The Synergy of Team (Wynn)
Our theme this year is Synergy in Seattle and we have put out a call to diverse professions to converge on the field of Animal Hospice and Palliative Care. But what do these diverse team members have in common and how does their diversity better serve pets and people? This session will explore ways to build a healthy team and appreciate the gifts provided by each team member.

Premeds: Potential Side Effects of Sedative Drugs Prior to Euthanasia (Marchitelli)
This lecture will focus on the pharmacology of drugs commonly used for sedation prior to euthanasia including the possible physiologic and psychologic effects on veterinary patients. Potential side effects and adverse events will be discussed and explored.

Euthanasia Solutions: Pathophysiology and Adverse Reactions (Marchitelli)
This lecture will explore the currently available euthanasia solutions. Mechanism of action, adverse events and drug approval process will be discussed.

Acupuncture Part One and Two (Carmack)
An overview of acupuncture as used in a hospice setting intended to answer practical questions about useful acu-points and treatment logistics for those not practicing acupuncture currently. Learn how to answer client questions about acupuncture and recommend points for acupressure, etc at home. Get hands on experience finding acupuncture points, placing needles, using electroacupuncture, aqua-puncture, and Moxa.

Designing an Animal Hospice Center (Cooney)
Hospice centers where families can gather in comfort, are well-suited to those looking for options to mobile services. These centers can be incorporated into existing structures or stand alone. Initial consultations, rechecks, bereavement counseling, body care, and more can all take place here, while offering a central location for medical and office supplies. During this hour, we will look at some current animal hospice centers in action and discuss ways to help you build one in your community.

Where to Start: Designing a business plan (Rose)
Feeling overwhelmed at the IDEA of putting together a business plan? You are not alone. The very thought of tackling the project places a business owner or manager in the state of paralysis. Together we will create an outline, plotting a plan of attack. You will feel far more comfortable, achieving targeted projects, in taking small, bite size pieces. Participants will receive resources in small business planning.
I Think I'm Ready to Hire a Practice Manager (Rose)
In the past, you and your team may have gotten by without a manager, but now is the time to consider the advantages of hiring someone to take on the role. Together we will define the duties and roles of a practice manager. Then, design a job description, create a job announcement, and outline the hiring process. Participants will view good, bad and downright ugly job announcements. Plus, we will review the "Dos and Don'ts" of hiring. Prepare yourself to hire the perfect practice manager!

Engaging Your Formally Trained Veterinary Team in the Delivery of Hospice Care (Rose)
Your veterinary team consists of formally trained individuals (veterinarian, credentialed veterinary technician, assistant, social worker or practice manager), but are you truly leveraging them to their highest potential? Attendees will learn about the skills each formally trained team member possesses and how to maximize the synergy in each team. Together we will walk through a case study of a well-utilized veterinary team scenario, maximizing time, productivity, patient care and client experience.

Break Through the Ceiling: 3 tools for practice success (McComas)
You want your business to be well-run and profitable. You've already achieved a certain degree of success and are ready for the next level. As your practice grows, however, you begin encountering new obstacles which include a lack of control over your time and your practice, lack of productivity and accountability from your employees, and not enough profit to compensate you for all the investment you make in time and energy. You've hit a ceiling which you can't seem to break through. In this session, we'll explore the use of three time-tested tools for managing your practice to overcome these challenges. These tools are simple to learn and put into place. They are key components of the system explained in Traction (by Gino Wickman) and are the same tools used daily at MN Pets, allowing the practice to grow into a 20+ person practice grossing over $1M.

Business Benchmarks for Mobile End-of-Life Practices Part One and Two (McComas)
In this presentation and panel discussion, we'll take a close look at Business Benchmarking: comparing key metrics of your practice with similar practices. Extensive benchmark data exists for traditional bricks-and-mortar practices (ex. The Well-Managed Practice Study) but it's difficult to make these metrics relevant for mobile end-of-life practices. Wouldn't it be helpful to know the ways your practice is performing well and where you could improve results? One way is to compare your results with those of similar practices. The IAAHPC has collected metrics from member practices and is ready to share results with you. Key metrics include income and expenses in common categories such as veterinary services, cremation, drugs, supplies and marketing, etc. Be a part of this exciting and ground-breaking discussion as we examine different types of mobile practices to compare results and ultimately define best practices for our niche service. Information is powerful, so attend this session to learn more about how you can better operate your own practice. Take with you a handout with a printed summary of the information collected from peer practices.
Introduction to Complimentary Integrative Medicine in AHPC (August)
CIM includes many treatment modalities that may be useful in providing palliative as well as curative treatment for our animal patients. These modalities are used widely in our society for human and animal healthcare, by medical professionals as well as lay practitioners and interested individuals. Clients may be reluctant to share their use of CIM treatments if they do not feel their veterinarian is supportive of this multimodal approach. This first lecture provides a general introduction to the uses of complementary and integrative medicine in AHPC as well as considerations for working with CIM practitioners as members of the interdisciplinary AHPC team.

