

COMMUNICATING MEDICAL INFORMATION

By Nan Boss, DVM
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Your communication skills will make or break you all during your professional career. Here are some tips and techniques that can make you shine in the exam room.

First, your clients don't know what your grade point average was in school or whether you were able to memorize all the million and one facts about medicine and physiology that you should have. But they can tell that you care about their pets, and that you were willing to spend the time to listen to their concerns and answer all their questions. They also appreciate the time and effort you spend to explain a difficult or challenging case.

Great veterinary team members didn't get there by being the best or smartest in school. They get there by learning to communicate knowledge and skills to others and by getting a little better every day. Set some goals. Read some material on communications, and push and stretch yourself to improve. How could you have explained a little better to Mrs. Brown why her dog needed a dental cleaning? How could you be a little more effective when talking to phone shoppers? Why was that estimate for Cookie's surgery so far off? Working on these skills while you are in school will give you a great head start once you graduate.

There are two basic types of client education that we do every day in practice: educating about diseases and educating about preventative care. Educating about the treatment of diseases and problems is the more common scenario in the veterinary teaching hospital. Clients may be stressed or worried in these situations, so we need to be empathetic and caring. Compliance may be critical if the pet is ill, and decisions may need to be made quickly.

Educating clients about wellness and preventative care, on the other hand, is often done by the entire team. Clients may be bored or distracted during these talks, so we need to be entertaining as well as informative, and we have more time than we do when educating clients in crisis situations. Both types of education require communication skills, but educating clients about problems or disease has a different emotional content and different skills are needed.

You know that no matter how much people love their pets and want to take care of them, they often do the wrong things. You have to find a way to counteract all the bad information they are getting from their neighbors, friends, and relatives, not to mention the guy at the pet store and the groomer down the street. It is a lot more constructive to attempt to educate your clients than to complain about how misinformed they are. You don't want them to call another clinic or go on the Internet to find information because you didn't explain their pets' conditions clearly. You especially don't want them to forego needed care because they didn't understand why it was important.

Some of your clients are visual learners, some are auditory, and some need to touch or feel to learn. If you aren't getting through to a client by talking, try a handout, a DVD, or a dental or skeletal model. Learn to be flexible in your teaching methods so you can reach more of your clients. Be creative. If your presentation or speech doesn't seem to be as effective as you'd like, change it and try a different approach.

Visual people tend to speak very quickly. They use visual phrases, like "I see" or "See you later." They learn best by reading and writing, so they often take notes or make lists in order to remember things. Although written materials are useful for any style, they are particularly helpful for visual communicators.

Auditory communicators speak at a moderate rate. They are more likely to use phrases such as “I hear you” or “Talk to you later.” They learn well from lectures or audiotapes and are less likely to take notes. Although they will usually get more out of an exam room discussion than other styles they also are easily distracted by the barking dog or crying cat in the next room.

Kinesthetic communicators are “slow talkers.” They think before they speak, and they use a lot of gestures. To them, a visual fast-talking person is babbling and they will miss a lot of it. When I need to speak with a kinesthetic person I take a deep breath and slow myself down when I enter the exam room, so I don’t talk too quickly and lose them.

When training a kinesthetic person, you need to be hands on. They can’t learn how to give their cat a pill from your description, they have to actually try it. Their verbal responses may be phrases such as “Catch you later” or “I get it.”

Often you don’t know what personality or communication style your client is, even if you are lucky enough to have any training yourself in communications or adult learning. Here’s a simple way to accommodate for different styles. About half the population likes to receive information in the form of stories. The other half prefers facts and figures. If you aren’t sure, or you have more than one family member to teach, combine a fact with a feeling or a story with a statistic. For example, when talking about dental care, you could say “Dogs live 2-3 years longer when they receive good dental care. After we clean her teeth, Molly will feel so much better.” That’s a fact (longer life expectancy) combined with a feeling (emphasizing how Molly will feel and the bond between the owner and the pet.)

No matter what style the owner is, if you think ahead and plan what you are going to say to incorporate different types of information, you are more likely to have your message hit home. Try not to speak too quickly or too slowly. Medium speed speech is best to try to accommodate for not knowing whether the client is a visual, auditory or kinesthetic communicator.

According to research by Edgar Dale and the National Training Laboratory Institute for Applied Behavioral Science, knowledge retention after a lecture is only 5%. Reading is 10%; audio-visual, such as watching a video, is 20%; doing a demonstration is 30%; discussion group learning is 50%. Practice by doing is much better, 75%, and teaching others or applying information immediately in a real situation are 90%.

(www.tenouk.com/learningretentionrate.html)

Because of this, it is crucial to send written materials home on anything that’s important and to mention pet care needs and services multiple times. No matter how good your presentation is, your client is not going to remember it the first time. When possible, show videos, demonstrate or have the client demonstrate for you, or ask them to repeat back what you said.

Unless you know the client is a physician, nurse, or other medical professional, assume they don’t know medical terminology.

