The greatest thing that would need to be done is just that expectation communicated to the clients. This is a preventive care event. The goal here is to get your pet up-to-date on his vaccinations and the preventive care that it needs - heartworm testing, fecal, all of those kinds of things. It's annual stuff and get you back on your way. But that is our goal. Your pet will be examined by a Veterinarian. You will get a summary of that, but this is not a sick appointment event. If your pet has another medical problem, this is not the place you come to get your vaccines. If we find a medical problem, when you're here, that pet's not going to be seen today for that medical problem. It's going to need a separate appointment for that. We just set the expectation up front. By doing these mass preventive care events what's going to happen is it's going to free up your appointment calendar for the sick patients, for the things that take longer. It's going to help to differentiate those two appointment types because what happens now is that that routine vaccine appointment turns into a case with three or four other medical conditions, and we feel obligated at that moment to address those things while they are there. We don't want to inconvenience the client and ask them to come back at another time. Guys, this is a problem because nowhere is it written anywhere that you are required to address every single issue in the one appointment that they have scheduled. The client may fuss at the need to come back, but you know what, let them fuss or let them go somewhere else. This is one of the areas that we have continued to undermine our own quality of life and work-life balance is when we continue to say yes when we have the opportunity to say no. This is not how it works in human medicine. We have choices here. So one way that we can start to use our time better is by compartmentalizing the types of appointments that we see and having designated times and days that we do different things. I'm not saying that you have to do these vaccination events all the time. Like you have to do every day or every week, but I think you have the opportunity there to free up your schedule, especially if you're starting to see that you're getting weeks and months out for preventive care. You probably have the opportunity to get some of that backlog under control. What you may really find is that there's a subset of your client population that loves the convenience and the speed of just coming in and getting what they need and leaving. They can go home with your recommendations and then they can have an opportunity to make a second appointment if there are some other things that need some following up. You can even designate a team member to follow up with those ones that you know need some additional care. There's the opportunity for that, but trying to do it all at the moment actually just ends up in stacking and stacking and stacking of overbooking because you've already booked everything out with preventive care that does not fix anything. So if we want to fix this, we have to come at it from a completely different perspective, and I think there's opportunity in this idea of these mass preventive care events. Something to consider.

Unconventional solution number two has to do with your staffing. So the challenge is the volume and

the level of training. So we don't have enough staff or the staff aren't trained well enough. My solution here is to consider that cross-training isn't such a great idea that we think it has been. We have loved the idea of having people cross-trained, because if somebody's out, then somebody else can pick up the slack. I think that in theory, that's a great idea, but I think right now we have to slow down to speed up. Right now, we need people who are very good at specific things where we can rely on them to do specific things so that we can get some efficiency back in the day. One of those areas is going to be in having conversations about money, going over treatment plans. There are people in the world who are very good at this - who don't freak out talking to somebody about money; who can communicate what's on a treatment plan, what those things are needed for, why they're being recommended; can talk to the owner about the finances and then can collaborate with the owner; can do that dance to come to the sweet spot with where the owner wants to move forward with their own decisions because they always get to decide. But what's happening is that we pass off the money conversation. A lot of times it falls to the doctors. A lot of times it gets pushed off to somebody who was not even in the exam room or has no knowledge of the pet. Then the conversation has become very awkward. A doctor going over a treatment plan, the money piece of it is not a good use of doctor time. Doctor time is best spent evaluating the patient, making a diagnosis and doing surgery and prescribing medications. That's the best use of doctor time. That's what the license is really for. So once an evaluation of that pet has done, and the medical recommendation has been made by the doctor, then communicating that with a client can be somebody else's job. If we can identify certain team members in our hospitals who are very good at this part of the job, then that can become their job. That can become a lot of what they focus on. Right now with so much curbside and so many phone calls and so much confusion, having somebody who does this piece very well will take a huge burden off the entire team. Now I'm not saying that you're not going to have a doctor get on the phone and talk through what they found on a physical exam. If you're curbside, then that conversation needs to happen. But there's a stopping point, right? There's a stopping point to that. You've done your physical exam. You've got your evaluation. You jumped on the phone and said, you say, "Hey, Mrs. Smith. This is Dr. Wise here. I just want to go over what it is that I found when I examined Fluffy today. Here's what I suspect is going on. I've got these three or four things that I'm worried about. And so for us to figure out which one of these three or four things are needed, Fluffy really needs to have some tests. I'm going to recommend x-rays because x-rays are going to help us determine XYZ. I'm going to recommend some blood work because we need to check out the organs and if we do that, we're going to be able to determine which one of these other diseases may be present. Got to recommend a urinalysis. We want to see how the kidneys are functioning and make sure that with some of the medications I have in mind that can handle that route of treatment if we end up going that way." So what you do is set up the explanation for the things that you're recommending that are going to be on the estimate, but you're not going into the prices. Then once you've done that part, you say, "Now, if you'll just hang on for just a second, I'm going to have Susie jump on the phone with you, and she's going to go over my treatment plan with you, including their prices, and then you can decide how you want to move forward. Hang on for just