Western Herbal Medicine; An overview (August)
General concepts in Western herbal medicine will be discussed including a brief history and approaches to formulating and prescribing plant medicines including general indications and safety precautions.

Phytotherapy Part One and Two (August)
A selection of specific herbs for practical use in palliative medicine is discussed along with their properties, phytochemicals, and mechanisms of action. An organoleptic approach will be used (i.e., there will be plant medicines to taste and touch and smell!)

Integrative Oncology (Pope)
The use of complementary and alternative medicine is commonly utilized among veterinary cancer patients. As many interactions between these alternative modalities and conventional cancer treatments are unknown, doctors and clients are left with difficult decisions when deciding how to incorporate an integrative approach to veterinary cancer care. Common treatment approaches to veterinary cancer cases are described utilizing both conventional and integrative treatment modalities. Focus is placed on evidence based support when possible in case management.

Too Soon? When do we start palliative medicine (Hendrix)
There is a new paradigm in human medicine to start providing palliative care to hospice patients at the beginning of their terminal diagnosis, not at the end. Studies show that human patients live longer and better quality lives when they start early in their disease process. So why are we waiting until the end? How can we do better? How can we help our colleagues send us cases early, rather than late?

Pain Management Strategies for Osteosarcoma (Cox)
This lecture will cover the basics of pain assessment and management in patients with osteosarcoma, including our current understanding of the sources of pain, the rationale for
palliative therapies, and the available treatment options, including pharmacological, nonpharmacological, and integrative therapies.

**Pain Management Strategies for Oral Tumors (Cox)**
This lecture will present an overview of the most common oral tumors in canine and feline patients, including the palliative therapies available and relevant information to help families negotiate this difficult clinical course.

**Pain Management Strategies for Neuropathic Pain (Cox)**
Neuropathic pain is common in patients with chronic pain. Despite the frequency of this experience, it is often more difficult to recognize in our patients. This lecture will review the pathophysiological effects of neuropathic pain and discuss the therapeutic options that are available to ensure appropriate interventions are being instituted.

**Pain Management Strategies for Feline OA/DJD (Cox)**
This lecture will highlight the concepts that are crucial to reducing feline pain and inflammation that is associated with osteoarthritis and degenerative joint disease â€” a comorbidity that is present in every geriatric hospice patient. While we do not have any new chronic pain drugs, there is an increased understanding of how the existing pain drugs can be used in care, and we will discuss the techniques, doses, and indications for the treatment of this form of chronic pain.

**The Balanced Triangle Animal Quality of Life Model in AHPC (Shanan)**
QOL is the key measure of hospice and palliative care success or failure. In animals as in humans, QOL assessments should be used to elicit the patient's own experiences before, during, and after treatment. Science has come a long way documenting and shedding light on animals' emotional and cognitive capabilities. Animals have long term memories, long term relationships, ability to anticipate the future, and hence "an overall view of how good life is". Psychological adaptation is a mechanism that stabilizes sentient beings' level of happiness throughout their lives despite external and internal events they experience. Adaptation involves cognitive changes in the animal's notion of short-term and long-term needs and preferences, focus of attention, and interpretation of a situation. Psychological coping refers to an animal's ability to make choices in response to stressors such as pain, discomfort or emotional distress. Coping strategies can be problem-focused or emotion-focused. Recent research indicates that health status and physical well-being don't play as big a role in determining patients' QOL as it was once assumed. Pleasant feelings [such as joy, contentment and relaxation] have a significant impact on the QOL of seriously ill patients. Available research regarding life happiness of human injured and/or disabled patients provides useful insights regarding the role adaptation and coping play in AHPC patients' QOL. The balanced-triangle model views QOL as a composite of 3 components - physical, social, and emotional well-being. It provides a balanced view of the relationships between these components and their respective roles in determining QOL. The quality of life assessment chart will be presented that is helpful in
recognizing changes in patients' QOL over time periods from several days and up to 3 months long. Used judiciously the chart provides critically important information for the AHPC team to identify needed adjustments to the animal's treatment plan. QOLAs are critically important in making end of life decisions, but must be integrated with medical considerations; patients' individual preferences; and caregivers' preferences and available resources.