There are four parts to discussing a disease problem with a client. These are:

- 1) Engage – your goal is to get a story, not an answer at this stage. The search is for meaning, not so much for facts, although those are important, too.
- 2) Empathize – the client cares and is worried about the pet. We have to demonstrate that we understand this.
- 3) Educate – the client should understand the diagnosis, the treatment plan and the options that are presented.
- 4) Enlist – involve the client in planning for the pet’s care and get buy-in, or the owner will not actually comply with the doctor’s recommendations.

Part 1) Engagement

Before doing anything else, smile and make eye contact. Introduce yourself, shake hands. Explain your role (“I’m a fourth year veterinary student.” Explain the process (“I’ll be getting a history and confirming what we know from Fluffy’s medical records. I’ll perform an examination and then take my findings to the specialist who will come to talk with you shortly.”))

Tip: If you don’t acknowledge receiving and reading the medical records from the pet’s regular veterinarian, the client will be frustrated and sometimes even angry about having to start from the beginning when explaining the history.

The first part of a typical visit involves obtaining a medical history. This part of the visit requires empathy and listening skills. In human medicine, 80% of the diagnostic rule-outs come from what the patient tells the doctor – the history and symptoms. [Peterson MC, Holbrook J, Von Hales D, et al. Contributions of the history, physical examination and laboratory investigation in making medical diagnoses. *West J Med* 1992;156:163-165.] Thus, this part of the visit is vital but often poorly performed.

One of the most difficult things in client relations is learning to ask clients questions and then to actually listen to their answers. Too many times, we jump ahead and start thinking about the next question, failing to pay attention to what the client is saying.

Clients perceive that we judge them. They worry that we think they have been bad pet owners or are incompetent or are making wrong decisions. They are afraid they may appear dumb if they ask questions or admit they don’t understand something. That’s why they don’t tell us things we need to know, such as that they haven’t actually been able to give their cat the pills. They may not admit to giving their pet herbs or supplements – a CSU study on oncology patients showed that 40% of owners of pets with cancer were giving their pets herbal remedies, usually without the knowledge of their veterinarians. Your history should be thorough and careful but you must also be non-judgmental and supportive.

Clients don’t consider heartworm and flea preventatives, aspirin, nutraceuticals, vitamins and herbal products to be “medicine.” You need to ask specific, pointed questions in order to obtain information about these products!

Clarify what the client is supposed to be doing and know the patient’s prior history ahead of time. Ask, “Is there anything else your dog receives besides what you have already listed?” “Is he still on heartworm preventative?” “Is she still eating K/D?” If you just sent the cat home with K/D last time and you ask what the client is feeding this time, the client’s impression is that you don’t remember anything about their pet!

Use caring phrases such as:
“It sounds like you’ve done a lot for Molly already.”
“You look worried.”
“You seem to be hesitating.”
“Is there anything else you would like to discuss?”

Ask simple but open-ended questions. It is important to frame them to get a description,

not a “Yes” or “No. Avoid asking “Why.” This question provokes defensiveness and guilt. For example, don’t say, “Why did you give him that bratwurst to eat?”

Good questions include:
“Tell me about what happened....”
“What happened next?”
“What thoughts did you have when...?”
“Tell me more about....”

Be sure that while you are taking the history, you are making eye contact, showing empathy and following the trail of the description the owner is giving you. The history taking process is like sending a lot of information down a funnel, narrowing it down to a stream of relevant facts that can be

used to plan the next steps in diagnosis.

2) Empathize

Clients want to feel heard and understood. Be a mirror reflecting the speaker – repeat some of the words you have heard and summarize the meaning you think the owner is telling you. Your non-verbal communication should be attentive, non-judgmental and open.

Many times the owner is fretting about something to do with their pet's care based on prior personal experiences with veterinary or human health care. Someone whose family member was treated or died from a similar disease, or who had similar symptoms, often leaps to the wrong conclusions. Their gerbil may be on the wheel and running so fast they can't hear what you are saying. Acknowledge this when you can.

“You seem very worried about something.”

“Frisky will be all right, this is not a fatal problem.”

Often what the client thinks is going on or is important is far from the truth, so you have to be careful that you understand exactly what the client is thinking so you can make course corrections. When making a difficult decision you need to be especially empathetic and supportive. Even if the client doesn't tell you she feels this way, you need to say things like:

“Whichever you decide, you will have made a good decision.”

“I know you don't want him to suffer any more.”

“You've made the right choice for you and your family. Don't beat yourself up for it.”

Check in as you go along so you will notice if the client is getting emotional, confused or overwhelmed. Look up, take in the facial expression and the body language, and step back if something changes. The client needs to feel seen and heard, so acknowledge that, “You look worried.” “You seem to be hesitating.” “Is there anything else you would like to discuss?”

Eliminate physical barriers between you and the client – like the exam table. Sit next to them rather than facing them head on. Exhale, and repeat information back to them. Be accepting and normalize emotions the client may be feeling. “Anyone who loves their pet would have reacted that way.”

Mirroring and asking clarifying questions helps ensure that nothing was lost in the process.

