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THE C-FACTOR **VET SKILLS IN** **COMMUNICATION**

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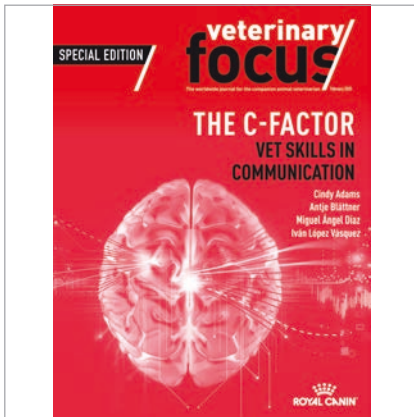

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VET SKILLS IN COMMUNICATION

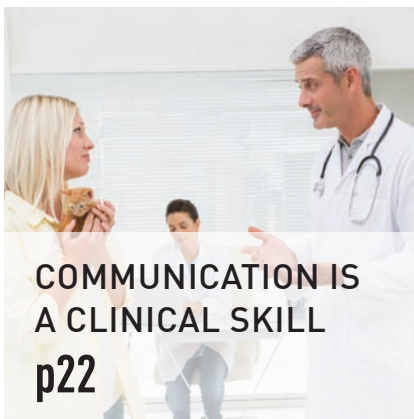
THE C-FACTOR

VET SKILLS IN COMMUNICATION



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COMMUNICATION
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**“IMPROVING THE
COMMUNICATION
WITH THE PET
OWNER HAS A
LOT OF POSITIVE
CONSEQUENCES FOR
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**“Managing
objections or
complaints requires
techniques that you
will learn in this
Veterinary Focus
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GOOD COMMUNICATION WILL IMPROVE YOUR QUALITY OF LIFE!

“Vet practitioners should develop their communication skills like all other clinical skills.”

We live in a world full of communication, with all the excesses it entails. Nobody is spared. New digital technologies and media, including social networks, change standards and change the situation.

Poor communication for veterinarians does not just involve the risk of losing clients, but also that of feeling misunderstood. This can have a negative impact on the vet-client relationship and potentially on the patient.

In fact, nothing is more frustrating than seeing a cat or a dog improperly cared for because a client did not understand their veterinarian! How many times, for example, after diagnosing a food allergy, have you noted during the follow-up visit that the owner had given the hypoallergenic food prescribed, but continued to give treats or leftovers because they did not understand what an elimination diet was?

It is clear that preventing veterinarian burnout requires better communication skills, not just with owners but also with the veterinarian’s team – this will not be the main focus of this issue.



Ensuring better working comfort for veterinarians and better clinical efficiency is the reason why our team of international authors has compiled this *Veterinary Focus* Special Edition.

In these pages, not only will you find theoretical reviews and wide-ranging advice, but also hands-on exercises. In addition to classic consultation situations, you will find specific examples of complaints or unrealistic demands made by some clients, and we will give you some advice on how best to handle them.

Happy reading!

Philippe Marniquet,
DVM, Dipl. ESSEC
Royal Canin

A handwritten signature in black ink, appearing to read "Philippe Marniquet".

THE AUTHORS

Our authors come from different countries and cultures. They have a lot of experience internationally. To produce this *Veterinary Focus* Special Edition, they had two face-to-face meetings to share their ideas and make sure that this document addresses the most frequent issues vet practitioners are facing today.



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Cindy Adams

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Cindy Adams is Professor in the Department of Veterinary Clinical and Diagnostic Sciences at the University of Calgary, Veterinary Medicine, where she developed and implemented the Clinical Communication Program in Calgary's new veterinary school.

She honed her professional understanding of human-animal relationships serving from 1980-1992 as a social worker in child welfare, women's shelters and the justice system. Animals were frequently involved in that work. Combining the very different perspectives gained from her experiences in social work and a doctorate in veterinary epidemiology, she became a faculty member at the Ontario Veterinary College, University of Guelph (1996-2006). There she designed and directed the first veterinary communication curriculum in North America and pioneered a research program regarding communication in veterinary medicine.

She helped initiate the Institute for Healthcare Communication, Bayer veterinary communication project. Her research has focused on communication education, veterinary-client communication in large and small animal contexts, animal welfare, companion animal death and human grief. Founder of the International Conference on Communication in Veterinary Medicine, co-author of *Skills for Communicating in Veterinary Medicine* she has presented widely and advised veterinarians, veterinary practice teams and veterinary educators throughout North America, Europe, Australia and the Caribbean.



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Antje Blättner

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Antje Blättner grew up in South Africa and Germany, graduated in 1988 after studying Veterinary Medicine in Berlin and Munich, and then engaged in her own small animal practice.

In 2001, she took part in a post-graduation course on training and coaching at the University of Linz, Austria, and founded "Vetkom" — a company dedicated to educating vet practitioners and vet nurses on practice management through lectures, seminars and in-house training. Antje Blättner is the editor of "team.konkret", a professional journal for veterinary nurses and "Veterinär Spiegel", a professional journal for vet practitioners.

Nowadays, she lectures and trains vet practitioners and vet nurses on client communication, marketing and other management-related topics in Germany and — together with Royal Canin — in over 21 countries worldwide.

Special thanks to Elisabete Capitao for her contribution to this *Veterinary Focus* Special Edition.



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Miguel received a degree in Veterinary Science in 1990. After working at several clinics he opened his own clinic in 1992 which grew from a two-person office to a 24/7 hospital with 17 employees. After running his hospital for 25 years, he handed it over to his team in 2017 in order to concentrate exclusively on his great passion: coaching.

Miguel is the director of the company New Way Coaching, aimed at helping veterinarians become better leaders. He has been educating and training veterinarians in Europe, Latin America, and Asia since 2009 in leadership, motivational techniques, effective communication, handling objections, conflict resolution, influence and persuasion. He spends his days giving individual coaching sessions, private training for his clients' teams, and workshops and conferences for major veterinary sector companies.

Miguel is an International Coach Certified by the International Coaching Community and the Center for Executive Coaching (USA). He is a Certified Trainer for Edward de Bono's Six Thinking Hats.

He has been an international speaker at conferences in over 10 countries on three continents. He is the author of the book "7 Keys to Successfully Running a Veterinary Practice", which has been translated into English, Polish, Chinese and Italian.



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Iván comes from a family of veterinarians; his father and older brother share the same passion. He obtained his degree from the Universidad de Concepción in 1991, worked a few years at a small clinic and then shifted his career towards sales and marketing, holding several positions at multinational companies in the domestic pet market in his native country.

Since 2008 he has been the executive director of Vetcoach, a business and organizational consulting company that specializes in the pet veterinary sector in Latin America, where his vision is to create "a new standard for the veterinary world".

Iván has studied marketing, innovation, coaching and positive psychology. Today he is a strategic business consultant in organizational development and innovation, an ORA Coach (Organizational Role Analysis), creator of initiatives to improve the well-being (happiness) of veterinary students and qualified veterinarians, as well as high-value training programs for veterinary companies and their teams on subjects such as management, well-being, communication skills and positive leadership.

Iván has written several management articles for veterinary journals and is an international conference speaker in Latin America.

WHY INVEST IN COMMUNICATION

In the US, there are 3 times more suicides in the veterinary profession than in the average population and the ratio is even worse for women. Working as a vet practitioner clearly put us at risk of “compassion fatigue”, a very tricky and devastating disease. We are convinced that good communication with the pet owners and with the staff can contribute to a balanced life and help prevent burnout and other psychological disorders. This is an unexpected but very true reason to improve communication skills.

KEY POINTS



●○○○ INTRODUCTION: Maria's story

Maria just got out of a feline medicine course with other colleagues from other clinics. They'd decided to have a soft drink before going back to their respective clinics. And like always, they spoke about medicine, surgery, difficult clients, complaints, objections and how thankless it can be to run a clinic.

That's when the clinic's emergency mobile phone rang. It was a very angry client whose cat had been seen by a colleague on Saturday morning. The cat had gotten worse and had to go to an emergency hospital early Sunday morning. Without knowing exactly what was happening, Maria's colleagues watched her in astonishment. They saw her listen with full attention to what the client was saying, ask for permission

to take notes to make sure she understood well and didn't miss any details, ask questions to clarify what she did understand, summarize everything she had understood, and ask if she had really understood the reason for the complaint.

Finally, they saw her make an appointment to see the client the next day, and they thanked each other for the conversation.

- "Maria, what happened?" her friends asked her.
- "Nothing, it was an angry client, but it's all worked out now".
- "Maria, we meant what happened to you? We've never seen you so calm and secure with a client complaint. You were beaming with confidence and you even seem happy after the call. Tell us how you did it, that's what we want to do too".



Figure 1. Since Maria has come to understand the importance of communication skills, she feels much more comfortable communicating with her team and their clients.

Then images from the past came to Maria's mind, like ghosts from a time that she had managed to put behind her. So many mistakes, so much avoidable unpleasantness with clients and employees. So many situations like the one that morning that had ended badly and ruined the day. She smiled, realizing how many things she had learned about communicating better and how they had improved her quality of life. Some of them were:

- Listening actively, staying totally focused on what the client was saying, trying to understand not only what was happening with their pet, but how they felt about it as well.
- Not interrupting.
- Asking more questions to make sure she was understanding.
- Being aware of her clients' emotions, paying attention to their gestures and body language.
- Clarifying doubts using photos, drawings and any kind of tool that could facilitate the client's understanding.
- Recognizing when she didn't know something.
- Apologizing sincerely.
- Saying "No" with a smile when setting limits on excessive demands.
- Seeing objections as requests for more information and not as complaints.

And that was just the tip of the iceberg. What was important was that she had never felt such inner peace or had such healthy and sincere relationships with clients and colleagues.

It had been a long but incredibly productive journey through the wilderness. Maria had suffered a great deal before learning how to effectively communicate

with her clients. As she liked to say, "If only they had taught us this at University".

Maria looked at her colleagues and answered the question honestly:

"You want to know what happened to me, of course you're surprised. I know that in the past I had a short temper when clients were demanding or doubted the usefulness of my recommendations. Look, this is what happened: some time ago I came to understand that my proficiency in medical knowledge wasn't enough to be able to provide wellness to my patients. We can learn as much as we want about internal medicine, pathologies, new surgical techniques, new treatments, new diagnostic tests, etc., but if we aren't able to communicate it properly it truly won't pay out for us and won't give us the satisfaction that we seek and deserve. I learned that effective communication, with my team and our clients is... **A CLINICAL SKILL**" (Figure 1).

One of her colleagues, quite surprised and heated, said to her:

"Maria, that all sounds great, but it doesn't make sense. Right now, we're coming from a feline medicine course where what we've learned will help us prevent and better treat certain pathologies that our patients have... It's all medicine, Maria! It's simple, you just must get to the clinic, create the protocol and voilà! Everything will work out".

Maria listened carefully without interrupting and replied: "I agree with you about what we got from this course, but successfully implementing a new medical protocol in our clinics will require other skills. For



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Figure 2. Making the right diagnosis makes the vet practitioner happy and finding the right key to communicate is another source of satisfaction.

instance, first with our team: knowing how to present it in a meeting, discuss it, get them to value and prefer it. Then, with our clients: for the pet owners to trust us and follow our new instructions and be willing to invest in them”.

The rest of the colleagues remained astonished by this conversation and they said: “Maria, you said some things that are quite true, and very calmly. And you’re even making us reflect on how we’re doing things these days”.

Maria thanks them for their comments and tells them that they are just offering their points of view, that it wasn’t a fight or a competition. She backed up her opinion by telling them that in the past, after attending several conferences and coming back to her clinic feeling motivated, she had come to realize a few things:

- Her work colleagues found that anything new was not applicable before even trying it.
- Her work team verbally agreed to do the new protocol, but there was poor implementation and results.
- When colleagues explained the new protocol to a pet owner, there was misunderstanding and confusion. They learned the hard way that “how we say things” requires practice and repetition in order to improve “what the client perceives and understands”.
- If the new medical recommendations required a more expensive service or product, my team felt uncomfortable about it, and claimed that it was difficult for them to manage the “high price” objection when seeing clients.

- Pet owners complained to me, saying that “the clinic was experimenting with new, strange and expensive techniques on their pets”.
- I got very frustrated and discouraged, and felt like going to conferences didn’t make sense, because as a team we were not able to convey the benefits of our suggestions to pet owners. Consequently, in order to avoid misunderstandings my team stopped making efforts to communicate with new clients.
- Many veterinarians were unsuccessful generating trust with clients, not because of a lack of technical knowledge but because they didn’t know how to listen and clarify doubts.
- I got tired of hearing that they preferred that I saw them in the future, because I “explained things to them better than my colleagues”.
- And how many more there could be...

Maria continued: “The truth is, I discovered a key that brought me solutions. It was learning skills to communicate effectively with my clients and my team. What’s more, I discovered that these same skills are useful in all aspects of life. I also learned that I must care for my personal well-being and quality of life, be aware of “how I feel” impacts my attitude at work and how I communicate, and hinders or boosts my performance, my enjoyment of what I do and my love of my job (Figure 2).

Our clients rarely have enough scientific knowledge to properly judge our professional value. It’s the same thing that happens to us when we go to a dentist, a lawyer or an architect. It’s how we communicate that generates trust and security, and a feeling of respect and interest. We live in the time of high tech-high touch (1).

Never in the history of veterinary medicine have we had such advanced technology, but paradoxically, to get the most out of it we need to be able to communicate amongst ourselves and with our clients with the same level of excellence.

This issue of *Veterinary Focus* Special Edition will help you find ways of achieving high touch, excellence in communication. We will help you develop these essential clinical skills for getting the most out of high tech: effective communication with your clients.



Myths about communication

During the past dozen years, interest in communication in veterinary medicine has really taken off among veterinarians, team members, educators, researchers and students. But beware! Mistaken perceptions by some people in the veterinary profession regarding communication continue to undermine effectiveness not only in challenging situations but also in everyday practice.

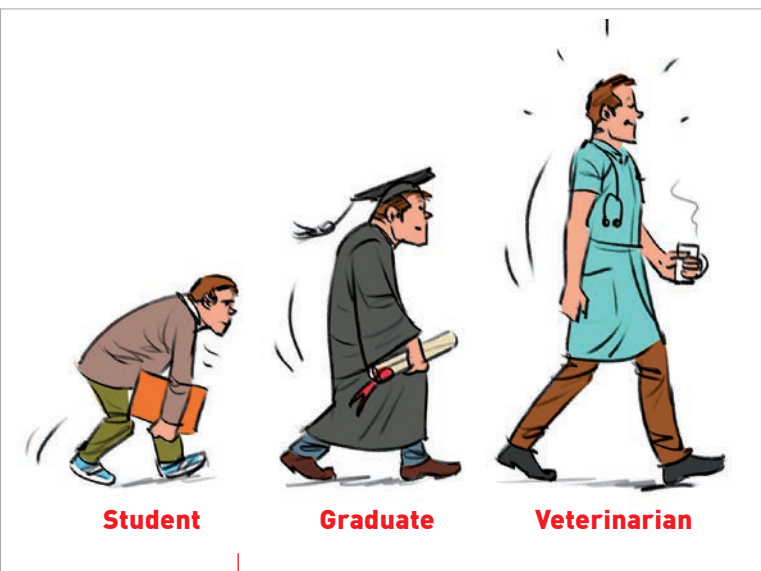


Figure 3. Communication is a booster for evolution.

We communicate all the time so why should we bother reading and taking classes about communication, especially when we have so many other more important things to learn about? Does this sound familiar? This article gets at why and how social talk is unlike clinical communication. In order to practice evidence-based medicine in the 21st Century, we need to look carefully at what the research says regarding the role of communication in achieving economic viability and significant outcomes of care in veterinary medicine. In addition, we need to begin to dispel the myths about communication that may be holding us back from achieving a professional level of communication competence. The following aims to arm readers with the necessary rationale and scientific background to lead their practice forward with success.

“Communication in veterinary medicine is a professional skill that needs to be developed to a professional level.”

To begin with, let’s get a handle on how we think about communication because the way we think about it has a significant impact on what we do with communication every day in practice. Some common myths about communication sound like this:

MYTH 1

“Communication is an optional add-on, an extra and there is no science to prove that it’s important. All I have to do is have someone who’s good at communication and then I don’t have to worry about it.”