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a second." You put them on hold. Now Susie takes over. Susie listened to you as you've told Mrs. Smith what you've found in your physical exam. She's listened to you as you've discussed why you want the things that you're going to have on this treatment plan. Now she can take it over. She knows why you want those things. She's going to talk about the money. When they have questions again, "Now, why was she wanted the x-rays?" She's going to be able to have that conversation. Then she's going to be able to have that conversation, the dance with the client about where they settle. Clients aren't always going to agree to everything on a treatment plan. That would be amazing, but we know that's just not the way that it works. So there's often a lot of back and forth, and in that back and forth, Susie can be the one to do that. She can put the client on hold and come back and talk to you real quick if needed. Over time as that one person, your Susie and your hospital, get really good at having these conversations with clients what's going to happen is she's going to learn what the doctor typically recommends and adjusts when the finances get in the way of the client. She starts to know what you'll say and then you can start to trust her to have those conversations without having to come back and forth to you. This is a beautiful relationship to have because it becomes so efficient. This one, I definitely think that we all could use, especially in curbside.

So having somebody specific for the roles - the great communicator when it comes to the estimates is definitely one of those. Another one that I think is imperative especially if you do a lot of surgeries is having one or two people who are your surgery team. Maybe you need more than that. But if you can have two people who are your consistent surgery team, the ones who are working together with their rhythm and anesthetizing and getting animals prep for surgery and post-op, and maybe even doing the dental perhaps, that might be the third, but if you could have that pair of people who consistently work together rather than having different people floating in and out of the role, depending on the day and the time of the day, that's going to increase your efficiency overall. It's also going to increase your level of trust as a doctor. One of the reasons that we hover over our surgery technicians is because we don't trust them and we don't trust them not because they're incompetent, but because we don't have enough experience with them to be able to view for ourselves what the level of skill is. We are afraid they're going to make a mistake and it's going to be on us and so we don't let them do their job. It's a huge efficiency killer. So finding those people who are very good in surgery, very skilled at monitoring patients, placing catheters, administering anesthesia, picking up on the nuances. You find the people who are good at that, who enjoy it, then empower them to do their job. You're going to gain so much efficiency there. There's nothing better than having a pair of technicians where you can say, "We go dock down the dog's bay for me", and you can keep doing what you do and they're like, "Dr. Wise, the dog's on the table." You walk in. You do your surgery. You walk out and you know that they're in good hands, and if they end up in trouble, they're going to contact you. It makes the day go so much faster. So finding those two things. So I was going to pick two to start with: find the person who can talk about money and do it very, very well; and find the pair of people who can run your surgery suite. If you will find those people and stop pulling them away to do other things like holding for a nail trim and reading a fecal and loading, you know, going out and grabbing an animal

from a car, if you can let them do their job, the efficiency your entire hospital's going to experience is going to go up, up, up. It's going to make things much, much better.

Unconventional solution number three also has to do with efficiency. Where is your doctor's time being wasted? We need to get real clear on this. How much time is your doctor spending doing callbacks? 75% of callbacks can be delegated to another team member. So if your doctor's doing all their own callbacks, all the questions that come in, you have the opportunity there. 75% of them can be delegated to somebody else. When we call our human doctor's office, how often do we speak to our physician? Almost never. Clients will accept your support staff as the contact point if you normalize it. But if you never normalize it, it will never happen. So we have to have a little courage here. We have to empower people to make these phone calls for us. You don't need to be the one on the phone answering the questions for the 14th time about the last appointment. Somebody else can do that. So callbacks, number one, 75% of the calls the Veterinarians are returning can be delegated to somebody else. Restraint, 95% of the time that a Veterinarian is restraining an animal can be delegated to somebody else. There is a much better use of their time. There's only about 5% of the time the Veterinarian really needs to be involved in the restraint. Outside of that, the rest of it can be delegated. Find the efficiencies there. Finally educating clients. Yes, educating clients is part of our role. When we spend time doing it over and over and over again, with the same clients on the same topics, it becomes very inefficient. We don't have any excuses for alternative methods of education. Not in this world. Not with this technology. So for those things that we educate on over and over and over again, there need to be handouts. There can even be videos or audios that we can refer them to, to listen to, and to learn from. Many clients that ask the same questions over and over and over again, probably are not auditory learners. What that means is you can explain it to them a hundred times, but if they're not an auditory learner, they're never going to get it. They need to be able to read something. They need to be able to watch something. We're missing an opportunity here in Veterinary Medicine. It's easy these days to put this stuff together and once it's put together, you can use it for clients over and over and over again. So it'll take a little bit of time to get it set up, but you get your education database if you will set up and ready to go, then educating the clients on the things that we talk about all the time becomes way simpler. A client who sits home with information to consume about their newly diagnosed problem in their pet can then come back with educated questions instead of the basics that we just talk about over and over and over and we never get to the other questions that actually matter. It's actually better service for the client and it's better service for you.

So those three unconventional solutions that will help us shift the paradigm of the way that we do Veterinary Medicine, just to recap.

