

This discussion will introduce some common, real life situations that might occur in a veterinary hospital. What should you do to avoid miscommunicating with a client, and what should you do if it's already "Gone wrong"? You can take it home for discussion with fellow students or with your boss or the veterinary team at your first job or an externship.

CLIENT COMMUNICATION GONE WRONG

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Case 1) Situation: You are doing an internship at a large emergency and referral hospital. It's Saturday afternoon. The client called her regular veterinarian shortly before closing, so they sent the client to your hospital and faxed the records. The patient is a two year old Labrador retriever with a history of FB surgery a few weeks before. The dog is now vomiting.

Anticipating the client's arrival, and having been taught that you need to have the owner consent to procedures by carefully reviewing a Health Care Plan, you put together an estimate for the tests and procedures you want to perform on the dog – abdominal radiographs, bloodwork, fluid therapy. You are thinking "Did the dog eat something else? Is there a problem related to the first surgery?" You'll need to get a deposit and agree on payment arrangements.

You enter the exam room, introduce yourself and launch into your estimate, careful to explain the reason for each item and the risks and benefits of each.

- 1) What is the client thinking and what is her perception of her exam room experience?
 - a) Wow, this doctor is efficient and organized and was ready for me when I arrived.
 - b) Boy, she sure looks young. It seems like she knows what she's doing though.
 - c) How can she know what she wants to do with Rowdy when she hasn't even looked at him?
 - d) All they care about here is the money.

Correct answers: c and d.

Outcome: The client says sharply "I'm not going to let you touch my dog! In fact, I'm taking him somewhere else for care!" She abruptly walks out of the hospital. At a competing hospital across town, a careful history reveals that the dog is regurgitating, not vomiting. A barium swallow chest radiograph reveals an esophageal stricture.

- 2) What does the adage "People want to know how much you care before they care how much you know" mean?
- 3) What are some ways that you could communicate caring to a client?
- 4) Getting a good history is obviously important, as is being careful not to make assumptions or jump to conclusions. Who should obtain a history? What's the best or most efficient way to obtain the information you need?
- 5) Clients usually have rehearsed a story they want to tell you. Usually it will take 1-2 minutes to hear them out and let them recite what they've been practicing in their head on the way to your

hospital. What happens if you don't let them say their piece? Should you let them go on about how they noticed a swelling and then there was a lot of blood and it looked horrible when you already know it's an abscessed anal gland?

6) How does the phrase "To you it's another patient. To them it's a family member." apply in this case? Is a client more likely to make decisions driven more by emotion or by facts and figures?

7) Should we behave more like pediatricians? In what way?

8) What is the client likely worried and anxious about? How could you address those fears?

9) Would a form or computer template allow you or a technician/assistant to get a better history on a GI problem? Why would it be helpful? How would it save time?

Case 2) The tiny Yorkie is presented for pin removal. The K wire placed in a prior orthopedic procedure has migrated and is causing the dog pain. You carefully view the x-ray to be sure you are performing the wire removal on the correct leg but somehow it gets turned around in your head and you prep the wrong limb. You make your incision and poke around to find the wire, quickly realizing your mistake. You have to close that incision and switch to the opposite leg, where you easily find and remove the wire. You feel terrible and stupid and there is no way you can hide this mistake from the owner. You call her up and explain the error. She seems to understand and does not get angry. You sigh with relief.

You have a full schedule that afternoon so your technician discharges the dog. Two days later, when your tech calls to see how the dog is doing, she finds out that the dog is fine, the lameness already resolved, but the client wants her records transferred to another hospital. When asked why, she says that you should have talked to her personally at the discharge. She says she saw you as she was checking out and you didn't acknowledge her at all. (Unfortunately, you had only met this client a couple of times and did not recognize her.)

1) What was really the upsetting thing to the client? Why didn't the fact that the dog was fine and no harm was done make a difference?

2) Should you have juggled your schedule to be sure you could talk to the client? Would you assume if a similar thing happened again that you would handle it differently?

3) Do you think it would have made a difference if the client had been one you knew better?

Case 3) Your new and inexperienced assistant is helping you to change a bandage in an exam room. It's a week after you removed a mast cell tumor from the dog. The incision has dehisced, as mast cell tumor incisions sometimes do, and now it will need to granulate in and heal as an open wound. You believe the owner is capable of doing some of the wound care at home so you want to show her what it looks like and how to rebandage it. You take the bandage off and the assistant exclaims "Oh my God, that looks awful!"

1) What do you do and say?

a) You ask the assistant to leave and send in someone else.

