

# Epitome

SPRING 2020

A publication of the Illinois State Veterinary Medical Association



## IN THIS ISSUE

### Cannabis and Pets

CE Mandates and  
Employment Law Changes

The Power of Your Witness Slip

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Fax: (217) 546-5633  
info@isvma.org

## ISVMA Mission

Advancing the well-being of veterinary  
medical professionals, animals, public  
health and the environment.

## Staff

Debbie Lakamp, CAE  
Executive Director  
debbie@isvma.org

Alicia Davis-Wade, MA, CAE  
Assistant Executive Director/  
Finance Manager  
alicia@isvma.org

Sherrie Leezer  
Administrative Assistant  
sherrie@isvma.org

Tina Welmon, CVT  
Education Coordinator  
tina@isvma.org

## Lobbyists

Terry Steczo (Emeritus)  
Maureen Mulhall  
John Carr  
Matt Maloney



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# QUICK TIP

**Are you thinking you can handle all the details of selling your practice on your own?**

**You don't know what you don't know.  
Don't jeopardize your investment!**

There are a lot of details that go into selling your practice. The timing of each step and when things happen is critical to a successful sale. If you don't know what you are doing, you could end up jeopardizing all of the years you have spent building up your hospital and your investment.

**Here is just one of many examples that can happen...**

I am currently working with two different sellers who are selling to two different buyers. In both cases, the buyers requested remote access to my client's veterinary software. I immediately advised both of my clients that this should not happen; at least not yet. The reason is simply that it's too early in the process. We didn't even have drafts of legal documents. Had the buyers been given access to the seller's veterinary software and the sale were to fall through, their client data would have been jeopardized. Meaning, the buyer, who is no longer a buyer, would have all of their client information! Even worse, if the buyer owns another practice nearby, they could easily start sending reminders and other marketing materials to the seller's entire database essentially "stealing" their clients. I am confident that without my advice, both clients would have allowed the buyer to download their client database before they had any comfort that the sale was actually going to happen.

Selling your hospital is likely one of the largest financial and emotional transactions you will encounter in your lifetime. Don't go it alone! Hire someone like us to guide you along the way, help you maximize your sale proceeds, protect your investment, and minimize your stress.

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1. East Central Illinois, 1 FTE DVM, SA practice, 2,500 SF facility.
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# Remember to Learn Something **New Every Day**

by *Olivia Rudolphi, DVM*



Now that we are a couple of months into 2020, how many of you have checked in on those resolutions? Why do we wait until December

31st to see if we have achieved them — that's if we remember them, right? I have set a few resolutions, both personally and professionally, as well as for my practice. I want to learn some new skills, perfect some old ones and bring something new into the practice. You may also refer to these as goals, checkpoints, benchmarks — use whatever terminology you want, but they all have something in common: they give us and our teams motivation. Maybe it's putting a new coat of paint on the wall, updating the website, incorporating new software or simply enjoying weekly lunches with your staff. Does the plan to incorporate your resolutions need to be tweaked? How is it working? Now is the time to check in and reevaluate; don't wait for December.

Change can be hard. Let's be real — the majority of us are Type A and maybe "a little" set in our ways. Maybe not set, just comfortable. Some things don't need to be changed. Take for example the recipe for Coca-Cola; it has been the same for years. It's recognizable and you know what you are getting every time you open a can. If the recipe changed, there would probably be another universal uproar. But why are they so successful? Coke changed and continues to change

everything else: labels and packaging, advertising (everyone loves the polar bears), flavors and most of all they have made it an experience to drink Coke. Can you relate this to your practice? How can you create that experience? Do you need an upgrade?

Recently I, along with a few other ISVMA members, attended the Veterinary Leadership Conference hosted by AVMA. If it has been a few years since you have attended or you have not been to the conference in the past, I strongly recommend you attend. In fact, scholarships to attend are available to ISVMA members in each region of the state. One of the sessions that I attended focused on how to be comfortably uncomfortable. The emphasis was to recognize, embrace and grow with change, even if you initially get that nauseous, gut-wrenching feeling when faced with the thought of change. The speaker, the brains behind the development of the Lincoln Memorial University CVM, discussed how we should celebrate these uncomfortable moments and how we overcome them. This doesn't mean that everyday something new has to happen, but more that we have to be humble and have insight in order to recognize, admit and acknowledge a change needs to occur. Recognize and then run with it. The first strategic plan may not work 100 percent of the time, so we improvise and then keep going — and that's OK. The point is to get out of that box every once in a while. The speaker challenged us with this little exercise: go lay on the floor of a depart-

**I challenge everyone to be the change in our profession. Be the advocate. Check in with yourself, your practice, colleagues and employees.**

ment store and see the reaction. Anyone feel uncomfortable just thinking of doing that? The point of the exercise is to push yourself to do something uncomfortable, embrace it, and enjoy the exhilarating rush of excitement and accomplishment (ignore the dirty floor).

I challenge everyone to be the change in our profession. Be the advocate. Check in with yourself, your practice, colleagues and employees. What can you do to keep this great profession thriving? What can you do to keep yourself moving forward? What department store can you go to and lie on the floor? ISVMA offers numerous opportunities and programs to participate in when you are looking for something new. Examples are being a member of a legislative group, working with students and/or organizing local CE or community events.

I'll leave you with some advice I was given upon my graduation from veterinary school by a pretty smart guy who I know and look up to: "Remember to learn something new every day." This is the motto of our practice — what's yours? 🐾





# SAVE THE DATE

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- Source [www.ted.com](http://www.ted.com)

***Fun Fact:***

Dr. Grandin obtained her doctoral degree in animal science at the University of Illinois, Urbana-Champaign.



# What to Know About Cannabis and its **Effect on Pets**

## *Understanding Illinois' Cannabis Law and How to Diagnose and Care for Animals*

by Deborah Lakamp, CAE, Executive Director



Now that the legalized recreational use of cannabis for adults is a reality in Illinois (as of January 1, 2020), your ISVMA wants to inform its membership, as well

as policymakers and the general public, about how cannabis and related products can affect companion animals.

### **What Is Legal?**

First and foremost, legal human medical marijuana use does not equal legal animal use.

Any cannabis product with THC (tetrahydrocannabinol; a compound found in marijuana that can have anti-inflammatory and neuroprotective qualities) above 0.3 percent is still considered a Class 1 controlled substance (CS). If below 0.3 percent, it is not considered a Class 1 CS. Purity and consistency of ingredients are concerns as there are no regulations for quality control in these products.

The U.S. Food and Drug Administration's (FDA) regulatory stance on CBD (cannabidiol; a compound found in marijuana that reduces pain and relieves anxiety) products is currently unclear. There are no FDA-approved CBD or THC products for animals,

and any products or drugs with labels claiming that they are for animal use should be considered unsafe.

