



PAW HEALTH NETWORK INC
EMPLOYEE REFERENCE TEXT

WE EXIST TO BE THE FORCE OF CHANGE

ERT

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SECTION 01

EDUCATION SYSTEM

ONBOARDING, PERFORMANCE & MENTORSHIP



TIER I

ONBOARDING | DAY 1 READY

FORCE OF CHANGE

PAW Health exists to be the **FORCE OF CHANGE** within the veterinary industry and to usher in the future of local ownership with individual empowerment.

HERE TO SERVE

All members at PAW Health are **HERE TO SERVE**, but we all perform different tasks to drive that mission as one unified team. Being present, and in the moment, to **SERVE THE PATIENT** and to **EDUCATE THE CAREGIVER** are fundamental principles to drive that mission.

OPERATIONAL ONBOARDING

- Review, comprehension and execution of legal paperwork
- An introduction to the computer systems, practice management software, and paper-light processes
- Exposure to the functional efficiency of clinical practice
- Review and completion of the onboarding checklist

ROLE ONBOARDING

- A specific overview of each individual's responsibilities within the team
- Evaluation of integrated team responsibilities



All employees must complete the onboarding checklist before starting any other job role within PAW.

At the end of **ONBOARDING**, **all employees** meet with the **SAO** for final clearance before starting any other job role within PAW.

TIER I mentees may range from pre-veterinary, pre-clinical and pre-graduate students looking to gain exposure.

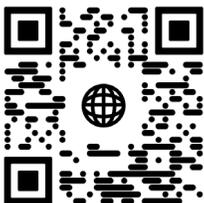
During short spans of visitation (0-2 weeks), **TIER I mentees** are seeking a broad understanding of the veterinary industry, to understand expectations within their career path, and experience healthy clinic culture.



TIER I**ONBOARDING CHECKLIST**

Listed below are a list of items required before your first day of shift-work. The completion of these items are necessary for completion of **TIER I ONBOARDING**

- Receive and review contents of Employee Reference Text (ERT)
 - Sign and return Acknowledgment Form
- Gain access to iSolved Employee Portal
 - Receive email with instructions
 - Sign-in and complete applicable documents within portal
- Full Time employees request a corporate email address
 - Please send the following information to email@pawhealth.net
 - First Name | Last Name
 - Recovery email address
 - Cell phone number for 2-factor authentication
- All employees request a name tag
 - Please send the following information to marquardtstamp@gmail.com
 - Salutation | First Name | Last Name
 - Position
 - Caregiver Support Staff
 - Medical Support Assistant
 - Medical Support Staff
 - Certified Veterinary Technician
 - Veterinary Nurse
 - Doctor of Veterinary Medicine
- Education Portal Access
 - Please visit pawhealth.net and sign up for your free portal access
 - Navigate, find and watch the following videos:
 - Organizational Chart
 - Culture/Core Values
 - Star Chart



TIER I

UNIVERSAL TERMINOLOGY

To ease integration into the team, please be familiar with universal terminology utilized at PAW Health.

OWNING CAREGIVER, OR CAREGIVER

While synonymous with client, owner, or pet-parent, none of those terms are used at PAW. Caregivers are the humans who are the legal owning entities of the animal patient. These individuals must be at least 18 years of age.

ACTING AGENT

An individual who is not the legal owning caregiver, but is presenting the patient to PAW on behalf of the owning caregiver. These individuals do not need to be 18 years of age to present patient for care, but need to be 18 years of age to consent to care.

FINANCING AGENT

An individual other than the owning caregiver, who is assuming financial responsibility for the care of the patient. The financing agent may also be the acting agent.

PATIENT

While synonymous with pet, animal, or fur-baby, none of these terms are used at PAW. The patients are animals that receive care at PAW.

PATIENT CARE TEAM

The group of veterinarians, technicians, and unlicensed medical staff responsible for communicating and fulfilling patient care.

CAREGIVER SUPPORT TEAM

The group of reception staff, non-patient care administrators, and all other individuals who aid in the efficiency of PAW by communicating with and managing caregivers.

BOND SPECTRUM ALIGNMENT

At PAW we recognize that between spouses, co-workers, or friends, each individual defines their emotional attachment to animals differently. Whether an animal is defined as an animal of utility, a fur-baby, or a friend, the range of emotional attachment is referred to as the Bond Spectrum. Each person's individual definition within this spectrum is referred to as Bond Spectrum Alignment. At PAW, we do not judge individuals for their own alignment, but we have created universal terminology to ensure diverse inclusion.

TRIAGE BAR

A centralized location for patient paperwork and workflow of care.

SUPPORTING ROLE MEMBER (SRM)

While synonymous with team lead or department head, none of these terms are used at PAW. The SRMs are individuals responsible for communicating, aiding, and facilitating the collaborative process to improve individual clarity and competency.

SENIOR ACCOUNTABILITY OFFICER (SAO)

While synonymous with Human Resources Manager, clinic manager, or team manager, none of these terms are used at PAW. The SAO is responsible for upholding one of the four chief core values of Accountability through the utilization of collaborative tools.



TIER II

BASIC TRAINING | FIRST 3 MONTHS

During **BASIC TRAINING**, all individuals are integrated into the team as working employees. Every member of our team has two responsibilities: their Role Responsibilities and their Cultural Responsibilities. Individuals cannot excel in their role responsibilities without also overcoming deficits in cultural responsibilities. Similarly, individuals cannot excel in their cultural responsibilities without also overcoming deficits in their role responsibilities.

CULTURAL TRAINING

Cultural responsibilities are a unifying standard between all members of the team. All members of PAW have the shared purpose that we are **Here To Serve**. We are here to *Serve the Patient*. We are here to *Educate their Caregiver*. **TIER II** emphasizes:

- *Engaging culture and core values by experiencing tools of accountability & collaboration while establishing trust & respect.*

ROLE TRAINING

Role responsibilities are abbreviated within each individual's role description, which set the standard for success through training and collaboration. **TIER II** emphasizes:

- *Introduction of skills necessary to improve clarity and confidence to maintain efficiency of process and procedure*
- *Identify opportunities of growth by actively engaging in collaboration.*



BASIC TRAINING provides employees with the time necessary to determine if a career within PAW is suitable.

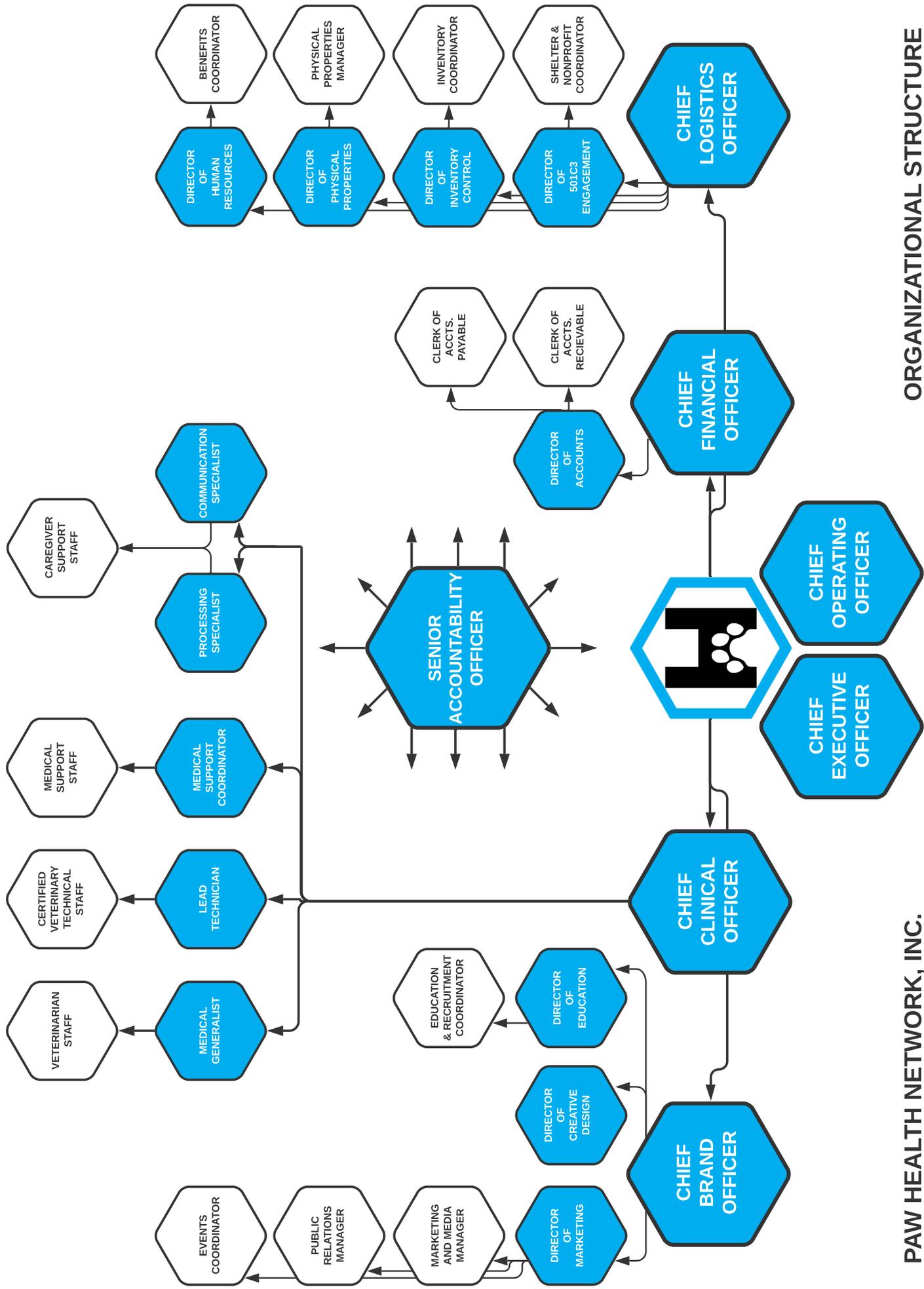
BASIC TRAINING provides PAW with the time necessary to evaluate the employee's compatibility and performance within their position.

