LOGAN: Hello! Today we are joined by Dr. Rachel Barton to discuss the integration of shelter, medical, and management teams for a collaborative healthcare program. Dr. Barton has been the veterinarian at Tallahassee Animal Services for 15 years and serves as the Chief Veterinarian. She completed a master’s degree in shelter medicine and is a fellow in the Maddie’s Shelter Medicine Program- Fellowship Program hosted by UC Davis and the University of Wisconsin. Thank you so much for joining us today!

BARTON: Happy to be here.

LOGAN: Great! So we spoke to Erika Leckington who is the director, so from your perspective as the veterinarian at Tallahassee Animal Services, what do you value most in your relationship with the director at your shelter?

BARTON: The thing that I value the most about our relationship is that it’s so conversational in nature. Erika and I are very similar in our love of researching and evidence-based decisions. We’re always looking to gather data and we like to geek out about statistics together. And we really are conversational in nature. But because we like evidence and data, we’re very comfortable disagreeing with each other, which really never feels like a disagreement. It feels like we’re just sharing additional information and we are both flexible and willing to change our mind or our opinion about things when presented with additional information. So I love that part of our relationship, that we kind of geek out about the data and the science and the information that’s available to us as we try to create best practices and protocols for our shelter.

LOGAN: Yeah, that sounds really great. Could you share a story about a time when you and your medical team collaborated with the shelter management team to create a successful new policy or program?

BARTON: That’s a really hard question for me because we’re always collaborating on things. There’s such open and ongoing communication that it feels like everything we do is a collaboration. But the thing that comes to mind recently is we have been working on making some changes to our return to home program. And one of the changes is that we used to call it “return to field” for kitty cats that were getting spayed and neutered. We weren’t actively trapping them. So we went with the RTF wording. And then I was in a lecture and they were talking about how they like to call it “return to home” because they were running into some pushback from some of their cat volunteers and other interested parties in the community because they thought everybody was just picking up the cats and throwing them back out into the field and so it was something as simple as trying to make a word change and I went to her and said, “Hey, have you been hearing people call it ‘return to home’? Doesn’t that sound nicer?” And she was like, “That’s a great idea!” And it took us a while to implement that because once we opened the protocol up and started looking at our protocol, we wanted to make some additional tweaks and changes along the way but that was just one of those things. I had an idea, something I learned in a webinar, went to her, and we ran with it. We just do that all the time. She’s very open to new ideas and new information because we really are wanting to stay at the forefront of shelter medicine and animal welfare.

LOGAN: That all sounds really positive! Thank you so much for sharing your experience and being the other half to the kind of shelter director-vet relationship. So thank you so much for joining us, we’ll see you again in Module 3.

BARTON: Great, thank you.