There are limited approved products for humans that could be used extra-label; that is, any use of an FDA-approved drug that differs from instructions on the approved product label. Veterinarians must still follow the Animal Medicinal Drug Use Clarification Act of 1994 (AMDUCA) guidelines. Clients must be informed that any products you recommend are not approved and your license is at risk if problems arise.

Since cannabis use is now legal for adults in Illinois, there is no obligation to report a client's use to authorities. There are currently no guidelines established regarding suspected cannabis use by youths.

### **Edibles and Secondhand Smoke**

While we know how cannabis can affect humans, its effect on animals can be very different. Human caretakers of companion animals should be very cautious using cannabis around pets. Each substance presents different risks.

For example, ingestion of "edibles" such as cookies, brownies and candies is of heightened concern, especially in dogs because of the greater possibility of ingestion. Exact amounts of THC and CBD vary widely between plants and strains.

These products can contain other substances, such as chocolate, which can be harmful to pets, especially dogs (i.e., brownies). Know that synthetic marijuana can be much more potent, especially for



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smaller animals. Vaping products can also be chewed and swallowed by dogs, causing higher-concentration ingestion.

Secondhand smoke can also cause THC problems if inhaled in large amounts by any animal.

Owners should keep all cannabis out of reach of their pet by storing it in high cabinets or locked drawers when not in use. Companion animals should be housed in a separate, well-ventilated room away from both edibles and secondhand smoke.

### Warning Signs of Ingestion, Inhalation

How do you know if a pet has been exposed to cannabis products when their owners bring them to your clinic? While rarely fatal, symptoms are likely to include, but are not limited to:

- Lethargy
- Sedation
- Dilated pupils
- Dazed expressions
- Trouble walking
- Vomiting
- Dribbling urine
- Hypo- or hyperthermia
- Seizures and coma

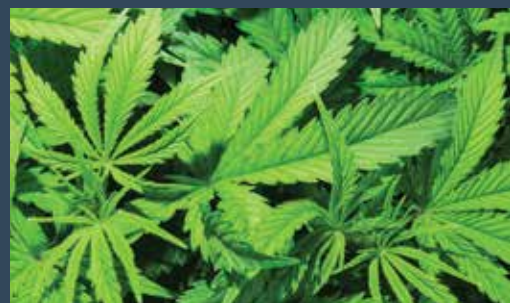
Symptoms may occur between five minutes and 12 hours after exposure and could last for days.

Exposed pets may have multiple toxicoses (ingesting other illicit ingredients, chocolate, etc.) due to the consumption of edibles that may contain cannabis or cannabis derivatives (i.e., CBD oil). It is very important to get specific information about an animal's cannabis exposure from clients, and to be non-judgmental when acquiring this information.

While there is no specific antidote for direct cause and side effect issues in companion animals related to marijuana exposure, supportive and reactionary care provided by veterinary professionals can prove beneficial.

## A Quick Review of Cannabis in Illinois

- Medical marijuana has been legal in Illinois for several years.
- Only adults 21 and over will be able to legally use recreational cannabis. Users cannot smoke in public and can only grow marijuana privately if using medically.
- You may see more cases of animal/pet exposure or ingestion as recreational cannabis use becomes more common.



### Diagnosis, Treatment Recommendations

Conducting a human urine test on an animal is not a reliable basis for diagnosis, with outcomes likely to be controversial (false negatives/positives).

At this time, symptomatic care is the only treatment (since there currently is no specific antidote). It's a good idea to contact toxicology specialists or poison hotlines for more specifics. In the past six years, one animal poison hotline reported a nearly 500 percent increase in THC toxicity calls. Clinical studies have become legal only recently, and it is not yet known what dosage and toxicity levels occur in different animal species.

Common practice would be to induce emesis to expel toxins and/or the use of activated charcoal to absorb toxins in the gastrointestinal tract, if discovered early. The use of IV fluids can also help detoxify a suspected toxic reaction.

Benzodiazepines can be used if the animal appears agitated, anxious or is having seizures. And even though the effectiveness of therapeutic methods is unclear, providing quiet, controlled environments for animals to convalesce without further exposure to edibles or second-hand smoke allows time for cannabis and its effects to weaken and

pass from the animal's body. Therapies like intralipid therapy create a lipid compartment within an intravascular space. This can be used as a "sink" into which a lipophilic drug will be drawn into. The drug is then excreted or metabolized by the animal.

### More Studies Necessary

Lack of background information (scientific studies) and the wide array of untested products currently marketed to pet owners make it difficult for veterinarians to make safe and effective recommendations about the therapeutic use of CBD.

Veterinarians are currently studying safe and effective uses for CBD and studies are slowly emerging. Veterinarians will be able to advise clients as more research will determine how to use CBD products safely.

Even though there are cannabis and hemp products currently being marketed for pets, at this time there are no CBD or THC products approved for use by companion animals and, as mentioned earlier, the FDA considers cannabis an illegal drug despite state laws that have legalized cannabis for medicinal or recreational use by humans.

It's also important to know that law enforcement can consider pet intoxication to be animal cruelty/abuse. 🐾

# Care and Keeping of a DVM Curriculum

by Dr. Peter Constable, Dean



The data show that the Illinois DVM is highly valued in the marketplace.

Introduced in 2009, our innovative competency-based curriculum features 20-plus weeks of clinical rotations in the first three years of study. For the past eight years when the question was put to them on interview day, candidates for admission cited the curriculum as the No. 1 reason they applied to Illinois.

What's more, the percentage of non-resident applicants accepting initial offers of acceptance from the college has more than doubled: over the past four years, the out-of-state acceptance rate has averaged 56 percent, up from an average of 26 percent over the previous 10 years. And this is at a time when the number of U.S. veterinary colleges has increased, expanding applicants' options.

## There's a Specialist for That



Responsible pet owners invest in the ongoing health and well-being of our companion animals. In the same way, our college invests in the ongoing health and well-being of the living entity that is our curriculum. And so, in 2018 we hired a specialist: Dr. Christopher Seals. Dr. Seals has a PhD in educational psychology and educational technology from Michigan State

University. He has a dual appointment as a tenure-track professor and as the coordinator of curriculum and assessment in the Office of Academic and Student Affairs.

"My mission, in a nutshell, is to use data and assessment to strengthen the curriculum of the college," says Dr. Seals. He's one of a growing number of educationalists based at professional colleges, including a handful of other veterinary colleges.

## Mapping the Curriculum

One of his first steps in this new role has been to lead our faculty in the monumental task of creating a comprehensive map of the curriculum. The map will allow faculty to see when and where content is being taught, and thus to recognize errors, omissions, and redundancies in what we teach.