At the end of **BASIC TRAINING**, all employees meet with the **SAO** and their **SRM** to enter into **TIER III** by receiving their first **Performance Review**.

TIER II mentees are typically professional students gaining job-ready skills before entering into the clinical phase of a structured curriculum.

TIER II mentees are provided extended-duration training opportunities (1-3 months).





ORGANIZATIONAL STRUCTURE

PAW HEALTH NETWORK, INC.

TIER II

CULTURE & CORE VALUES

TRUST SETS THE STANDARD TO COLLABORATE RESPECTFULLY WITHIN A TEAM THAT IS HELD ACCOUNTABLE TO A GROWTH MINDSET

GROWTH MINDSET

BEING COMMITTED TO INDIVIDUAL SUCCESS AND THE SUCCESS OF THE TEAM.

A foundational principle of PAW is being committed to growth. While prioritizing one's own professional growth is important, we can only be successful if we are as equally committed to the growth of those within our team. Echoed within policy and procedure is for individuals to engage a growth mindset by providing the opportunity to improve performance and fulfillment.



TIER II

CULTURAL RESPONSIBILITIES

TRUST

In order to achieve cultural success, one must Give Trust as one must Gain Trust.

Giving Trust means that we all must recognize that every member of our team has shared purpose through our collective desire to serve. We must give trust to each other when task conflict occurs. We must give trust to each other when interpersonal conflict occurs.

Gaining Trust is achieved when we act professionally within the team by showing our dedication to patient servitude. This dedication to patient servitude is not just ones ability to accomplish the task, but also to ask for assistance when met with an opportunity for growth.

COLLABORATION

In order to achieve cultural success, one must Seek Collaboration as one must Engage Collaboration.

Collaboration is the deliberate process of providing opportunities to improve performance and fulfillment.

Seeking Collaboration is trying to find opportunities within oneself as well as within the team to improve performance and fulfillment. By maintaining a growth mindset, individuals will identify conflict and inefficiencies as an opportunity to grow rather than an opportunity for reprimand.

Engaging Collaboration is recognizing that you have the power to be the *force of change* within yourself, the team and the industry. By maintaining a growth mindset, individuals will not ignore their responsibilities when conflict and inefficiencies arise. Instead, individuals will focus on a desired outcome, directed by intent and purpose to successfully implement a plan.

RESPECT

In order to achieve cultural success, one must Respect Each Other as one must Respect Caregivers.

Extending respect to each other, as well as caregivers, carries the expectation that we treat everyone as equals. It is acknowledging that we have individuality and encourage self-awareness.

Respecting Each Other builds on trust by engaging collaboration in a way that is respectful of bond spectrum alignment, role responsibilities, and individuality.

Respecting Caregivers similarly builds on trust by being respectful of bond spectrum alignment and individuality, but also includes communication style, cognition/intelligence, and financial spectrum.

ACCOUNTABILITY

In order to achieve cultural success, one must be Accountable to Each Other as one must be Accountable to the Patient.

Perfection of individual performance is unattainable. Being accountable means that when conflict or inefficiencies arise, an individual can rise above themselves, to own an event and implement a solution.

Being Accountable To Each Other means that individuals maintain a growth mindset to focus attention on a desired outcome, rather than engaging in communication which challenges shared purpose.

Being Accountable to the Patient requires that all policies, procedures, processes, actions, and decisions to be foundationally set upon what is best for the patient.

ERT

TIER II

[INSERT: ROLE DESCRIPTION]

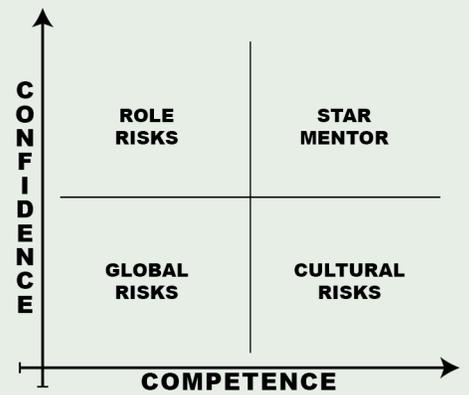
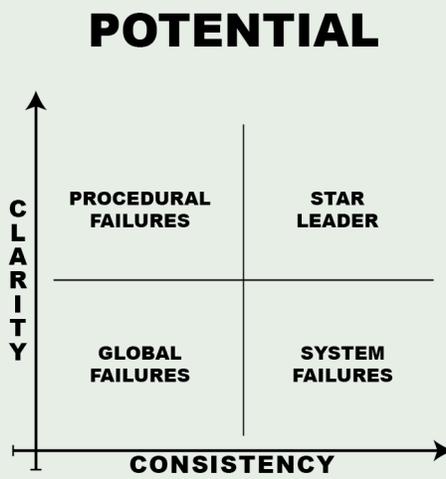
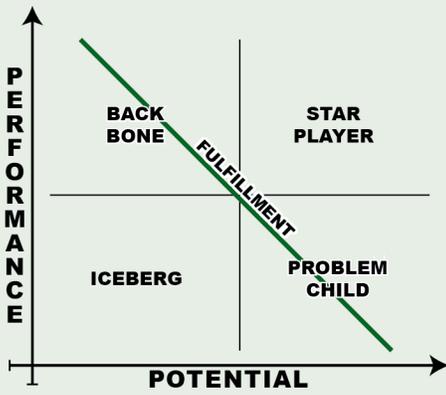


ERT

TIER II

[INSERT: BASIC TRAINING LIST]





PERFORMANCE

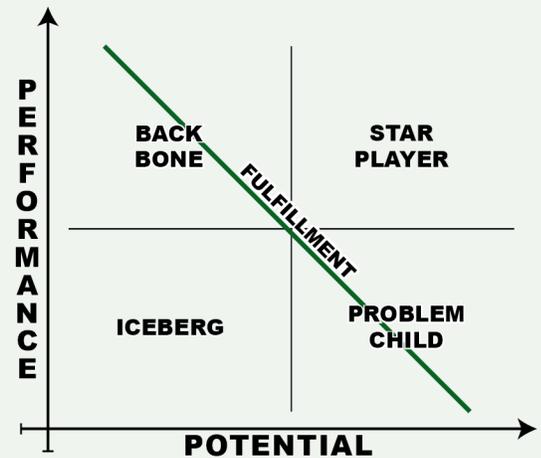
This attribute is rated according to Tier III Collaboration & Accountability Guidelines on the following variables:

- *Role Effectiveness*
- *Core Value Alignment*
- *Time Allocation & Usage*

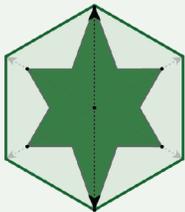
POTENTIAL

This attribute is rated according to the Tier IV Professional Advancement Guidelines for the following:

- *Individual Advancement*
- *Industrial Advancement*



PERFORMANCE



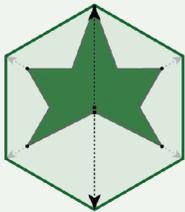
POTENTIAL

STAR PLAYER → HIGH PERFORMANCE | HIGH POTENTIAL

STAR PLAYERS execute exceptional performance and show ongoing initiative to better themselves, better their team, or better the industry.