Myth 1: The truth is, communication is a core clinical skill and there’s considerable science behind it [1]. Research into communication in veterinary medicine

spans the last 17 years and it points very strongly to the relationship between communication and client compliance, client and veterinarian satisfaction, reduced risk of complaints and patient health outcomes. Knowledge, communication skills, self-awareness, physical examination skills and medical problem solving are inextricably linked – you cannot have one without the other [2]. Effective communication skills are essential for all interactions ranging from routine wellness exams to problem visits to end of life decision-making and euthanasia. There are not a new set of communication skills for every issue rather we need to sharpen the intentionality of our use of skills depending on the urgency, episode and context in order to work toward the outcomes that we are after, including the client’s perspective. It’s essential that we ensure that staff members get communication training and mentorship while they are on the job. Effective communication is the responsibility of all members of the practice team. Communication skills are not an optional extra in veterinary medicine – without appropriate communication skills, all our knowledge and intellectual efforts can be wasted **(Figure 3)**.

MYTH 2

“Communication is a personality trait, either you have it or you don’t.”

Myth 2: The truth is, communication is NOT a personality trait. It can be taught and it can be learned just like any other clinical skill [3]. Communication in veterinary medicine is a

professional skill that needs to be developed to a professional level. Communication is a series of learned skills rather than just a matter of personality. Personality may well provide a head start but we can all learn from wherever our individual starting point may be. The key to learning a complicated skill, be it a sport or

communicating with clients, team members, specialists, is to break down the skills into their component parts. We often hear, for example, “She’s good with the clients” or “He has a really nice style, he handled that angry client so well” without quite identifying what he did, thereby making it difficult to emulate. We need to identify the actual skills that have been used, practice the individual components and then put them back together again. Because of its inherent complexity there is no ceiling in achievement. We can always learn more.

Five elements are necessary to master any skill set:

- Detailed and clearly defined skills to be learned
- Being observed or observing communication skills in action

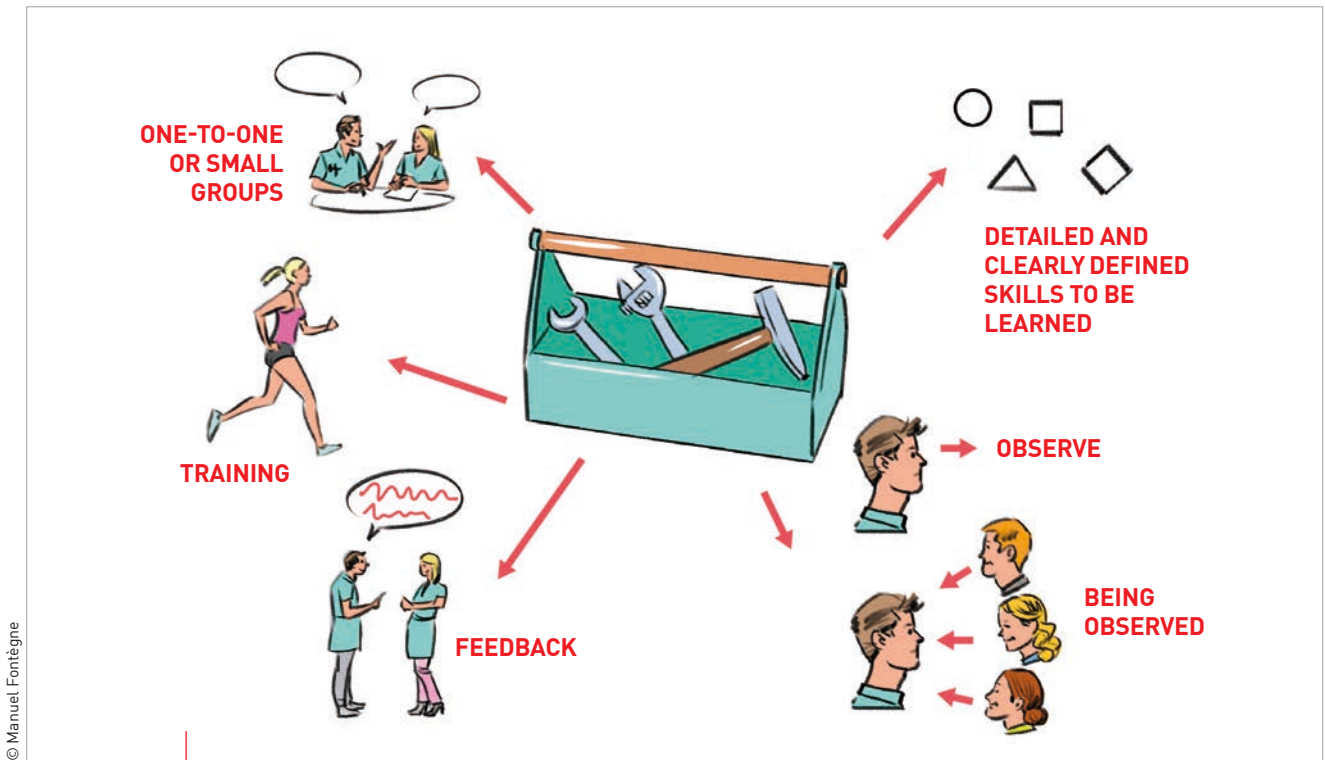


Figure 4. The perfect communication toolbox.

- Well-intentioned detailed feedback of what is working and what would make the communication better
- Practice and rehearsal of skills in various contexts
- Small group (practice team) or one-to-one teaching and learning format (**Figure 4**)

The most comprehensive, applicable and utilized model for communicating in veterinary medicine is the Calgary-Cambridge Communication Process Guide. This model includes 58 highly evidence-based communication process skills plus another 15 process skills related specifically to giving information to clients and making plans for follow-up. The guides are the backbone of communication teaching and learning in education, continuing education and practice [see **Figure 5**] (1). The checklist on pp. 52-53 can be used as a starting point for identifying skills that are already being used in the practice and areas for growth.

MYTH 3

"I've had lots of experience and I've been talking most of my life. My experience is enough."

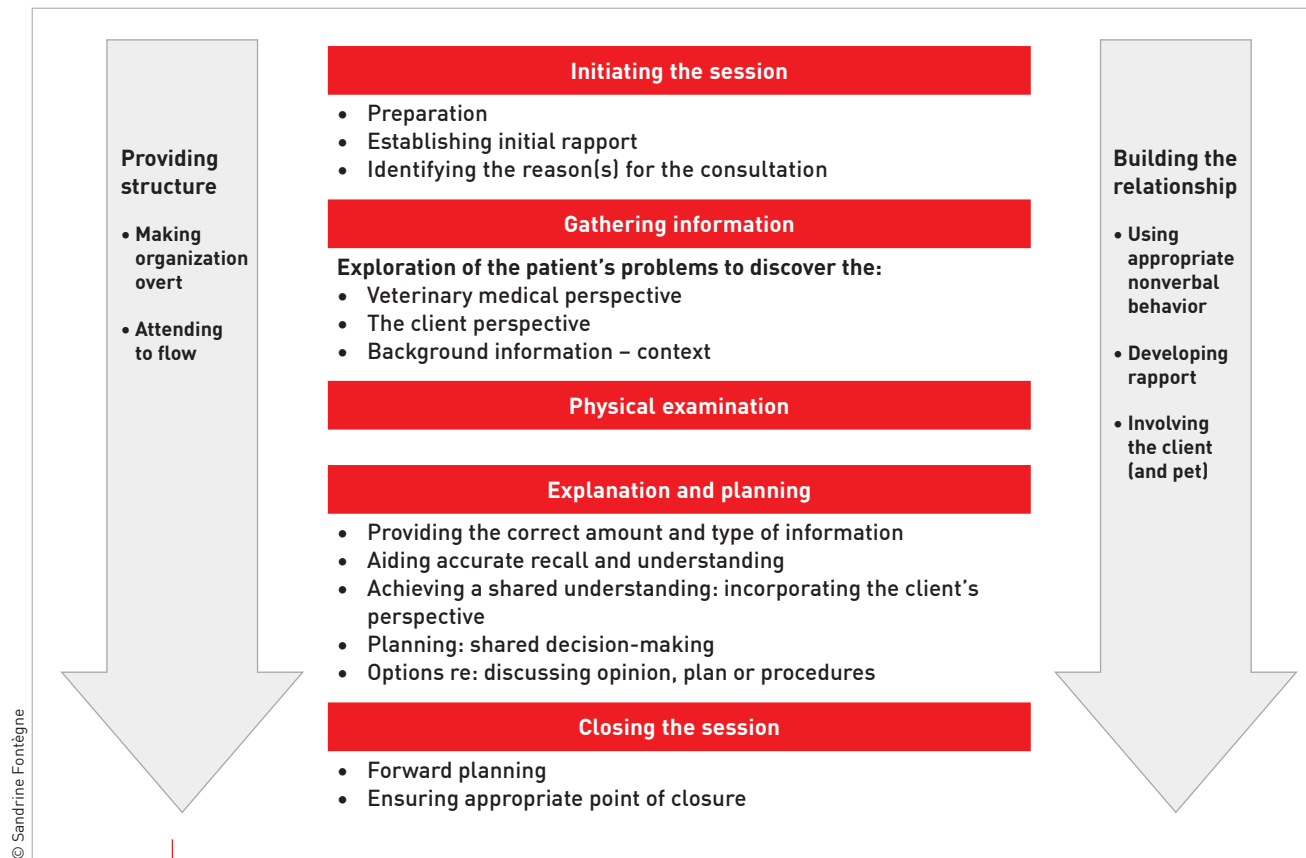
Myth 3: The truth is, experience can be a poor teacher. Unfortunately, communication skills do not necessarily improve with time and experience. We know that without communication training and

mentorship, veterinary professionals tend to adopt a particular style of interacting with clients that can be detrimental to important outcomes including accuracy, efficiency and supportiveness. While experience may be an excellent reinforcement of habits it tends not to discern between good and bad habits. We use the same methods over and over again without careful examination of their effectiveness in the work that we are doing and what we are trying to achieve. The goal is to adapt to each and every client and situation using the skills that are the most effective in terms of achieving the outcomes that you and the client are after.

MYTH 4

"All of this focus on communication takes too long to be practical. If I start communicating more it will take too long. My appointment will run overtime."

Myth 4: The truth is, once learned, the use of effective communication skills takes less time than a more traditional appointment (**Figure 6**). Communication researchers in veterinary medicine report that on average more traditional appointments that are characterized as being highly biomedical in nature take 11.98 minutes. Appointments that are characterized as being more relationship-centered in addition to addressing the biomedical aspects of the patient take 10.43 minutes (4). You might be asking yourself "how can that be?" Further research found



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Figure 5. Basic communication framework with an example of some of the process skills necessary for each aspect of the consultation (adapted from Calgary-Cambridge guide).

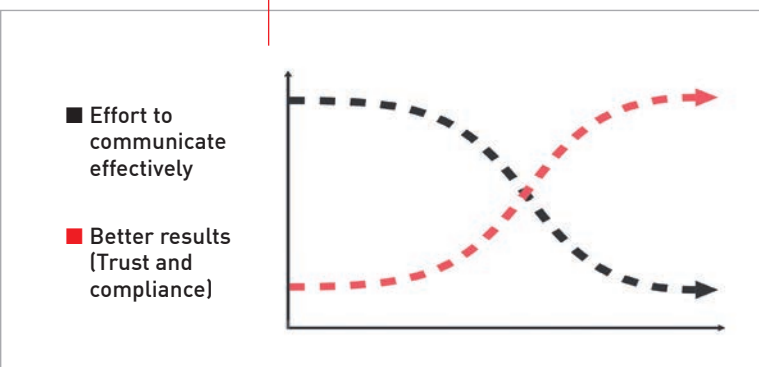
that interrupting clients and not allowing them to complete their story and the reasons for being at the practice resulted in concerns coming up late in the appointment. This was reported as having an impact on the length of the appointment and quite possibly the accuracy of the diagnosis due to late arising information provided by the client (5). Clients also reported higher satisfaction when an appointment was relationship-centered (6). Like any other

complicated clinical skill, when we are first learning to use skills that are less familiar to us, it takes longer until we master the skills and can put them into practice without so much focus. Think about how long it took to do your first spay compared to the time that it takes a seasoned vet practitioner.

There have been enormous advances in the field of communication skills teaching and learning over the last 20 years.

- Communication programs have become a part of mainstream education at all levels of training at many schools.
- High stakes summative assessment of communication has become an established component of many undergraduate curricula at some schools.
- There have been an increasing number of courses and workshops for veterinarians and staff regarding communication for practice success.
- The science in favor of the importance of communication for practice success is far too compelling to refute. The practice of excellent veterinary medicine is inextricably linked with skilled communication – you cannot have one without the other (7).

Figure 6. If you master communication, you will reduce the length of the consultation.





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Figure 7. The emotional well-being of veterinarians is a fundamental aspect of their professional success.

●●● The benefits of good communication

- A) Introduction: Shirley's story
- B) Emotional benefits for veterinarians
- C) Greater compliance: benefit for the client, pet and vet practitioner
- D) Benefits for the leader and the work team
- E) Economic benefits

A) Introduction: Shirley's story

Mrs. Shirley, an 83-year-old woman, is the owner of Keiko, a 13-year-old cat suffering from chronic kidney disease. She is described as a very apprehensive and somewhat "fussy" client by the hospital team, who often misunderstand and have conflicts with her.

Everything started to change six months ago when Victor (the veterinarian) came to work at the hospital, Mrs. Shirley began to prefer him and today she brings Keiko to see him.

The question all his colleagues have been asking is: How is it possible that Victor is her favorite? He is the youngest professional on the team, he is not a feline specialist, nor does he exactly have the most clinical experience.

The medical director wanted to find out why. He asked Mrs. Shirley on one of her visits: "Why do you prefer Victor to see Keiko at every visit?" Her answer was quite simple: "I like to talk to him because Victor seems happy, I can tell that he loves

what he does, and he is friendly with Keiko and me. He encourages me, and we understand each other... and Keiko has been doing very well these last few months under his care".

This type of response should not surprise us, because good communicators generate excellent interactions that have many benefits for themselves, their clients, patients, work teams and their workplace.

B) Emotional benefits for veterinarians

Towards well-being and away from burnout

The emotional well-being of veterinarians is a fundamental aspect of their professional success and effective communication is a way to get there (Figure 7).

It is an unfortunate reality that in veterinary medicine the incidence of burnout and suicide is over the average of the population (1).

Burnout is an emotional state of excess built-up stress for an individual, to the point where they "can't face" the daily situations they experience (2) and can feel exhaustion, cynicism and declining competence. People can even reach a state of "learned helplessness", where they feel like there is nothing they can do to get out of it (3,4).

Although the reasons and causes behind this could be explored more deeply, it's better to take an optimistic approach and look for solutions.

These days, human "happiness" or "well-being" (which are considered to mean the same thing in this document) is strongly supported by positive psychology, which promotes the scientific study of positive emotions and the positive characteristics of people and positive institutions (2,5).

What is well-being?

Happiness is "frequently experiencing positive emotions and infrequently (though not absent) experiencing negative emotions" (2,6).

Being happy does not necessarily mean going around with a smile on your face, but rather it means appreciating and knowing how to optimistically explain daily experiences, without forgetting that life will continue to test you and that positive emotions are needed to carry on.

Today it is known that positive emotions undo the physiological effect of negative emotions (2,10).

Have you ever asked yourself "How happy am I?"

If you rate high on the scale of well-being, the benefits would help you to avoid burnout. Here you can see some of them:

- a. High personal competence.** Happy people tend to have a higher self-esteem (6).
- b. Better physical and mental health.** Well-being may affect health by enhancing short-term responses (e.g., increasing immune response and pain tolerance) and long-term functioning (e.g., better cardiovascular fitness and longer life) or by buffering the effects of short-term stressors (marked by high-level stress responses and heart reactivity), and long-term illness (e.g., slowing disease progression and increasing survival) (7).
- c. Longevity.** The effect sizes for Subjective Well-Being (SWB) and health are not trivial; they are large when considered in a society-wide perspective. High SWB adds 4 to 10 years to life compared to low SWB (8).
- d. Better productivity, relationships and job satisfaction.** Positive moods at work predict lower withdrawal and organizational retaliation and higher organizational citizenship behavior, as well as lower job burnout (6).