"The curriculum map uses learning objectives as its data points," Dr. Seals explains. "During my first year at the college, I met extensively with faculty to help them articulate three to five specific objectives for each hour of lecture and for each clinical rotation. Then, last summer, two veterinary students worked for me full time to match each of the thousands of learning objectives with the relevant identifiers developed by the AVMA Council on Education (nine learning outcomes), the AAVMC's rubric for Competency Based Veterinary Education (32 competencies in nine domains), and the six levels of Bloom's Taxonomy of Learning (from 'remembering' to 'creating')."

Over winter break, Dr. Seals had assistance from other graduate students in entering all of this data into special software for mapping curriculum. Once the data are mapped, the document will provide a basis for evaluating how well the curriculum addresses the areas identified by AVMA and AAVMC. It will facilitate collaboration among faculty who teach similar content.

## Faculty Focus, Student Benefit

In addition to his role in creating this useful tool for evaluating and improving the complex organism known as our curriculum, Dr. Seals eagerly pursues his true passion: working with educators to put innovative teaching theories into practice. He will focus on helping faculty integrate motivational aspects of learning into the classroom and the clinic.

"Not all students learn the same way. I'm excited about bringing new approaches, such as the flipped classroom, active learning, and team-based learning, to the veterinary faculty so they can reach varied learners," he says.

Though Dr. Seals' key audience is faculty members, the true beneficiaries are our students.

"I believe the effort that goes into creating the curriculum map and introducing new pedagogical methods to faculty ultimately will make the Illinois DVM program more efficient and effective," he says. "Students will feel appreciated and understood when their education is delivered to meet diverse learning styles and focused on their needs as day one practitioners."

## Spotlight on Student Success

The Office of Academic and Student Affairs recently created a 50 percent appointment for an assistant dean for student success. By the time you are reading this column, we expect to have named one of our faculty to this position, which will provide leadership in the recruitment and retention of veterinary students and in advising veterinary students about career development.



As with our highly regarded curriculum, we intend to invest in improving student success even as the data suggest our graduates already achieve high measures of success. Employment rates reported by Illinois students to the AVMA Senior Survey, taken at/just before graduation, have been consistently higher than the national average, with a five-year mean rate of 97 percent for Illinois students vs. 93 percent nationally. Illinois also boasts an above-average NAVLE pass rate.

Enhancing the diversity of our student body will be a priority for the new assistant dean for student success. Although our current freshman class is our most diverse ever, with one in five students identifying as part of an under-represented group and 28 percent representing the first in their family to attend college, we seek to improve those numbers.

When our students succeed, our alumni and the Illinois professional veterinary community also benefit. Thank you for working with our college and supporting our students as we pursue our vision of excellence. 🐾

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# Dealing with Difficult Clients and Co-Workers

by Melissa Stacy, CVT

We all have dealt with clients and co-workers who push our composure to the limits at times! There are lots of different ways to handle these situations, but a book called *Personality Plus* by Florence Littauer has really helped me communicate and work with people in a more efficient and understanding manner. Florence talks about four different personalities that are based on a four-temperament theory that best explains human behavior. The understanding of these personalities or combination of these personalities not only helps you understand how you are hardwired, but also why others act or behave the way they do. Each personality has its upsides and downsides to observe and identify.

Littauer describes these personalities as follows:

**Powerful Choleric** are considered to be leader and commander types, being dominant, strong, decisive and occasionally arrogant. They tend to be good leaders because they are driven to get things done, however they might offend some people along the way. Choleric are also known as the “Powerful” type. Some famous examples are Oprah Winfrey, Bill Gates and Bill O’Reilly.

**Perfect Melancholy** personality types are described by Littauer to be the mental types, with their personality displaying a strong emphasis on thinking, evaluation and assessment. Their typical behavior involves thinking, assessing, making lists, evaluating the positives and negatives, and general analysis of facts. They love maps, charts and graphs. They are usually the most intelligent of the four types, however they tend to dwell on details. A Melancholy is a planner, making sure things happen, although sometimes they can paralyze themselves with over-analysis. Lists and “doing things the right way” are characteristics of this personality type. Melancholies are also known as the “Perfect” type. Some famous examples are Ernest Hemingway, Carlos Santana and Ludwig van Beethoven.

**Popular Sanguines** are a social personality type, displaying characteristics such as a predisposition to socialize and entertain. They enjoy having fun, socializing, chatting, telling stories — and are fond of promising the world, because that is the friendly thing to do. A Sanguine gets on well with people and can get others excited about issues but cannot always be relied upon to get things done. They love inter-

acting with others and play the role of the entertainer or center of attention in group interactions. They have a tendency to overpromise and underdeliver. Sanguines are also known as the “Popular” type. Some famous examples are Kelly Ripa, the late Robin Williams and Jim Carrey.

**Peaceful Phlegmatics** are described as having a flat-type personality, being laid back and desiring a peaceful environment above all else. They are easygoing, laid back, nonchalant, unexcitable and relaxed. They desire a quiet and peaceful environment above all else. They tend not to actively upset people, but their indifference may frustrate people. They try not to make decisions, and generally go for the status quo. They are good as mediators because they do not usually have many enemies. They also have a “dry” and quick sense of humor. Phlegmatics are also known as the “Peaceful” type. Some famous examples are Keanu Reeves and Tim Duncan.

Littauer has a test that you can take online or in the back of her book that will tell you the combination of these personalities that fit how you are hardwired! This quiz is a great tool to help veterinary staff learn more about each other and maybe offer some insight into those difficult clients. Knowing your own personality will help you understand others! This is an invaluable tool to help staff naturally utilize their strengths and a key opportunity for the veterinary team to help those difficult clients not be so difficult. 🐾





# Ask an IDFPR Attorney: Complying with the Illinois Administrative Code

by Edward W. Williams and Fred Nickl

This issue's question and answer column addresses the application of Illinois Administrative Code, Section 1500.50 Standards of Profession Conduct, for veterinarians. The code is overseen by the Illinois Department of Financial and Professional Regulation (IDFPR), which is the government licensing agency for veterinarians and certified veterinary technicians in the state.

## How long do I have to keep veterinary medical records?

By Rule, 68 ILAC 1500.50, all veterinarians must keep and safeguard all patient records for a minimum of five years. The Rule is silent as to whether it would be allowable to digitize all records, but we do not see that as a problem; keeping physical files is just not done very much anymore.