- **STAR PLAYERS** *perform* at a high level within their skill set
- **STAR PLAYERS** have a *high potential* for advancement
- **STAR PLAYERS** are always **FULFILLED** with their roles

PERFORMANCE



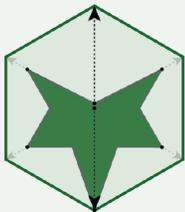
POTENTIAL

BACK BONE → HIGH PERFORMANCE | LOW POTENTIAL

Often going unnoticed, **FULFILLED BACK BONES** are the most valuable individuals within the team. However, **FULFILLED BACK BONES** will become **ICEBERGS** if administration places barriers preventing **FULFILLED BACK BONES** from seeking *Professional Advancement*; or if failed administrative policies remove **FULFILLMENT**.

- **BACK BONES** *perform* at *high* level within their growth plan
- **BACK BONES** *struggle* with the *potential* of Professional Advancement
- **FULFILLED BACK BONES** are the foundation of the team
- **UNFULFILLED BACK BONES** fall to **ICEBERG**

PERFORMANCE



POTENTIAL

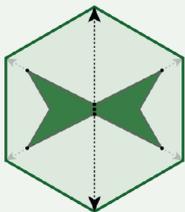
PROBLEM CHILD → LOW PERFORMANCE | HIGH POTENTIAL

Every new-hire is a **PROBLEM CHILD**, as performance has not yet been established.

FULFILLED PROBLEM CHILDREN will rise to **STAR PLAYERS** if they engage a sense of shared purpose. Without purpose, they will rapidly lose **FULFILLMENT**, and rapidly fall to **ICEBERG**.

- **A PROBLEM CHILD** *struggles* with performance
- **A PROBLEM CHILD** has a *high potential* for Professional Advancement
- **FULFILLED PROBLEM CHILDREN** are the rising stars
- **UNFULFILLED PROBLEM CHILDREN** fall to **ICEBERG**

PERFORMANCE



POTENTIAL

ICEBERG → LOW PERFORMANCE | LOW POTENTIAL

An **ICEBERG** will sink even the mightiest of ships. These individuals will affect the performance and potential of other team members. **ICEBERGS** focus on serving themselves instead of serving the patient.

- An **ICEBERG** *struggles* with *performance*
- An **ICEBERG** *struggles* with the *potential* of Professional Advancement
- **ICEBERGS** are never **FULFILLED** with their roles

CLARITY

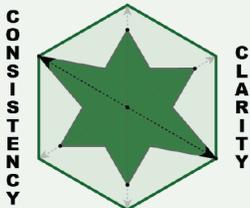
This attribute is an assessment of understanding in:

- *Operational Policy*
- *Role Procedures & Responsibilities*
- *Maintenance of Core Values*

CONSISTENCY

This attribute is an assessment of reliability in:

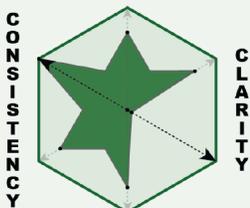
- *Operational Policy*
- *Role Procedures & Responsibilities*
- *Maintenance of Core Values*



STAR LEADER → HIGH CONSISTENCY | HIGH CLARITY

STAR LEADERS are ready, willing, and able to consistently execute the policies and procedures necessary to lead a highly functional team. **STAR LEADERS** also have the clarity to know *why* it is important to maintain policies and procedures.

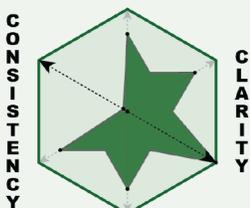
- **STAR LEADERS** show *highly* consistent procedural execution
- **STAR LEADERS** exhibit a *high* level of procedural understanding



SYSTEM FAILURES → HIGH CONSISTENCY | LOW CLARITY

SYSTEM FAILURES are individuals consistent in their performance, but may execute tasks for the wrong reasons. **SYSTEM FAILURES** have a tendency for practical thinking, and struggle with the interconnectedness of all tasks. **SYSTEM FAILURES** will often identify issues within administrative process that require administrative solutions or changes in policy.

- **SYSTEM FAILURES** show *highly* consistent procedural execution
- **SYSTEM FAILURES** *struggle* with procedural understanding

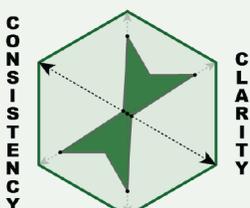


PROCEDURAL FAILURES

→ **LOW CONSISTENCY | HIGH CLARITY**

PROCEDURAL FAILURES are individuals who are ready to execute policies and procedures; understand *why* the tasks need to be executed, but they are unable to execute without reminders or re-training. **PROCEDURAL FAILURES** can be reluctant or unable to identify issues within themselves, which require individual solutions.

- **PROCEDURAL FAILURES** *struggle* with consistent execution
- **PROCEDURAL FAILURES** exhibit a *high* level of understanding



GLOBAL FAILURES → LOW CONSISTENCY | LOW CLARITY

GLOBAL FAILURES don't know what they're doing, or why they're doing it. **GLOBAL FAILURES** are particularly detrimental if coupled with a low potential for improvement (ICEBERG/PROBLEM CHILD).

- **GLOBAL FAILURES** *struggle* with consistent execution
- **GLOBAL FAILURES** *struggle* with procedural understanding

CONFIDENCE

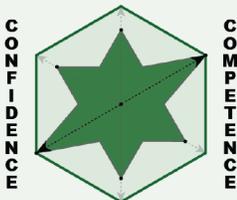
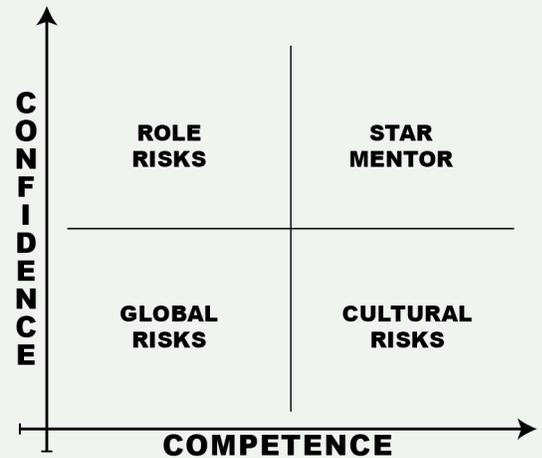
A self-perceived attribute, this is a function of one's:

- Assurance in their own abilities
- Trust in their own ability to execute effectively
- Conviction to perform in the face of doubt

COMPETENCE

This attribute is one's actual ability to:

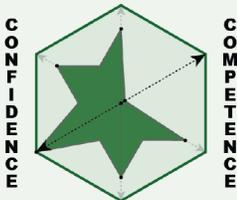
- Effectively execute policies & procedures
- Minimize doubt through successful execution



STAR MENTOR → HIGH CONFIDENCE | HIGH COMPETENCE

STAR MENTORS know they can do the job and do the job well. Whether they actively or passively guide others, **STAR MENTORS** often become the standard to which others aspire.

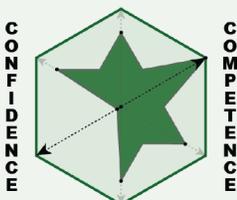
- **STAR MENTORS** exhibit a *high* level of confidence in their abilities
- **STAR MENTORS** are *highly* successful in executing their abilities



ROLE RISKS → HIGH CONFIDENCE | LOW COMPETENCE

ROLE RISKS can be very dangerous, because they'll often think highly of their own skill set, but lack the vision of their own shortcomings. In a clinical setting, **ROLE RISKS** are detrimental to patient care. In an administrative setting, **ROLE RISKS** perpetuate inefficient process.

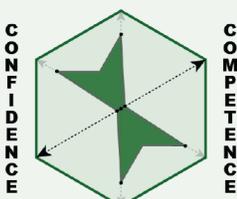
- **ROLE RISKS** exhibit a *high* level of confidence in their abilities
- **ROLE RISKS** *struggle* with successfully executing their abilities



CULTURAL RISKS → LOW CONFIDENCE | HIGH COMPETENCE

CULTURAL RISKS are effective in their skill set, but have lost all self-worth. **CULTURAL RISKS** are often quick to self-victimize, consider themselves imposters, and are unable to execute self-forgiveness. **CULTURAL RISKS** will increase confidence when exercising a growth mindset within a supportive environment.