- b) You try to catch her eye and put a finger over your lips to tell her to be quiet.
- c) You vow to complain bitterly to her trainer about her unprofessional behavior.
- d) You change your mind and quickly remove the dog from the room to treat it in the back, giving up on your idea to teach the owner how to do wound care.
- e) You decide to use this as a teaching opportunity for both the assistant and the client, but you plan to take the assistant aside later and explain that she should not have said that. “Actually, it looks pretty good. It’s not infected and this pink tissue here, called granulation tissue, is healthy, healing tissue that will fill in the wound. Granulation tissue forms a bed and then the skin cells can grow back over it. Granulation tissue has lots of blood supply, so it will ooze when you peel off the bandage, but it has no nerve supply, so your pet won’t feel it.”
- f) You desperately hope the client won’t wig out on you or faint or vomit.
- g) You quietly explain to the client later that it’s your assistant’s first week and she doesn’t know awful from a hole in the ground.

2) How do you correct or teach a team member in front of a client?

3) How should they correct you? What should an experienced assistant do (in front of a client) if she knows that the practice owner would want you to do something differently than what you are doing? (Say a code word, perhaps?)

4) Is it better to do procedures with the pet owner in the room or to take the pet out of the room? Does it matter who the client is? (Can you anticipate which clients will be likely to be grossed out?) Does it make you more or less efficient?

5) What if you are nervous about performing procedures in front of clients?

Case 4) The indoor/outdoor cat is here for it’s second of three FIV vaccinations. You have a busy schedule today, so you briskly enter the exam room, remove the cat from its carrier and administer the vaccination. You leave and let your assistant finish up with the appointment.

1) How is this interaction likely to be perceived by the client?

2) What things do we do every day that to clients may look uncaring or cruel? I had a client tell me that she didn’t like the veterinarian that had owned my clinic previously because he had dragged her cat out of a carrier “by the ears.” What did he likely actually do?

3) Is this client likely to feel she received value for the money she will be paying for this office visit and vaccination?

4) How could you have turned this visit into an opportunity to educate and bond with this client?

Case 3) An older large breed dog was seen a few days ago by your associate and diagnosed with a slab fracture of a tooth and a lick granuloma. The dog presents on your in-patient day for dentistry and laser ablation of the granuloma. Under anesthesia you discover that the broken tooth has no root exposure and does not need to be extracted, saving the client several hundred dollars, but the mass on the foot is too large and deep to just laser off, you need to remove it via a full-thickness

incision, which will add back to the bill. The final cost will be about the same as the original estimate, however, so you go ahead and remove the lump. You send her home with allergy medications for the licking of her foot.

At discharge, the client becomes very irate that you performed a procedure on the dog's foot that he didn't authorize. He is very worried that the incision won't heal because his pet is constantly at the foot. He refuses to pay for the lump removal portion of the bill. He is very emotional and reveals that he is terrified that she'll chew the foot open and he'll have to euthanize her, despite your assurances that the dog will do fine.

You perform rechecks and bandage changes for no charge at the client's request, and these are very awkward appointments, but the dog's foot heals beautifully and no harm is done. Two years later she comes in for dental cleaning and the foot looks great, just a 1 cm scar as a reminder of the incident.

Although you know that you should have called the client when you changed your plan you also believe that if you had tried to get informed consent for the more major surgery on the foot, he would probably not have agreed to let you do it. At least you are comforted by the fact that the dog is much better off.

- 1) How do you diplomatically talk clients into things when they have unrealistic fears or expectations of the results? What should you do when you know that what the pet owner wants to do is not the best thing for the pet? (This is different than having to come up with an alternative plan due to cost.)
- 2) How big a change in a procedure does it have to be before you need to call the owner to get consent for a new plan?
- 3) How will you feel when you can't get consent to remove a broken tooth and you know the pet is painful? If the client declines extraction because of cost what would you do?
- 4) Morally or ethically, is there a difference between not fixing a broken tooth and not fixing a broken leg? If it's not OK to let a pet drag an untreated broken leg around the house why would it be OK to not extract a broken tooth? Both would cause chronic pain and disability, and a chronically infected tooth could also eventually be fatal. (Septicemia from abscessed teeth was the second leading cause of death in Europe in the Middle Ages. The only thing that killed more people back then was the plague. Septicemia from broken teeth is also a common cause of death in mountain lions and wolves. Infected teeth can kill you, as well as greatly reducing quality of life.) What will you do when a client refuses care for their poodle with a mouthful of infected teeth? Would this be considered animal cruelty or neglect?

SECTION 2: Here are some scenarios for discussion. What would you do, and why? What should you not do, and why? There will often more than one good answer.

- 1) The client's pet just peed on the floor in the waiting room. You:
 - a. Quietly clean it up
 - b. Loudly exclaim, "Oh, look, Fluffy just peed on the floor"
 - c. Assure the owner it's no big deal
 - d. Save a sample in case we need it, since you know Fluffy is here because she's

sick

- e. Leave it there, you're too busy to clean it up now
- f. Call a kennel person to clean it up, you're much too busy to do it
- g. Make the new person clean it up, they can't do much of anything worthwhile anyway

Whose job is it to keep a hospital clean? If you walk by a cage and the litter pan is dirty or the dog has pooped there, should you clean it up or ask someone else to do it? When should you be a team player and when is it more appropriate to delegate?