**Metronomic Chemotherapy (Villalobos)**
The veterinary profession has developed more interest in metronomic chemotherapy in the past several years. What is it? Metronomic chemotherapy is the use of low dose, higher frequency anticancer drugs, which may be effective in the inhibition of common malignant mechanisms and pathways such as angiogenesis, mitosis and metastasis. Metronomic chemotherapy is a viable palliative option for end of life cancer patients who have resistant, inoperable or advanced cancer. This presentation will introduce useable metronomic chemotherapy protocols that offer a kinder and gentler approach to treating cancer patients in “Pawspice” (pet hospice) and end of life care management programs.

**Getting Past Break Even (Craig)**
We are all passionate about providing hospice care to our clients and patients, but we must also acknowledge that it is time intensive and may be less profitable than other areas of practice. Join us for a dynamic, interactive discussion of ways we each work to ensure we give clients all the time they need while still being able to make a living providing this important care.

**The Last Walk (Pierce)**
This talk will explore some of the ethical challenges facing caregivers and veterinarians as their animals approach the end of life: the moral urgency of pain, the use of cognitive ethology to help guide decision-making, quality of life assessment tools, and the euthanasia decision.

**The Role of the Nurse in Veterinary Hospice (St. Amant)**
Goals: To educate you, as veterinary nurses and doctors, on the role of the hospice nurse and motivate you to make your passion a reality. My background, how I came to work in hospice, my roles as client care coordinator, in nursing visits, providing resources for support. Multiple case studies and examples given

**The QoL Assessment as Performed by the Veterinary Nurse (St. Amant)**
Goals: To educate and inform doctors and nurses on a valuable tool and service for helping clients and their pets. Introduction: This is a service that few clients or callers to our practice realize we can provide. RVTs can not only expand a hospital's services and their role on the team, but also provide a new way of helping clients, non-clients and their pets. Any hospital can offer this whether or not they currently provide hospice care. We discuss goals and QoL
for the family and pet, pain scales, nursing care, hygiene, diet, medication tips, environment, other pets, the euthanasia appointment.

**Funeral, Cremation, Disposal of the Body: After death customs in different cultures (Joswig)**

Since prehistoric times dogs and humans have not only been companions, but have sometimes shared the memorial process of funerary rites. From virtually every part of the world, societies have been ritualizing the burial of animals - a ceremonial tradition that has only recently become more widely accepted. Across the world, pet burials have grown increasingly in popularity, particularly amongst citizens of the US, the UK, Japan as well as in Germany. The options for pet owners have increased when it comes to pet burials and interments, including pet cemeteries, home burials, communal burials, disposal, individual cremations and spreading of a pet's ashes. It can be very interesting to see how these burial customs reflect the importance of the human-animal bond in these cultures.

**Goodbye Old Paint: End-of-life considerations for equine patients and their families (Shuey)**

Of all the domestic species cared for by veterinary professionals, the horse is the most challenging. Their size, strength, and intelligence require of their caregivers a level of skill and discernment not seen in other areas of veterinary medicine. The psychosocial world of the horse is infinitely nuanced and highly individualized. The human connection with the horse is just as complicated and continues to evolve. The unit of care and interdisciplinary team can and sometimes must expand to include trainers, barn managers and staff, absentee owners, referring clinicians, and insurance companies.

For these reasons, a deeply thought-out, systematic, and versatile approach to equine EOL care is essential to the optimal delivery of care to this population. At present, such an approach does not exist in veterinary medicine. The EOL guidelines, recently published by the AAHA and IAAHPC, offer a treasure trove of tools and resources to those of us who seek to increase the dignity and comfort of the horses as they enter the final stage of their lives, whether through age or disease. I hope to map out, using the Guidelines as a template, what an Equine EOL Care Plan might look like.

**She’s Worth It: Quality of life at (almost) any cost (Shuey)**

The old saying goes, "no leg, no horse." The vast majority of horses that suffer catastrophic orthopedic injuries are immediately euthanized, having been given the gravest of prognoses. Horses lucky enough to belong to families with large financial and emotional resources are sometimes candidates for potentially life-saving surgical intervention. The most famous example is Barbaro, the Kentucky Derby winner who shattered his right hind fetlock in the Preakness Stakes. Even with successful surgical repair, horses face a myriad of complications no less life-threatening than the original injury, to which they often succumb, as did Barbaro. I present here the case of Mercedes, an adult Arabian mare who presented to my hospital with a devastating front-limb injury. The outcome of her surgery and course of care far exceeded the chance given her by her attending clinician. Despite the magnitude of the ordeal of her
recovery and subsequent complications, as well as the enormous financial investment her family was willing to make, she gained years of good quality of life and brought continued joy to the lives of her caregivers.