- **CULTURAL RISKS** *struggle* with confidence in their abilities
- **CULTURAL RISKS** are *highly* successful in executing their abilities



GLOBAL RISKS → LOW CONFIDENCE | LOW COMPETENCE

GLOBAL RISKS have no confidence in their ability to execute a task, and self-fulfill that lack of confidence by also unsuccessfully executing the task. **GLOBAL RISKS** often have innate barriers preventing a growth mindset, and will often interpret failure as a reprimand rather than an opportunity for growth.

- **GLOBAL RISKS** *struggle* with confidence in their abilities
- **GLOBAL RISKS** *struggle* with successfully executing their abilities

TIER III

COLLABORATION & ACCOUNTABILITY

The **COLLABORATIVE PROCESS** is a performance review system which isolates areas of improvement within the individual and the team. Throughout this process, individuals contribute to a **COLLABORATIVE REPORT** and engage in **COLLABORATIVE MEETINGS**.

CREATING ACCOUNTABILITY is a deliberate process within **COLLABORATION** which provides individuals with the opportunity to rise above themselves and own an accountable event in order to successfully implement a solution.

During the **COLLABORATIVE PROCESS**, individuals are guided to focus on the following key areas:

1. CORE VALUE ALIGNMENT

Coinciding with Cultural Responsibilities, a guided focus on Core Value Alignment is best noted during opportunities of Collaboration and Accountability.

2. ROLE EFFECTIVENESS

Coinciding with Role Responsibilities, a guided focus on Role Effectiveness engages a growth mindset to successfully implement collaborated plans and solutions.

3. TIME ALLOCATION & USAGE

An assessment of an individual's time spent performing their duties with an emphasis on efficiency and accuracy.



The **COLLABORATIVE PROCESS** spans an entire calendar year, split into 6 month intervals.

During these intervals, the **COLLABORATIVE PROCESS** includes **COLLABORATIVE MEETINGS** with the SRM, and monthly **ALL STAFF** or **DEPARTMENTAL STAFF MEETINGS**.

At the end of each six month interval, every employee undergoes a **PERFORMANCE REVIEW** with the **SAO** and **SRM**.

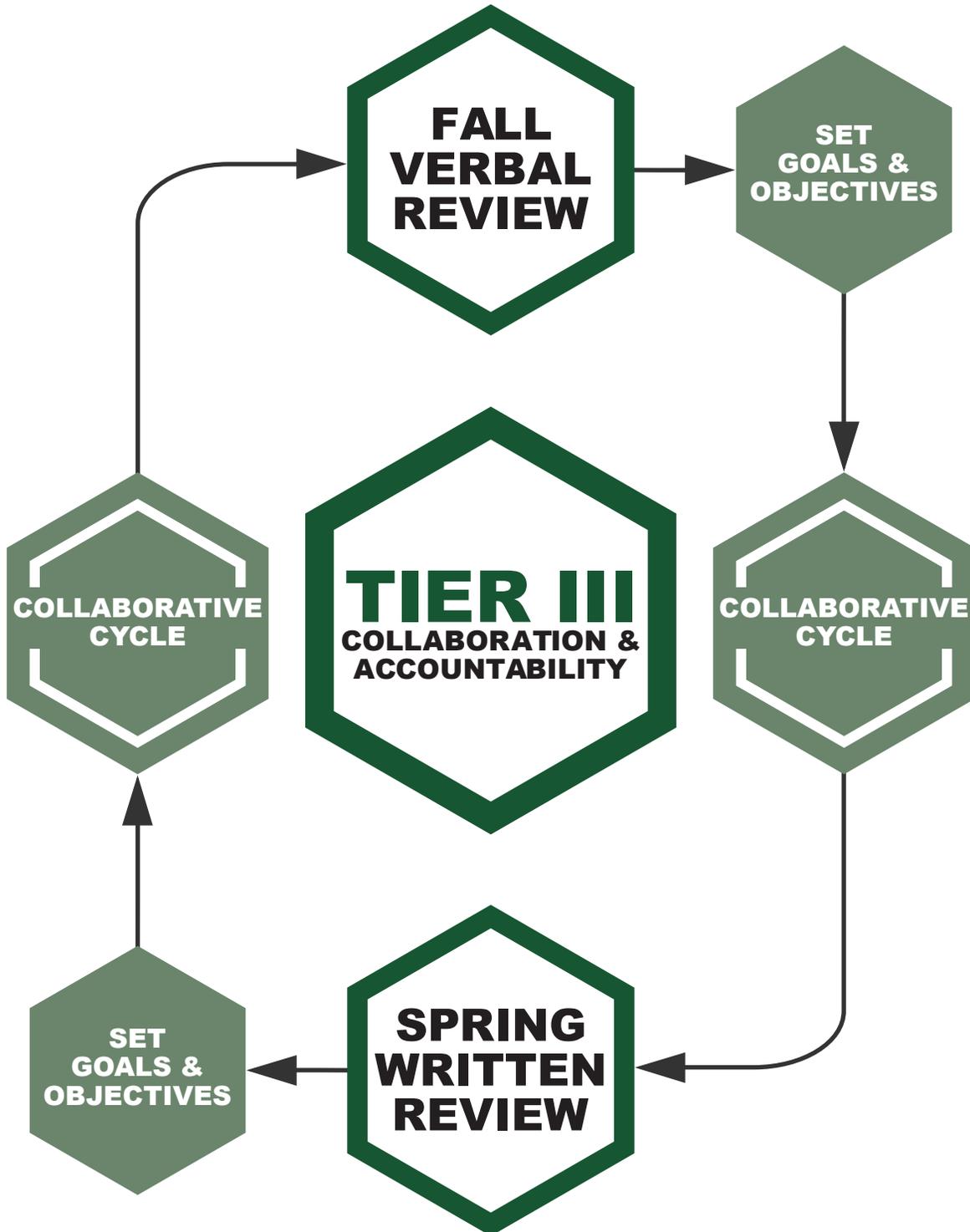
TIER III mentees are pre-graduate professional students gaining job-ready skills who have entered into the clinical phase of a university curriculum ("externs").

TIER III mentees are provided training guidelines as set forth by the university.



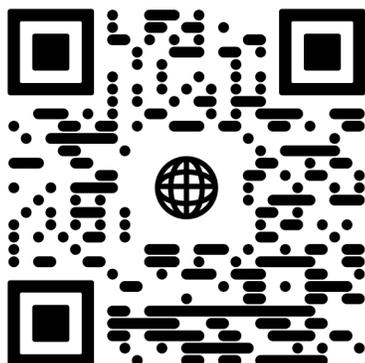
TIER III

COLLABORATION & ACCOUNTABILITY



TIER III

THE COLLABORATIVE PROCESS



1 STANDARDS OF COLLABORATION

Being aware, engaged, and thinking critically provides all individuals within the team and support teams to collaborate, build trust, unify, and improve accountability to patient care.

AWARENESS

We are all aware of conflict and inefficiencies when working within a team. However, new individuals within the team may feel powerless in initiating change. Whereas seasoned individuals within the team may have become used to current process and performance.

If there is conflict, or if there are inefficiencies, then there are barriers to process. However, recognizing barriers within oneself is just as important as recognizing barriers within the team.

Awareness is recognizing that conflict and inefficiencies exist.

Collaboration identifies barriers within conflicts and inefficiencies of process.

ENGAGEMENT

Taking part in the collaborative process is the only way to identify barriers and implement solutions.

Engagement is actively seeking clarity to build the confidence necessary to implement solutions.

Collaboration is engaging a deliberate process of change for the betterment of oneself and the team.

CRITICAL THINKING

Feedback and direction must come from all perspectives in order to properly engage conflict and eliminate the inefficiencies of process. No single perspective is capable of accurately prioritizing and developing effective solutions.

Critical Thinking is using awareness to objectively engage your role within the collaborative process.

Collaboration is engaging that objectivity with respect and trust, knowing that all parties share the same purpose of serving the patient.

TIER III

THE COLLABORATIVE PROCESS^{CONT.}

2 THE COLLABORATIVE REPORT

This report is a collaborative document between the employee, the SRMs, the SAO and the Leadership Team. This report is fundamental to clear and concise communication which identifies individual issues or system issues.

HOW THE COLLABORATIVE REPORT WORKS

PRIORITIES

Top goals for advancing oneself, the team, or the industry. Priorities are evaluated during **PERFORMANCE REVIEWS** to provide guidance over a 6 month span.

TARGETED PLAN

Top three pending tasks focused by the **PRIORITIES LIST**. These tasks are evaluated during each **COLLABORATIVE MEETING**.

