

# North Carolina Veterinary Medical Board

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Regulatory  
Bulletin

Volume 2 Issue 3

## From the NCVMB website

<http://www.ncvmb.org/>

### **EFFECTIVE: 2019 Renewals**

**Continuing Education Audits:** Starting with the 2019 renewal 2% of all licensees and registrants will be audited for proof of obtaining their CE. This is a random audit and you will be informed at the time of your renewal if you need to submit proof of your CE.

### **EFFECTIVE: 2020 Renewals**

**Continuing Education Requirement:** Two (2) hours of CE on the 'abuse of controlled substances' will be required per renewal cycle. *This includes both veterinarians and technicians.*

## NCVMB FACEBOOK Page

<https://www.facebook.com/NCVetMedicalBoard>

The NCVMB Facebook page has a vast variety of information available for veterinarians, technicians, and pet owners. Examples of recent posting include the following topics:

- Biosecurity: Protect Your Horse From Disease
- Medical Detection Dogs: the science behind the sniff
- Up your anesthesia game as a veterinary technician
- You're Probably Training Your Cat All Wrong
- NC Emergency Management: Florence Update
- How to Keep your Pets Safe from Opioids



Visit Our Inspectors at the  
Upcoming NCVC  
Conference in Downtown  
Raleigh Convention Center  
November 2nd-4th

Plan to stop by the NCVMB Booth during the NCVC Convention and meet our inspectors. Don't hesitate to ask any questions you may have about the inspection process or the North Carolina Veterinary Practice Act.

### **The NCVMB Inspectors are:**

Eastern Region: Dr. David Marshall

Central Region: Dr. Nicolette Peer

Western Region: Dr. Joseph Wright



## New NCVMB Board Member Dr. Azure Holland

Dr. Azure Holland is from Bailey – a small town in Eastern North Carolina. She graduated from North Carolina State University with a B.S. in Animal Science and attended the University of Tennessee Veterinary School, graduating in 2007. Dr. Holland has been in private practice in the Raleigh area since that time. Dr. Holland was appointed by the Governor of North Carolina to serve on the North Carolina Veterinary Medical Board, a 5 year position which allows her to give back to the State and the community.



## New NCVMB Veterinary Inspector (Central Region) Dr. Nicolette Peer

Dr. Nicolette Peer began her interest in veterinary medicine at a very young age. She grew up in Long Island, NY where her house was always full of animals. She attended Duke University where she majored in Biology. After graduating, she worked as a veterinary assistant in small animal emergency practices prior to applying to veterinary school. Dr. Peer attended Auburn University College of Veterinary Medicine and graduated in 2010. After graduation, she completed a small animal rotating internship at The Ohio State University.

Dr. Peer moved to Charlotte in 2011 and worked in small animal private practice prior to joining the team at the North Carolina Veterinary Medical Board. When she is not at work, she enjoys spending time with her family, friends, and her cat Syl. She loves to read fiction, exercise, hike, and ballroom dance with her husband.

Dr. Peer will be the Veterinary Inspector for Central North Carolina.

## Which Schedule...Which Drug?

Controlled substances are classified into Schedules I–V based on their addiction potential. Visit [DEA.gov](http://DEA.gov) for more information.

- ❖ **Schedule I:** Drugs in this schedule have no currently accepted medical or veterinary use because of safety concerns and high potential for abuse.
  - ❖ **Schedule II:** Several drugs in this group (eg, meperidine, fentanyl, morphine, hydrocodone, pentobarbital) have veterinary applications. Because of their high potential for addiction and, therefore, diversion, their recordkeeping must be kept separate from those in Schedules III–V. Ordering must be performed using DEA Form 222.4
  - ❖ **Schedule III:** Examples include mixtures containing pentobarbital (eg, euthanasia solutions), nalorphine, buprenorphine, ketamine, and anabolic steroids
  - ❖ **Schedule IV:** Examples include alfaxalone, propofol, diazepam, midazolam, butorphanol, and phenobarbital
  - ❖ **Schedule V:** Examples primarily include cough medications that contain low concentrations of narcotics
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## Top Five Causes of Client Complaints?



### 1. Money

**Why It Occurs:** Not surprisingly, the No. 1 complaint by far (41 percent) involves financial concerns. Like it or not, veterinary medicine is a business, with practices staffed by people who enjoy a paycheck as much as anyone in any other industry. Most clients understand this fact. But, many clients lose their sense of fairness when they are surprised by an invoice that is higher than they expected.

**How to Prevent It:** Provide a detailed estimate that is carefully explained to the client before any service is rendered.



### 2. Veterinarian

**Why It Occurs:** More than one-third (35 percent) of negative reviews are related to a bad experience with a veterinarian. Common complaints include a lack of communication skills, being (or seeming) uncaring and uninterested with patients, rushing appointments and making incorrect diagnoses. The report also includes an important quote: “People will forget what you said. People will forget what you did. But people will never forget how you made them feel.”

**How to Prevent It:** Khoo noted, “Clients want to make sure their animals are being well cared for by a veterinarian who understands not only the animal but also the family. Therefore, for the reputation of the business, it’s important to give the animal the best care and to foster the best relationship with the client.” Make clients feel welcome, which means the entire client-facing staff must have good verbal and nonverbal communication skills.



### 3. Staff

**Why It Occurs:** Over a quarter of bad reviews (27 percent) relate to a staff member being rude or having a poor attitude, either in person or over the phone. Some employees were seen taking personal calls instead of taking care of clients, for example. Remember, it takes only one bad apple to ruin someone's experience.

**How to Prevent It:** Identify team members who have a poor attitude, and either retrain those individuals or invite them to explore other career opportunities. Make sure all employees understand the mission and core values of the practice. Choose team members who are excited and happy to come to work, which will translate into happier client experiences.



### 4. Misdiagnosis

**Why It Occurs:** Medicine is not an exact science. Occasionally we make mistakes. Clients feel angry because they may have spent a lot of money to reach the wrong diagnosis.

**How to Prevent It:** Swallow your ego, empathize, be honest and listen to concerns or frustrations. Encourage clients to get a second opinion when in doubt.



### 5. Communication

**Why It Occurs:** "Miscommunication can often lead to clients misunderstanding treatments and payments," Khoo explained. Seventeen percent of bad reviews follow an experience with poor communication.

**How to Prevent It:** Make sure you or a team member provides a detailed estimate before care is provided. Explain what you are doing to a patient as you perform a physical exam. Use everyday words to make sure clients clearly understand what you are saying. Explain both your recommendations and the financial consequences.

*Phil Zeltzman, DVM, DACVS, CVJ, Fear Free Certified*  
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