“I'm not sure I understand why you are hesitating to consent to this procedure. What concerns haven't I addressed?”

“What is worrying you about the surgery?”

“Have I explained the after care needs thoroughly enough? Will you be able to do the leash walking three times a day or is two the most you think you can achieve?”

“So Frisky threw up twice last night?”

“I'm glad you brought her in. It sounds like the two of you had a rough night.”

“What was that like for you?”

“So you are saying that....”

“I'll bet you are worried about...”

Phrases to Use for Surgery and Anesthesia

“We'll take good care of her.”

“Dr. Smith is a good surgeon. You can count on him to do a great job for Fluffy.”

“Do you have any questions or concerns about the surgery?”

“Fluffy will feel so much better after this is done!”

“She's still sleepy, but everything went just fine.”

“I'm looking at her right now, and she's already sitting up.”

“What do you think the problem might be?”

“What options do you think might be possible to try?”

There are certain specific anxieties that most clients will have. Try to address these whenever possible, as anxiety decreases the client’s ability to listen, learn and care for the pet. You will need to address the client’s concerns and validate their feelings. The most common client anxieties are these:

1) Will I say/do something stupid: Clients don’t want to let on they don’t have a clue what you’re talking about. If they look blank or their questions don’t make sense, you’ve lost them and you need to try to explain again in a different way. They also won’t want to ask questions they think are stupid, so they won’t tell you if they aren’t able to treat the pet properly. Learn to put the client at ease. Clients come to the vet to talk to an authority figure. Assure them you will take care of them and answer all their questions, but never sound patronizing.

2) Will my pet behave: We are used to pets peeing on the floor or pooping in the waiting room. The patients are anxious too! But this is embarrassing to the owner. Pulling on the leash, hissing, growling, barking and other natural pet behaviors may be embarrassing to the client as well. Be sure to tell the client it’s not a problem or help them find ways to lessen the problem. However, even if the pet is being very bad it is a delicate matter to give advice on behavioral remedies. The client needs to want to change. Offering help they don’t think they need or solutions when they just want to apologize can cause resentment of your efforts. Tread carefully here. You don’t want to sound critical of them or the pet or you will get a defensive, angry client.

3) Am I doing the right thing: Tell client “It’s a good thing you brought Fluffy in today because…” Validate their action. This makes it easier for them to report it back to a parent or spouse as well.

4) Can I do what’s expected of me (give pills or other meds, etc.): Be sure they can do what you recommend without injury to themselves or the pet. Teach them, support them, praise their efforts and follow through with callbacks or rechecks.

5) Can I remember what I’m told: Write everything down so they don’t have to!!!

With serious problems there are a few other things you need to address. In an emergency you need to address these first, or the client won’t even hear the rest.

1) Will my pet die? (Under anesthesia, from the tumor, from heart disease, etc.) It may not even occur to us that the client doesn’t know that the disease we just told them their pet has isn’t fatal. To a client, a ruptured anal gland or bleeding toenail looks frightening, much less a diaphragmatic hernia or a splenic mass. The first thing out of your mouth should be an answer to this question.

“This condition isn’t fatal and we’ll need to discuss how we will be treating it.”

“We can keep pets like Fluffy in pretty good health for several years, but heart disease is progressive. Eventually it will get worse.”

“The risk from the anesthesia is far less than the risk from not treating the problem.”

If the disease is a fatal one, be honest, and give the pet owner information about how long the pet has, what it is likely to feel or experience, and how the client will know when it’s time to euthanize. Clients agonize over that decision, and over whether they have decided too early or too late. We need to give them a realistic picture of what to expect.

2) Was it my fault: occasionally it is the client’s fault – say they ran over their pet in the driveway. Usually it’s not. “This is a genetic condition.” “We don’t know what causes this particular form of cancer.” It’s human nature to want to know why something happened and it is a very common question, especially with cancer.

3) What if I can't afford what fluffy needs? (Then if she dies it will be all my fault.) I hate putting pets to sleep because the owner can't afford to treat them – which is how I've acquired several pets of my own. This is a tough situation to be in, for both the client and the clinic team. Do not make the client feel worse with insensitive comments!

4) Will it happen again: Your prognosis should include both short and long term, and it should be clear whether this may be a recurrent problem.

5) What about the children/other pets: some clients think cancer is contagious or worry needlessly about their children getting sick, too.

These fears must always be addressed for every medical problem. Be sure you cover these issues whether they ask about them or not. The easiest thing to do is to use a form that reminds you to address these issues at the time of diagnosis or discharge.

3) Educating

Did it ever occur to you in school that to be a veterinary medical professional is to be a teacher? In fact, the word “doctor” means teacher. The only way you can take good care of your patients is to educate their owners on how to take care of them. The better you are at teaching, the better you are at practicing medicine.

Most people don't know the Earth goes around the sun once a year, much less how a vaccine works. Many will never read anything you give them and will surrender a dog to a humane society long before they ever go to the library and take out a book on obedience training.