Improving veterinarians' self-esteem and self-efficacy

Mrs. Shirley said the following about Victor: *"I like to talk to Victor because he seems happy, I can tell that he loves what he does, and he is friendly with Keiko and me. He encourages me..."* Experts say that "your client's perception is your reality", so this client's comment must be taken very seriously.

Veterinarians are very strongly motivated by feeling valued, and especially by being recognized by pet owners, their peers and leaders. This boosts their intrinsic motivation, because it is intimately linked to the feeling that they are: "achieving objectives", "making progress", "overcoming challenges", "growing professionally" and "being recognized for it" (9).

Veterinarians who can empathize and build relationships with their clients can achieve better medical results using their skills and thus increase their self-esteem (what they think and feel about themselves) and their self-efficacy (trust in themselves to achieve results).

Although it is clear that Victor is happy about the results he obtains... could it be said that "Victor's happiness is the reason behind why he communicates better and obtains those results?"

In trying to link personal happiness with effective communication, consider some of the conclusions from Barbara Frederickson's

"Broaden and Build" theory (2,10). She concluded that positive emotions are key for optimal individual and "social" functioning (**Figure 8**).

The happiest people see their social resources grow, because happiness facilitates "establishing new ties and the strengthening existing ones", which is essential in interactions with pet owners (new and old).

Other resources that are expanded are: intellectual resources (greater ability to solve problems and learn new information), physical resources (greater coordination and strength and better cardiovascular recovery) and psychological resources (greater resilience and optimism).

If a person feels happy, their body language will also show it, which is great because people like to interact with optimistic people. Don't forget that over 80% of communication is non-verbal, and that happiness can positively impact the three skills of effective communication: content (what I say), process (how I say it) and perception (how are "what I say" and "how I say it" perceived).

The success of expert communicators is backed by scientific evidence (11). They generate the following benefits in their interactions:

1. Office visits that are more effective for clients, patients and veterinarians
2. Greater precision
3. More efficient with better results for practice and vet
4. Greater support and trust
5. Better coordination of treatment with clients, colleagues, team, etc.
6. Greater satisfaction of everyone involved
7. Better client understanding and recall
8. Better adhesion and monitoring
9. Greater patient safety and fewer errors
10. Fewer conflicts and complaints

Veterinarians who can achieve these benefits will feel a higher "frequency" of positive emotions, "savoring" them in their brains (left pre-frontal lobe), which reinforces and teaches them to think optimistically. They develop positive explanations of their daily experiences (optimistic explanatory style), increasing their self-esteem, self-efficacy, job satisfaction and "engagement" (positive emotional link with their job), cultivating the virtuous cycle of their well-being.

The opposite occurs with colleagues who are less skilled communicators, who won't obtain such positive results as Victor. They could end up "ruminating" the negative emotions generated, increasing the likelihood of emotional deregulation disorders such as burnout.

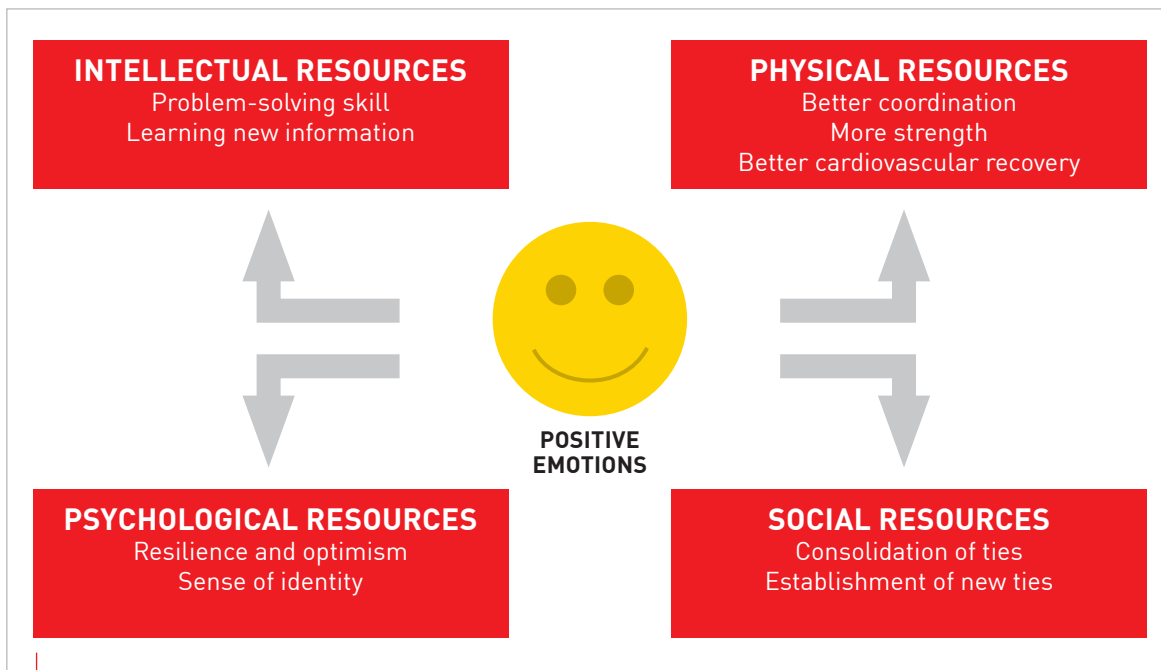


Figure 8. Broaden and build theory: positive emotions are key for optimal individual and social functioning [2].

C) Greater compliance: benefit for the client, pet and vet practitioner

The other part of Mrs. Shirley's comment about Victor provides some good clues "...we understand each other... and Keiko has been doing very well these last few months under his care".

A client who understands, cooperates and values the recommendations of their veterinarian is someone who "complies with" and "adheres to" the recommended treatments. The patients, like Keiko, also benefit because they receive the best care for their health and wellness.

For a client to feel comfortable with the veterinarian, to trust him, to feel listened to and understood (in terms of their expectations, ideas and feelings), to understand what is being recommended, and for their pet to get better, is without a doubt a dream come true for clients. This is also beneficial for the veterinarian because they have secured the owner's commitment and "compliance" with their recommendations.

Studies indicate that to increase compliance, veterinarians must be more self-critical and realize that they are not as good at communicating as they think they are. Some of the most frequent complaints from pet owners are: procedures aren't explained properly; they don't receive full instructions about the follow-up care for their pet; they didn't fully understand the

findings of the clinical examination; they didn't realize or weren't able to understand the patient's prognosis.

D) Benefits for the leader and the work team

Leaders who communicate effectively with their team generate a positive work climate and better economic results for the company. They seek out, develop and inspire "positive psychological capital" (self-efficacy, optimism, hope and resilience) in their employees.

Leaders who are good communicators optimize their time, hold effective meetings, frequently give and ask for feedback from their team, identify and positively reinforce their team's valuable behavior and achievements more than their errors. To attain better performance from their employees and prevent them from becoming bored or anxious at work, they inspire them and involve them in challenges (appropriate and stimulating) and invite them to be part of the "flow channel" (positive emotional state produced while doing tasks that are challenging, that demand concentration, that have clear objectives, that they become fully involved in and become absorbed and immersed in). Every so often they set new challenges such as "C" and "E" (as shown in **Figure 9**).

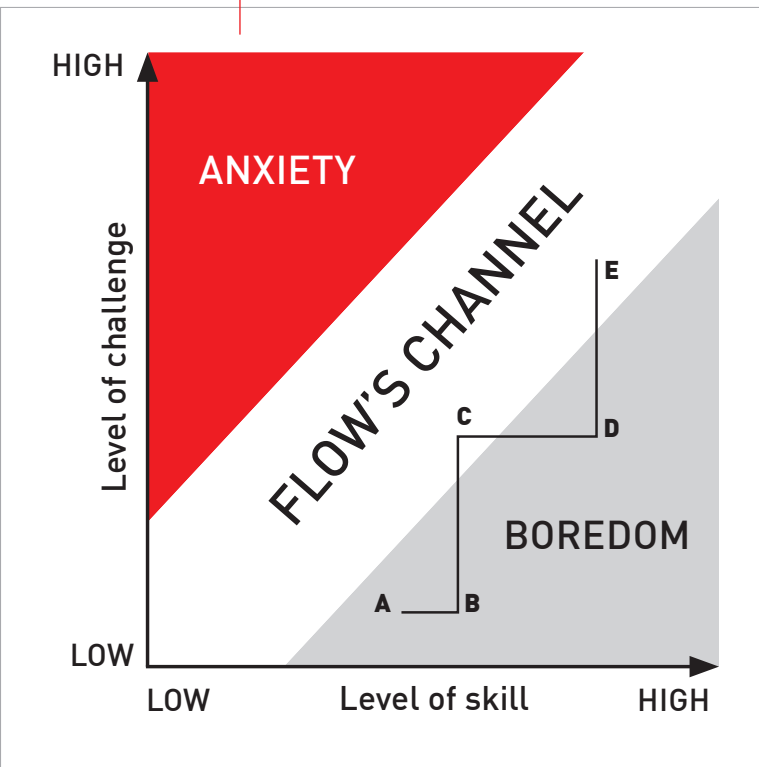
A team whose members communicate effectively tends towards high performance, follows and better implements medical protocols for their

patients and clients, pays attention to details and makes fewer errors. The team members are constantly monitoring each other and giving each other feedback. They become great sources of information, improvements and ideas for the leader and their organization.

Marcial Losada's Metalearning model showed mathematically that positive connections and interactions in a team improve its performance (10,12). The difference between low-performing and high-performing teams has to do with connectivity and the Critical Positivity ratio. Connectivity is the number of communicational connections between the members of a team. Critical Positivity Ratio is the essential element of creating emotional space.

His conclusion was the Losada Line. When there is a 2.9: 1 critical positivity ratio, the team's connectivity increases. In other words, when there is 2.9 times more "support, encouragement and appreciation" than "sarcasm, cynicism and disapproval" in interactions between co-workers, the team begins to perform better and becomes a high-performing team. The maximum ratio observed was 5.6:1.

Figure 9. As their skills increase, the vet practionners should take on new challenges to avoid boredom (9).



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E) Economic benefits

There are many economic benefits obtained as a result of effective communication and value generation in the eyes of the client, depending on the stakeholders involved.

The client receives the best treatment and recommendations for their pet from the veterinarian. Therefore their investments in their pet's health are specifically focused on the precise diagnosis made instead of purchasing unnecessary products or services as a result of a non-specific diagnosis.

Veterinarians build loyalty through satisfied clients, who perceive these economic benefits. Since pets will have greater wellness and good care as a result of greater compliance and adherence to medical recommendations, clients' positive perception of their veterinarian's professional skills is reinforced. They will prefer these veterinarians and recommend them to their friends and contacts.

Clinic owners/managers can use their time more efficiently rather than responding to frequent complaints from pet owner, because their medical team gets clients to adhere to their recommendations and if their company has the recommended services and/or products, more economic benefits will be generated from the demand for them. If people have greater job satisfaction in their daily work there will be less employee turnover, which in turn improves the company's positioning in terms of client perception and profitability.

Neuroscience and communication

- A) Have you ever stopped to think about how we make decisions?
- B) The chemistry of communication
- C) How does our brain work?
- D) How can we make sure we get off on the right foot?
- E) Without emotions, there can be no decisions

A) Have you ever stopped to think about how we make decisions?

Did you know that we can scan our environment up to five times per second looking for signals that answer the question "Is this safe or dangerous?".

Evolution has transformed us into walking scanners, alert to any threat that hinders us from transmitting our DNA to future generations and to anything that could help us.

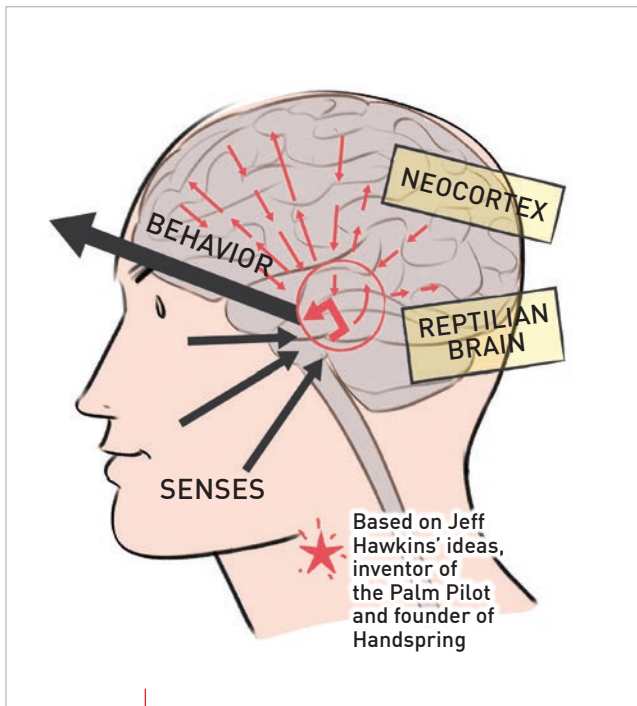


Figure 10. The reptilian brain directly translates sensations into behavior but we can train our neocortex to take control of the situation.

We have inherited our brain from those who survived, a brain focused on survival. When we perceive something that we don't like, our fight or flight signals light up. For instance, a scowl is enough for us to not want to work with someone, and a smile is enough to feel affinity towards someone.

B) The chemistry of communication

When we feel comfortable and secure with another person our brain is releasing neurotransmitters called dopamine, oxytocin and serotonin, among other chemicals (1).

1. Oxytocin produces the feeling of feeling safe with others,
2. Dopamine is the joy of "Hurrah, I did it!",
3. Serotonin produces the feeling of being respected.

C) How does our brain work?

Dopamine, oxytocin and serotonin are controlled by something that all mammals have, the Limbic System (LS). It includes structures that are essential for communicating with our environment: the hypothalamus (specialized in coordinating our basic impulses and motivation), the hippocampus (specialized in memory) and the amygdala (specialized in emotional learning and

responding quickly to stimuli) (**Figure 10**). The LS is surrounded by a large cerebral cortex (C) which houses logical and rational thought.

Our LS automatically responds to certain stimuli (a smile, a look of disapproval, a bad smell, a dog showing its fangs, a cat with its ears back and hair on end, etc.). There is an area of the cerebral cortex called the prefrontal cortex (PFC) which processes the feelings generated from a stimulus and decides whether to move closer or to flee. To bring our communication with our clients to another level, we must understand that the LS and the PFC work together. Although the PFC can generate alternatives to an immediate response from the LS, it is much less able to do so than we think (1). In other words, we are much more prisoners of our own instinctive impulses than we believe ourselves to be (1).

The key to improving communication with our clients consists not only in appealing to their rational state, but also in appealing to their emotions. If we can get their brains to receive doses of dopamine, oxytocin and serotonin during our interactions with them, our communication will get off on the right foot (**Figure 11**).

D) How can we make sure we get off on the right foot?

The release of oxytocin is stimulated if we make them feel wanted, accepted and trusted.

Examples:

- A firm handshake.
- A light touch on the shoulder to congratulate them on something.
- Touching their pet and making eye contact when we talk to them.
- When we honor our commitments, when we make good on our word, when there is consistency between what we say and what we do.

This need to connect applies to clients, vet practitioners and rest of staff. As a rule of thumb treat everyone as you would like to be treated.

This need to feel wanted, accepted and trusted applies for all of us, not only for our clients.

We stimulate the release of dopamine when our clients feel rewarded or prized as a result of their relationship with us.

For instance:

- when we congratulate them for their dog's earache getting better,
- for the healthy growth of their puppy,
- for how they are handling their cat better.

Neuroscience applied to the veterinary clinic

Below are two examples of how being careful with emotions can establish a good base for communication.

A low-profile experience

Client	"Good morning" looking at the counter where there is a receptionist on the phone who doesn't answer and seems to not be paying attention.
Receptionist	... after several minutes on the phone, hangs up. She seems stressed. "Do you have an appointment?"
Client	"Yes, of course. It's the third time I've been in with Toby."
Receptionist	"Please take a seat, the doctor will see you as soon as he's done with his current appointment."
Client	"Ok, thank you." She takes a seat, visibly in a much worse mood than when she came in.
Veterinarian	"Next?!" the vet practitioner asks loudly without seeming sorry about having made his client wait for 25 minutes.
Client	Goes toward the office, but her emotional state is very reactive.

... A better experience...