- 2) You've just diagnosed the pet with cancer. You:
- a. Tell the client the pet is old anyway
 - b. Discuss the latest treatment protocols and options
 - c. Assure the client that many types of cancer are treatable
 - d. Assure the client it's not their fault the pet got cancer
 - e. Tell the client that the last patient you saw with this cancer is dead now
 - f. Tell the client you sure wouldn't spend that kind of money if it were your dog

What will the client be anxious about and how will you address those fears?

Is the client likely to absorb or retain technical information immediately after receiving a bad diagnosis?

How have your own experiences with cancer affected your feelings and outlook?

- 3) You've just diagnosed a torn ACL ligament in a middle aged golden retriever. You:
- a. Tell the owner it's no big deal, you had surgery for that yourself
 - b. Tell the owner they shouldn't have played Frisbee with the dog so often
 - c. Tell the client the other knee is bound to blow also
 - d. Tell the client we can do surgery but it's very expensive
 - e. Tell the client that surgical repair is the best option to fix the problem and you'd be happy to make them an estimate and contact the surgeon
 - f. Carefully explain the risks and benefits of surgery
 - g. Assure the client that it's a good thing they brought the pet in right away so we could start pain management and physical therapy, for the best long term outcome

If the client can't afford surgery, or can't afford it right now, how can you help to relieve their guilt?

What if there is no guilt and the client just doesn't want to deal with the problem?

What educational materials will help you to explain all the different options available for cruciate repair?

4) The client's large breed dog is bounding all over the hospital, dragging the client at the end of the leash, but he's not here for a behavior consultation. You:

- a. Complain to everyone that the client has no control of the dog
- b. Ask the client if they'd like to watch a video while waiting for the doctor, then cue up the Gentle Leader Head Halter DVD
- c. Offer materials on area trainers
- d. Tell the client she ought to get a prong collar
- e. Point out to the client that her dog is very badly behaved
- f. Wrestle the dog to the floor while shouting at it to behave
- g. Carefully explain the benefits of the Gentle Leader Head Halter and offer handouts and the DVD

How would you avoid offending the client yet still bring up the topic of behavior? You don't want to embarrass them or give them the impression you think they are stupid, incompetent or that you dislike their dog.

5) You are releasing a patient who has been very ill and needs a lot of home care and medications. You:

- a. Explain verbally how to give each medication and when
- b. Hurry through your instructions, you have another client waiting
- c. Ask a technician to do the discharge
- d. Make sure everything you are saying is also in writing for the client to read later
- e. Ask the client to repeat the instructions back to you
- f. Figure putting in eye ointment is no big deal, you don't have to explain how
- g. Figure most clients want liquid medications for their cats, so that's what you got ready for this one
- h. Find a handout or two about the disease that the pet has for the owner to read at home
- i. Direct the client to a great website to learn more about the pet's disease
- j. Make sure the client knows the pet will be contagious for several weeks but not to humans
- k. Hurry on to your next appointment so you're nowhere near the front desk when the client gets the bill

Whose job is it to discharge complicated cases? To demonstrate how to administer medications?

Who should decide the method of administration of medications sent home? What are the consequences of the pet not receiving those meds? How will you know if the client is able to do so?

When should the client learn the total amount of their bill? How should that information be delivered?

6) You start to explain the home care instructions to the client and she bursts into tears. You:
a. Leave the room to give her time to compose herself

- b. Offer her Kleenex
- c. Ask her if something is wrong besides her sick pet
- d. Go get a more experienced staff member to deal with this freak show
- e. Roll your eyes and tell her it's just not that big a deal
- f. Ask her if she is feeling guilty or sad about her pet
- g. Assure her that her pet will be fine if she would just listen to you
- h. Keep talking and ignore the crying

How comfortable are you dealing with emotional clients? How could you practice how to handle these types of situations?

What gender issues or differences might be involved? Does it matter if you and the client are the same gender or not?

7) You've just delivered a long explanation about the pet's problem and the owner is looking at you blankly. You:

- a. Figure you're giving the information to them in writing as well, she can read it at home and maybe then she'll get it
- b. Ask the client how she is feeling about the pet's situation, try to feel her out
- c. Realize she can't speak English well and she probably didn't understand a thing
- d. Get frustrated and give up
- e. Ask the client if she has any questions or concerns
- f. Ask the client if she needs some time to process the information and if you can call her later
- g. Ask if there is anyone else in the family you should speak to, and re-deliver the information to that person

How could you have done a better job with your information delivery?

How can we communicate with clients who do not speak good English, especially if no one in your hospital speaks their language? (Even if you know some Spanish, for example, would you be able to explain a complicated diagnosis or treatment plan?)

Could you utilize pictures or diagrams to explain better?

How would you obtain informed consent under these circumstances?