ACCOMPLISHMENTS

Completed, planned or unplanned goals, tasks and to-dos. Accomplishments are evaluated at every **COLLABORATIVE MEETING**.

CONNECTIONS

Contacts and resources necessary to achieve priorities, tasks or other to-do items.

BARRIERS

Obstacles hindering priorities, tasks, or to-do items. These items are often identified once attempting to accomplish the targeted plan. Or, these barriers may be taken from the issues list. These items are evaluated at every **COLLABORATIVE MEETING**.

ISSUES LIST REPOSITORY

A cumulative list of issues currently not prioritized. This list provides direction when identifying priorities, working through barriers, or attempting to create a targeted plan. The issues list evaluated periodically by the SRMs, SAO, and members of the Leadership Team.

KEYS TO SUCCESS

1. **There are no wrong answers.**
Shared reality comes from an open and honest discussion
2. **Focus on priorities.**
Time is limited so focus on the biggest problems first, and collaborate to break it into consumable bites.
3. **Forgive yourself.**
There's no such thing as perfection. This is a system of growth.

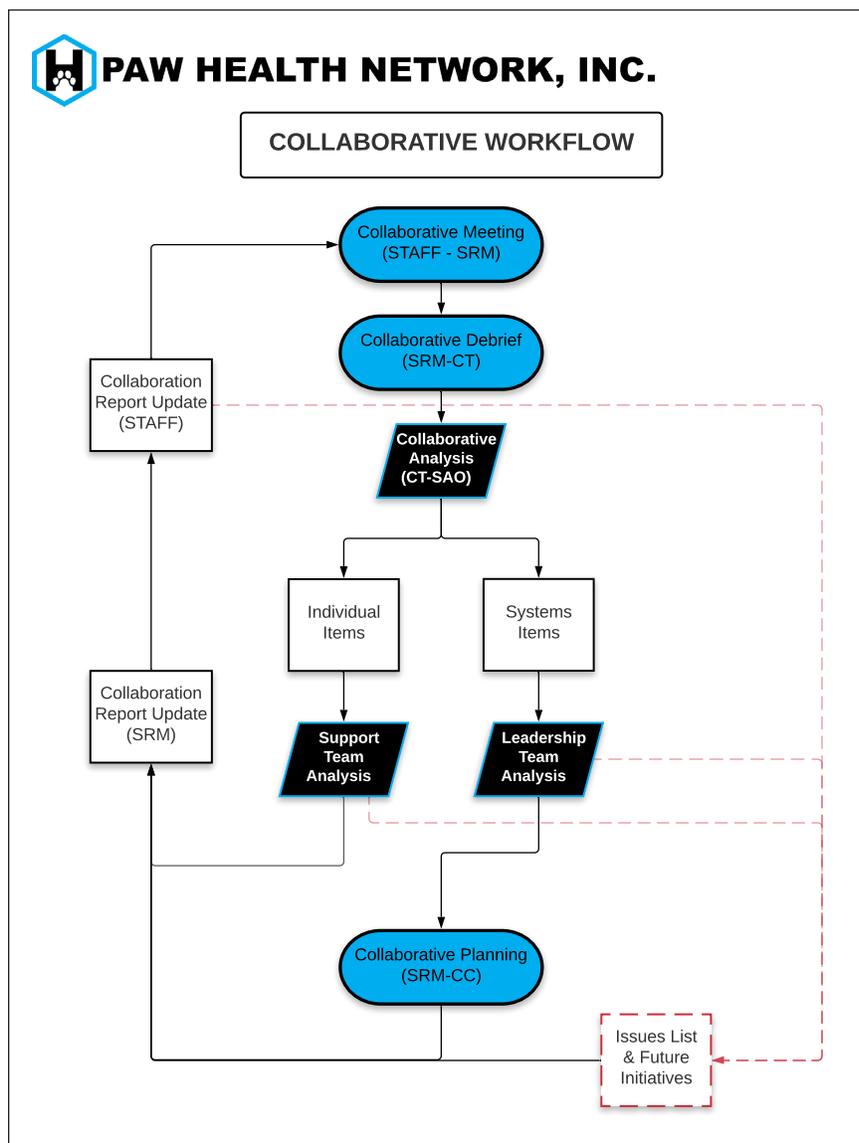
TIER III

THE COLLABORATIVE PROCESS *CONT.*

3 THE COLLABORATIVE PROCESS WORKFLOW

The Collaborative Process Workflow is included to emphasize and outline the behind-the-scenes process during each Collaborative Cycle. As the employee, your responsibility will be to meet with your SRM once per month, which is referred to as the Collaborative Cycle. From there, each Collaborative Report is analyzed by several different support team members to guide each consecutive Collaborative Meeting.

Here, you will find a diagram for the workflow with definitions on the following two pages.



TIER III

THE COLLABORATIVE PROCESS^{CONT.}

DEFINITIONS

COLLABORATIVE MEETING

(Employee & Supporting Role Member)

The collaborative meeting occurs between the employee and their SRM. At times it may include other administrators or team members. In total, these meetings do not exceed 15 minutes.

Before an employee's first Collaborative Meeting, the employee is only responsible for utilizing the Collaborative Report template to generate an Issues List. Once generated, the employee must send the Collaborative Report to their SRM at least 24 hours prior to their first Collaborative Meeting.

At the first Collaborative Meeting, utilizing the Issues List and priorities from the Leadership team, this meeting will identify individual priorities and generate a task list for the next Collaborative Cycle.

At each subsequent Collaborative Meeting, the SRM will take five minutes to update the Collaborative Report with priorities from the leadership team, and provide to the employee. The employee will take five minutes to update their Accomplishments, Barriers and Issues. The employee will then provide the Collaborative Report to the SRM at least 24 hours prior to the Collaborative meeting.

COLLABORATIVE DEBRIEF MEETING

(Supporting Role Member & Collaborative Team)

As Collaborative Reports are completed, the SRM will finalize any notes from the Collaborative Meeting and send the Collaborative Report to the Collaborative Team. At least once per Collaborative Cycle, the SRM will meet with the Collaborative Team and debrief a synopsis of their supported team.

COLLABORATIVE ANALYSIS

(Collaborative Team & Senior Accountability Officer)

Once the Collaborative Team has been debriefed on each department's Collaborative Reports, a Collaborative Analysis will occur between the Collaborative Team and the SAO. This meeting will identify opportunities for growth by classifying issues and barriers as either:

Individual Issues

These are issues or barriers identified on the individual basis, which are affecting the individual employee's growth. At times, these individual problems may also be barriers for the growth of the team.

These Individual Issues will be prioritized by the Collaborative Team and the SRMs, to maximize the employee's opportunity to Accomplish items on the Targeted Plan.

Individual Issues are then provided to the Support Team (SAO-SRM) for analysis. Once analyzed, and prioritized by the SRM, the items will be added to individual Collaborative Reports.

Systems Issues

These are issues or barriers identified within process, procedure and protocol which are affecting several employees' individual growth or the growth of the team.

Systems Issues are then provided to the Leadership Team for analysis. Once analyzed and prioritized, solutions will be provided to the Support Team during the Collaborative Planning Meeting.



TIER III

THE COLLABORATIVE PROCESS^{CONT.}

DEFINITIONS^{CONT.}

COLLABORATIVE PLANNING MEETING

(Supporting Role Members & Collaborative Team)

Synonymous with Supporting Role Meeting (SRMeeting), the Collaborative Planning Meetings take place with all SRMs and the Collaborative Team once per Collaborative Cycle.

The contents of these planning meetings are to unify the SRMs on major system issues and drive priorities of each team. It is not the intent of these Collaborative Planning Meetings to address individual issues, as individual issues are addressed by the SAO, the SRM, and the individual employee on the employee's Collaborative Report.

With an updated set of priorities, the SRMs will update each employee's Collaborative Report prior to the next Collaborative Meeting.

ISSUES LIST & FUTURE INITIATIVES

Issues lists are present throughout the entire organization, for every department, every team, and every individual. These lists are impacted by barriers to growth, but also provide a repository for future areas of growth and future initiatives. The Collaborative Report serves as a vehicle for identifying these issues and future initiatives.



ACQUIRED ACCOUNTABILITY

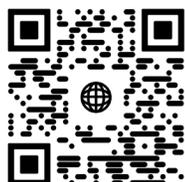
Being accountable means that when conflict or inefficiencies arise, an individual can rise above themselves, to own an event, and implement a solution. Creating accountability is a deliberate process of collaboration which provides the opportunity to improve performance through shared purpose.

The following pages will outline the workflows and definitions for Assigning Accountability and Defining Accountability.