On the other hand, veterinary medicine is growing more and more sophisticated, and some of your clients are, too. My “A” clients know a great deal about pet health care. How do we manage to

treat both types of client appropriately?

Take this as a challenge. You need to simplify without sounding patronizing. If you see a blank look on the client's face, take a step back and try again. If the client looks bored, jump ahead a little.

Many veterinarians and technicians, especially new graduates, spend more time trying to impress the clients than they do educating them. A common complaint about physicians treating people is “Doctors who use medical jargon and don't provide written information.”

When explaining a disease process or treatment plan, frame your mirroring questions very carefully. Your aim is to put the onus on yourself for not explaining well enough vs. blaming the client for not understanding. Remember, people learn best by talking about what they've learned, so explaining it back to you will also help them to remember it better. With both clients and team members, it's OK

Sometimes it is difficult to show the owner dental problems in their pet's mouth. Cats are very small, dogs are often wiggly, lips get in the way, and the owner doesn't clearly understand what to look for. Teaching about dental care is a great opportunity to use pictures, exam room PowerPoint presentations, DVDs and models. Invest in a little pointer to pick out targeted lesions on the model or picture — it looks more polished and professional than using a pen. Keep some dental instruments in the exam room drawers to demonstrate what will be done or how problems are diagnosed. Remember that many people enjoy learning about their pets' health if it is interesting and understandable.

to not remember/get everything and to ask questions.

“Diabetes is a tough disease to explain and I’ve given you a lot of information. What didn’t I explain well enough?”

“Is what I am saying making sense to you? Am I talking too fast?”

“You will need to explain this to your spouse. Let’s go over it again so you feel comfortable explaining it to him when you get home.”

“This is complex, a lot of people don’t get it all the first time.”

“Many people have trouble reading and remembering these materials. How can I help you?”

“You look like you’re feeling overwhelmed.”

Slow down, allow time for the person to process information. Provide it in chunks, then stop and check for understanding: “Do you have questions about the insulin administration before I move on to talk about diet and a feeding schedule?”

“I’ve gone over quite a bit with you – it may be hard to take it in all at once. Before I continue, what questions do you have so far about your pet’s surgery?” Do the same after you talk about the aftercare, and again when you discuss rehab.

Be very specific with your recommendations. For example, don’t say “A short walk.” Specify 5 minutes or 2 blocks. Don’t say “Three times a day,” say, “Every eight hours.” “One dose is not one tablet, it’s two tablets, so it’s two tablets once daily in the morning.” “Once daily” is not the same as “1 pill!”

Be realistic as well. If the client works twelve hour days giving medication to the cat every eight hours is not going to happen.

42% of public hospital patients in one study could not understand medication directions to “give on an empty stomach.” Only half of American adults are medically literate and 60% of adults over age 60 have inadequate or marginal health care literacy skills. They do not trust that which they do not understand. They may not tell you this, however. The average American male asks 0 questions at a medical visit. The average woman is not much better, she asks two.

90 million Americans have difficulty reading a prescription label, following simple instructions or understanding the diagnosis. As medicine becomes more complex each year, these problems will only get worse. In addition, people are often embarrassed to admit they don’t understand, so they nod their heads yes, and then go home and fail to comply. Many of the smiling faces that exit through our doors leave having no idea what we just said. Fecal sample? What’s that? Cruciate what? What is a ligament? Is glucose the same as sugar? Glucosa-who?

Even intelligent, well-educated adults become confused when dealing with a lot of information outside their field of expertise. Our clients are often distracted, stressed or worried about their pet, making the challenge even greater. If the client seems to be lost in a fog, it’s your job to notice that and either start over or save some information for next time.

Lastly, if we don’t believe the messenger, we won’t believe the message. It’s all about credibility. This is why clients often believe a senior doctor or even a receptionist, before they believe you. The older or more experienced you appear to be, the more credible you are to the client. The more confident and composed your body language, and the more questions you can answer, the more believable you will be. Getting inside the client’s mind and showing empathy for their fears and frustrations can help overcome some of this. It makes you look very smart.

4) Enlist

Whatever your diagnostic or therapeutic plan for the patient, the owner has to agree to it. This also means they should be giving “informed consent.” They should understand the reasons for the recommendations and they should have the opportunity to accept or decline whatever the recommendations are. You’ll need to carefully lay out this information, in simple language the client can understand.

For every item on your estimate or plan you will need to explain the benefits, the risks and the cost. This can be tough when you are in school – many new graduate veterinarians have no idea how to put together an estimate or discuss financial options with clients, even though they greatly need this skill.

The only way to keep good medical records is to ask the client whether or not he or she accepts or wants specific tests and procedures, and then record the answers on the medical record. Whenever you advise a client that a test, procedure, or medication is needed by the pet, it is imperative that you get a clear “yes” or “no.” Emergency practices commonly list the choices the client has for diagnosis or treatment and the owner’s acceptance or refusal. This step is commonly missed in general practice and at teaching hospitals. This is a shame because one of the most valuable skills you can have is being able to explain and prioritize health care choices so that clients can make good decisions.