**How’s That Working For You? Interdisciplinary teamwork in AHPC (Nichols)**

It’s been six years since we presented, "Build your Animal Hospice and Palliative Care Team," proposing ideas on how to implement the interdisciplinary team (IDT) into our developing field according to the recommendations of our field’s founders. The 2013 Practice Guidelines of the International Association of Animal Hospice and Palliative Care (IAAHPC) reaffirmed that we would be adapting from the human hospice model in many respects. In 2017, we’ve observed that many service providers have not been applying the Guidelines as closely as the authors had intended. Casual conversations amongst providers with different backgrounds have pointed to apparent barriers in employing an IDT. As a result, many are concerned that providers aren't readily adhering to the Practice Guidelines, and thus, we may not be effectively meeting animals' and families' needs. Many providers explain that they are facing challenges in applying the interdisciplinary teamwork model, and the first step to overcoming barriers to care is identifying them. With a goal to determine the factors that contribute to these challenges, we will survey the IAAHPC membership comprised of veterinarians, veterinary nurses, mental health professionals, pet loss professionals, and spiritual counselors focused on hospice and palliative care. Among other things, we will query: 1) reluctance to refer, 2) difficulties identifying potential IDT members, 3) difficult team communication, and 4) limited budgetary resources by both caregivers and by the practices that might seek their involvement. Ultimately, we hope to determine how well they perceive they have incorporated the Guidelines into their practice. We will tie this talk and the results and conclusions into the panel presentations to follow: “Interdisciplinary Teamwork and the IAAHPC Guidelines: HOW and WHY we do it.” "Interdisciplinary Teamwork and the IAAHPC Guidelines: WHAT we are doing”

**The How and Why of What We Do (Panel Discussion)**

This panel and forum will call upon leaders in our field to share their insights into the benefits and barriers they’ve recognized in integrating the IAAHPC Practice Guidelines and especially the interdisciplinary team (IDT), into their practices. They will share the experiences of colleagues in their fields. According to ethical considerations, we will discuss the pros and cons of providing this level of care. These leaders will also propose potential solutions that might work toward overcome challenges we’ve identified. To begin, we will revisit why the IDT was chosen as a preferred model of care by two of the IAAHPC Guidelines co-authors, Drs. Hendrix and Pierce. Dr. Hendrix will discuss her insights as a veterinarian who has incorporated Guidelines into her hospice-oriented housecall practice, and the reasons she believes they aren’t working for other practices like hers. Ms. Wright, a veterinary social worker, will discuss the merits of an IDT, then how working outside an IDT.
Cognitive Appraisal and Locus Control in Caregivers Managing a Pet’s Chronic Illness (Kelly)
Research on chronic illness has shown that a caregiver's cognitive appraisal of the illness and his or her locus of control can affect psychosocial adjustment. In one model of appraisal the caregiver deems the level of threat and challenge that the illness poses and thereby determines what he or she can do about it. A threat appraisal, which typically has negative connotations, often involves emotions such as fear and anger, whereas a challenge appraisal often has positive connotations. One of the factors that can influence a caregiver's appraisal and adjustment is his or her locus of control for the illness. Defined in terms of internal or external orientation, a locus of control reflects the caregiver's beliefs about who or what has the most control over the pet's condition. A caregiver with an internal locus tends to attribute the pet's condition to his or her own actions, whereas a caregiver with an external locus may attribute the pet's health outcomes to others such as veterinary professionals or to fate or chance. These orientations can affect the way that the caregiver copes with the illness. Given the role that these areas can play in anxiety and depression, examining them can be beneficial for determining how to help caregivers who are managing a pet's chronic illness. The presentation will highlight research on cognitive appraisal and locus of control and explore the relationships between them. Discussion will include how these areas can influence anxiety and depression and what the implications are for providing support for caregivers.

The Grief Process: A journey of hope (Donofrio)
This lecture will offer an overview of the three grief stages theorized by William Worden. This therapist has found Worden's theory to be an effective tool to educate and provide hope for those experiencing grief due to death, as well as other losses. Worden proposes 4 tasks; need to undertake to move forward in their grief, demonstrating that not just time, but actual grief work is required. The beauty of identifying in grief offers a sense of control during an 'out of control' season in the life of a griever. We will also briefly compare and contrast these grief stages versus anticipatory grief stages.

When You Just Can’t Get Over Spot’s Death: Complicated Grief (Hendrix)
Grief is difficult for every person (and often for animals) to go through. Some people though, really have a hard time moving through their grief, can get stuck, develop PTSD, have mental illness or complicating factors that contribute to a more complicated grieving process. This talk will try to address how to recognize complications that may arise in complicated grief and how you can help people move to a healthier space.