## What information must be kept in a patient record?

Again, 68 ILAC 1500.50 provides a detailed listing of the types of information and documents that must be in a veterinary medical record. The failure to include all of the types of information and documents could result in your license being disciplined by the IDFPR. Although IDFPR generally would not discipline for a record keeping violation alone, if there were other issues being considered and the state of the recordkeeping was not good, then you would likely receive a Reprimand. A Reprimand for recordkeeping is permanent — under the current state of the law, it can never be expunged. You should Google "Illinois Veterinary Administrative Rule 1500.50" and read the types of information that are required. It is fairly extensive in that there are nine specific types of information, including the following:

- Patient and client identification
- Dated reason for the exam and all pertinent history
- Physical exam findings
- All diagnostic, medical, surgical or therapeutic procedures performed
- All information pertaining to the dispensing, administering or prescribing of medications including directions for use and quantity, changes to any medications
- If a necropsy is performed, the record must reflect the findings

## May I legally withhold the patient records until the balance of all funds owed to the clinic are received?

Unfortunately, you may not. Illinois Administrative Rule, Section 1500.50(k)(11) specifically mandates that a veterinarian must turn over all patient records to your client upon request. While it may seem unfair, it comes with being a licensed professional. 🐾

*Our column is for educational and informational purposes only. Do not assume our advice is applicable to any specific situation. We do not create an attorney-client relationship with you via this column. This column is written by Williams & Nickl, LLC, which is one of only a handful of niche law firms whose practice is devoted exclusively to representing and defending professionals licensed by the Illinois Department of Financial and Professional Regulation (IDFPR) and the Drug Enforcement Administration (DEA). Edward W. Williams is the former chief of prosecutions at IDFPR and has prosecuted and defended veterinarians and other IDFPR licensees for over 30 years. For more information, visit [www.williamsnickl.com](http://www.williamsnickl.com).*



# Best Practices While Working With Students and Volunteers

by AVMA PLIT



**N**on-veterinarian employees and volunteers are typically covered under a practice owner's professional liability policy through the PLIT program. Please note however, professional liability coverage solely responds to allegations of veterinary malpractice for damages caused during the medical treatment of an animal.

Although every situation or claim is unique, there are general precautions veterinary practices can take to mitigate risk when hosting students or volunteers. The AVMA Trust recommends the following insurance coverages and considerations.

## **Workers' Compensation With Volunteer Coverage**

Students and volunteers injured while volunteering with your practice are covered under the AVMA Trust program's workers' compensation policy where allowed by State law. In CT, MA, NJ, TX, WI and DC and the monopolistic states and territories of ND, WY, OH, WA, PR and the USVI, volunteers cannot be

covered under workers' compensation policy terms. In order to ensure that there is a remedy for injury to volunteers in these jurisdictions, the PLIT insurance broker, HUB International, suggests these solutions:

- **Secure Volunteer Accident Coverage.** This policy provides pre-determined limits of coverage for certain injuries and applies to volunteers.
- **General Liability coverage** includes a sublimit for "Medical Payments." This is a specific amount of coverage, usually \$5,000 or \$10,000, which applies to volunteers and does not require the business entity to be at fault in causing the injury.



- General Liability limits can be triggered if certain circumstances arise; and the volunteer is truly a volunteer and no other coverage is available. However, the business entity has to be negligent in contributing to the injury in order for this coverage to be triggered.
- Consider hiring the student or volunteer at the minimum wage level to have them covered as an employee by the practice's Workers' Compensation.

### General (Business) Liability

General (business) liability protects you when others allege your practice is responsible for their loss or injury. This includes bodily injury coverage if your practice is found responsible for the illness, injury, or death of a third-party (e.g., client slips, trips, and falls on the practice property). This coverage is not intended to be the primary remedy for, or cover injuries sustained by students and volunteers working at your practice or traveling with you to third party premises. However, if there is an injury of a student or volunteer, you should also report the claim to your general liability carrier for an evaluation.

### Umbrella Liability

Umbrella liability for increased protection against catastrophic losses provides excess coverage over certain liability coverages, such as business liability, employer's liability, and commercial automobile liability.

### Professional Liability

Non-veterinarian employees and volunteers are typically covered under a practice owner's professional liability policy through the PLIT program. Please note however, professional liability coverage solely responds to allegations of veterinary malpractice for damages caused during the medical treatment of an animal.

Review your insurance coverages annually to ensure you are properly insured for risks unique to veterinary practice.

### Other Considerations and Recommendations

1. Written agreements with:
  - a. The student or volunteer (or parent if volunteer is a minor) —include expectations of the student or volunteer, a statement of indemnification, and specifics on responsibility in the event of an injury
  - b. Any affiliated university or organization
  - c. Consult an attorney in the development or review of these written agreements
2. Student or volunteer training and orientation
  - a. Establish practice policies and procedures that enable students and volunteers to get training and that require the student or volunteer to stop working if they are not comfortable with the task or feel unsafe and notify a supervising veterinarian.
  - b. Review safety practices around animals for the tasks that students and volunteers are assigned.
3. Establish processes for direct supervision, mentoring and feedback of students and volunteers.
4. Require each student or volunteer provide documentation of medical insurance

5. Third party premises—If a student or volunteer travels to a third-party premise such as a client farm or home and is injured, the practice's Workers' Compensation with volunteer coverage is intended to be the primary remedy. Insurance coverages cannot prevent any injured party from pursuing a personal injury claim. If the third-party were to be named in a claim, the third party's general liability, homeowners, and/or umbrella liability would be triggered to protect them.

What should the visiting student or volunteer have to protect themselves?

- Medical insurance
- Veterinary students should ideally secure disability insurance (available through the AVMA Trust).
- No cost veterinary student coverages available through AVMA Trust as a SAVMA member benefit;
- No cost Life insurance; visit [avmalife.org/Students](http://avmalife.org/Students)
- No cost Veterinary Student Professional Liability (responds if they make a medical or surgical error or are named in an allegation of negligence related to treatment of an animal. Does not respond if they are personally injured). Veterinary students must register at [avmaplit.com/students](http://avmaplit.com/students). 🐾





# REVIEW OF TRAINING REQUIREMENTS

## CE Mandates and Employment Law Changes

Over the last two years, the Illinois General Assembly has passed new CE mandates that must be completed prior to license renewal in January 2021. ISVMA has communicated on all of these changes many times but as we continue to learn of veterinarians and their employers who are unaware of the changes in the law and continuing education requirements, we are printing the changes again.

### New Safe Opioid Prescribing Practices Continuing Education

The Illinois Controlled Substances Act states the following and creates the requirement for the Opioid Prescribing Practices Continuing Education of three hours per prescriber.