This means asking questions such as, “*Is this the level of care you want for Scruffy?*” “*When would you like to schedule the dental cleaning?*” or “*Do you want to have us do the senior testing we talked about along with the heartworm test, Mrs. Costas?*” Then you must stop and wait for their answer. Do not fill the awkward silence that may follow with disclaimers, explanations, or unnecessary waffling. This only confuses and distracts the client from making a decision, and makes the question — and thus the recommended care — seem less important.

Whatever the client’s reply, record it clearly on the record (e.g., “senior testing refused at this time”). Then Mrs. Costas cannot come back later when Scruffy becomes ill with chronic renal failure and say that you never asked about the test. Every choice and every client decision should be clearly noted.

In other words, the only way to keep good medical records is to ask the client whether or not he or she accepts or wants specific tests and procedures, and then record the answers on the medical record.

There are three types of people when it comes to making decisions. The first group of clients wants to make the decision themselves. Your job is to deliver information and then to sit back and let them think and decide. Sometimes this type of client makes a decision before receiving the information. Unfortunately, this means they are making an uninformed decision.

It is difficult to talk someone out of something once their mind is made up but as the advocate for the pet, you may have to carefully try to educate a client who is trying not to hear you. Deliver information in short bursts and try to involve the entire family. “This is a very treatable form of cancer and I don’t want you to rush to a decision you may regret later. Why don’t you and Mary read this information over and talk about it. I want to make sure you are making an informed decision and for everyone in the family to be comfortable with your choices.”

The second type of decision maker wants to be told what to do. Their question is usually “What would you do if this were your pet?” Usually, this group wants to do the best for the pet. You need to be very careful not to make the decision for them, much as they might like you to. It’s not your money or your decision—it has to be theirs. This doesn’t mean you can’t give an opinion but you have to lay out all the reasonable choices; you shouldn’t decide for them and

only present the option you think is best. If you do, this client isn't making an informed choice either.

For this type of client I do a lot of gentle probing. "Is the treatment she needs going to cause financial hardship for your family?" "How do you think Herbie will handle the stress of coming to the hospital weekly for chemotherapy treatments?" (If buying a few months of extra time means the cat will spend those months hiding under the bed because it's so stressed out, maybe this isn't the right treatment plan in this case.) "Will you still feel OK with this decision if he doesn't do well – would it help you to know that you tried everything you could or do you think you would blame yourself for putting him through it for nothing?" Some people find making decisions very difficult under the best of circumstances, much less when it's life or death.

The last group of decision makers wants to collaborate as a team. They want you to give them information and then for you to discuss their options and choices with them to come to a mutual decision. This is usually the most satisfying group to work with. If you are lucky, at least one member of the family is in this group. The most difficult part of negotiating treatment for a serious medical problem is when there are two or more family members involved who think and decide in totally different ways. There's nothing more miserable than having one spouse completely unable to let go and the other wanting immediate euthanasia. If we aren't trained to be teachers, we certainly aren't trained to be psychologists! Patience, honesty and empathy are your best tools in these situations.

If you aren't sure which type of personality you are dealing with, ask them. "Do you want me to just give you information or do you want me to actively participate in your decision?" "How comfortable are you with making your choice based on what we've laid out?" I try hard not to give the client a recitation of dry statistics but also to share experiences that might be helpful or paint a picture that's easier for the client to grasp. How will the pet feel during and after treatment compared with what will happen without that treatment? How is the client feeling now, how will they likely feel down the road and what, for them, is acceptable quality of life? Some people can't bear to think of their pet as three-legged while others have no problem making a decision to amputate a leg if it will save the pet.

Once the client has decided what he or she wants done, you can proceed to taking care of the patient in the hospital. The next big hurdle is to explain the diagnosis, results or treatment plan before the pet goes home. Client education is especially important with serious diseases like Cushing's disease or hyperthyroidism. Clients should learn about and understand their pets' diseases, just as you would expect them to educate themselves about their own health. A disease diagnosis forces a client to make decisions about their pets' care, so they need something solid to go on.

Some clients will go so far as to download and read 120 pages of research material on feline infectious peritonitis (FIP) from the Internet. In fact, up to 1/3 of veterinary clients in a Wisconsin Veterinary Medical Association survey got their primary veterinary health care information from the Internet. Some of this information is valuable; some of it is quackery. Many clients can't tell the difference.

Volunteer as much educational material as your

To assess the client's conviction that they can do what you recommend, ask these questions:
"How convinced are you that this surgery will help Rusty?"
"On a scale of 1-10, how confident are you that you can give Fluffy the medicine?"
If the answer is a 5 or 6, you didn't convince them! Regroup and go at it again or from another angle.

clients seem to want because you don't know what kind of information, or misinformation, they will find on their own. Refer them specifically to good websites with reliable information and provide links to those sites on your own website.

The final challenge is to get the pet owner to follow through with recommended care after the discharge. If the client does so, they are "compliant," which simply means they do what they are supposed to.