Radical Self Care (Lehman)
Each year, more and more research is published on the prevalence of compassion fatigue and burnout in the veterinary field. For many of us, this empirical evidence validates our personal experiences and acknowledges the unique stressors of this field. But, so often we are stuck at the question of "what's next?" The idea of self-care is nothing new, and at times, the prescriptions for stress-management sound like a broken record. It's time to look at self-care in a new, realistic and radical way and learn how to take care of ourselves so that we're in it for
the long haul. This talk is designed for veterinarians and will include ideas for how to make fundamental changes to how you approach self-care so that it isn't just another item on your to-do list, but rather a transformative and sustainable approach to your work.

**When Grown Men Cry: Tools social workers bring to the team (Wynn)**
Veterinarians and Veterinary Technicians often report that when grown men cry is one of the most heart wrenching and difficult situations they face. For Social Workers, this is right in their wheel house. This session will explore the clinical tools that Social Workers use to evaluate, educate, advocate and participate in the human caregiver's final journey with a beloved pet.

**And Two Became Three: How to add a mental health professional to the team (Wynn)**
A hospice practice has to start somewhere and often starts with an entrepreneur wearing multiple hats, playing all members of the interdisciplinary team. But as the practice grows, there will likely be a desire to provide licensed personnel to tend to the different species (human and animal) represented in the "Unit of Care," or "patient." This session will tackle the nuts and bolts of how to add a Mental Health Professional to the team, and how to manage their contributions once you have them. Overcoming budget constraints will also be addressed.

**Exploring the Management of Companion Animal Euthanasia and Pet Owner Grief (Matte)**
The modern human-animal bond, one of familial status, has greatly influenced the practices of veterinary professionals. This is especially apparent when clients face the loss of a companion animal, as many grieve their loss as they would a family member. Previous research has shown that client grief may be alleviated or aggravated by the actions and disposition of their veterinarians. Under explored in the literature however, are which euthanasia practices impact client grief, and indeed what euthanasia protocols and client grief support practices are presently being utilized in companion animal veterinary settings. This study aims to qualitatively explore and identify euthanasia and client grief support practices within companion animal clinical settings. A total of 10 focus group and individual interviews with companion animal clinics in Wellington County, Ontario were conducted and analyzed using thematic analysis, resulting in the identification of three predominant themes; 1) clinics' use of a preparation and initiation phase to prepare the client(s), clinic and staff and, establish a calm environment 2) a staff member's personal and professional standards which govern the protocols and practices they utilize and, 3) the veterinarians' discretion to personalized or standardized protocols to meet their own needs of those of the client. The results of this study have demonstrated that each euthanasia, patient, client and professional is unique and the protocols used by veterinary professionals often reflects this. Protocols were influenced by a variety of factors including the veterinary-client-patient relationship; client, pet and staff characteristics; and past experiences. Veterinary professionals reflected on these factors, and tailored or standardized euthanasia protocols to meet their own needs or their clients'. Learning from these outcomes, professionals should recognize the individual needs of clients and staff,
develop team-based protocols which incorporate all aspects of euthanasia; before, during and after, and provide effective training for staff.

**Imposter Syndrome: If you think you suck, you are probably wrong (Buisson)**
It is a common belief among successful people, especially women, that their achievements are due to luck rather than skill. This lecture is designed to show attendees how to boost their confidence and function even when Impostor Syndrome is active in their minds.

**Stay on Top of Your Marketing Budget: Time to plan for 2018 (McComas)**
As you look ahead to next year, it's time to think about your marketing budget. Has 2017 been a successful year, growing your practice to the levels you've hoped? Are you happy with your marketing efforts? Are there pressures on your practice's growth, such as new competition in the area? Bring your numbers from 2017 with your $ spend in each of the "buckets" of marketing (online, website, print materials, advertising, events, local clinics, and other). Compare your numbers to the benchmarks for other mobile end-of-life practices to help you make solid plans for next year. Walk away with a preliminary plan and a simple, effective budgeting and tracking tool to use in 2018 so you can execute your well-crafted plan effectively.

**Crematory Ownership: Is it right for you? (Cooney)**
Death and necessary body care go hand in hand. In fact, body care is included as a facet of animal hospice because they are so closely linked. But is opening your own body care facility right for you. Many things need to be considered. In this hour, Dr. Cooney will explore the pros and cons to owning an aftercare facility. She will share her successes and challenges with her own service as well as those of others who have considered adding this type of service themselves.

**Social Media Boot Camp Part One and Two (Carmack)**
Bring your laptops (and passwords!) as we conduct a social media audit to get your practice up to date and ready to utilize social media going forward. Focus will be on improving your practice's presence on Facebook, Google Plus, and Yelp. We will discuss how to set up and use free tools (automation services- Hootsuite, graphic design services- Canva) to improve your practice's content and get more interaction with your posts.