TIER III

ACQUIRED ACCOUNTABILITY^{CONT.}

DEFINING ACCOUNTABILITY



ACCOUNTABLE TO EACH OTHER TO THE PATIENT

8. IMPLEMENT

*Those who are fully ON-BOARD!
People here assume responsibility for implementing solutions and are committed to the success of the team.*

7. SOLUTIONS

People here own the problem and actively seek to find and create solutions. If they are unable to implement those solutions, they seek those who can implement.

6. OWN IT

People here own the problem and acknowledge their responsibilities. They no longer blame other or make excuses.

5. REALITY

People here acknowledge the reality of the circumstances or events.

4. WAIT

People here recognize that there is a problem, but have chosen to not act and hope that the problem will either disappear or improve without their action.

3. EXCUSE

The "I CAN'T!!" People.
People here avoid responsibility by claiming confusion or incompetence. They tend to avoid tough issues and situations. They can often be heard saying, "Just tell me what to do!"

2. BLAMING

People here recognize that there is a problem, but deny any responsibility. They often reference people or situations taking advantage of them.

1. DENIAL

People here recognize that there is a problem, but willfully ignore it.

UNACCOUNTABLE TO EACH OTHER TO THE PATIENT

DEFINING ACCOUNTABILITY

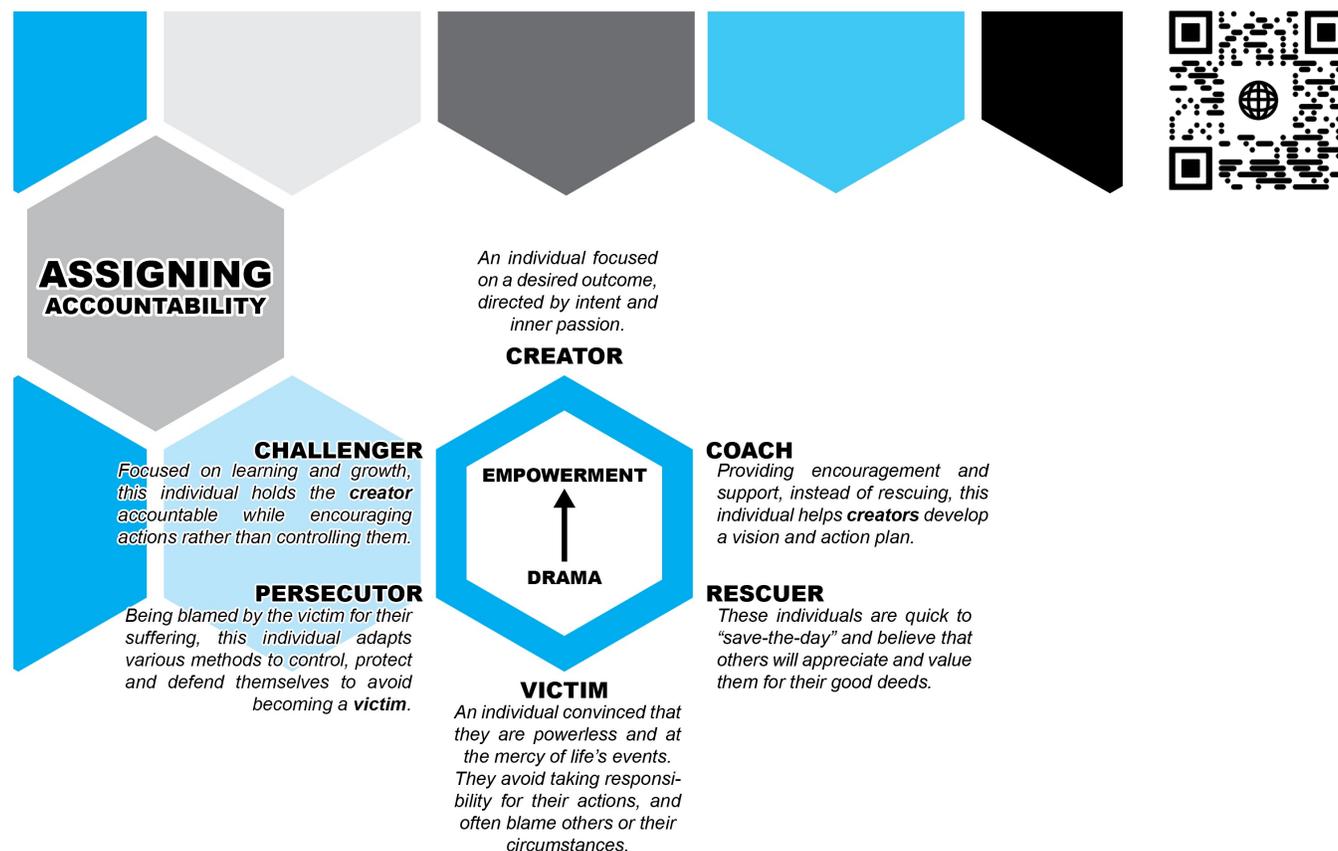
A
PERSONAL
CHOICE TO RISE
ABOVE ONESELF
AND OWN THE
EVENT TO
IMPLEMENT THE
SOLUTION.



TIER III

ACQUIRED ACCOUNTABILITY^{CONT.}

ASSIGNING ACCOUNTABILITY



THE DRAMA DYNAMIC

The toxic interplay of the **Victim**, **Persecutor** and **Rescuer** roles describe the most common strategies used to manage individual fear and anxiety. All three roles focus on what they don't want or like, and see the other roles as problems to react.

THE EMPOWERMENT DYNAMIC®

A positive alternative to the **Drama Dynamic**, people shift out of all three roles to inspire the realization that choice can lead to a positive approach to life's challenges.

Victims become **Creators**
Rescuers become **Coaches**
Persecutors become **Challengers**

ADAPTED FROM THE WORKS OF DR. STEPHEN KARPMAN - TED*

TIER III

ACQUIRED ACCOUNTABILITY^{CONT.}



CREATING ACCOUNTABILITY

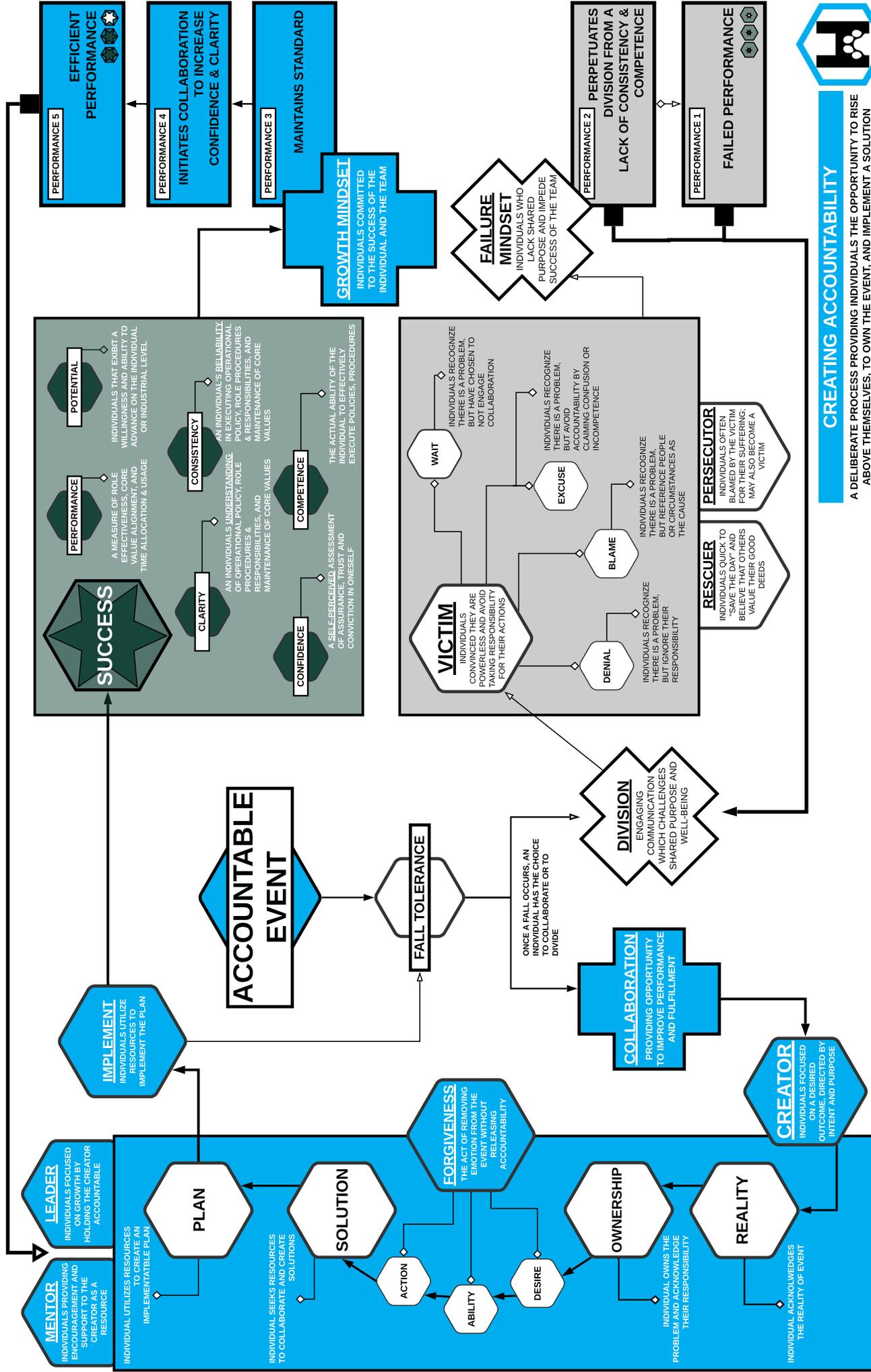
Creating Accountability is a commitment to an open atmosphere of communication in which any issue, conflict, complaint, suggestion or question has value and can be discussed within the team.