It is rare for humans to actually finish an antibiotic prescription. People rarely take the best care of themselves, even with serious diseases like diabetes, breast cancer and cardiovascular disease. I think we are far too trusting in many cases that clients will do as we say. Less than 50% of dogs in the U.S. are receiving heartworm preventatives and most owners forget doses or occasionally administer medications improperly.

The better job we do explaining what to do and why, and the more we can tailor a plan to the specific client and patient, the more likely the patient will get the care he or she deserves. In other words, if the medication comes as a pill but the client can't give the cat pills, no matter how much they love the cat and want to take care of it, it's not going to happen. You need to be flexible and sometimes make compromises.

Compliance is defined as "yielding to pressure, demand or coercion." It is demanding that a client do what we say, as an expert giving orders, e.g. "You need to give these heartworm pills." Adherence is "to agree to join, to be consistent or in accord. Our goal is for clients to adhere to our recommendations, not just to comply with them. Instead, we might say, "I'd like to discuss with you how to prevent heartworm disease." This way of phrasing your recommendations enlists the client as an equal instead of dictating as if he or she were inferior.

Clients don't want to admit they are incompetent, didn't understand or cannot do something. Believe body language over words. If you ask the client "Will you be able to give the medication?" and they say "yes" but their body language or tone are hesitant – they won't give it.

They also don't understand the consequences of not doing so unless we tell them what they are. "If you don't give the pain medication, Fluffy won't cry out, but that doesn't mean she's not in pain." Explain consequences, and plan for mistakes:

"If you miss a dose of insulin, here's what you need to do..."

"If you notice a lump or swelling, please call us."

"If he gains too much weight, he is more likely to have the same problem in his other leg."

"We need for you to let us know if you are having any problems along the way."

Everything you explain should also be sent home in writing. Use pictures whenever possible. Even non-visual communication style people remember pictures better than words. You should be sending home clear explanations of diseases and problems, clear explanations of the treatments needed, and clear expectations for what you want the client to do. Also, keep in mind that the person in the room is often not the only, or even the primary caregiver for the pet. Unless you provide written information, the other members of the family or household will not be well informed.

Luckily, only a few clients can't read or don't understand anything you give them or tell them. Most clients are somewhere in between. They will read at least some of the materials you give them, and will gain a good appreciation for their pets' treatment needs if you take the time to explain and coach them. These clients will then go on to treat their pets more thoroughly and conscientiously because they understand their needs. Clients often perceive that a pet is taking

“too much medication.” It’s our job to carefully explain what each drug does, why the pet is taking each drug and what will happen if he or she doesn’t take the drug.

Some of your clients can’t read, may read poorly, or have bad eyesight. It is wise to ask your clients to read the drug dosage back to you from the label of any medication to ensure they get it right. If multiple drugs are needed, write instructions or a timetable on paper. For instance, for a cat with asthma and pneumonia, you could write, “Give the Clavamox and the aminophylline at 7 a.m. At 4 p.m., give aminophylline again. At 7 p.m., give Clavamox again. At bedtime, give the last dose of aminophylline and one tablet of prednisone.”

Demonstrate how to apply eye or ear ointment or how to give a pill and then have the client repeat it for you. Some of your clients have had many pets, have given many medications, and are quite good at it. Others are inept or unable to give the medication at all. A client taught me the trick of hiding pills in bits of canned cat food and then freezing them. The frozen bit of food with the pill inside slides down a pet’s throat easily, with no bitter taste of medicine.

The frustration of hearing a client say, “But he won’t take his pills” is one reason to get a client to handle his or her puppy’s or kitten’s mouth, and to emphasize obedience training and socialization for young pets. So many people are afraid to push a pill down a pet’s throat or are even afraid of the pet, period. What a wonderful world it would be if patients took their medicine willingly!

Offer to let the client bring the pet in every day or board the animal for a few days if you think it necessary. Show the client how to wrap a cat with a towel into a kitty burrito for easy administration of eye medication or eardrops. Order them a muzzle or sell them a pill popper. For some pets, it is easier to give them injections than to give them pills. Offer to crush tablets into liquid or order a suspension of the medication from a compounding pharmacy. Ask if a friend or neighbor can help the client. Do whatever you need to do to make giving the medication possible for the client — otherwise, your patient simply won’t get the care it needs.

Clients spend a lot of money at your clinic on medications. In fact, it’s probably one of the biggest profit centers in your practice. Make sure the pets actually receive the medications the owners are paying for, and that the clients get their money’s worth!

Veterinary schools generally provide good, specific go-home instructions, but not much else. To me, sending a client home with specific instructions but no background information on the disease or problem the pet has reduces our effectiveness at getting our message across, and encourages the client to go on-line or ask their friends for more information – a recipe for misinformation and confusion. Either give clients extra information or refer them to a good website but don’t just leave them hanging.

Lastly, follow-up! It is critically important that we call the owner back or schedule the recheck to make sure we are doing all we can to ensure the treatment needs of the pet are being met. It amazes me how little follow-up is done by the veterinary schools when this seems to me such a simple thing for students to do that would allow them to practice their communication skills and also make the record and the aftercare more complete.