*(720 ILCS 570/315.5)*

*Sec. 315.5. Opioid education for prescribers. Every prescriber who is licensed to prescribe controlled substances shall, during the pre-renewal period, complete 3 hours of continuing education on safe opioid prescribing practices offered or accredited by a professional association, State government agency, or federal*

*government agency. Notwithstanding any individual licensing Act or administrative rule, a prescriber may count these 3 hours toward the total continuing education hours required for renewal of a professional license. Continuing education on safe opioid prescribing practices applied to meet any other State licensure requirement or professional accreditation or certification requirement may be used toward the requirement under this Section. The Department of Financial and Professional Regulation may adopt rules for the administration of this Section.*

*(Source: P.A. 100-1106, eff. 1-1-19.)*

*Veterinarians Can Obtain the Training from These Sources:*

Veterinarians with Illinois Controlled Substances Registrations are required to take three hours of opioid training from an approved CE provider. ISVMA is offering live and interactive evening webinars on May 20, August 19 and an in-person training on November 13 at the ISVMA Annual Convention in Tinley Park. Online sign-up is available. More dates may be added, if needed.

The University of Illinois, School of Veterinary Medicine is offering three hours of CE online, too. AVMA also has an opioid CE course online.

### New Sexual Harassment Prevention Requirements

New Sexual Harassment Training requirements come from two different laws.

*All Employees*

In 2020, Illinois employers are subject to mandated educational training as licensed professionals and as employees on the topic of sexual harassment per the Illinois Workplace Transparency Act. This means all employers with one or more employees must provide annual sexual harassment training to their employees. A civil penalty can be imposed on employers who do not comply after a 30-day warning. The law also forbids non-disclosure agreements covering sexual harassment situations.

For employers who would like to see a model sexual harassment policy, the Illinois Department of Human Rights has posted

one online at: [www2.illinois.gov/dhr/PublicContracts/Documents/SexualHarassmentModelPolicyStatement.pdf](http://www2.illinois.gov/dhr/PublicContracts/Documents/SexualHarassmentModelPolicyStatement.pdf)

#### *Licensed Professions: Veterinarians and CVTs*

All veterinary licensees are now required to complete sexual harassment training each renewal period, effective January 1, 2020. Administrative Code outlines the requirements of the training as follows.

#### *Section 1130.400 Sexual Harassment Prevention Training*

- 1) All persons who hold a professional license issued by the Division and are subject to a continuing education requirement shall complete a one-hour course in sexual harassment training. A licensee may count this one hour for completion of this course toward meeting the minimum credit hours required for continuing education.
- 2) The sexual harassment prevention training course shall only be provided by existing Division-approved continuing education providers or by persons or entities who become Division-approved continuing education providers.
- 3) The sexual harassment prevention training course shall include, at a minimum, the following topics:
  - a) What is sexual harassment, including its forms and types;
  - b) What should one do if one experiences or witnesses unwelcome sexual contact;
  - c) Reporting sexual harassment within one's place of employment and to outside entities, such as the Illinois Department of Human Rights; and
  - d) Whistleblower protections.
- 4) The course shall be presented in a classroom setting, a webinar or online.
- 5) The presentation of this course shall be subject to all other continuing education requirements for each profession.
- 6) Completion of this course shall be a condition of renewing a license. This requirement shall become effective for all applicable license renewals occurring on or after January 1, 2020.

ISVMA is providing this training via webinar on June 24 and October 7 as well as in person on November 14 at the ISVMA Annual Convention in Tinley Park. You may

register for training at [www.isvma.org](http://www.isvma.org) or call (217) 546-8381.

### **New Rules on Asking a Job Applicant's Past Salary**

The Illinois General Assembly passed Public Act 101-0177. This Act, which became effective on September 29, 2019, makes changes to the Illinois Equal Pay Act of 2003.

First, the new law *prohibits your organization from requiring an applicant to list previous salary history* from employers on your application. The Act provides, in part, it is unlawful for an employer to screen job applications based on "prior wages or salary history" and to request a "wage or salary history" as a condition of employment or in the hiring process. Further, *in the interview process, I recommend that you do not ask the applicant to disclose any previous salary or current salary with any previous employer.*

The Act provides some exemptions to this new requirement. In summary, the rule above does not apply if:

1. The job applicant's wage or salary history is a matter of public record under the FOIA; and
2. The job applicant is a current employee and is applying for a position within the same current employer.

In addition, the Act does not prevent an employer from:

1. Providing information about wages, benefits, compensation, or salary offered in relation to the position;
2. Engaging in discussions with an applicant for employment about the applicant's expectations with respect to wages benefits, or compensation; and
3. The employer is not in violation of the act when a job applicant voluntarily and without prompting discloses his or her current or prior wage or salary history, including benefits or other compensation, on the condition that the employer does not consider or rely on the voluntary disclosure as a fact in determining whether to offer the job or in making an offer of compensation or determining future wages, salary, benefits, or other compensation.

### **Minimum Wage Increased by \$1/Hour on January 1, 2020**

As of January 1, 2020, Illinois' minimum wage will increase to \$9.25 per hour. The \$1 per hour increase will begin moving the wage to a minimum of \$15 per hour by January 1, 2025.

For tax quarters January 1, 2020 through December 31, 2027, an employer with 50 or fewer FTEs, may claim a credit for each qualified employee. To learn if your clinic would qualify, visit <https://files.constant-contact.com/1cffd829701/32598a39-8da4-4435-9323-62760aa60d28.pdf>

Pursuant to Public Act 101-0001 ([www.ilga.gov/legislation/publicacts/101/101-0001.htm](http://www.ilga.gov/legislation/publicacts/101/101-0001.htm)):

- New employees (first 90 days of employment) and employees under age 18 may be paid up to 50 cents less per hour.
- Beginning, January 1, 2020, if a worker under 18 works more than 650 hours for the employer during any calendar year, they must be paid the regular (over 18 wage).
- Tipped employees may be paid 60 percent of the hourly minimum wage.
- Certain employees must be paid overtime, at time and one-half of the regular rate, after 40 hours of work in a workweek.

The Minimum Wage scale will change as follows each year:

- January 1, 2020 – \$9.25 (\$1 increase/ 12 percent)
- July 1, 2020 – \$10 (\$0.75 increase/ 8 percent)
- January 1, 2021 – \$11 (\$1 increase/ 10 percent)
- January 1, 2022 – \$12 (\$1 increase/ 9 percent)
- January 1, 2023 – \$13 (\$1 increase/ 8 percent)
- January 1, 2024 – \$14 (\$1 increase/ 8 percent)
- January 1, 2025 – \$15 (\$1 increase/ 7 percent) 🐾

*If you have any questions about the above information, please do not hesitate to email ISVMA at [info@isvma.org](mailto:info@isvma.org) or call (217) 546-8381.*

# Mortality Event in a Group of Coughing Grower Pigs

Miranda D. Vieson DVM, PhD, Dipl. ACVP (Anatomic)

Three grower (12-week-old) pigs were submitted for necropsy examination with a history of coughing, labored breathing and a mortality rate of 20 percent to 30 percent. Vaccination occurred three weeks prior for mycoplasma, circovirus, and haemophilus in this group of pigs, and Florcon had been running in the water supply during the past 24 hours.