Once all team members are committed to resolving conflict through encouragement and identifying opportunities for growth, then a team can establish in-the-moment accountability.

Leaders and mentors have the responsibility of guiding the creation of accountability, but it is the individual's responsibility to create accountability within the team.

The following page contains will outline the workflow and definitions for creating Accountability.





TIER III

ACQUIRED ACCOUNTABILITY^{CONT.}

CREATING ACCOUNTABILITY WORKFLOW DEFINITIONS

ACCOUNTABLE EVENT

An event, issue, interaction, mistake, or conflict which provides the opportunity to collaborate or divide.

FALL TOLERANCE

Once an *Accountable Event* occurs, an individual has a choice to either collaborate with intent to grow, or divide with intent to fail. An accountable event is simply a set back, which provides the opportunity for growth. It therefore becomes a choice within each individual to end in failure. The *Fall Tolerance* is each individuals' threshold for choosing growth or choosing failure when an *Accountable Event* occurs.

COLLABORATION

Provides the opportunity to improve performance and fulfillment.

Collaboration empowers **Creators**, which are those individuals who are focused on a desired outcome, directed by intent and purpose

Collaboration requires **Mentors** to provide encouragement and support to the Creator as a resource.

Collaboration demands **Leaders** to keep Creators focused on growth by holding a standard of accountability.

FORGIVENESS

The act of resolving the emotional component from the collaborative process without releasing accountability to the accountable event.

Desire - "The Want"

One must have or grow the desire to forgive themselves and forgive those within the team in order to collaborate on an implementable solution.

Ability - "The Can"

One must have or grow the skill set to emotionally resolve conflict in order to collaborate on an implementable solution.

Action - "The Will"

One must perform the full action of exoneration in order to collaborate on an implementable solution.

SUCCESS

When collaboration yields an implementable plan, and that plan is successful, it must be determined on why the success occurred. Using variables from the Star Chart, individuals are able to collaborate on successful strategies for future use.

TIER III

ACQUIRED ACCOUNTABILITY^{CONT.}

CREATING ACCOUNTABILITY WORKFLOW DEFINITIONS^{CONT.}

DIVISION

A conscious choice by the individual to engage in communication which challenges shared purpose and well-being.

Division creates **Victims**, which are individuals convinced that they are powerless and avoid taking responsibility for their actions.

Division requires **Rescuers** to empower the Victim. These individuals are quick to “save the day” and believe that others value their good deeds, but do not actually provide an opportunity for growth.

Division demands **Persecutors** to keep Victims focused on individuals or circumstances other than themselves. If trapped in the victim dynamic, Persecutors may also become a victim.

GROWTH MINDSET

An individual who is committed to the success of the individual and the team.

FAILURE MINDSET

An individual who lacks shared purpose and impedes the success of the team

GROWTH PERFORMANCE RATING

5 - Performs on 4 of the 6 variables of success (star chart)

4 - Initiates and engages collaboration to increase confidence & clarity amongst the team

3 - Maintains Standard of role & cultural responsibilities

FAILURE PERFORMANCE RATING

2 - Worsens division within the team with a lack of consistency and competence

1 - Fails the team on 4 of the 6 variables of success

TIER III

TOOLS OF COLLABORATIVE ACCOUNTABILITY

At times, formal administrative exercises may be required to engage or entice collaborative accountability within the individual or the team. Through these exercises, it may also be required for individuals to engage in active forgiveness to continue on the journey of growth.

CASE REVIEWS

Case reviews are patient accountability processes which investigate an accountable event. The process occurs on the individual basis, and is not intended to be a group collaborative exercise.

If during this exercise, an individual is not accountable, and engages division, then the case review automatically triggers an After Action Review.



TIER III

TOOLS OF COLLABORATIVE ACCOUNTABILITY^{CONT.}

AFTER ACTION REVIEW (AAR)

OVERVIEW

The concept for an *AFTER ACTION REVIEW (AAR)* was first introduced by the United States Marines to debrief on missions as a tool to focus on group development, rather than individual performance.

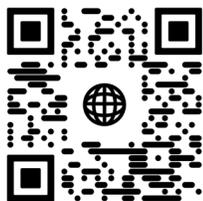
Teams that use this structured approach find that they can more easily determine and discuss their collective strengths, weaknesses, and areas requiring improvement.

This is not a tool to place **BLAME**; rather it is a tool to identify improvements within the team. Understanding why expectations were failed or exceeded is important for establishing **ACCOUNTABILITY** and building **UNITY**.

WHEN TO USE

The most effective time for individuals to use the AAR is just after the conflict has occurred.

Delaying the AAR process will often cause individuals affected by the conflict to lose details and data, hindering the achievement of **ACCOUNTABILITY**.



RULES OF ENGAGEMENT

- Open, honest, and professional communication
 - Team members should be focused on being constructive in both their praise and their criticisms.
 - Being overly nice or overly critical wastes time and decreases overall **TRUST** within the team.
- Everyone on the project or case team must participate
 - When looking to improve, all voices should be heard.
 - Even if someone on the team has nothing to offer to the conversation, they must be present to hear the communication and buy into the improvements moving forward.
- Focus on both the results and the process
 - In order to understand both successes and failures, the discussion needs to focus both on the results of the process as well as the process that lead to the outcome.
 - Just because protocol was followed, does not always mean an intended result was achieved.
 - Just because an intended result was achieved, does not always mean that the process was followed.
 - Seek to improve the results, as well as the process to achieve those results.
- Develop an understanding of the root-cause of the results
 - Regardless of success or failure, understanding how the results were obtained, as well as why the results were obtained, is the key to continuous improvement of the process.
 - Following the root-cause problem solving method is often helpful.

TIER III

TOOLS OF COLLABORATIVE ACCOUNTABILITY^{CONT.}

AFTER ACTION REVIEW (AAR)^{CONT.}

WHAT YOU WILL NEED

1. Advanced Planning

- Set aside a specific time slot to perform the review with your entire team.
- Distractions or limited attendance will limit the success of the report.

2. A Facilitator

- Preferably this is someone who is not an involved member of the team.
- The facilitator is there to conduct the review and keep the communication constructive.

3. Willingness to Improve

- This process will fail unless each team member is willing to improve and understand that criticisms of their performance are constructive, not personal.
- Individual performance evaluations occur directly with administration and excludes the team.

STEP 1 | PLANNING THE AFTER ACTION REVIEW

1. Designated Planner

- One person is responsible for scheduling the review with the team and designating a facilitator.
- Completion within 2 weeks of project end
- Remembering details becomes more difficult as time passes and the results of the review become limited.

2. Facilitator Review of the Project

- The facilitator should review all relevant documents before the review.

3. Appropriate Timeframe

- Each After Action Review will vary in time based on the nature and depth of the potential discussion.
- Anticipate an average of 10-15 minutes per team member.

4. Supplies

- One person should be responsible for bringing any documentation necessary for the discussion.



TIER III

TOOLS OF COLLABORATIVE ACCOUNTABILITY^{CONT.}

AFTER ACTION REVIEW (AAR)^{CONT.}

STEP 2 | CONDUCTING THE 5 QUESTIONS OF AN AFTER ACTION REVIEW

Question 1 – What were our intended results?