High quality practices do lots of follow-up. We call, e-mail or send reminders for a host of things – the six month CKD recheck, the monthly heartworm pills, medication refills and dentistry, not just vaccination and heartworm testing. The more you get into the habit while you are in school, the more successful you’ll be adjusting to private practice and improving client compliance.

You will spend a lot of time during your career talking to clients about products your hospital sells. Your clients trust you to know about animal care and to recommend the best

products for their pets. When your client asks you which shampoo would be best for Flopsey, he or she doesn't want to hear you say, "Oh, any of those would be fine" or "I really don't know." Clients trust us to recommend what's best for their pets. You need to live up to that trust and give honest, truthful recommendations.

Your clients want to know what you use on your own pets. If you wouldn't use it on your own pet, why would you sell it to a client? If you do use it on your own pet, tell the client what you think of it. The most successful veterinary OTC salespeople know the products that they sell, and can tell the client all about them: *"This shampoo really smells great but this one gets a white coat whiter,"* or *"These are the kind of nail clippers that work best on large dogs,"* or *"My dog's coat is so much nicer since I started her on this fatty acid supplement. I know it will work great for you, too."*

If clients don't need a product, tell them so. They will trust you more the next time, when you think they do need something. Conversely, if you have a product you know would benefit the pet, don't be shy about telling the client so. Even if they don't buy it this time they may buy it the next time.

If you are new to a practice, you may not know a lot about the products on your shelves. You will need to read labels, try things on your own animals, watch what other team members are selling, and ask questions. You might want to start a file or notebook on the products you sell and put flyers and other product information inside to reference when you need it. Make a list of the items you don't know much about, one shelf or item at a time, and check them off as you learn about them. Or make an index or cheat sheet.

OTC sales are a great place to use a communication tool called a "value statement." Value statements help us to communicate to our clients the value of our products or services both to them and to their pets. They increase the perception of our value and also to add to the client's perception that we care. Value statements can be about what our values are as a practice (what we believe is good care), as well as telling about what goes into a service or product that makes it costly and why it's worth it to spend money for it. They can be used on the phone or in person.

An example of a value statement for a service would be this script we use when clients call to ask the price of a procedure, such as a spay: "We use isoflurane, the safest gas anesthesia, because we feel that's very important. We use a clean, sterile surgery pack for every patient, we have certified technicians administering the anesthesia."

For a product value statement you need to know a bit about the product, how it is used and why your hospital recommends it. "This flea preventative works great and it's very safe, which is why we recommend it over store brands. Because it's waterproof it won't wash off so it's perfect for dogs, like your Rocky, who swim. Let me show you how to apply it."

Here are some rules for value statements:

1) **Always precede** a price with a value statement. For example, "This product costs more than what you would find at the store but it's safer and more effective. We have a buy 6, get one free offer right now, which would last you the rest of the season. The price per tube is \$ _____ or 6 plus one free would be \$ _____."

2) If a client **questions the cost of an item**, always give a value statement: "You know, I used to think J/D was expensive, too, until my dog developed arthritis and I found out how much better he felt once he was eating it. Did you know that most dogs eating J/D need less of their expensive prescription medication?"

3) If a client seems **hesitant** or unsure about something always give a value statement: "You seem to be hesitating. Could I explain something better for you?" "Dr. Smith thinks this is

the best product for Rocky and it works great for my dog, too. Do you have any questions about it?"

4) If you are **offering something new** to the client always give a value statement (and maybe repeat the explanation of what the item is) "I see that you haven't used Frontline before. It works really well and it's very safe. Let me show you how to put it on."

5) Always try to **add a caring or empathetic statement** to your explanation. "I know you are worried about Molly's itchy skin. She seems very uncomfortable. This shampoo will really help."

6) **Differentiate yourself** from other clinics: what do you do better? "We only stock products that we feel comfortable using on our own pets." "Most clinics don't carry the number of behavior products that we do. There are some really neat puzzle toys available now for enrichment and training."

7) **Always ask if the client has questions or concerns**: the whole purpose of the value statements is to make sure the client understands what they will be paying for. Never rush your explanation and be sure you have covered as much as the client seems to want to know. Be sensitive to the clients' body language and questions and don't push them to buy things they don't really want or need.

Value statements provide repetition and reinforcement of the doctors' recommendations, so good practices teach their team members these same techniques. A fun exercise to do at a team meeting is to have each person choose an OTC item that they use or know about, to give a value statement for to the rest of the group. Many times products have benefits or uses that some team members are aware of but others are not.

Don't wait for someone to hold your hand and tell you what to sell and how to sell it. Unfortunately, veterinarians, technicians, and many practice managers have no training in sales or marketing, so your coworkers may not be able to teach you what you need to know. You may need to be proactive about educating yourself. Most sales representatives will give your team presentations or brochures on their products. Many companies have dinner meetings or will provide lunch and a lecture at your own clinic to educate both veterinarians and their staff members about their products. Ask your employer about implementing a bonus plan to reward OTC sales. Last, try asking the clients why they like products they are already using. Your clients won't buy products from you if they don't know what's available. It's your job to give them that information.