Two pigs were submitted alive and noted to be quiet with labored breathing. One pig was more alert and responsive than the other. The third pig was submitted postmortem. All three pigs were in good body condition and had similar gross pathologic findings limited to the thoracic cavity. Approximately 25 percent to 80 percent of the lung fields in these pigs are dark red, firm, and covered by a thin layer of elastic tan material (fibrin) that multifocally forms firm adhesions to the internal thoracic wall. The least affected pig has the most striking distribution lung pattern which was unilateral and effecting the right caudal-dorsal lung (Figure 1). Microscopically, lesions comprise areas of necrosuppurative and fibrinous bronchopneumonia with fibrinosuppurative pleuritis (Figure 2).

Aerobic culture of the pooled lung samples from these pigs returned very heavy growths of *Actinobacillus pleuropneumoniae* with resistance to gentamicin, spectinomycin, tulathromycin, and intermediate resistance to clindamycin. Lighter growths of *Streptococcus suis* and *Bordetella bronchiseptica* were also isolated from the lungs of these pigs, so their concurrent involvement cannot be definitively ruled out. Additionally, these pigs tested positive for Porcine Respiratory and Reproductive Syndrome (PRRS) virus, and negative for Porcine Circovirus 2 (PCV2), Swine Influenza virus (SIV), and *Mycoplasma* spp.

The clinical history, pathologic findings, and ancillary testing are most consistent with porcine contagious pneumonia caused by *actinobacillus pleuropneumoniae* (APP). One of the interesting and often distinctive gross pathologic features of APP is the caudal-dorsal distribution pattern of pulmonary lesions. In contrast, bronchopneumonia due to most bacterial etiologies in veterinary species typically produce a cranioventral distribution pattern in the lungs. Another important differential etiology for this lesion in pigs is *actinobacillus suis*, which tends to cause less severe and more sporadic disease that is often accompanied by bacteremia. In the event of inconclusive culture results, clinical picture, and pathologic findings, PCR for the RTX toxin genes in APP are available to confirm and differentiate from *actinobacillus suis* infection.

APP is a highly contagious, facultative, anaerobic, gram-negative bacteria that can cause acute, rapidly spreading respiratory disease in all ages of pigs, but is most commonly seen in growers between 6 weeks and 6 months of age with peak mortality at 10-16 weeks. While PRRS virus was detected in this case, APP is capable of producing disease without a

primary viral infection. Transmission occurs via direct contact or aerosol droplets and organisms produce multiple virulence factors including fimbriae, cytotoxins, lipopolysaccharide (LPS), and a capsule. There is generally a high rate of susceptibility of APP to most veterinary antimicrobials, although many strains may be resistant to tetracyclines. Survivors of acute disease may become carriers and are often chronically ill with low to no fever, intermittent cough, and loss of appetite. 🐾

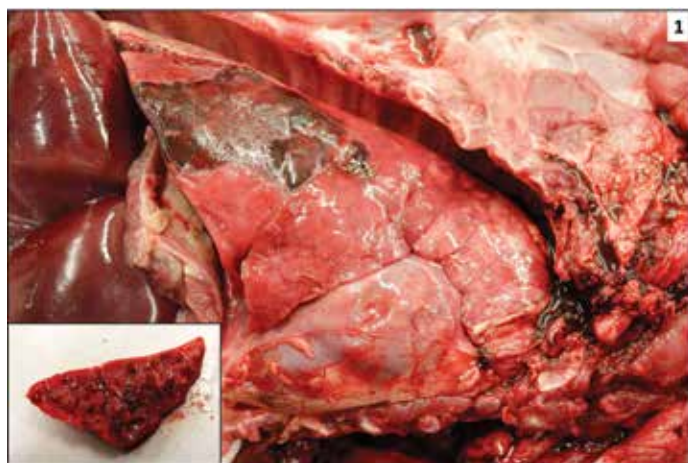


Figure 1. Gross image of the caudal-dorsal distribution pattern of pneumonia in a 12-week-old grower pig most consistent with porcine contagious pneumonia. Inset is a cross section of the affected portion of lung showing a mottled tan to red variably firm pulmonary parenchyma.

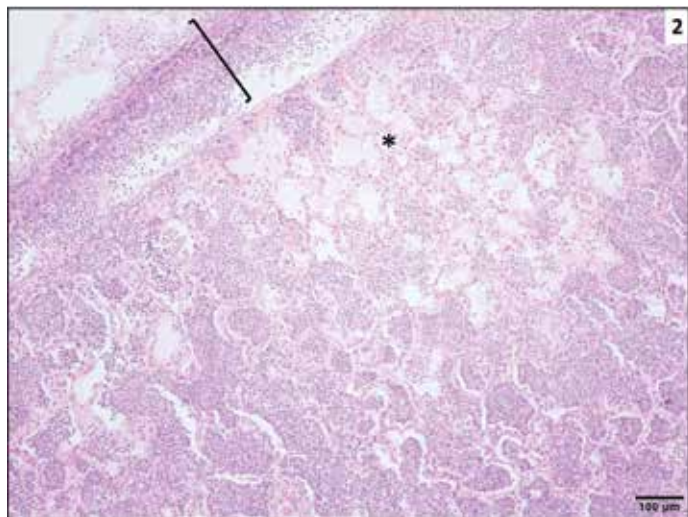


Figure 2. Photomicrograph representing severe necrosuppurative and fibrinous pneumonia with severe fibrinosuppurative pleuritis (bracket). Asterisk denotes an area of necrosis. H&E. 100x magnification.

# 5 Tips to Excel at Graceful Euthanasias



by Dr. Heidi Pulito

Over my years as a small-animal general practitioner as well as a house call euthanasia veterinarian, I have realized a huge deficit in our training for how we handle death. Euthanasia is one of the most meaningful procedures we offer clients, and yet we receive little to no training on how to perform it with excellence! Here are some of my favorite tips that will help you provide pets with beautiful and peaceful ends to their wonderful life journeys and make the experience a little less hard on their families.