Client	"Good morning" looking at the counter where there is a receptionist on the phone who immediately smiles at her, making a gesture of apology as if to say she will be right with her.
Receptionist	"Oh, Mrs. Sánchez. Good morning. Sorry, I was answering a call just when you came in. I'm happy to see you. How is Toby doing?" She had taken time to look at the appointments and knows the names of clients and patients.
Client	"Not great, he's having a hard time getting over this earache. Today is our third visit."
Receptionist	"Well, I hope he gets better soon. Please take a seat. The doctor will be happy to know that you're here, making a gesture to include Toby and his owner. I see that Toby is panting, do you want me to bring him some water?"
Client	"Oh, no, that's not necessary, thank you very much. We were walking quickly on the way here and he's a bit tired. We're happy to wait here."
Veterinarian	"I'm happy to see you Mrs. Sanchez. I'm so sorry to have made you wait. I hope it wasn't a huge bother. Toby, are you ready to go in? He asks with a smile while carefully petting Toby."
Client	"Toby is never ready to go in, even though you're always so good with him. She says this with a laugh while following the veterinarian into the office..."

(We put gestures and comments that triggered Mrs. Sanchez's LS to release oxytocin, dopamine and serotonin in red)

When a client is aware of having made progress, they will be happy.

We as vet practitioners also need our dopamine shots and get them, for example, from:

- setting goals towards a desired outcome,
- working with a clear goal in mind,
- meeting a deadline or achieving a goal.

When we make a client feel special, we are stimulating the release of serotonin. It happens the same when our clients or our teammates make us feel unique. Our primitive brain is always looking to compare itself with others to see who is in charge

and what our status is. It is very tempting to think that this does not affect us, but think about how you feel when somebody very important greets you or when someone ignores you. We feel bad when we are made to see that we are not as special as we thought.

Do you want to make your clients' or co-workers LS release serotonin?

- Treat them very respectfully.
- Let them know how honored you are that they have chosen your clinic.
- Praise your employees when they deserve it and do it in public.

E) Without emotions, there can be no decisions

Communication with our clients must properly address the emotional aspects. Our rationality can only work when our emotional side is taken care of and both are in line with each other (2). Understanding, dotting on and satisfying the emotions of our clients must form the basis of our communication with them.

Triggers in communication

- A) Introduction
- B) External triggers
- C) Internal triggers

A) Introduction

Mrs. Ciervo walked into the clinic and asked: "No one's here?" Christina, the veterinary nurse who was behind the counter, looked her in the eyes and very seriously asked her: "What, I'm not somebody?!".

"Girl, I was only asking if any veterinarians were available. What's gotten into you?" asked Mrs. Ciervo, raising her voice.

"I'm not a girl, I'm a married woman and a mother of two. And good morning, if you hadn't noticed that you didn't even say hello when you entered", Christina said.

From there the conflict gradually escalated until Mrs. Ciervo left feeling angry and Christina was brought to tears of rage and frustration. She knew that she had been wrong to overreact, but she hadn't been able to control herself (Figure 12).

There are a series of external and internal stimuli that strongly influence how we communicate. The quality of our communication depends on the bridge we create between those stimuli and our response.

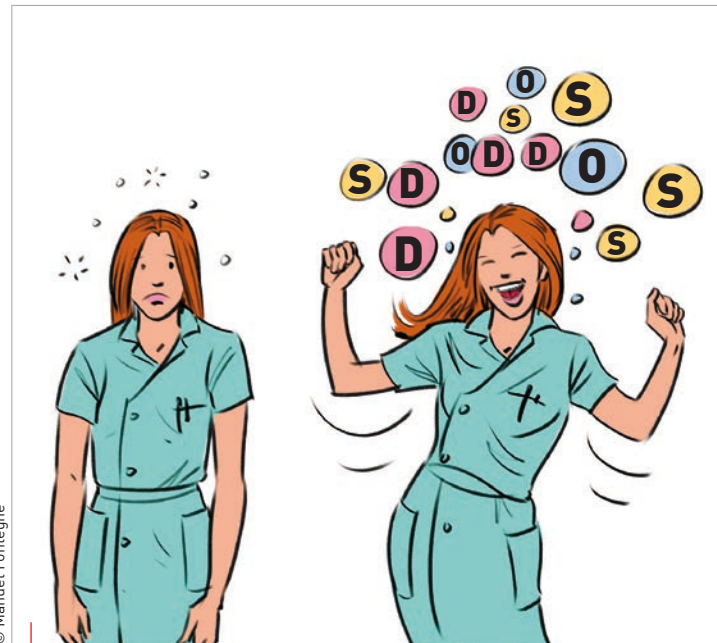
What are these stimuli or triggers that we need to pay attention to?

B) External triggers

Please ask yourself the following questions to assess the situation of your practice (1,2).

1. Environmental cues

Does the setting help the communication with clients be more fluid so that they can be more informed, learn, and feel comfortable and respected?



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Figure 11. A happy brain releases dopamine, oxytocin and serotonin.

Some examples:

- Is the parking lot clean and with available spots?
- Are they always greeted at reception with a smile plus a greeting for the pet?
- Is there educational information in the waiting room about handling and feeding pets?
- Can cats and dogs be separated without bothering each other?
- Are there educational resources like anatomical models and a whiteboard for writing on in the doctor's office?
- Do I make sure not to examine patients in the reception area or on the go outside of the office?

(See the *Veterinary Focus* Special Edition "Improving the pet owner experience in your practice".)

2. Time

Are you in the same mood in the morning as in the afternoon? Do you have more patience at the beginning of your shift? Are you most cheerful and upbeat as the day goes on?

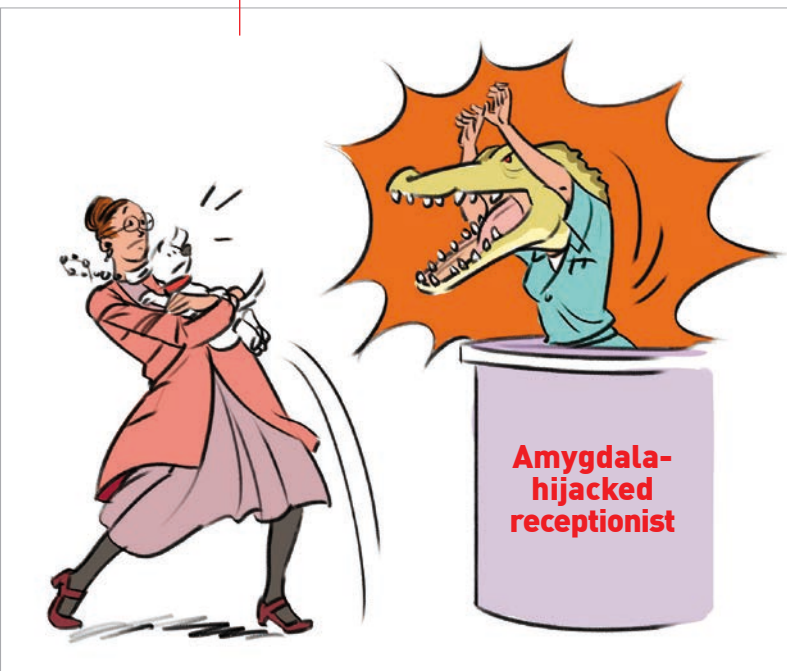
Ask yourself... "When I arrive nice and early to the clinic I seem more relaxed, I greet people, I smile and I listen more. But, when I arrive with little time to spare, I don't smile and I don't take time to greet people. That is when I convey stress and make communication more difficult."

TABLE 1

Examples of positive and negative triggers.

External trigger	Positive	Negative
Environment cues	<ul style="list-style-type: none"> • Clean reception • Cats and dogs separated without bothering each other • Whiteboard in office to share thoughts with clients 	<ul style="list-style-type: none"> • Messy and chaotic reception • Bad smell, dogs barking... • No educational resources to help client understanding
Time	<ul style="list-style-type: none"> • Arriving early at clinic • Arriving early to appointments • Making short breaks 	<ul style="list-style-type: none"> • Arriving late • Being late to appointments • Rushing constantly
Certain individuals	<ul style="list-style-type: none"> • Nice clients • Supportive staff 	<ul style="list-style-type: none"> • Excessively demanding clients • Excessively demanding employees or bosses • Whiners, people always acting as victims
Recent past	<ul style="list-style-type: none"> • A recent congratulation • Successful consultation 	<ul style="list-style-type: none"> • A recent complaint • Unexpected complication in previous surgery
Mood	<ul style="list-style-type: none"> • Smiling and seeing smiles • Walking tall • Breathing slowly 	<ul style="list-style-type: none"> • Avoiding eye contact • Hunched walking • Talking excessively low or loudly

Figure 12. Be aware that your body language and tone of voice will reveal your negative emotions in spite of what you say.



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3. Certain individuals

Some veterinarians and veterinary staff get very stressed dealing with certain clients, like what happened with Mrs. Ciervo for instance. Others seem extremely empathetic when the client is elderly or very young.

Can you recognize a type of client who helps or hinders you in putting your best self forward when communicating?

Is there some kind of companion that makes things easier for you? A whining complainer saying how unfair life is for him or her? Maybe an employee or boss who is never satisfied and constantly asks for more?

4. The recent past

Are you aware of something that recently happened that could help or hinder your communication? You could still be tense after a difficult surgery and are talking too fast. After talking with an angry client, try taking a break before seeing the next patient. Ask yourself this: Am I ready to be my best self after what just happened?

5. Mood

Our limbic system performs a scan five times each second looking for signals in our environment: am I safe or in danger?

Our verbal and body language send messages that are picked up by our clients to detect the tiniest signal and decide whether or not it is a good idea to remain (**Figure 13**). So observe your mood and be aware of the signals you are sending your clients!

Figure 13. A positive mood and mindset will have a great impact on your interactions with clients (Franklin Covey "Carry your own Weather") (3).



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Examples of when you send good signals: walking with good posture, calmly, smiling, speaking clearly, without stumbling over your words. Maintaining eye contact when you speak with someone. Scientific studies have shown that by changing our posture we can change our mood (4). See few examples in **Table 1**.

C) Internal triggers

There are some "internal triggers" that influence our mood that we should consider in order to have more positive interactions (**Figure 14**).

1. Avoid "labeling" our clients

When we label someone, we train our brain (which is neuroplastic and learns very quickly) that "we see difficult clients all the time", which predisposes us to confront interactions based on our prejudices and is rarely helpful.

If you mentally label Mrs. Marta, that owner of a 15-year-old cat, as: a complicated client, who never understands, who talks too much, etc., that is what you will unconsciously convey in your non-verbal language when you talk to her. And it is highly likely that she will perceive that you are sending non-verbal messages that are different from your words.

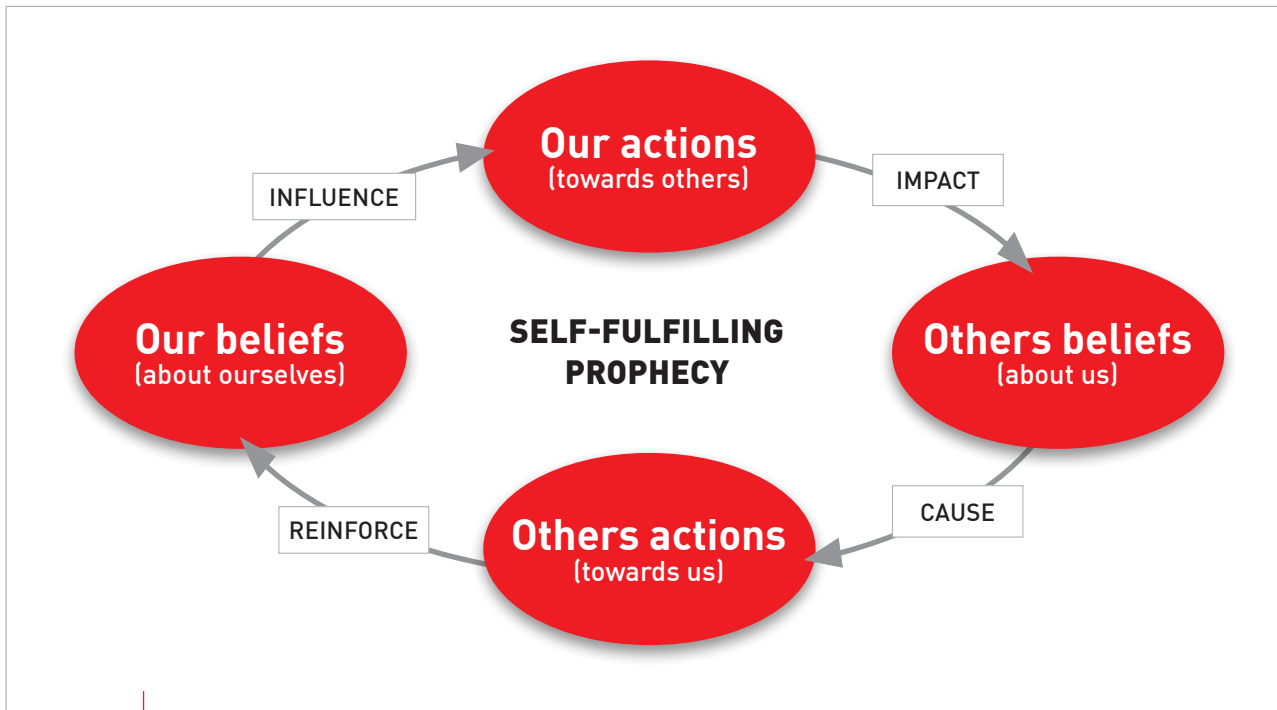
2. More than dealing with difficult clients, we deal with "difficult interactions"

This distinction is fundamental to having a positive predisposition in a conversation, no matter what topic must be discussed. The most frequent causes of difficult interactions are:

- Firstly, when the vet practitioner doesn't listen to the client.
- Secondly, a lack of flexibility (empathy, compassion or an open mind) on the part of one or both participants.
- Thirdly, the misaligned expectations between what the client wants and what the veterinarian/veterinary assistant thinks or can do.
- And finally, failed outcome, for instance when the owner cannot afford a treatment, or when they can but the pet does not respond as expected.

3. Are difficult interactions more common in our profession, or are they a product of our "attentional focus"?

Think about it a minute... based on everything you're experienced in your career; do you think that our profession has more good moments or bad moments with clients? If you answered that you've had more bad moments than good ones,



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Figure 14. You are responsible for the mood you set during your consultations: make sure that you are entering a virtuous circle.

then ask yourself: are the bad moments really more common? Or do you select, pay attention to and remember the difficult moments you've had, making them more intense, so they dominate your thoughts and prevent you from appreciating the many good and beautiful moments of your job?

We must consider the power to focus on the positive as a modeler of how our brain looks at its surroundings (Positive explanatory Style).

4. In our appointments there are at least three participants

The three participants are the owner, the pet and the veterinarian/veterinary assistant. As veterinarians/veterinary assistants we must give

our attention, respect and cooperation to pet and pet owner. This is because our clients are also constantly observing and scanning the level of care, compassion and love with which we treat their "child".

5. Interactions are "flexible"

If one is going badly it could still end well, the invitation is for us to take this as a challenge and use tools to revert it back to an outcome that is favorable for everyone involved.



CONCLUSION

Improving your communication skills will have a lot of benefits, not only in the compliance but also in your quality of life. The level of science in the area of communication is now broad enough to adopt an "evidence-based" approach. Reject all the myths about communication and start working on it.

COMMUNICATION IS A CLINICAL SKILL

The communication skills that follow are essential for the development of a collaborative veterinarian-client partnership, staff member-client partnership, staff member-staff member relationship. These skills constitute the core of clinical communication skills that can lead to more common ground, enhanced relationships and coordination of care, reduced conflicts and complaints. Inclusion of these skills in every day practice requires us to move beyond what we do anyway to a higher level of intention in the way that we interact with clients and one another. These more effective consultations and interactions also lead to improved outcomes of care including: improved client, vet practitioner, staff member satisfaction, increased understanding and recall by clients, increased adherence and practice success.