Understand as many variables as you can in this question.

1. What was the purpose or objective of this project?
2. Who is our audience? Who were we responsible in communicating with?
3. What was the timeline?
4. Who outside of our team was involved?
5. What outcome(s) was/were intended?
6. What barriers were expected?

Question 2 – What were our actual results?

Using the same set of variables as question one, understand what actually happened.

If there are any important variables that need to be included that were not covered in question one, be sure to go back and add the intended result of those variables, even if those variables were met or exceeded.

Question 3 – What was the cause of our actual results?

Using the root-cause problem solving method is key for this question.

As a group, determine your gap or problem statement(s), and determine the root cause(s) of those problems. This will allow you to more easily answer questions 4 and 5.

Question 4 – What stays the same for next time (what did we do right)?

This question is meant to understand a few key items to your team's success moving forward.

- It helps set and understand the base standard of performance for similar projects.
- It helps understand where the standard of performance needs to be increased to better serve the audience.
 - This may be useful in cases where audiences were not pleased with results, but the team is not able to determine where they failed.
- It helps in identifying cases where a team member utilized a method outside of the set procedure but still obtained the same results.
 - There may be efficiencies in this that the team can implement to better obtain desired results.

Question 5 - What needs to change for next time (what did we do wrong)?

Refer to your root-causes determined in Question 3 and develop temporary and/or permanent solutions.

Some questions that may help in this determination are:

- What are we going to do differently to ensure our success in the future?
- What would our advice to other teams be based on your experience?

The group needs to remain focused on the future and limit their focus on the problems of the past.

This is the time to develop solutions.

If the group continues to look retrospectively, go back to question 3 as there are probably missing pieces to your problem statement(s).



TIER III

TOOLS OF COLLABORATIVE ACCOUNTABILITY^{CONT.}

FORGIVENESS MODEL

FORGIVENESS

The act of resolving emotion from the instance of failed expectation and to release anger and spite without the act of releasing accountability.

RULES OF FORGIVENESS

1. Both parties must completely submit to forgiveness for this model to function properly.
2. The forgiver must understand that they must make a sacrifice to forgive the failed expectation.
 - The forgiver is acknowledging that a mistake has been made and is willing to sacrifice their own feelings and desire for vengeance regarding the mistake.
3. Both parties must be willing to effectively communicate on an ongoing and regular basis.
 - Each future instance of failed expectations will provide opportunity to practice forgiveness. With an open pathway of communication, these failures remain approachable.
4. A failure tolerance must be set once forgiveness is achieved.
 - Providing forgiveness does not negate accountability. The forgiver must be allowed to set boundaries on repeated failures with consequences for those failed expectations.



BARRIERS OF FORGIVENESS

1. Individuals serving different goals, purposes, or initiatives
 - The sole responsibility at PAW is to serve the patient.
 - Individuals serving themselves, other business interests, or individual members within the team instead of the entire team, will find it difficult to participate in this model, as their priorities are not aligned.
2. Personality differences and weak tolerance for individuality
 - Innate personality differences are a part of any work place. An inability to recognize and accept individuality will not allow for forgiveness.
 - Every member of PAW has been screened using the TriCore Assessment, which is a tool to help individuals recognize their own personality and the personalities of those around them. This tool may be referenced often when guiding and teaching each other about personality differences.
3. Residual pain, spite and poor tolerance of habitual behavior
 - Carrying past experiences from one's life into future experiences and relationships with unrelated individuals will not allow for forgiveness.
 - Holding on to past experiences with the same individual will not allow for forgiveness. The forgiver may have to concede that a list of past experiences need to be released to allow for forgiveness in the future.
4. Failure for both sides to recognize intentions and results
 - The validity of the intentions are equal to the validity of the results. In order to establish forgiveness, we must often focus on the results of those intentions.

TIER III

TOOLS OF COLLABORATIVE ACCOUNTABILITY^{CONT.}

FORGIVENESS MODEL^{CONT.}

PROCESS OF FORGIVENESS

EXONERATION

1. Offender accepts full ownership for the failed expectation(s)
2. Offender offers full apology
3. Offender pledges to change
4. Offender requests forgiveness from Forgiver(s)
5. Forgiver(s) grant forgiveness
6. Offender and Forgiver(s) identify a 1-sided change to prevent repeat failures
 - In most circumstances, administration will have a role in establishing change
7. Offender and Forgiver(s) outline consequences for future failed expectations
 - In most circumstances, administration will have a role in establishing consequences

KEYS TO SUCCESS

1. An After Action Report is a tool to help isolate variables that will identify failed expectations and will allow ownership.
2. When in the role of Forgiver, the individual must be willing to request ownership and an apology from the Offender.
 - Once a Forgiver identifies a failed expectation, they cannot ignore that failure, expecting it to correct itself.
 - If the Forgiver does this, they are unaccountable by “WAITING” (see accountability ladder).
 - The Forgiver must explain rationally to the Offender the failed expectation, request an apology from the Offender, grant forgiveness to the Offender, suggest a 1-sided change to the Offender, and then set expectations in tolerance threshold and consequences.



TIER IV

PROFESSIONAL ADVANCEMENT

While the Collaborative Process provides the framework for the mastery of skill, it is Professional Advancement that places individuals on their long-term career paths.

INDIVIDUAL ADVANCEMENT

- Individuals choose to focus on their own individual mastery of skill in order to build **TRUST, COLLABORATION, RESPECT,** and **ACCOUNTABILITY** within the team through their mentorship or leadership.
- Individual efforts are often focused locally to impact the lives of the entire care team and the community.

INDUSTRIAL ADVANCEMENT

- Individuals choose to focus on replicating the success of **TRUST, COLLABORATION, RESPECT,** and **ACCOUNTABILITY** on a regional and/or national scale.
- These individuals are dedicated to turning the tide of the veterinary profession through establishment of managerial infrastructure, ongoing consultation services, and/or capital investment.



Employees consistently at a performance level five are invited to join the team of mentors and leaders within the collaborative team.

Once employees have mastered the skills within a local collaborative team, they are invited to work on the regional/national scale.

TIER IV mentees are post-graduate students who have entered the work force, but are not employed by PAW.

TIER IV mentees that work at PAW are transferred in as Tier I employees.

This **TIER** for a mentee-mentor is a true test of support after graduation, especially when the mentee is working from afar. Be the force of change!



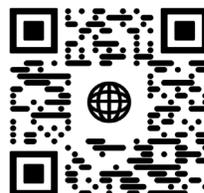
TIER IV

ADVANCED INSIGHTS PROFILE

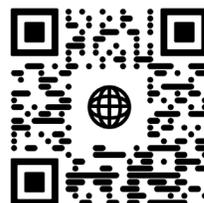
The ADVanced Insights Profile takes a deep dive into understanding HOW and WHY we tend to behave the way we do, as well as WHAT we have as natural talents in thinking and data processing. By understanding these key components of ones self and others, barriers to communication and collaboration are more easily broken down. We can better empathize with those that we work with, maximize our individual strengths, and mitigate our weaknesses by utilizing the strengths of our teammates.

The profile uses three indices to provide the metrics that are broken down during the semi-annual training during the spring and fall. If you decide to attend the training, you will be provided your individual results 24 hours prior to training for reference during the session.

INTRODUCTION



INSIGHTS TRAINING



TIER IV^{ERT}

***[INSERT:
ADVANCED INSIGHTS PROFILE]***

INDUSTRY OVERVIEW

VIDEO REFERENCES

FAILED BOND SPECTRUM ALIGNMENT

Part 1

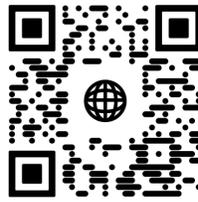


Part 2

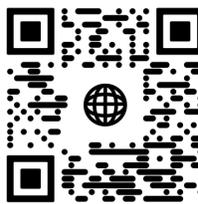


CULTURE

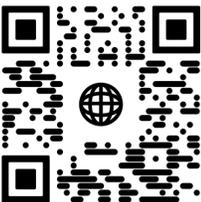
Part 1



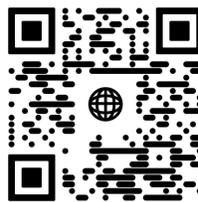
Part 2



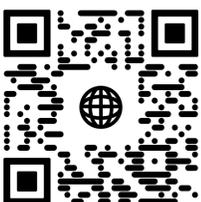
LOSS OF SELF-WORTH



EDUCATION



ANTIQUATED BUSINESS PRACTICES



PROCESS

