

- Jerry Learns to Walk Again!
- Do You Hear What I Hear?: The Pitfalls of Communication Stress

## VetCare Staff Updates

### VetCare Doctor Profile

The desire to be a veterinarian is one of Dr. Morey's earliest memories. She has been a life-long rescuer of pets and critters of all sorts, sometimes to the chagrin of the humans living with her. She obtained her DVM from UC Davis in 1992. After graduation she completed a



year-long internship in small animal medicine and surgery at the Sacramento Animal Medical Group. Dr. Morey then moved to Fresno for a year of intensive emergency and critical care experience at the Veterinary Emergency Service. That year solidified her love of emergency medicine and critical care and she returned to Sacramento to head up the emergency department at the Sacramento Animal Medical Group for the next four years.

In 1998 Dr. Morey embarked on a residency training program in Emergency Medicine and Critical Care under the mentorship of Dr. Steve Haskins at UC Davis. In 2005, Dr. Morey became a diplomate of the American College of Veterinary Emergency and Critical Care.

Dr. Morey's professional interests include resuscitation from shock or trauma of all types, critical care monitoring, nutrition, and wound management. Dr. Morey is especially interested in training veterinarians and technicians in critical care techniques. Dr. Morey is a member of CVMA, AVMA, and VECCS.

When not working, Dr. Morey loves spending time with her children, Russell and Kent and her dog Scout. She also enjoys downhill skiing, running, hiking, bicycling and wine-tasting.

Dr. Deb Morey, in addition to lending

her skills on emergency shifts at VetCare, will be providing consulting services to our doctors for patients seen at VetCare 24-7. This service will be provided to our clients at no additional charge. Also, we are excited to announce that Dr. Morey has started an educational series for our nursing team that focuses on emergency and critical care topics. We are privileged to have her join us and look forward to providing improved care to our patients.

### New Receptionist and Nurse

Darren Sanchez is new to the veterinary field and works at the reception desk. He is attending school for Criminal Justice. Darren loves animals especially his dog Boston who is a Boston Terrier. Darren enjoys running and reading and his friends when he has time.

Erika Marmolejo has joined the VetCare team as a nurse. Erika has been in the veterinary field as a nurse for 9 years. She has two pets of her own. A 6 year old orange male cat and her 3 year old Staff Terrier named Horchata. Erika loves spending cherished time with her family and loved ones, including her pets and her niece.

### Intern Joins the VetCare Team

Dr. Molly Steinberg grew up in West Marin, and continues to love living in the bay area. She completed her undergraduate degree in Literature and Biology at UC Santa Cruz, and went on to Veterinary School at St. George's University in Grenada, West Indies. She completed her clinical training at the University of Minnesota. She is currently interning at VetCare under the mentoring of Dr. Kipperman.

### ER Doctor Joins VetCare

Dr. Matt Blanchong was born and raised in Ohio. He attended Notre Dame, where he received two undergraduate degrees in finance and Japanese. He spent two years in Japan studying business and the language. He then spent four years in the Bay area as an investment banker for internet and technology companies. He returned to school to achieve his life long dream of becoming a DVM. He attended The Ohio State University where he received his DVM degree and an MS. His thesis is entitled "The role of HSP72 in Measles Virus Replication." Following graduation, Dr. Blanchong spent a year in Akron, Ohio as an emergency veterinarian in a specialty and referral clinic. He



joined VetCare in June, 2008 as an emergency doctor.

Dr. Blanchong enjoys travel, foreign languages, spending time with his dog "Sketch," who is a rescued golden retriever. He used to be an avid swimmer and tri-athlete but now is completely out of shape. He hopes to regain his athletic prowess at some point.

Dr. Blanchong looks forward to working with you in managing patients seen by our emergency service.

# Jerry Learns to Walk Again!



Heather Towle, DVM, MS, DACVS

In early April “Jerry,” a 12-year-old male neutered Domestic Short Hair (Figure 1), presented to Vet-



Figure 1

erinary Surgical Centers of the Delta at Vet-Care for evaluation of inability to walk. Jerry’s mom came home to find that he could not stand, and his hindlimbs were weak and quivering. Jerry is an inside/outside cat, therefore trauma and toxins could not be excluded.

Physical examination of Jerry revealed a normothermic patient with good femoral pulses bilaterally, an easily expressible urinary bladder, and a mild left systolic heart murmur. Neurologic evaluation of reflexes revealed decreased withdrawal reflexes, decreased sciatic and femoral reflexes, decreased tail and anal tone. Jerry had superficial pain sensation only with no motor function in both hind limbs. Based upon these findings, his neurologic localization was L4-S1 myelopathy. No obvious orthopedic abnormalities were detected.

Differential diagnosis at this time included trauma related (vertebral fracture), intervertebral disc disease, neoplasia, fibrocartilaginous emboli (FCE), and inflammatory/

infectious etiologies.

Initial bloodwork included CBC, serum chemistry profile, and a urinalysis; no significant abnormal findings were noted. Thoracic and spinal radiographs demonstrated no evidence of trauma or neoplastic conditions or cardiomegaly.

At this time, potential remaining diagnostics included a myelogram or MRI/CT and +/-CSF tap. An MRI was performed, and a type I ventral, right-sided intervertebral disc herniation was discovered at L5-L6 on cross-sectional images. The spinal cord was compressed over 50% of its diameter with loss of the subarachnoid space (Figure 2 and 3 –see arrows).

Jerry’s owner was contacted and the findings were discussed. Based on Jerry’s neurologic status, he had a very good prognosis with surgery. Thus, his owner elected to proceed with neurosurgery. A right hemilaminectomy was performed. The ruptured intervertebral disc material was removed, and the spinal cord was decompressed. Jerry’s spinal cord did not grossly appear bruised or swollen.