KEY POINTS



Non-verbal communication

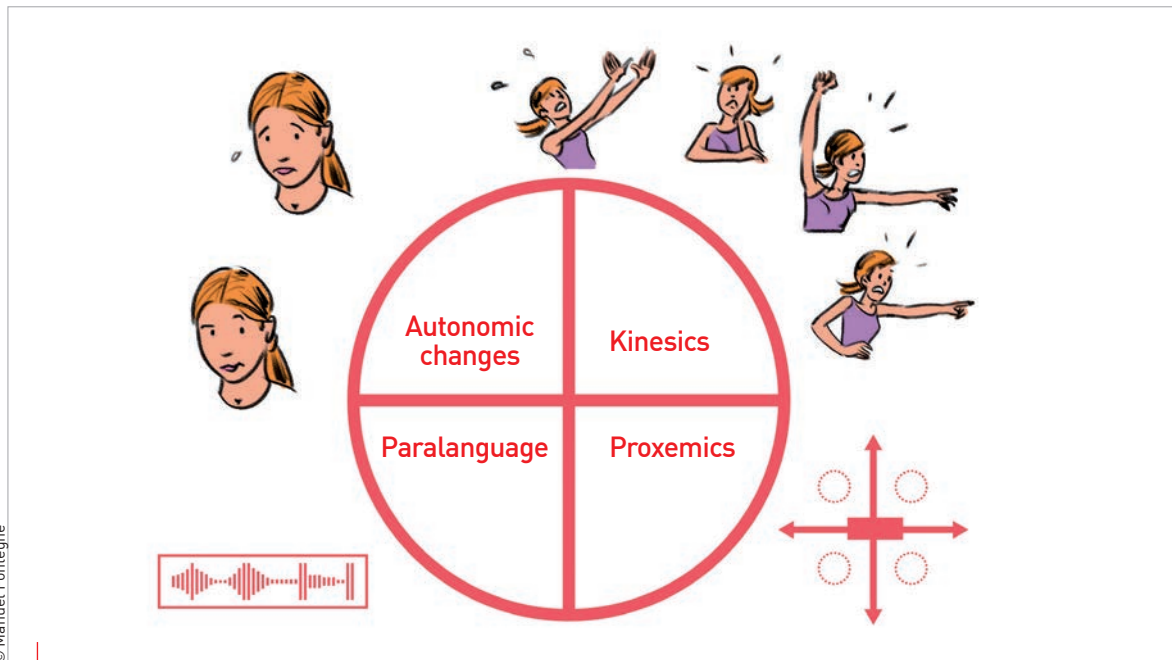
Non-verbal communication includes all behavioral signals between interacting individuals exclusive of verbal content. While estimates vary, it is suggested that 80% of our communication is non-verbal and that our feelings and emotions are communicated to another person through the non-verbal pathways while what we say has to do with what we are thinking. In most instances the communication of our feelings and emotions is involuntary and at times out of our control.

There are four categories of non-verbal communication (**Figure 1**) (1):

- Kinesics
- Proxemics
- Paralanguage
- Autonomic changes

A) Kinesics

Kinesics refers to behaviors such as facial expressions, general level of tension in the body, gestures, body posture and movement. These are typically non-verbal behaviors over which we have some degree of voluntary control.



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Figure 1. There are four kinds of non-verbal communication. Do you know which one you use the most?



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- What do you notice about the client's body posture and facial expressions?
- What assumptions can you make about how she is feeling?
- What can you do or say to verify your assumptions?

[We will answer these questions at the end of this chapter.]

B) Proxemics

Proxemics refers to how people arrange themselves spatially including the distance between the veterinarian and client, the angle that

the veterinarian positions himself in relation to the client, vertical height differences, and physical barriers such as charts, exam tables, computers and even the animal itself.



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- What kind of information is being exchanged between the client and vet practitioner?
- What assumptions can you make about how the client is feeling based on her non-verbal communication?
- What can you do to address what you are seeing from her non-verbal communication?

[We will answer these questions at the end of this chapter.]

C) Paralanguage

Paralanguage includes all the qualities of the voice: tone, rate, rhythm, volume, and emphasis. We use these qualities to deliver quite different messages with the same words: *I am* going to work now; vs. *I am* going to work now; vs. I am going to *work*. Note that there are cultural differences. Some cultures emphasize tone and tempo while others place emphasis on certain words. A warm and inviting voice can create relaxation and comfort in a client, and help them be able to more readily speak about their primary concerns. It can also create an openness in the client when the veterinarian is giving information and making recommendations.



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D) Autonomic changes

Autonomic behavior refers to those behaviors governed by the autonomic nervous system. This is the category of non-verbal communication that we have little or no control over. It is very useful to learn to observe these behaviors, as they often indicate that a person is changing their internal state and having strong feelings towards things being said in the conversation or the nature of the visit. Facial color can shift from neutral to flushed or blanched, the conjunctivae of the eye can begin to glisten as an early sign of tearing, you can see sweating or feel it in a handshake, and you can notice whether a person is breathing high in the chest versus deeper in the belly - or actually holding their breath around a particular topic you might have brought up.



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- What do you notice about the client's body posture and facial expressions?
- What assumptions can you make about how she is feeling?

- What can you do or say to verify your assumptions?

[We will answer these questions at the end of this chapter.]

E) Handling mixed messages

It is essential to read the overall pattern of non-verbal responses rather than a single sign as mixed responses are common. The first thing to pay attention to is when a client's non-verbal communication is saying something different from what she is expressing verbally. This entails heightening awareness of non-verbal communication such as a client tearing up, breaking eye contact, looking at his watch, displaying emotions such as anger fear, confusion, helplessness, grief. The second step is to reflect back what you are seeing or believe to be going on for the client. A mixed message occurs when verbal and non-verbal channels do not match up. Some experts in non-verbal behavior talk about mixed messages as "non-verbal leakage" or "deception". Quite often a mixed message means that somehow it is not safe enough for a client to tell the veterinarian what they are thinking or wanting and it very often involves a disagreement they have with the veterinarian in terms of her recommendation.

So what do we do about a mixed message? First and foremost set the stage for maximizing rapport through non-verbal cues starting with you and your practice. Ensure that every part of the clinic sends a message of invitation for clients and their children. Arrange clinic and exam room space to encourage comfort and ease for the client and patient.

Next, self assess your non-verbal communication starting with attention to vertical height difference. Are you towering over the client in an effort to look at the patient? What kind of interpersonal distance have you created to maximize rapport? Are you too close or too far away from the client to have a relaxed conversation? What kinds of barriers might distract from non-verbal rapport such as exam tables, facing a computer to input information? Pay attention to your tone of voice and the amount that you are talking compared to the client.

Now it is time to acknowledge the discrepancy in the client's verbal and non-verbal communication with something like:

"Susan, while you've agreed that we should run some additional tests to help us figure out what is going on with Sadie, I sense that you are still a bit uncertain with this decision" **[pause and let Susan respond]**

Picking up client's non-verbal cues, decoding them and most importantly checking that your interpretations of the non-verbal are correct is crucial to understanding client's emotions and feelings.

The third step involves factoring in the client's response into your next question or comment. For example, let's assume that Susan responded to your question about whether she is uncertain about adhering to additional tests by saying:

"Yes, I am uncertain. We've already done a bunch of tests and we haven't learned anything new about Sadie's condition so I'm reluctant to spend any more money".

How might you respond?

Take a moment to think about the words that you would use before you look at the possibility below.

A possible answer might be:

"Thank you for letting me know your concern Susan. The 2 additional tests that I'm suggesting, impression smearing and skin scraping, are the next steps after the blood work that we've done. These tests will help us determine what is contributing to her itching and scratching."

As you can see from the example above, the veterinarian has learned that Susan is upset and reluctant to spend more money just to hear that the vet practitioner still doesn't know what's wrong with the dog. She's gone on to address Susan's reluctance by providing a reason why the two additional tests might help them to learn what is required to treat Sadie.

The importance of appropriate non-verbal behavior in developing rapport cannot be overemphasized. Picking up client's non-verbal cues, decoding them and most importantly checking that our interpretations of the non-verbal are correct is crucial to understanding clients emotions, feelings and being able to move along in the conversation with a greater opportunity to make decisions in the best interest of the patient while addressing the client's beliefs, expectations and needs.

Empathy

One of the key skills in building relationships with others is the use of empathy. Empathy is referred to as the essential building block for extending compassion. That said, of all the skills used in a consultation, empathy is the one most often thought by learners to be a matter of personality

trait rather than skill. Certainly, one of the first steps in communicating empathy is the internal drive to truly want to understand the client's perspective along with relevant communication skills to relay this knowingness. Although some of us are more naturally empathetic, skills necessary for empathy can be learned.

Empathy requires the use of a 3-stage approach:

1. Appreciating another person's predicament or feelings by seeking to gather an understanding of their situation
2. Communicating that understanding back to the person
3. Pausing – coming to a full stop to let the other person absorb what has been said and give them the opportunity to say more or just feel your concern

Unlike sympathy that is more of a feeling of pity or concern outside of the client's actual feelings or predicament, empathy is not only about being sensitive but overtly communicating that empathy to the client (**Figure 2**). It's not good enough to think empathetically, you must communicate empathy as well. Use of empathy at appropriate times is a strong facilitative opening for clients to share more of their thoughts and concerns. This

information is vital for understanding the client and working toward outcomes for the patient that take client's concerns into consideration.

Empathetic statements are supportive comments that specifically link the "I" of the veterinarian and the "you" of the client. They both name and appreciate the client's affect or situation. Verbal empathy is strengthened when accompanied by empathetic non-verbal communication, including facial expressions, proximity, touch, tone of voice, or use of silence.

Examples:

- "I can appreciate you were not anticipating the cost that it is going to take to get Riley back to his old self."
- "I can hear that you are very excited to have a new puppy."
- "I sense this is a frustrating situation for you."
- "I can tell that you are very attached to Barney and you want what is best for him."

It is not necessary to have shared the same experience as the client, nor do we need to feel that the situation would be difficult or evoke the same feelings for us. However, it is necessary to see the situation from the client's perspective and communicate understanding back to the client.

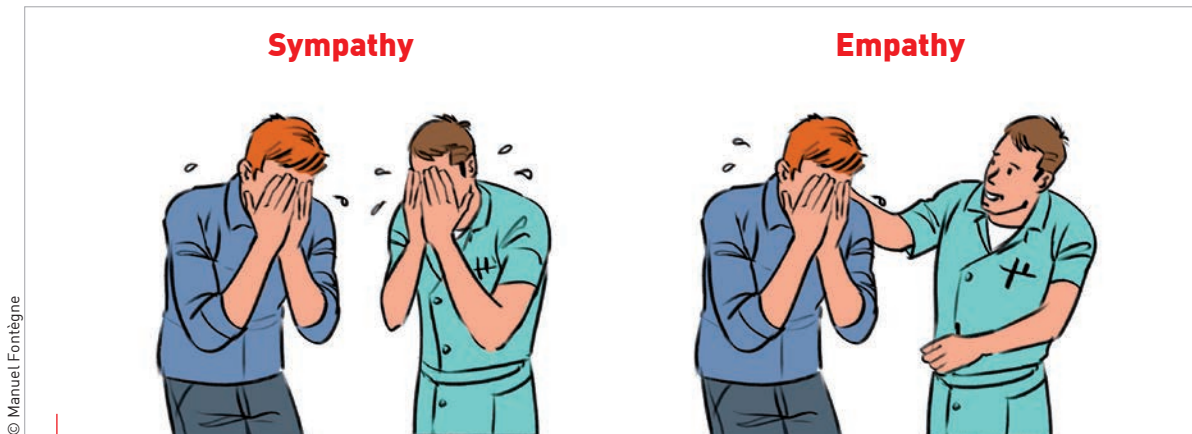


Figure 2. Empathy simply means that you identify and acknowledge your client's emotions. You don't need to share their emotions (which would be called "sympathy") but you must acknowledge them.

Building a relationship is vital to the success of every appointment and use of empathy is central to building the relationship. That said, research reveals that in 300 small animal visits (150 well animals, 150 sick animals) veterinarians expressed empathy in only 7% of appointments (1).

It is estimated that empathetic opportunities exist in the majority of appointments but they are largely overlooked. It has been shown that communication training with physicians made a significant difference in a physician's empathetic expression during patient interactions 6 months after the training (2). It's clear that empathy can be taught, learned and integrated into clinical practice. Given the profound impact that empathy has on relationship development, it's worth investing in.

●●● Open questions

In thinking about the first part of the veterinarian-client interaction it's important to consider three objectives. First, we want to know what the client wants to discuss, then add anything that the veterinarian wants to add, and plan with the client how to approach the rest of the consultation. The second objective involves establishing initial rapport and ensuring that the client feels like she is part of the process going forward. The third objective is to gauge how the client and the patient are doing given the circumstances. You might be wondering how best to address all three objectives given the need to be efficient. What we know from research to date is that vet practitioners tend to shy away from open-ended questions at the beginning of the consultation in favor of asking a series of closed questions:

- "Is he eating?"
- "Is he drinking?"
- "Is her pee and poop normal?"

- "Did you give her the medication?"
- "Are you getting her out for a walk?"
- "Did you make a decision?"

Research also reports that on average, veterinarians interrupt clients within 15.3 seconds of them starting to talk (1) and tell their story.

Closed-ended questions are questions for which a specific and quite often a one-word answer such as yes or no, is desired. Clients usually provide a one- or two-word response without elaboration. The veterinarian has to follow each closed question with another, forcing their mind away from the client's responses into diagnostic reasoning and prematurely forcing the discussion onto one particular area. This can interfere with listening, hearing important information and establishing a relationship.

**"13 vs. 2:
on average, vets
ask 13 closed-
ended questions and
only 2 open-ended
questions during
a consultation."**

Communication research reports that veterinarians generally ask 13 closed-ended questions and 2 open-ended questions per appointment (Figure 3). In 300 visits twenty-five percent of the veterinarians did not ask a single

open-ended question (3). A fully closed-ended approach can also increase the chances of "hidden concerns" arising at the end of the visit. The odds of a late arising concern are 4 times greater if a client is not invited or allowed to complete his story and let the vet practitioner know why he came to the practice with his pet (1). This fact has a profound impact on the length of appointments.

While there is no standard in terms of the exact number of open-ended questions that we should ask, it is recommended that we structure our appointments in a funnel like fashion that includes

starting open-ended and moving to more specific, direct closed-ended questions to clarify details or collect information that has not been reported through an open-ended inquiry. Given that 85% of the diagnosis comes from the history taking (4), it's worth looking at the amount of open- to closed-ended questions that are being asked in any given appointment and work toward funneling the conversation starting with broad open-ended questions and then moving to closed or clarifying types of questions (Figure 4).

Near the beginning of the interview it is important to ask the client open-ended questions such as:

- "How can I help?"
- "Tell me what brings you and Molly in today?"
- "What would you like to talk about today?"

These types of questions allow the client to comment in broad terms about how their animal is doing but might not help discover the actual problem that they have come about. On the other hand, it might open up useful conversation with a client who shares that her cat's been sleeping at the bottom of the stairs and she thinks this is happening because it's so hot in his usual sleeping spot. While the change in the cat's sleeping location might be related to the temperature there could also be other reasons for this behavior change. By virtue of asking a broad, open-ended question the vet practitioner better understands what the client is thinking which is critical to the development of a relationship.

Other options include retaining an open-ended question but steering it more directly to the patient.

For example:

- "Tell me what problems Ryder has been having since she was here last?"
- "How can I help you and Paisley?"
- "I have a letter from the referring veterinarian about what's going on with Shadow, but please start by telling me what the problems are from your perspective."

"15.3 seconds is the average time a pet owner can speak before being interrupted by the vet."

Open-ended questions are designed to introduce an area of inquiry without shaping the content. They still direct the client to a specific area but allow the client more range in how they answer, letting them know that elaboration is important and welcomed. It's important to note that the average length of time that a client talks if they are not interrupted is 150 seconds (1).

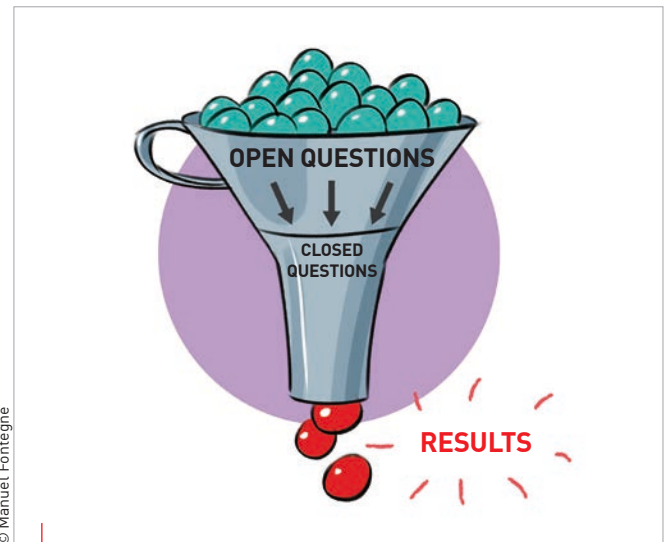


Figure 3. Open-ended questions are designed to introduce an area of inquiry without shaping the content. Closed-ended questions are questions for which a specific and quite often a one-word answer such as yes or no, is desired (2).