**Better Safe Than Sorry (Buisson)**
A vital part of self-care is personal safety. As veterinary professionals, we take courses in safety from animals, diseases, chemicals and other workplace hazards. What about safety from our fellow human beings? House calls present a unique issue in veterinary practice. Being on a client's property has risks, especially when we are carrying controlled substances. This presentation will address common safety concerns, situational awareness and utilization of friends, family and coworkers to keep us as safe as possible.
Self-defense Laboratory Part One and Two (Buisson and Hendrix)
This lab is going to highlight basic self-defense techniques to get out of potentially difficult situations. It is strongly recommended that you continue learning when you get back home. Wear comfortable clothes, and be prepared to sweat!

Maintaining Client Connection After Death (Lehman)
In end-of-life veterinary practices, death is typically viewed as the ending to our relationship with our clients. However, there are significant benefits to reframing that relationship as an ongoing connection to nurture over time. Maintaining a connection not only makes smart business sense, but it reminds the client that they are not alone and it provides them with the resources they need during their grief. In this presentation, we will discuss the benefits to staying in touch with clients, practical tools to maintain an appropriate-level of communication, and how to avoid common pitfalls.

Home Euthanasia Part One and Two (Forslund)
Creating a Home Euthanasia experience that leaves the family with a sense of peace, on which pet parents can look back and know that they truly gave their pet the gift of a loving passing, takes more than the simple technical procedure that a euthanasia is. It takes attention to a thousand little details, the omission of any of them may fail to create an atmosphere of calm and peace, where the family can fully give their attention to their pet and not be distracted by unforeseen and bothersome little details and where you, as the care provider, will also feel a sense of peace and accomplishment will be able to provide this invaluable service smoothly and confidently. This presentation will be very interactive, inviting the audience to ask questions after each set of slides (a set of 5-10 picture slides will cover one bullet point). It will cover every step in detail, giving attendees a full look at what a home euthanasia entails. The second part of this presentation will cover the second half of a home euthanasia, from the euthanasia itself all the way through the follow up post euthanasia and the relationship you create with your client so they tell their friends and family about your service and feel a special connection with you. A special closing note on what "compassion fatigue" actually is and a simple and effective way to be completely and utterly immune to this syndrome for the rest of your career. This presentation will be very interactive, inviting the audience to ask questions after each set of slides (a set of 5-10 picture slides will cover one bullet point). It will cover every step in detail, giving attendees a full conceptual understanding of what a home euthanasia entails.

Veterinarian Experiences in End-of-life Care: An exploratory Study (Dickinson and Hoffman)
Given that veterinary hospice and palliative medicine is still in its infancy, little is currently known about veterinarians' attitudes toward, experiences with and preferred practices relating to the provision of hospice and palliative care. This project seeks to fill this void by presenting the results of a survey (forthcoming in spring of 2017) of members of the IAAHPC. Information sought included types of companion animals euthanized, where euthanasia occurred (home or clinic), disposition of the animal remains, presence of the owner at
euthanasia, length of relationship with the animal, grief therapy follow-up, attitudes toward hospice and palliative care, quality of life assessment tools used, pain management services offered to clients, euthanasia protocol preferred, satisfaction with hospice and palliative care training received in veterinary program and other sources, and the most challenging/rewarding aspects of providing hospice and palliative care. Due to the deadline for submission of proposals, we were unable to gather all the data and analyze it prior to the submission deadline. We expect our data to be collected by March 15th giving us plenty of time to analyze and prepare the manuscript prior to the October conference.

**Euthanasia Technique Laboratory (Cooney)**
This 3-hour laboratory will provide hands on euthanasia practice using companion animal cadavers. Participants will be able to: isolate venous pathways, practice organ injections on visible organs, make paw prints and ink prints, test out various supplies, and much more. We will also discuss pre-euthanasia sedation and anesthetic protocols. This is an opportunity to learn the anatomy again and gain invaluable technique training from the instructor and other participants alike. Limited to 50 participants (including AHPC students - see Dr. Cooney if we exceed this number. We may be able to hold two labs)

**What About Quality of Dying (Natural Death)? (Pope and Hulse)**
Measuring quality of life is a standard method used to help make hospice care and end-of-life decisions regarding an animal companion. However, understanding and assessing quality of dying is an equally and incredibly important and often overlooked facet of compassionate and comprehensive animal hospice and end-of-life care. Also, we must consider the social, communal and other non-medical aspects of the perfectly natural process of dying. Our presentation introduces and provides an in-depth look at the Quality of Dying Checklist, which is based on the acronym "PEACEFUL". This helpful tool was developed by Dr. Ella Bittel of Spirits in Transition, Dr. Kathryn Marocchino of The Nikki Hospice Foundation for Pets and Gail Pope, President and Founder of BrightHaven. This checklist is an important educational tool for vets, hospice providers and caregivers and benefits the entire interdisciplinary team as it facilitates a discussion on the different hospice care approaches and end-of-life options available to the caregiver and patient, which include euthanasia and a hospice-supported natural death (HSND). To enhance the audience's understanding of quality of dying and its assessment, our case study will include real-life examples and anecdotes from co-presenter Carol Hulse's recently published book, Walking With My Dog Through (End of) Life. It follows the path that Carol and her cherished canine companion shared, from Silver's life-changing terminal diagnosis through animal hospice and a peaceful death. We invite you to join us to deepen your understanding of quality of dying and how its assessment can enhance the peace and comfort we provide to animals as they approach the end of life, and to the humans that love them.