1. **Protect your client's privacy** – I hear this over and over in client's homes after a euthanasia, "I'm so glad I do not have to face the public right now." Clients dread crying in public and having other families stare at them during their sad time. Make it easier on them by preparing a room prior to their arrival, then quickly ushering them into it when they arrive. Have your staff express their condolences, then go over the euthanasia consent form, cremation options and payment all in that room. Most clients are relieved to get this part over, allowing them to completely focus on their pet. Then, they can quickly leave your lobby afterward without stopping at the front desk.
2. **Designate a comfort room** – We all have seen the alerts for certain clients, "Avoid Room No. 2!" Many clients do not want to return to the exam room where their pet spent their final moments. Try to designate a room only for euthanasias. Another complaint I hear is that the veterinary clinic is so sterile. If you have the space, try to hide any medical supplies and place blankets on exam tables, provide comfy chairs or even couches, play soft classical music and make sure to have lots of tissues and a trash container for their sniffles. You can also keep the room stocked with water bottles, little mints or candies and fresh flowers to help soften the room and make it more comfortable for the client and their pet.
3. **Sedation** – I am a big fan of sedating pets for all euthanasias. Many clients breathe a sigh of relief when they see their pet settling into the sedation and comment about how this is the best sleep they have gotten in a long while. Sedation provides peace for the pet, and also eases the client's anxiety over their decision.
4. **"You do you" and inject slowly** – For the final injection, use whatever technique is most comfortable to you! I prefer off the needle but have friends who swear by the butterfly catheter

for intravenous injection of pentobarbital. If you are just starting out and worried about hitting a vein, have your technician place an IV catheter in the room. I'm also a big supporter of not taking the pet away from their family in their final moments, so please try your best to do everything in the room, if possible. Then inject slowly just as if you were inducing a pet for surgery. My rate is about 0.1ml per second. This slow rate of injection will greatly reduce the amount of agonal breaths and twitches seen after death.

5. **Remain calm** – The euthanasia procedure is complex both emotionally and technically so please know you are not alone if you have experienced a euthanasia that did not go as well as you would have hoped. If you remain calm in the room, your client will remain calm too. Have a backup plan in case your favorite vein falls flat such as using another vein or placing an IV catheter. Take the time to learn about anesthetic sedation protocols followed by intraorganal injections of pentobarbital through the Companion Animal Euthanasia Training Academy ([www.caetinternational.com](http://www.caetinternational.com)). This will give you the confidence you need to remain calm when the veins fall flat.

Above all, know that euthanasia is not a failure, it's a treatment option for our terminally sick pets. Take pride in knowing that you are honoring the human-animal bond by providing these wonderful pets with a dignified and graceful passing. 🐾

*Dr. Heidi Pulito is a 2011 graduate of the University of Illinois College of Veterinary Medicine and owner of Unleashed with Grace: Animal Home Hospice and Euthanasia. After eight years in general practice, she realized end-of-life care was her personal calling and became certified in hospice and palliative care through the International Association of Animal Hospice and Palliative Care. She opened her business in November 2018. She also enjoys encouraging other veterinarians and has written her first book entitled Victory Unleashed: A Veterinarian's Tale of Thriving in a Profession Marked with Depression. She resides in Sandwich, Illinois, with her husband and chiweenie named Eve.*

# AVMA's Volunteer Leadership Conference

by Dr. Amanda Hampton

My organized medicine leadership journey started through ISVMA's Power of 10 leadership program and I was very fortunate to represent both the ISVMA and CVMA at the Veterinary Leadership Conference in downtown Chicago this year.

The VLC allowed me to network and partner with colleagues to discuss current issues facing our veterinary lives and profession. I attended educational lectures, helping me to advance my leadership, communication, team building, time management, and personal well-being skills. I also watched as the AVMA House of Delegates debated and refined policies

in a parliamentary forum, touching on hot topics such as feline declawing, telehealth, cannabis, and extern liability.

The VLC was an inspiring and engaging experience and I hope that others see the value in participation in organized medicine.

I want to extend a big thank you to the CVMA and ISVMA for this opportunity, and I look forward to being able to teach others the skills I have learned. Thank you!



Opening lecture, location of the House of Delegates session



Keynote speaker: Aaron Dignan



Drs. Eigenbrod and Harbach



Dr. Marci Kirk, Assistant Director of the AVMA, discussing Early Career Initiatives from the AVMA



Left: Dr. Marci Kirk, Assistant Director of the AVMA  
Middle: Dr. Amanda Hampton, ISVMA representative  
Right: Dr. Simuel Hampton, husband!



Dr. Jason Johnson, DVM, MS, DACT, discussing new AI technologies and the future of our profession.



Illinois DVMs networking at an ISVMA dinner.



Front row: Drs. Rudolphi, Harbach, Eigenbrod and Lewis.  
Back row: ISVMA Executive Director Debbie Lakamp



Dr. Faeh, AVMA Delegate; Dr. Dullard, Alt. AVMA Delegate



# The Power of Your Witness Slip

*Register today. It's vitally important that your elected officials know your stance on issues affecting your business.*

As the day is long, there are always concerns arising in Illinois government regarding veterinary medicine that either help or potentially hurt our business.

In 2019, your ISVMA membership actively engaged statewide elected officials by informing them how we felt about the Prescription Monitoring Program (PMP). We not only visited them in their Capitol offices to voice our views but we also completed online witness slips available on the Illinois General Assembly's (ILGA) website to let them know how we felt about the measure.

Thanks to politicians who sympathized with and backed our cause, as well as our membership grassroots outreach, we were successful in ensuring Illinois' veterinarians were exempt from the PMP. This achievement allows us to fully focus on practicing medicine for animals and not delve into human medical reporting. It was a win that we couldn't have achieved without your action!

For 2020, we're already facing legislation that again affects what we do every day, including such issues as regulations regarding physical therapy for pets, no-kill shelter proposals and "puppy mill" measures. Of course,

your ISVMA will keep you updated on these issues when updates happen.

But we need to be ready and prepared to take action on these or other unforeseen issues; we need your help.

## **Harnessing the Power of Membership**

If you haven't done so already, filling out your witness slip on the ILGA's website is easy and takes little time; actually, just minutes. With the legislation mentioned above, we may need to act quickly this year to let politicians know our stance on these issues, for or against.

If you haven't yet registered, here's how to start:

- 1) In your web browser, type in [my.ilga.gov](http://my.ilga.gov) in the address bar and hit your Enter key. Welcome to the ILGA dashboard.
- 2) On the left side of the screen you'll see a list of options, including a box that says "Register."
- 3) Click on that box and you'll see the "Create a New Account" form on your screen. It tells you how to create a profile and once registered, you can follow and manage your witness scripts on any pending legislation you're tracking.
- 4) Fill in the blank fields, including your email address and creating a password.
- 5) Click on the "I Agree to the ILGA Terms of Agreement" box located in the lower-left corner of the form after reviewing the terms. Then click on the "Register" button in the lower-right corner of your screen.
- 6) You will then see a registration confirmation screen indicating you were successful and a message to confirm your registration via a link sent in an email to you from the ILGA. Congratulations; you are now registered.