There is not a right or wrong open-ended question rather the question must be formulated according to the situation. There is, however, a need to raise our awareness and think carefully about how we start each visit so to make room for the client to tell his story before moving on to more closed directive questions.

Facilitative responses

As well as listening it is important to actively encourage the client to continue telling their story. Any behavior that has the effect of inviting clients to say more about the area they are talking about is a facilitative technique. At the beginning of the consultation our objective is to obtain as wide as possible an understanding of the patient's problem or needs and the client's agenda before exploring one problem or issue in greater detail. As we discussed earlier, open-ended questions enable us to encourage the client to tell his story before we drill down into more detail.

Facilitative responses are both verbal and non-verbal communication skills and they include:

- Encouragement
- Silence
- Sharing of your thoughts
- Echoing
- Reflective listening or paraphrasing

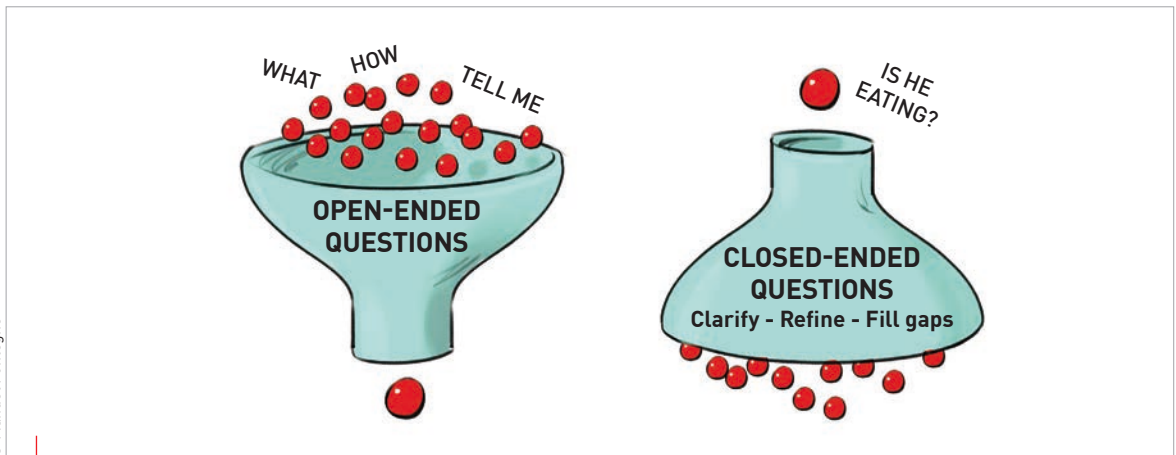


Figure 4. You will attain higher performance if you collect information with open questions at the beginning of the consultation [1].

A) Encouragement

Along with head nods and facial expressions, attentive listening signals clients to continue their story and it demands that we refrain from interrupting when they are speaking. Neutral facilitative comments might sound like:

- “uh-huh”, “go-on”, and “yes”.

B) Silence

For the most part verbal facilitation provided to clients is less effective unless it is followed by silence on the veterinarian’s behalf. Longer periods of silence are especially important when a client is having difficulty expressing himself, gathering his thoughts or trying to deal with difficult news regarding the patient. If the silence starts to feel uncomfortable it’s best to check in by reflecting on what you are seeing or sensing by your sensory acuity to his non-verbal communication:

“I’ve given you a lot of information just now. Would you be willing to share your thoughts?”.

C) Sharing your thoughts

Sharing why you are asking certain questions is an excellent way to invite the client into your train of thought and encourage him to participate:

“Sometimes when a cat starts peeing outside the litter box it can be a sign of stress. I’m wondering if you think this might be what’s going on with Squeaky?”

It is also useful to let clients know the reasoning behind your line of inquiry. Assume that the client came to your clinic to have her rabbit euthanized. The rabbit was a gift to her children from her former husband and she is tired of

caring for it. You might be thinking about options for re-homing the rabbit and embark on taking a history. You notice that the client is getting frustrated and giving you short, curt answers to your question. Sharing your thinking at this stage might sound like this:

“You must be wondering why I’m asking all of these questions about Fluffy when you are really just wanting me to euthanize her. Our practice does not euthanize healthy animals so I want to get an idea about Fluffy’s health in the event that we can come up with another home for her. Does this make sense to you?”.

D) Echoing

Echoing involves repeating the last few words that a client said. For example:

- **Client:** *“I have a lot of money and time tied up in breeding these Devon Rex cats and I really need to maintain a good reputation as my cattery is new to the community.”*
- **Veterinarian:** *“You sound concerned... You have a lot tied up for sure (echoing).”*
- **Client:** *“Yes, for sure. I really wanted to breed these Devon Rex cats because they are high demand. Now that this last litter has some upper respiratory infection I’m super concerned about my cattery not to mention reputation. I’ve got to get these kittens healthy.”*

Veterinarians often worry that echoing sounds contrived or awkward, but this facilitative response is easily taken up by clients. In the example above, echoing opens up the conversation to the point that the veterinarian learns that the client is anxious and committed to taking good care of the patients.

E) Reflective listening or paraphrasing

Now we turn our attention to facilitative responses that are essential for more detailed information gathering. Reflective listening involves restating in your own words what you heard the client say:

"Just to be sure I heard you correctly, you were able to give her 2 doses of her medication yesterday but today she put up a fight and you weren't able to give her the medication."

OR, the feelings behind what the client has said:

"It sounds like you are worried that he might be blocked again."

In either case the client is in a position to add, clarify and correct what we heard or assume they are feeling. In other words, reflective listening is a diagnostic aid in addition to a demonstration of your interest in what the clients is saying and your desire to understand what the client is saying. This particular skill is intended to sharpen rather than just confirm understanding and therefore tends to be more specific than the original message.

It's important to note that it can be counterproductive to move too quickly to reflective listening if the client has not had full opportunity to tell her story.

"Effective communication is comprised of what you want to tell the client, the delivery of the content or information and persuasion."

In the practice of veterinary medicine and especially during times in the appointment when we are giving information we can apply our experience from the lecture described above to how our clients might be feeling. The impact of the lecture noted above is reminiscent of a shot-put approach to communicating. We can optimize information giving and move toward a "Frisbee" approach by using the following communication skills.

Effective communication is comprised of what you want to tell the client, the delivery of the content or information and persuasion – you prepare your message carefully, you heave it out there, and your job is done. "Telling" is central to this approach; feedback is nowhere in the picture. Part of the reason that this approach is so prevalent might have to do with the fact that communication training and/or modeling has focused on the shot-put for years. Only in the middle of the twentieth century did the focus begin to shift from one-way to interpersonal communication or more informally named the Frisbee approach (1).

There are two concepts central in the Frisbee approach. The first is confirmation defined as recognizing, acknowledging, and endorsing another. To be clear confirmation does not equate to agreement. You might disagree terribly with a client's desire to re-home her cat but you can still confirm her request with a simple *"I hear that you are frustrated with Molly's inappropriate urination throughout the house and are considering finding her a new home (because you've tried everything that we've talked about so far)"*.

The second concept that goes with the Frisbee approach is mutually understood common ground. This common understanding that both people in an interaction are aware they share is a necessary foundation for trust and accuracy of information exchanged. Veterinarians and clients reach this common ground by talking with each other about it. A veterinarian might arrive at her awareness of common ground when what seems like a very stubborn client indicates that in spite of the financial challenges she is having she does want to do what is best for the dog with due consideration of the costs. This provides a starting place for shared decision-making regarding the patient going forward. So, if confirmation and mutually understood common ground are important to effective communication, the shot-put approach's reliance on the well-conceived well-delivered message is inadequate. In the Frisbee approach the message is still important but the emphasis is on a back and forth interaction, provision of feedback to one another and collaboration. If communication is actually an interactive process,

●●● Shot-put or Frisbee approach

All of our attempts to improve communication can be reduced to two basic perspectives: the Shot-put approach and the Frisbee approach (**Figure 5**). The shot-put defines communication simply as the well-conceived, well-delivered message or more affectionately referred to as the "Park and Bark". Many of us have attended lectures over the years, some of which are not of the highest quality and some of the following have contributed to them being less desirable:

- The lecturer speaks solid for 50 minutes and is unwilling to take questions until the end.
- The lecturer used jargon you cannot understand.
- The lecturer loses you early on in his talk and you have trouble making sense of anything said thereafter.
- You are given too much or too little information.
- You are not sure what the key points of the lecture are.
- You cannot recall much of anything that was said when you return to work and are asked to report on what you learned.

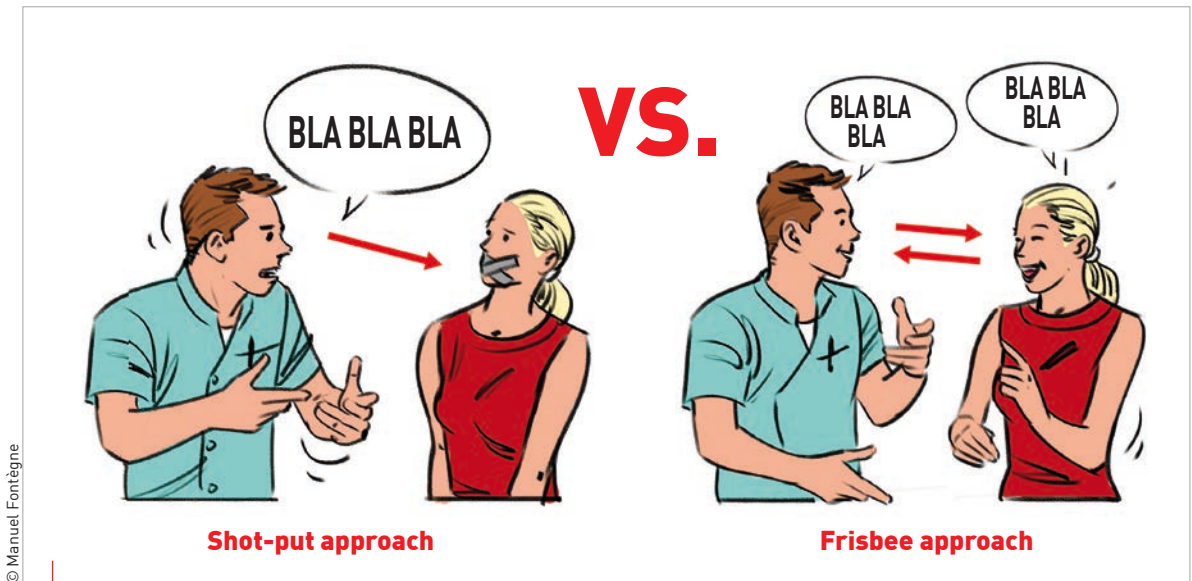


Figure 5. The so-called “Frisbee” approach is much more powerful than the “shot-put” one.

the interaction is complete only if the sender receives feedback about how the message is understood. Simply put, we must develop and maintain a relationship throughout the consultation.

A relationship-centered approach or what is referred to in the literature, as *Relationship-Centered Care* is becoming an accepted standard for the veterinarian-client relationship. Relationship-centered interactions are characterized as a partnership in which negotiation and shared decision-making are used to take the client’s perspective into consideration for

the purpose of being able to provide the best options for the patient. Elicitation of the client’s perspective and interests, needs and expectations, feelings and beliefs can be gathered using the Frisbee approach. You might be thinking – a relationship-centered approach will take up way too much time. Communication research reveals that relationship-centered consultations (RCC) take less time than traditional appointments with RCC taking 10.43 minutes and traditional taking 11.98 (2). Once the skills essential for RCC are mastered, appointments are more efficient and satisfying for both client and veterinarian (3).



CONCLUSION

Communication techniques can be taught and learned. Reading the client’s body language will reduce the chances of making communication errors just like reading an animal’s body language will reduce the risk of being bitten or scratched. Active listening and ways to formulate questions are other techniques presented in this chapter.

ANSWERS TO THE NON-VERBAL COMMUNICATION EXERCISES (PP. 23-24)



What do you notice about the client's body posture and facial expressions?

Flushed face, squinted eyes, raised brows, pursed lips, hands on hips

What assumptions can you make about how she is feeling?

Angry, disbelieving

What can you do or say to verify your assumptions?

"I've just given you a lot of information about the tests that we need to run to get a better idea of what is going on with Poppy. I've also provided some cost estimates. Let me stop here and check in with you. What are you thinking about the information that I've given you?"



What kind of information is being exchanged between the client and vet practitioner?

Distance between the vet and client appears to be contributing to the clients need to lean away from the exam table.

What assumptions can you make about how the client is feeling based on her non-verbal communication?

Client is uncomfortable with the proximity of the vet practitioner. She might be feeling anxious, threatened with the vet's casual stance.

What can you do to address what you are seeing from her non-verbal communication?

The vet practitioner can step away from the exam table and move to the end so that she is still within proximity of the client and patient while creating a bit of distance and giving the client personal space.



What do you notice about the client's body posture and facial expressions?

Shoulders are slumped, hand on her mouth, eyes looking down, furrowed brow, flushed face.

What assumptions can you make about how she is feeling?

Sad, grief stricken, unsure, overwhelmed

What can you do or say to verify your assumptions?

"Mary, I know that this is not the news you hoped to hear and I can see that it has hit you very hard. Please tell me how you are doing now, what you are thinking?"

THE SMOOTH CONSULTATION

Vet practitioners frequently concentrate on the pet and forget about the owner... Client centricity requires some preparation and training. The consultation should follow a process where conditions are created to have a positive interaction with the pet owner, starting with a warm-up and using the communication skills explained in chapter 2.

KEY POINTS



Train to succeed

In addition to techniques, skills and abilities that are essential for good client communication in everyday practice, there are other important elements that make a consultation perfect. A consultation should be strategically structured to optimally understand and guide clients plus build loyalty to the practice and its services. After all, there are plenty of veterinarians that a pet owner can consult. Often the first recommendation for a practice comes from close family or friends or the Internet. Presuming medical competence is provided, whether a client returns after the first visit and then recommends the practice can be strongly influenced by communication skills of the staff. The best guideline for this is to look at the practice from the eyes of the client and continually ask yourself: What can we optimize for our clients as a practice team? How can we turn every single consultation into a special experience and put the focus on the client?



Pre client warm-up

Just as athletes warm up their muscles before training and competitions to strengthen their motivation, a veterinarian should mentally prepare himself for clients before the consultation. This time is well invested because:

- The veterinarian understands what the last contacts and transactions with the client have included and can pick up directly from there.
- The veterinarian reads what he has written regarding the client or the treatment case, *i.e.*, what he still wants to address and offer – things that he might have forgotten without preparation or would have remembered when the client is back home.
- The veterinarian takes a break between the individual consultations and cases, which he often simultaneously deals with, in order to adapt and focus on the new case.



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Figure 1. Checking on the last three to four contacts including phone-calls and emails before the client comes into the consultation room is the best way to prepare and “tune in” to the upcoming consultation.

- The veterinarian is completely focused on the client. The client recognizes that he is important and the veterinarian gives his best to help him and his pets.

This “warm-up” should include at least the last 3-4 contacts with a client, including telephone calls and discussions with the practice team that the veterinarian may not have heard (**Figure 1**). It may happen that clients entrust the practice team with information, opinions and wishes that are important for the attending veterinarian. Often clients may not share their needs and concerns to the veterinarian, especially if the veterinarian acts rather authoritatively and decisively with the client.

However, it can also be situational that a veterinarian may not notice everything the client says, *e.g.*, an emergency has been announced and the vet practitioner is under time pressure. It is important for the practice team to support each other, and to record everything about the client and his pet in the medical file. There is no need to write a novel – key issues are completely sufficient. This is the only way of creating a complete record of communication that can and should be used.