**What About Quality of Dying (Euthanasia)? (Villalobos)**
Euthanasia means good death. In today's society, it also means taking the life of an animal in the most peaceful, most pain free way possible. While many people may want their pet to pass
peacefully in the night, they rarely achieve it...even with outstanding hospice care. And if suffering starts to present, we providers must ask ourselves "Is it better to euthanize now?"
We are going to explore this ethical dilemma and review euthanasia options.

Quality of Dying (Panel Discussion)
The goal of this workshop is to provide a safe learning space and will work on increasing the understanding of providing either option to clients and be more comfortable with the client's choice. We will be working together in small groups and attendance of both the natural death lecture and the euthanasia lecture will enhance your experience of this workshop. (This workshop follows 2 lectures on natural death and euthanasia.)

Animal Cognition and Ethical End-of-life Decision Making: Do veterinarians know the science? (Shanan)
In the past several decades, an avalanche of credible scientific information has been generated by the fields of ethology, comparative neurophysiology, evolutionary psychology and others. Studies demonstrate a wide array of animal cognitive capabilities, many of which were considered to be unique to our species. A picture of animals’ mental world is starting to emerge, though much is yet unknown. During the same period, profound changes have taken place in the accepted paradigms regarding end of life care, clinical decision-making and doctor-patient relationships in human medicine. Hospice care offers the best care for human patients at the end of life and their family caregivers. Patient-centered care and collaborative decision-making result in higher human patient satisfaction, higher job satisfaction for their medical providers, and lower overall healthcare cost.

Insight into Client Perspectives Around Their Pet’s End-of-life Care (Grossman)
The human-animal bond research shows the ever-evolving relationship between people and their pets, with pets today considered more ""family"" than ever before. As a result, there is probably not a more complex, intense and emotional time in pet parents' relationships with their pets and with their veterinary team than during the end-of-life care services they receive. In 2015 PetLoss Partners conducted an End-of-Life Care/Pet Loss Study and had 461 pet parents who had lost a beloved pet complete the study. Our purpose for conducting the study was twofold: We wanted to provide much needed insight to Veterinary/Animal Care professionals on how pet parents perceive the end-of-life care their beloved pets received. Our hope was to provide a comprehensive look into pet parents' perceptions of the whole end-of-life care experience, from diagnosis/treatment through euthanasia, aftercare and pet loss support. We hoped that providing this information would help Veterinary/Animal Care professionals manage some of the challenges and stressors they face in dealing with pet parents at a very difficult time. Our hope is to help bridge the communication gap that often exists between veterinary teams and their clients and create an experience in which both clients and Veterinary/Animal Care support professionals feel understood and appreciated.
Creating a Memorable Last Ritual (Ellis)
As pet parents face the end-of-life walk with their beloved pets, the final days, weeks, and months together should be filled with experiences that allow every pet parent to feel fulfilled in the life that was shared together, including the end. However, while they do want these final days to be a final culmination of a life well-lived, to include experiences that are indicative of the time spent together. As end-of-life professionals, it's our responsibility to guide families during this time with the experiences that will fully celebrate the pet and the family's time together. As families face these final few days together, they are focused on their own emotional journey of what the "new normal" will be like, versus what they can be doing in the now, or after the pet has died, to make sure the final time together is perfect. We as professionals should have a goal for every family to look back on the end of the physical time with their pet and proclaim, "the end was perfect" for my beloved pet. During the final time together, guiding a family on rituals and experiences will create a truly lasting and memorable process. Attendees to this session will hear about pre-morials, having a funeral before the death, as well as small yet impactful ideas families will find not only memorable but also imperative in their grief journey. These ideas are meant to help pet parents with also removing the feeling of "I wish I would have known about that" or "I wish I would have done that," again allowing them the peace of mind in knowing they "did everything" for their pet, with their pet, and to honor the journey of the time they shared together, before and after the death.

Controlled Substance Dispensing: Staying in the good graces of the DEA (Cox)
This lecture will include an overview of the guidelines for prescribing and dispensing controlled substances for pain, medical record compliance, and the utilization of prescription drug monitoring programs.