If there is legislation being considered for which you want to take action for or against and wish to create a witness slip, just follow these directions:

- 1) Type [my.ilga.gov](http://my.ilga.gov) in your web browser address bar and hit your Enter key. Welcome to the ILGA dashboard. Now that you are registered with the ILGA website, make sure to log on.
- 2) On the left side of the screen, click on "House" or "Senate" (depending on where the legislation currently sits) and then "Committee Hearings" in the subsequent dropdown menu. You will see at the top of your screen that you can choose from hearing committees for the day, the current week or current month. Click on "View Hearing Details" when you find the legislation in which you wish to testify.
- 3) To create your witness slip, click on the "Create Witness Slip" icon (symbolized as a pen on paper graphic).
- 4) When the blank witness slip form appears on your screen, fill out all fields (name, address, phone number, etc.) that are

required to complete a witness slip, unless they are listed as "Optional." For registered users, who have logged into the site, the witness slip will auto-fill your basic information, but you must complete any blanks and indicate your position on the proposed bill.

- 5) Provide the name of the ISVMA if you are representing your association on this issue, which will likely be the case. Or indicate if you are representing yourself ("Self").
- 6) Under "Testimony," unless you are appearing in person to testify or will submit written testimony, check (click) the box "Record of Appearance Only."
- 7) Lastly, at the bottom left of the page, check (click) the box "I Agree to the ILGA Terms of Agreement" after reviewing the terms. Then click on the "Create Slip" box at the lower-right side of the screen.

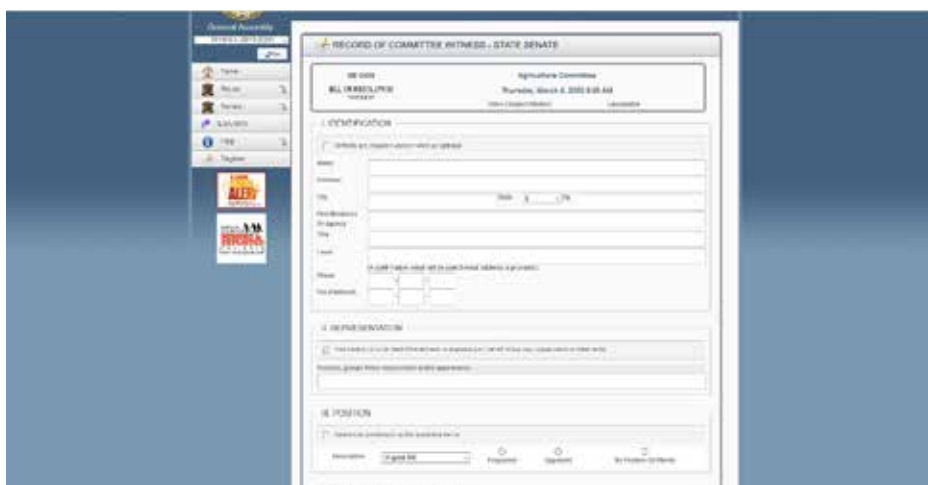
Congratulations; you have now shared your support or opposition to a proposal that may benefit your business or are opposed to its negative impact on your profession and animals in your care.

And it took just minutes to complete!

## Strength in Numbers

Your ISVMA speaks out on issues affecting your business and the animals and human caretakers you help. When the ISVMA calls its members to action, it means there is legislation proposed that can likely harm your business and potentially a way of life for these animals and your neighbors, family and friends.

Please take time to sign up today to ensure you're empowered to bring about change that protects your career and your practice — and be prepared to take action when necessary. We must continue to protect those creatures for which we took a medical oath to care, and for the people who care for and love them. 🐾







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# In Memoriam

## *Borje K. Gustafsson, DVM, PhD*



Borje Gustafsson died on Sunday, January 5, 2020, in Champaign, Illinois.

Dr. Gustafsson was born February 26, 1930 in Karda,

Sweden. After military service, he studied veterinary medicine at the Royal College of Veterinary Medicine in Stockholm, earning his degree in 1960 and his PhD in 1966.

In 1976, Dr. Gustafsson moved his family to the United States where he took the position of professor of veterinary medicine at the University of Minnesota.

In 1978, he moved on to become head of the department of veterinary clinical medicine at the University of Illinois, where he

remained until 1987. In 1980, he established the Howard L. Whitmore and Borje K. Gustafsson International Dairy Award Fund to provide scholarship assistance to Illinois veterinary students interested in working across cultural, political, social and economic boundaries.

Dr. Gustafsson was dean of the Washington State University College of Veterinary Medicine from 1988 to 1998.

After retiring in 1998, Dr. Gustafsson and his wife returned to Champaign-Urbana, where he became adjunct professor of veterinary medicine, and continued to work on different projects and with colleagues from around the world, long into his 80s.

Dr. Gustafsson was known as an ambassador for European veterinary medicine in

the U.S. and across the world. Honors bestowed upon him include being elected as a foreign member of the Royal Swedish Academy of Agriculture, receiving the David E. Bartlett Lifetime Achievement Award from the Society of Theriogenology/American College of Theriogenologists, and receiving the Peter Hernquist Gold Medal of the Swedish Veterinary Association in 2002.

Dr. Gustafsson is survived by his wife, Gunnilla; his daughters, Katarina and Charlotte; his son, Lars; and his grandchildren, Nina, Albim, Morgan, Tyke and Olivia.

A memorial service will be held at a later date. Condolences to the family may be offered online at [www.heathandvaughn.com](http://www.heathandvaughn.com).

## *Lyle E. Brumley, DVM*



Lyle Eugene Brumley passed away peacefully on December 17, 2019, in his Allen, Texas, home, which he shared with his wife of 56 years, Barbara,

since their relocation from Hinsdale, Illinois, in July 2018.

A committed scholar, he graduated from Grinnell College in 1961. He earned his master's in biology at the University of Illinois Medical Center in Chicago in 1963.

After a year of teaching comparative anatomy at Loyola University of Chicago, he enrolled in the University of Illinois College of Veterinary Medicine (Champaign-Urbana), where the second- and third-year students were surprised to discover the new first-year student was also the author of one of their textbook chapters. His studies led to a 50-year career as a small animal private practice veterinarian in Chicagoland and Ottumwa, Iowa (his hometown), as well as a full-time stint as chief of staff of the Illinois Animal Welfare League in Chicago Ridge. Dr. Brumley formerly owned Foxmoor Veterinary Clinic in Aurora, Illinois.

He was also a long-time member of the Chicago, Illinois State, and American Veterinary Medical associations.

He is survived by his wife, Barbara, brothers Lynn Brumley and Lee Brumley (Joanie); a stepbrother Gary McCaughey; his children Janet Abramson (Scott) of Lucas, Texas; Diane Marty (Kirk) of Leawood, Kansas; and David Brumley (Alison) of Ladera Ranch, California; and 12 grandchildren who delighted in him and vice versa.

Memorial services in LaGrange, Illinois, and in Iowa will be planned in the spring.



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## In Memory

The IVMF thanks the following veterinary clinics for their contributions in memory of the following pets:

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