In practice, the warm-up may be that the veterinarian, and in certain consultations it can also include the nurse, is in the consultation room before the client gets in, opens the client’s and animal’s file and sees the last contacts in an overview (this can be accessed in most programs with a simple keyboard shortcut):

- What was the reason for the previous consultation?
- What contacts were made with the practice afterwards and what was it about? (*e.g.*, conversations at reception, phone calls, e-mails, etc.)
- What did the client buy or order in the meantime?

With this information, the veterinarian is perfectly prepared for the upcoming consultation and can use the information in the dialogue (see example dialogue number 1).

Note: All contacts a client has with the practice are important and require good communication.



Building a good relationship

To build and manage a good relationship between the veterinarian and the client, it is important to keep in mind that the client gave his trust to the practice in advance. The client has chosen the particular practice and veterinarian and may be there for the first time or may already be a regular client. He has given the practice a vote of confidence! For the practice team, this given faith must be appreciated by showing the client that they are worthy of this trust through:

- 100% client orientation – the client and his pet are the focus of all efforts!
- Respectful interaction – the entire communication is about making the visit a completely enjoyable experience.
- Small gifts (branded with the practice name & logo) (**Figure 2**) and extra services in between visits, such as calls to help with therapy or difficult situations, a small packet of food or a voucher for a specific care measure as a birthday present for the animal or a reflective collar with practice logo for the dark season.

All these measures have one thing in common: they are surprising for most clients and therefore they have a particularly sustainable effect. As a matter of course the client expects good veterinary medicine. These additional gestures and small gifts make the relationship partner indebted to return the favor. The result is a circle of trust, performance and return, in which both partners “give each other gifts” and thus maintain a positive relationship.



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Figure 2. Surprising your clients with small and unexpected gifts is very important to set a positive mood and build a strong relationship.

In addition, 100% client orientation is still not self-evident today! Even though the competition among veterinarians is steadily growing, those who live with a focus on client service and management are still in the minority. Far too often the client continues to be a “pet owner with a patient or a case”, and this wording alone reflects the importance of the client in the eyes of the veterinarian. In order to achieve a good relationship at eye level, a fundamental change of perspective – a paradigm shift – of the practice teams must take place: from the pet owner to the valued client. If this is also performed daily, it’s an absolute trump in competition!

How do we start virtually every consultation by establishing a good relationship? This is actually quite simple every person appreciates being received in a positive, friendly manner with a compliment. The person that gives in advance sets the pace for the mood in a meeting! This means specifically for the beginning of a consultation:

- 100% attention, *i.e.*, entire body facing the client;
- radiant smile (unless the reason for the consultation is tragic, as in the case of euthanasia);
- greeting the client by name (also with a handshake, depending on the ethnic customs);
- greeting the pet by name;
- giving a compliment or positive reinforcement, *e.g.*, “It’s great that you and Lucky are here!” “That’s a perfect cat carrier!”

Even if we rely heavily on specialist knowledge and facts in the medical environment, the communication experts agree that the relationship with the client is more important in comparison to the factual level. If the relationship between dialogue partners is not positive or contains unspoken conflicts, the content (factual level) will not be successfully conveyed. It is extremely important for a dialogue based on mutual trust between doctor and client to strengthen the relationship right at the beginning of a contact (and every time again), so that the factual level (findings, diagnostics, therapy) will also be recognized by the client.

The following example dialogue shows how a “warm-up” and establishing a good relationship level can be implemented in everyday practice:

- **Veterinarian:** *Hello Mrs. Schmidt. It’s nice to have you at our practice today with Lucky! Lucky looks very lively and fresh today.*

The veterinarian establishes a good relationship by facing Mrs. Schmidt and Lucky, smiling, and greeting client and pet by name. In addition, he expresses his delight that the two are in his practice today and makes Lucky a small compliment. Then the veterinarian shows that he is prepared, refers directly to the last contacts and then continues to the current consultation.

- **Veterinarian:** *I’ve just read Lucky’s file and I am pleased that he tolerates the new diet so well and that he likes the taste of it.*
- **Client:** *Yes, it’s quite amazing! That has never happened before. It has always been very difficult to get Lucky to try new food.*
- **V:** *And how did it work out with the tips my nurse gave you on the phone?*

The veterinarian knows from the file that the nurse has given tips and uses it skillfully here.

- **C:** *It was very valuable advice. I must thank her!*
- **V:** *Well, then we can move on now. What brings you in today?*
-

This type of conversation as an introduction to the consultation is not “small talk” but high-quality time invested in client care, client retention and information gathering. Mrs. Schmidt has learned that the veterinarian and his entire team take her needs seriously and are very concerned about providing her and Lucky with the best service they can offer.

Note: People don’t care how much you know until they know how much you care!



Questions & answers

Certainly, there are many questions a veterinarian can and will need to ask the client to collect a case history, but given the limited time available to each client, these questions should be well-considered - the quality of the question determines the quality of the answer. That means: think first about what do I want to know and why? Then formulate the appropriate question!

With the right types of questions you can:

- gain valuable information about the pet's illness;
- reveal the client's needs;
- find out the client's opinions and attitude;
- gently lead clients to a decision.

We must not forget that if clients are, most of the time, laymen, they can, however, find all kinds of information on the Internet - including animal health.

This means that clients are often "pre-informed" and come with a self-diagnosis or they present their "internet findings" and would like to discuss them with us. Nevertheless, the client needs our guidance and clear recommendations in order to work with us as a partner to design the best care for their animal.

Basically, there are several types of questions that are well suited for the consultation and can be used for a variety of purposes (see **Table 1**).

The art of dialogue is to ask the right question at the right time inquiring about the reason for the consultation, as well as the client's desires and needs, while at the same time not giving the client the feeling of being in an interrogation. How question techniques - together with active listening - can be implemented in dialogue, is shown in the next example dialogue.

Note: the quality of the question determines the quality of the answer!



Listening & understanding

Not only asking the right questions, but also the manner of listening, active clarification and feedback are important to connect with the client in order to really understand him, make suitable offers and win him as a partner. The partnership between veterinarian, practice team and clients is important because it is the basis of a successful business relationship! If the veterinarian alone decides diagnosis and therapy, the treatment itself is probably not worse, but the pet owner is merely the doctor's assistant and not a genuine partner.

TABLE 1

Types of questions well suited for a consultation.

Question type & examples	Suitable for...	Not suitable for...
Open-ended questions: So-called "why-questions" start with what, which and how: <ul style="list-style-type: none"> • What brings you in today? • What exactly did you notice about your dog? • How did you give the food? • What is your opinion on this issue...? • Which other questions do you have? 	<ul style="list-style-type: none"> • Inquiring about client needs and information on symptoms • In-depth questions to clarify symptoms • Inquiring about viewpoints and opinions • Obtaining feedback 	<ul style="list-style-type: none"> • Promoting decisions • In case of lack of time, because the answers are much longer than with closed questions
Closed questions are answered with yes or no: <ul style="list-style-type: none"> • Shall we take an x-ray now? • Is the next appointment tomorrow at 3 o'clock OK for you? • May I give you a 3 kg bag of pet food? 	<ul style="list-style-type: none"> • Promoting decisions: yes or no? • Guiding a client who talks a lot or when time is running out 	<ul style="list-style-type: none"> • Requesting opinions • Inquiring about information
Alternative questions give the dialogue partner two possible answers: <ul style="list-style-type: none"> • Should we perform Plan A with x-ray and blood test or Plan B with x-ray only? • Would you like to come in at 3 or 5 tomorrow? • Can I give you a small or a large bag of pet food? 	<ul style="list-style-type: none"> • Promoting decisions: this or that? • Leading the client to a decision where he does not think about what he wants, but about which alternative he will choose • Guiding a client who talks too much 	<ul style="list-style-type: none"> • Requesting opinions • Inquiring about information

For a high level of compliance and client loyalty, however, it is essential that the veterinarian views the client as a partner and aims to achieve goals (therapy, diagnostics, etc.) together with him.

This means that the vet practitioner should:

- ask open questions:
 - if he wants to get information and opinions;
 - if he wants to inquire about the client's needs and wants;
 - if he wants to clarify something that is not 100% clear;
 - if he wants feedback.
- ask closed and alternative questions:
 - if he wants to facilitate decisions;
 - if he wants to filter out a client's preferences (Plan A or Plan B?);
 - if the client talks so much that concentrated and focused work is made difficult or time runs out.

The following example dialogue shows how the following techniques like asking questions, listening, understanding, clarifying and feedback can be implemented in everyday practice:

- **Veterinarian:** *Mrs. Schmidt, what brings you and Lucky in today?*
- **Client:** *Lucky needs to be vaccinated and I wonder if I should have him neutered.*
- **V:** *I understand: Lucky will get his annual health check with vaccines. Then you need advice on neutering. Is there anything else I can do?*
- **C:** *Yes, please pay special attention to his ears during the health check, Lucky had an ear infection last year.*
- **V:** *All right, I have noted that. Mrs. S., can you tell me why you envisage to have Lucky neutered?*

Dr. V. asks this question to clarify why Mrs. S. is considering neutering her pet. This information is important in order to respond appropriately to the situation. Moreover, the statement "if I should have him neutered" is anything but clear, *i.e.*, what exactly Mrs. S. means remains initially in the dark. Simply going over it and delivering standard advice ignores the client's needs and wastes time.

- **C:** *I read that this helps when male dogs are restless, but I was told that animals get fat after neutering.*
- **V:** *Please explain in more detail how Lucky is restless.*
- **C:** *Well, if there's a female dog in heat in the area where we go for a walk, he doesn't obey at all, runs away and once we get back home, he lays at the door and whines all the time.*
- **V:** *Ok, and how does he behave if there isn't a female dog in heat around?*
- **C:** *Then he is the best behaved and most relaxed dog in the world.*

- **V:** *It looks like you would both benefit from neutering Lucky. Here's my suggestion: There is a preparation that is implanted under the dog's skin and inhibits male hormones. If I implant it, then we'll have about 4 months to see if Lucky will be calmer around bitches in heat. How does that sound?*
- **C:** *That's a great idea – let's do it! And then we can still operate him in the end?*
- **V:** *Sure, that's always possible, but then we'll know if neutering is the right solution. I suggest that we do the health check, vaccination and the ear examination today, and make a new appointment for the anti-hormone implant. Does that work for you?*
- **C:** *That's great. Let's do that.*

In this dialogue, the veterinarian deliberately asks open questions until he is sure that he has enough information to offer a solution that suits the client's needs and the present situation. He also listens carefully to what Mrs. Schmidt says and clarifies what exactly "restless" means by digging deeper with open questions. This is immensely important, because behind the initial symptoms described by Mrs. Schmidt there could also be a cardiological or internist issue. By asking questions, listening and giving feedback "How does that sound? / How does it work for you?", the dialogue takes a good and mutually clear, open and satisfying direction (**Figure 3**).

Note: It is important to ask questions and actively listen until all facts are crystal clear.

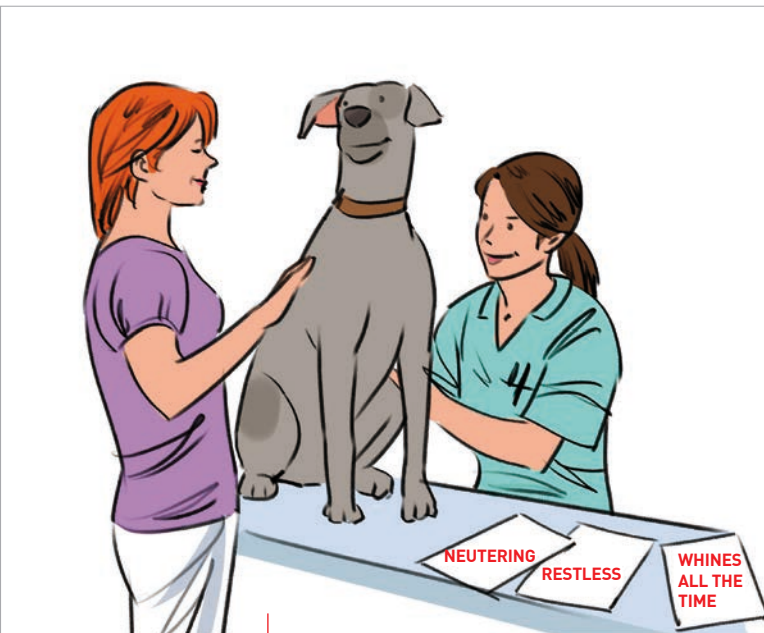


Explaining & engaging

For a successful consultation, a warm-up, a good relationship, the right questions and answers, listening and feedback are immensely important. It also matters if and how the veterinarian succeeds in explaining his findings and therapy so that the client understands and provides consent.

The "icing on the cake" is when the client is involved in making decisions because they are his and not just the veterinarian's. This makes the client feel committed to actively participating in the pet's treatment – both issues being the basic prerequisite for adherence and client loyalty *par excellence*, something that every veterinarian and every service provider wishes.

Vet practitioners who consciously work on their communication style gain even more than compliance and client loyalty (which is already a great deal), they experience significantly less stress, happier clients and a better overall atmosphere in the workplace!



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Figure 3. When talking to the client it is essential for a good communication and service to ask questions until all facts are crystal clear and “on the table”. This strategy improves communication and delivery of services.

By actively engaging in good and clear communication they achieve the best prophylaxis (prevention) of misunderstandings and stress and the best path to a positive and good client relationship.

How does that work and what needs to be done? How do you deal positively with odd or provocative clients? Let’s first look at the building blocks of an ideal consultation where the veterinarian:

- leads the client through the consultation like a guide,
- makes his actions consistently transparent,
- explains his findings in a language that the client can understand,
- allocates feedback time to check if the client has understood him and to gather his opinions on the recommendations,
- helps clients make decisions, whenever possible, *i.e.*, gives him options with clear recommendations that are discussed and decided together,
- asks the client about his needs:
 - in general as an introduction to the consultation (see Questions & Answers),
 - to offer therapy & diagnostics so that the client does not feel overwhelmed,
 - to integrate therapy as optimally as possible in the everyday life of the client and his pet.

All this does sound like a lot of issues that take a lot of time, but really, it isn’t that difficult and may even be time-saving. When the communication style

is more effective, everything runs more smoothly and queries and misunderstandings on the part of the client must be less often clarified after the consultation.

Strategy during consultation

To perform an optimized communication during client visits, the **first step** is to change your attitude from the omniscient, dictatorial “god in white coat” to the caring, interactive “health partner” (**Figure 4**).

Step 2 is practice, practice, practice. Working on your communication style and strategy. As with anything that’s new, constant practice makes perfect.

Step 3 is about techniques and tricks to deal with more complicated situations and unusual client enquiries.

The following sections demonstrate, through example dialogues, how an uncomplicated consultation with a conscious and optimized communication can work (**Table 2**).

Section 1 – Start and physical examination

Including explanations of techniques used and why they are used.

Figure 4. Clients look to the doctor as a leader whom they can rely on. Someone who takes them through the exam, diagnostics and therapy “journey” and helps them make the right decisions.



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TABLE 2

Recap of Section 1-3 and the main communications techniques used.

Section 1	Technique	Goal
Start "We are now... OK?"	Summary of client 's wishes & feedback	To be sure nothing has been missed and that Mrs. Schmidt understands what 's going to happen now and is OK with that
Physical exam "I'll examine...."	Guiding the client through clinical procedures and explaining them	Creating an outlook and security for the client that everything will be explained in detail
Section 2	Technique	Goal
Summary & recommendation #1 I've now.... How does that sound?"	Explaining the first main issue – the teeth and giving a clear recommendation with a request for feedback	Presenting the most important finding alone so that Mrs. Schmidt can digest this information and give her opinion before moving on
Participation "Oh, anesthesia..." "I'm sorry...."	<ul style="list-style-type: none"> • Open-ended questions • Empathetic response • Positive outlook (new drugs, better procedures) 	To "dig" until the roots of Mrs. Schmidt 's fear of anesthesia are clear Showing Mrs. Schmidt that her fears are taken earnestly Calming Mrs. Schmidt
Recommendation #2 I'd like to suggest... extra safety..." Which additional information...? "We can do it right now or... What works best for you?"	Stating benefits Open-ended question Posing two alternatives and asking for an opinion	Presenting the second issue (after the first one) together with benefits and checking if Mrs. Schmidt has fully understood everything Giving Mrs. Schmidt a choice and involving her by asking for feedback
Section 3	Technique	Goal
Agreements "Ok, then..." "Do you have any other questions for me?"	Summary of agreements Closed question	Making sure nothing was forgotten, involving Mrs. Schmidt, reinforcing her consent Mildly directing the consultation to its end
Conclusion "It was a pleasure..."	Saying good-bye by complimenting the client	Ending the consultation with a positive note

- **Veterinarian:** *Mrs. Schmidt, we are now beginning the annual health check and vaccination for Lucky, with special attention to his ears, OK?*

The vet practitioner starts the physical exam by repeating Mrs. Schmidt 's wishes and asking for feedback, if she is (still) OK with that.