A nice no-pressure sales technique is to discuss an item with the client in the exam room and then leave it on the table in front of him or her when you leave the room. The client can pick it up and read the label or get the price, or take the cap off and smell it if it is a product such as a shampoo. If the client decides to purchase the item, he or she can take it up to the counter. If not, he or she can leave it there.

Remember that if clients don't get the service they want from you, they can go down the road to the pet store and get the same items there. The difference between you and the pet store is that your clinic hires and trains people who have a lot of knowledge about pet care. Chances are good the pet store has poorly trained, inexperienced help. You are in a position to help your clients out a great deal by steering them toward the products that will work best for them and their pets. Don't let them down!

RESOURCES

ACP Internist, www.acpinternist.org, is a website of the American College of Physicians. They have an excellent article in the archives titled *Good diagnostic skills should begin at the bedside: improving physical exams and history-taking can help you become more efficient and compassionate*, From the Feb. 2001 ACP-ASIM Observer, copyright 2001 by the American College of Physicians – American Society of Internal Medicine, by Christine Kuehn Kelly.

American Animal Hospital Association. 2003. *The Path to High Quality Care*. AAHA Press.
Kathleen A. Bonvicini and Karen K. Cornell; *Are clients truly informed? Communication Tools and risk reduction*, Compendium Nov. 2008, 572-578, available at CompendiumVet.com. This is an excellent article on communication skills and teaches the ask-tell-ask and chunk-and-check techniques for delivering in-depth medical information to clients.

Team training materials by Dr. Robin Downing, from LifeLearn, include *Cornerstones of Compliance; Dental Compliance; Nutritional Compliance; Parasite Management Compliance and Vaccination Compliance*.

Dale Carnegie, *How to Win Friends and Influence People* (Prentice Hall, Inc., 1952).

Don Shula and Ken Blanchard, *Everyone's a Coach* (Harper Business Press, 1995).

Laurel Lagoni and Dana Durrance. 1998, 2010. *Connecting with Clients: Practical Communication Techniques for 15 Common Situations*, 2nd ed. AAHA Press.

Carin Smith, 2009. *Client Satisfaction Pays: Quality Service for Practice Success*, 2nd ed. AAHA Press.

CLIENT COMMUNICATION SOAP

1) Engage - Before doing anything else, smile and make eye contact. Introduce yourself, shake hands. Explain your role (“I’m a fourth year veterinary student.” Explain the process (“I’ll be getting a history and confirming what we know from Fluffy’s medical records. I’ll perform an examination and then take my findings to the specialist who will come to talk with you shortly.”)

S: Subjective – while you are taking the history on the patient, you should also be collecting information about the client, so that you can express an empathetic statement later on.

The client seems: Angry/frustrated Calm/cool Distracted Nervous/Worried

O: Objective

- Is/are the client(s) medical professionals? If **yes**, it’s OK to use technical terms. If **no**, you must phrase everything without using technical terms.
- Is the client an experienced pet owner? If **yes**, get an idea of what diseases they’ve treated and what care they can do at home, e.g. they may already know how to give SQ fluids or insulin injections. If **no**, it may be critically important later on to coach them on how to care for their pet at home. 75% of pet owners have difficulty giving their pets pills, for example.
- Does the household have enough time and resources to handle your treatment plan? An 80 year old may have problems getting their dog up stairs or for long walks after ACL surgery, or they may work 12 hour days and be unable to give medications TID. Are there any restrictions that will be important later on?

A: Assessment - The client is likely to respond to the diagnosis or the diagnostic or treatment plan in a certain way. Are they likely to be worried? Happy? Sad?

P: Plan – now we need to decide how we will go about communicating our diagnosis or plan to the client. There are three more steps we need to take:

2) Empathize – the client cares and is worried about the pet. We have to demonstrate that we understand this, according to our assessment. If the news is good, you might say “You must be very relieved.” If the pet must stay for tests, you might say “You must be very worried.”

- What phrase(s) and body language will you use to show empathy?

3) Educate – the client should understand the diagnosis, the treatment plan and the options that are presented.

- How will you explain the pet’s disease or the diagnostic tests you want to pursue, without using technical language? Can you utilize a model or picture?
- Do you have a story and a statistic or a fact and a feeling?
- Address possible anxieties: Prognosis; cause; cost; recurrence; contagiousness; am I doing the right thing? Be empathetic and reassuring – how would you feel if it were your pet?
- What handouts and resources can you offer the client so they can get more information?
- If the client will need to choose between options, what are the benefits, risks and costs of each option? You must communicate all three things for each option.

4) Enlist – involve the client in planning for the pet’s care and get buy-in, or the owner will not actually comply with the recommendations.

- Demonstrate or explain in detail how to administer medications or perform treatments.
- Ask if they have questions or concerns. Let them think about it for a minute.
- Close with another empathetic statement. “Fluffy was a pleasure to work with, she’s a great cat.” “I really enjoyed meeting you today.”