In order to enhance Jerry’s recovery, his owner elected to leave him at VetCare for an additional week for intense rehabilitation. Jerry underwent treatments 4-6x/day consisting of standing leg activities, passive range of motion activities, and sling assisted activities. Jerry made tremendous improvements. He was able to walk with moderate ataxia, and he regained the ability to urinate appropriately by the end of the first week! At four weeks post-operative, he was able to walk with very mild ataxia.

Jerry is just one of two feline patients that have presented to VetCare Surgical Services since April with this diagnosis. The veterinary literature is sparse with isolated case studies. In most case studies, the prognosis for felines with intervertebral disc disease was excellent, and a reoccurring theme is that many feline patients (unlike canine patients) do not have spinal hyperpathia (back pain).

Best of luck to Jerry and his continual recovery!



Figure 2



Figure 3

# Do You Hear What I Hear?

## The Pitfalls of Communication Stress

By **Debbie Hines, RVT**

*“The more a company encourages openness, camaraderie, and teamwork on the job, the more fertile the conditions for a communication miracle to occur.”*

—Mathew Gilbert

### The Big Picture

I think we can all agree that veterinary hospitals are in and of themselves stressful environments containing many opportunities for miscommunications. What happens when that rambunctious puppy starts barking at the same time the receptionist uses the intercom to ask a question? Are you sure you heard exactly what was asked?

Technicians are pulled in many directions to fulfill demands of clinicians while meeting the needs of patients. Receptionists are busy accommodating and pacifying the needs of clients while complying with the requests of hospital staff. Many times, one group fails to see the picture from the other side. Tension is created and blame occurs. In a high volume multi-doctor practice, add the intensified noise level. Rarely is there one-on-one communication in which you have engaged the other person in direct eye contact and have their undivided attention. How much psychological, and physiologic, stress is created?

We all adapt to stress in order to maintain survival. Our personal stress response is shaped by genetic factors and individual experiences. The same is true with communication stress. Our interpersonal communication experiences in and out of the workplace influences our response patterns. We can either react passively or actively. But, when we become stressed, how are we reacting to patients? There are times when hospital employees can become

desensitized to conditions that promote patient stress.

Another constituent of the stress loop is multitasking. Generally, the better you are at it, the higher your expected level of performance. However, the pressure to multitask can be another dangerous component in the role of communication stress. There are times when your brain may not be as efficient at multitasking as you may want to believe.

Managing multiple tasks at once can decrease your ability to complete either task appropriately, creating stress.

### Are You an Effective Communicator?

Being an effective communicator means other people listen to what you have to say, take you seriously, and engage in conversation. Becoming an effective communicator is about feeling confident in situations you would otherwise feel uncomfortable. It is truly an art to convey what you mean in order to get the job completed as it was intended.

Supervisors should not be quick to blame subordinates if a task was not done as intended. Failure to communicate clearly and unmistakably can be the culprit. Merely saying the words is not enough. Supervisor failure to recognize and cognitively hone inter-personal communication skills and abilities, can lead to ineffective completion of tasks resulting in low employee moral, low employee self-esteem, poor productivity, high employee turnover and undercurrents of gossip, rumors, and tension. Also, miscommunication may be the underlying tone for personality conflicts. The ability to write or speak effectively does not come naturally. However, clear communication can be learned.

There are many barriers to communication; and, communication bar-

riers create stress and frustration in the workplace. Common communication barriers include;

- Semantics and jargon
- Channel Selection
- Information overload
- Environmental noise
- Trust and credibility
- Passive or non-listening
- Emotions

We are bombarded with communication consistently and frequently during our day.

Every time two people interact, communication stress can develop. This happens because no two individuals have the same internal perspective of their external world. People have different backgrounds, experiences, styles and methods of communication and speaking patterns. There are many forms of communication from many different perspectives. People usually ignore or accommodate differences based on common ground or similar interests. When individuals focus as a team to work toward established goals, a positive organizational climate is created.

The organizational climate can become negative when we fail to communicate effectively. A divided work force may occur as individuals become emotional and “pick sides” forming cliques. Or, individual employees may become targeted, isolated and treated unfairly as workplace rumors swirl. The focus of meeting organizational goals becomes lost or distorted by individuals as the problem escalates.

### Finding Solutions

Finding the perfect solution is never easy. Communication stress will never be eliminated. However, your ability to handle communications can dictate the level of stress not only in your work day, but also after hours.



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## **Veterinary Surgical Centers of the Delta Publishes New Brochures**

Veterinary Surgical Centers of the Delta has published two new brochures (Injury of the Cranial Cruciate Ligament in the Dog) and (Surgical Treatment of Urinary Tract Diseases).

Intended to educate clients, the brochures are written in easy to understand language and use diagrams to help one understand the anatomy of the knee or the urinary tract. Each brochure describes the disease or injury and outlines current procedures for repair and after care.

The Injury of the Cranial Cruciate Ligament in the Dog and Surgical Treatment of Urinary Tract Diseases join a wide array of brochures from VSCD. If you would like brochures for your clients or for a full listing of topics please call VetCare at 925.556.1234. We will be happy to send them to you.



## **VetCare Welcomes New Employees**

Shawn Barreau has been working in the veterinary field for 5 yrs as a technician. He truly enjoys working with both the animals and their owners. Shawn has a 15 year old damnation mix and a “few” stray cats. He enjoys outdoor sports such as camping, hiking, various sports and music.

Rebecca Johnson is new to the veterinary field although she has been a dedicated volunteered a shelter for feral cats in Havre Montana. Rebecca adores her Ozzie, a cat with lots of personality. Rebecca is a biological electron microscopy major who works part time at the reception desk.

VetCare would like to welcome everyone to our team. We look forward to working with you.