Number one, mitigate demand a bit by clearing out some of your long waitlist of preventive care by doing a mass preventive care event. Pick a day. Pick an afternoon. Get people scheduled. Set the

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the expectation in advance. Get them in and get them out. Let's get them vaccinated. Let's get them fecal tests with urines. Whatever needs to happen, heartworm tests. Let's get that stuff done. If they're truly preventive care, well-paid exams: get them in, get them out, get them on their way. It's going to free up your time and they are going to appreciate it too. That's what's going to surprise you. They are going to appreciate the opportunity to do their preventive care in this way and any problems that you identify, come back at a later time. Now you're going to have space in your schedule to do it.

Number two, staffing. There are certain positions that need some dedicated staff that does not get pulled away for other things. One of those is to have conversations with clients about treatment plans and money. The second one is the people who are working in your surgery suite. You get those people in those key roles whom you can depend on and whom you can grow with, it's going to free up a lot of the chaos. It's going to make things work much more efficiently.

And number three, let's get the doctors back to doing the doctor things and empower our staff to do the others. So that means more callbacks for support staff. More restraint for support staff and decreasing the burden of education by using secondary tools.

Alright, there's a number four. And I said three, but there's one more. There's one more thing here that I don't feel like I could end this podcast on our Vet Med opportunities in the post-COVID aftermath, the ongoing COVID aftermath maybe is what I should have called it. But there's one more thing that I think we need to talk about. Many of us continue to do more - to take on more clients, to take on more work - because of money; because of our need to make more money; our desire to make more money. I'm not saying this is selfish. Don't misunderstand. It's absolutely not a selfish need. It is for a lot of us, as we have this increased demand, we need to hire more people. We need to pay more people. So then we need to see more clients and it becomes this snowball. Here's an option: you can slow down and make more money. I kind of already alluded to this when I gave you my own personal example, but there is an option here where you could scale back the total volume that you see and make more money. The way that you do that is by raising your prices. If you increase what you charge, you don't have to see as many people and patients to make the same amount of money. It's a basic business concept. Do you want to see 10 people at \$100 a transaction or five people at \$200 a transaction? Now I'm not saying that we become a used car salesman. That's not what I'm saying, but what I'm saying is you charge what you're worth. If you can increase your prices and provide a better customer experience, a bit of a boutique-style practice, which I think there's so much opportunity for going forward, what you're going to find is you're going to have more quality of life. You're going to have a greater relationship with the clients that you do have. You're going to have more job satisfaction. You're going to probably have an increased client trust. You're going to like your job a whole lot better. I know it's a novel idea, but there are practices out there that do exactly this. I personally did this myself with my own practice when I got to that point where I

don't want to work five and a half days a week anymore; where I tried to hire an associate and it just didn't work out; that I knew that the kind of client that I had cultivated required a specific kind of care. I purposefully sought the high-maintenance client when I started my own practice from the ground up. The high-maintenance client had the potential to run me into the ground, but only if I let it happen. I did! I learned it the hard way, but when I came out of that and I realized that I had the opportunity to simply adjust my own hours and also adjust my own fees, what I was able to do was work fewer hours, fewer days, which also if you're only working three and a half days a week, then so is your staff. So everybody got more time off. We had consistent staffing, which means same people there, every time, like every day we were open with the same people. Our clients got to see the same team and the clients were happier. So even on the days when we were closed, even on the days where maybe they had to go to the emergency clinic, it wasn't a problem for them because not only did they value the service that we provided, but they also valued our ability to take time off. They did that because of the way that we educated them on what we did provide in the way that we provided it and then we stuck to our word. So there is the opportunity for that.

So if you're a practice owner and you just can't figure out how to keep up with demand, my friend, I want you to give yourself the opportunity to think outside of the box and say, maybe not figuring out how to do more is the answer here. Maybe the answer is finding the courage to do less and charge what you're really worth. You'll be surprised at how well that works and creating more balance for you and increasing your own well-being.

Alright, my friends, I know I've thrown out some pretty radical ideas here on the podcast today. I fully anticipate that there is a large population of people that will disagree with what I say and I'm okay with that because what I know to be true is that we will never change anything in this profession if we keep trying to approach it the same way. If just doing more and more of the same and working harder and harder, in the same way, was going to fix this, we would have fixed it by now.

So here in the aftermath of COVID-19, our ongoing new reality of COVID-19 is going to continue to hang around for years to come in some capacity. In the aftermath where we are already altering the way that we do business, we have the opportunity. Our goal here needs not to be to get back to normal because normal wasn't that great. Our goal should be to create a new normal as we move forward. To do that, we are going to have to think outside of the box. We are going to have to be courageous. We are going to have to be willing to be uncomfortable. We're going to have to let go of our hyper responsibility. We're going to have to recognize where we say yes, out of obligation and guilt, and work on our own mindset around that. We're going to have to be willing to put our own needs first if we're ever going to serve our clients at our highest ability.

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Alright, my friends, that's going to wrap it up for this week and I will see you next time. Bye for now.

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We can change what's possible in Vet Med together.