Management of Moderate to Severe Pain: Hospice Case Studies (Cox)
This session will be spent sharing complex pain management cases, including interactive discussions around potential ethical dilemmas and the outcomes of the various therapies instituted.

Dyspnea in Heart Failure: What causes it and how to manage it (Cox)
Breathlessness is one major factor limiting patients with heart failure and caregivers need to be aware of ways to alleviate this distressing symptom. This hour will discuss both the pathophysiology of breathlessness in heart failure as well as the palliative management options we can implement to improve the quality of life in our hospice patients.

Dyspnea in Advanced Cancer: What causes it and how to manage it (Cox)
Dyspnea in patients with cancer is typically chronic with most patients experiencing episodes of heightened shortness of breath. This hour will discuss both the pathophysiology of breathlessness in advanced cancer as well as the palliative management options we can implement to improve the quality of life in our hospice patients.
Combating Compassion Fatigue (Grossman)
While Compassion Fatigue can be found in all care giving professions, studies show that those in the Veterinary/Animal Care profession may rank number one when it comes to susceptibility. The unfortunate outcome of this is that the profession is losing many talented and caring individuals who are either walking away from the profession they love or, tragically, taking their own lives. One of the surprising elements to all this is that there are some in these professions who don't have a clear understanding of what Compassion Fatigue is, what causes it to occur and, most importantly, how to combat and manage its effects. This can often lead to a feeling of isolation or that something is wrong with them rather than realizing that Compassion Fatigue is a normal consequence of the excessive stress of their chosen profession. We believe that having the knowledge and understanding of Compassion Fatigue is crucial to being able to deal with its consequences. In understanding Compassion Fatigue, it becomes clear that practices and professionals that have the benefit of a supportive inter-disciplinary team approach may be less susceptible to some of its effects.

Verbal Communication: What to say when you don’t know what to say (McVety)
Verbal communication is extremely important in the communication we have with clients. It's imperative that veterinarians communicate effectively and establish rapport with pet owners to gain their trust and put their medical knowledge to use for the betterment of the pet and/or the treatment of a disease. The words you say, and how you say them, play a major role in putting clients at ease and building their confidence in your veterinary knowledge. Attendees will leave with a long list of ideas of what to say in difficult, real-world veterinary situations. Beyond what to say, the delivery and consistency give the client the feeling that we are either listening and engaged or detached and uninterested. Attendees will learn how the slightest adjustments in what they say can positively affect their interactions with clients and ultimately, the treatment for our patients.

Body Language in the Exam Room: Your personal curb appeal (McVety)
Much attention is placed on non-verbal communication, and rightly so. The way you walk into the room, hold the patient's chart, and shake the client's hand may determine compliance before you even speak. By unknowingly appearing disinterested, forceful, or unsure of yourself in the exam room you are giving up your position of influence and losing ground with your clients. This will not only effect your ability to appropriately treat the pet, but will also decrease the perceived value of your services. Being aware of these unspoken subtleties offers clinicians and technicians alike the chance to discern, confirm, and reshape the attitude a client may be feeling without saying a word. Real-world examples and demonstrations will be used to illustrate various aspects of nonverbal communication that occur within the daily practice of veterinary medicine. Attendees will be able to immediately implement different ways of nonverbally communicating by both reading their client's body language more accurately and changing their own to reach the desired outcome: How to make a killer first impression, how to "wow" them with a handshake, tone of voice to use, where to stand, how to address client concerns, specific words to use for different types of clients, how to spot deceptive client behavior, and much more.
Now Let's Go Tell Your Story: How will you market you? (Ellis)
You have a business you know loving pet parents want. You know it's right. You can't wait to let others know about what you do! You get your business cards. You start your Facebook page. Your website is up. You know it's all good and right. And, then. You watch the phone. It doesn't ring. How could that be? You KNOW people want what you have. With the amount of marketing and advertising clutter in today's world, businesses are charged with the creative task of making sure they stand out in their messages to the market. As pet care professionals, many times the impetus for the start of this type of business is the passion of performing the end-of-life services, and the elements of sales, marketing, and getting into the market to tell the story is scary. As a business, we all have the responsibility to take our story to the streets. However, there are very creative ways to get to those that need what our business has to offer. In this presentation, attendees will hear exciting and resourceful ways to create a lasting impression on those that need end-of-life services. Not only will there be immediately applicable advertising and marketing ideas discussed, but attendees will learn of those marketing ideas that cost little but have a huge impact. While the presentation will be loaded with marketing and advertising ideas, attendees will also hear of the discipline to do those activities that make the most sense for the individual, the business, and the market.