- **Client:** *Sounds good!*
- **V:** *I'll examine him from nose to tail and comment on what I do and see. When I'm finished, I will give you a summary and recommendations. I will also focus on Lucky's ears and heart, because Lucky is now 10 years old and we need to check his internal organs regularly.*
- **C:** *Good!*
- **V:** *The eyes look very good: clear and shiny. The nose also looks healthy. Overall, the teeth and mouth are in good condition, I see tartar, which I would like to discuss with you later.*

Now the veterinarian performs a "from nose to tail" physical exam and comments on what he is doing while examining the ears, skin, abdomen, heart, etc. In addition, he highlights the findings that he will talk about in more detail later.

Section 2 – Summary, explanation, recommendation and participation

Including explanations of techniques used and why they are used.

- **V:** *So, I've examined Lucky entirely and have a complete picture. I am happy to say that Lucky is very healthy – ears and heart are also in top shape! Of course, there are also issues that we should talk about when a dog is aging: these are Lucky's teeth. Lucky has a significant amount of tartar on the incisors and canines, and if left untreated it may cause gingivitis and heart problems. That means: I recommend you have the tartar removed within the next month. To do this, Lucky will need brief anesthesia. How does that sound to you?*

The veterinarian briefly summarizes the most important findings, explains the relevance and makes a clear recommendation. In addition, he deliberately combines the recommendation with an open question to find out how Mrs. Schmidt finds his suggestion. This is important for further treatment in order to remove any barriers and/or objections and to consider the client's needs when planning the therapy.

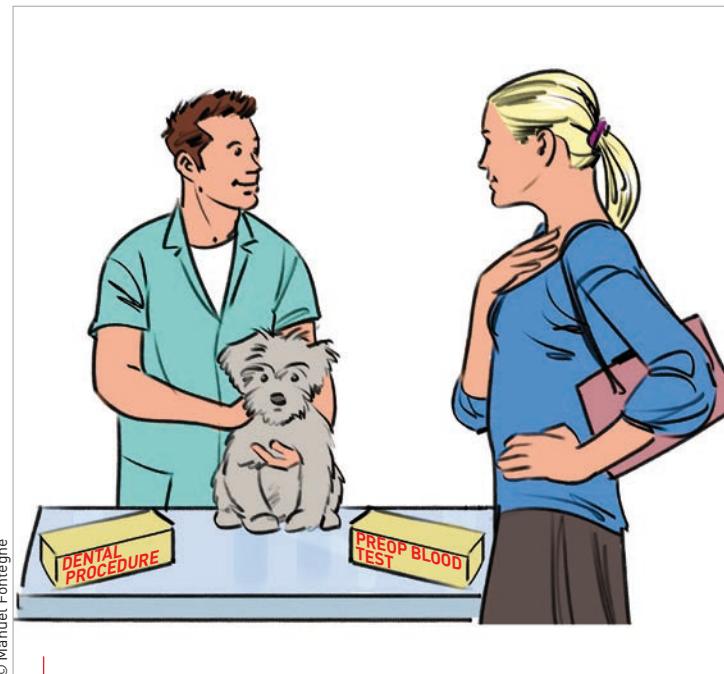
- **C:** *Oh, anesthesia... that's dangerous, right?*
- **V:** *What concerns do you have?*
- **C:** *My last dog before Lucky, Cassy, needed days to properly wake up after anesthesia. It was awful. He cried for 3 days, could not get up, and was unhappy!*
- **V:** *How long ago was that?*
- **C:** *About 10 years ago...*

By repeatedly following up with open questions, Mrs. S.'s concerns about anesthesia were clarified, and the vet practitioner's reaction to them was optimistic and empathetic. Dr. V. has taken in her fears, and then painted a positive picture of the new situation, in which Lucky will have an easy time with the procedure because of modern medicine and caring supervision.

- **V:** *I'm sorry, that must have been a very unpleasant situation. I can reassure you, today, we have much more advanced anesthetics that make waking up a lot calmer and gentler. Lucky will stay with us until he can walk alone again and is totally fine. Does that sound better?*
- **C:** *Much better!*
- **V:** *Now I'd like to suggest that we test Lucky's blood before the anesthesia and see if the blood cells and organ data are all right – that will make the anesthesia even safer. A blood test will let us know which medication works best for Lucky and is the most beneficial. Which additional information do you require?*

After Mrs. S. reacted positively to Dr. V's explanations, Dr. V. combines the second suggestion – a preoperative blood test – with the benefit of "increased safety". Doing so now offers the advantage that important information can be better understood in small units, and the client can follow and "digest" bit by bit and not be overwhelmed by a lot of information and recommendations. This prevents the client from simply rejecting an offer because he feels that everything is happening too fast and that he is being forced to make a decision (**Figure 5**).

- **C:** *I understand everything now and have a better feeling. I think we will do it as soon as possible. What about the blood work?*
- **V:** *We can do it right now or 2 days before the appointment. What works best for you?*
- **C:** *Let's do it now, then it'll be all set.*



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Figure 5. Presenting offers and checking for understanding and concerns, one after the other in a "chunk and check" format helps clients make informed decisions.

Mrs. S. can decide freely and chooses the next appointment, i.e. immediately, because Dr. V. specifies two temporary options for the blood examination entirely without pressure.

Section 3 – Agreements and conclusion

Including explanations of techniques used and why they are used.

- **V:** *OK! My assistant will take blood from Lucky now and bring it to our lab. We will have the results tomorrow morning, but I suggest that you set an appointment now with my assistant to remove the tartar. She will also explain the process in detail, go through the declaration of consent with you and give you a leaflet with all the important issues. Do you have any other questions for me?*
- **C:** *When will I receive notification of the blood test results?*
- **V:** *My assistant will arrange a phone call with you in the next 2 days. Is that OK?*
- **C:** *Yes, everything sounds great. Thank you, Dr. V.*
- **V:** *It was a pleasure to look after Lucky and you. See you at the surgery appointment. And remember: If you have any questions, please contact us!*

Note: The best partner of a client is an open veterinarian who strives to find the best solution for each pet and owner.



Difficult situations and interactions

In most cases, clients can be well managed with positive communication which often results in a win-win situation for pet, client and practice. Occasionally, there are also clients who question our recommendations and suddenly the consultation is no longer going smoothly. The consultation gets stuck, conflicts arise and the team has to make sure that it stays cool and nobody pours fuel on the fire. Reasons for different opinions and resulting discussions as well as conflicts between veterinarian and pet owner exist in daily practice, e.g.:

- The client has found something on the Internet that he wants to discuss with the veterinarian and get his opinion.
- The client is influenced by other opinion leaders: breeders, dog clubs, friends and family.
- Veterinarians and nurses have different opinions on the same topic within the same practice.

“In most cases, clients can be well managed with positive communication which often results in a win-win situation for pet, client and practice.”

Often as a practice team, we perceive a simple question from the client, “I read on the Internet...” or “the breeder has said”, as a (mild) provocation, although the client – except for very few – did not mean to be provocative. On the contrary, it is a compliment that the client asks “his” veterinarian for advice instead of simply buying the grain-free food advertised on the Internet.

We are now showing you the slightly changed ending of the dialogue between Mrs. Schmidt and Dr. V., with Dr. V. dealing with a typical client question in a sovereign and calm manner:

- **Client:** *Oh, before I forget. I wanted to ask if it would be better if we change Lucky’s food to a grain-free one.*
- **Veterinarian:** *What an interesting question! What information do you have on grain-free diets?*

It is important here to not to react immediately and not to enter an instructive “mini lecture” about grains or pro and con grain-free, but rather to ask an open question which reveals the background and clarifies the goal of Mrs. S’ question.

- **C:** *I read on the Internet that grains, especially wheat, cause many allergies and that it is better to feed without grain.*

- **V:** *Which allergies are described on the Internet?*
- **C:** *Itching, vomiting and diarrhea. I don’t want that. I want the best for Lucky!*
- **V:** *And what have you noticed about Lucky so far?*
- **C:** *Nothing. He tolerates and likes eating the diet you prescribed.*
- **V:** *I’m really pleased to hear that, and if it changes, please come to me immediately! There is currently a lot of information on the web that makes no sense, doesn’t have a scientific basis and comes from people who just want to make profit with their own products. Which sources or studies are given on the subject of “grain-free”?*

This (open) question is used to ask for sources, and to show Mrs. S. that a veterinarian relies on scientific evidence, questions sources and is willing to deal with the subject for his clients.

- **C:** *I didn’t read anything there, but I can give you the website, then you can have a look.*
- **V:** *I’d be happy to do that. That’s a good idea. Just give the name of the site to my receptionist on the phone, and I’ll contact you when I have information, OK?*
- **C:** *That sounds good. I know that you understand a lot more about it. But there are so many sites on the net and I get confused.*
- **V:** *I completely understand. And I want the best for Lucky and you too. Thank you for asking me the question – we will call soon.*

In this dialogue, Dr. V. kept the “communication door” open and signaled that he is interested in an exchange and his clients’ issues are also his issues – a mutually satisfying and positive relationship.

Note: Each client’s question is only a simple question originally. It deserves a friendly and clear answer.



Emotional blackmail

Unfortunately, between all the good and dedicated clients, there are those who put their own interests first, and are not willing to negotiate. They try to impose their will on the practice team according to the motto “If I do not get what I want, then I’ll go somewhere else!”

For example, this can happen when:

- clients request times for appointments outside of office hours;
- they ask for price discounts because another vet practitioner offers them cheaper services, and;
- they wish to order certain products that are not included in the range of the practice.

Sometimes the client learns through contacts with the practice team that he will get his way if he sticks tenaciously enough to his wishes and tries to enforce them with emotional blackmailing such as “but you don’t want to lose me as a client” or “but you are animal lovers, and I cannot afford the vaccination for three cats”.

If the practice team gives in, it not only encourages such clients to beg for special favors it even causes other clients to copy that behavior, because they realize that the team can be blackmailed. Clear and simple rules help here, which should be created in the team and then applied consistently. Of course, the team should react calmly and confidently and not respond to the emotional blackmail.

If clients have questions about appointments outside of office hours, ordering specific products or other things that you cannot and will not meet, the recommendation is that you always give a consistent and friendly response and combine it with an alternative offer:

- *Unfortunately, we cannot offer you that.*
- *How do you like an appointment tomorrow at 7 or the day after tomorrow at 4?*
- *I have a very good and tasty alternative to the food you mentioned. May I briefly explain it to you?*

When discounts are requested, the following procedure is recommended:

- **Client:** *I have three cats – what sort of discount can you give me for the vaccinations?*
- **Veterinarian:** *I can understand that you want to save money and ask for a discount! This is quite normal when it comes to goods – but the vaccination is a medical procedure including a medication. That means I have two options: I can save on the vaccine itself and give each cat less of it, so the vaccine probably will not work properly. Or I save on my service and don’t perform a thorough examination on the cats before vaccination, with which I may miss a condition and the vaccine may not work. Where should I save?*

Note: this procedure only shows the client that we have little leeway when it comes to medical services and medicines. In no case should it be indicated here that Dr. V. would do so!

Then he asks an open question and returns the (apparent) decision to the client.

- **C:** *No, I didn’t mean that. I’d like to pay for the full service, but less. It must be important to you that all animals are vaccinated!*
- **V:** *And because you want the full service, I must do my job correctly on a technical viewpoint as a veterinarian, which means: complete and thorough examination of the pet and full dose of a well-effective vaccine. I don’t see a possibility of a discount. But if we talk about food for your three little ones, then I can offer you a reimbursement in the form of goods when you buy regularly at our practice. How does that sound?*
- **C:** *I will look for a cheaper practice for the vaccination, but I will come back to you for the food.*
- **V:** *OK! Thank you for your visit and all the best for your three cats.*

In this dialogue, the client has unmistakably exposed herself as a blackmailer and price-hacker, i.e., she is a client who cares more about low prices than quality. As a team, you should consider: How do we want to deal with such clients? Do we want to respond to their demands, retain them and thus open the door for more demands and clients who set conditions? Or do we set our own standards of quality and price and stay consistent? When we do that, we gain respectability, focus on clients who appreciate our qualitative work, and get rid of the price-hackers and blackmailers, resulting in stress-reduction and creating a positive team spirit.

Note: If clients get special favors on demand, this kind of client will grow steadily!



CONCLUSION

This chapter covers the different steps of the “ideal consultation”. After gathering some information from the medical file or from the receptionist and nurse and creating a positive atmosphere, the job of the vet is to listen & understand (asking the right questions), then explain & engage, and finally get the feedback & consent. This chapter also covers tools for managing the “not-so-easy” clients.

EVERYDAY CHALLENGES

This chapter will cover some difficult situations that a vet practitioner can face. With the influence of “Dr. Google”, pet owners have more and more objections: they challenge what the vet says and does... this can lead to conflicted situations. Finally, many veterinarians are uncomfortable talking about money. Suggestions for how to talk about money are proposed in this section of the Focus.

KEY POINTS



Conflict: gaining the client's trust

A) Introduction

Did you know that studies show that one of the most effective ways to create loyal clients is by providing them a satisfactory response to a complaint?¹

However, we know it's easier said than done. Our primitive brain has been trained by millions of years of evolution to respond automatically to anything that could be perceived as “threatening”, and its two immediate responses — fight-or-flight — don't exactly help resolve our clients' complaints. Everyone eventually makes a mistake, sooner or later. Our professional career largely depends on us being able to develop skills to manage complaints and restore damaged emotional connections and trust with our clients.

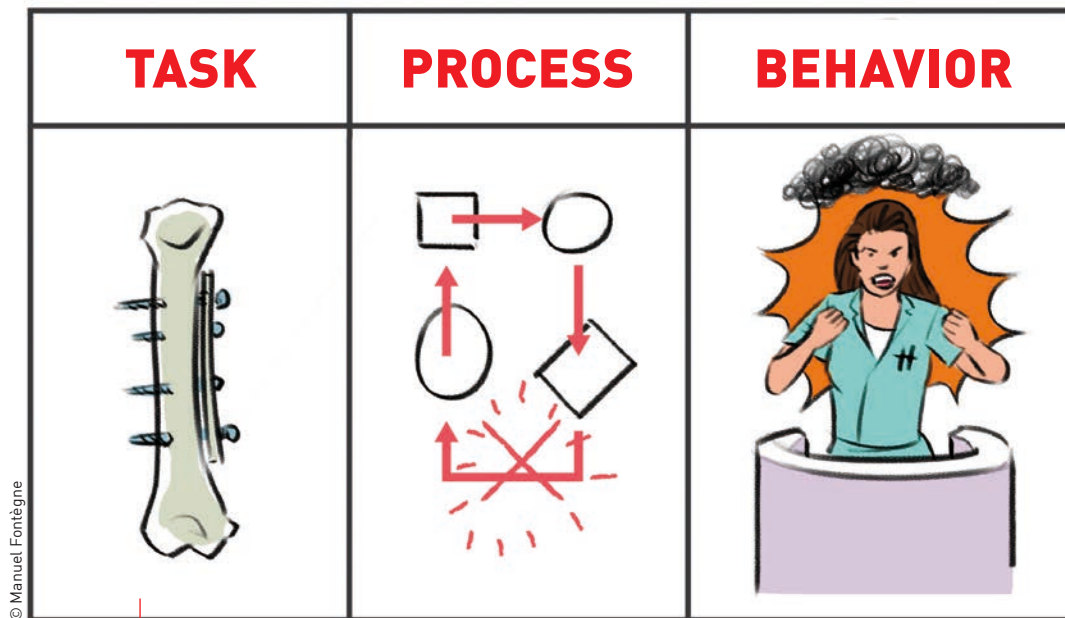
¹ 25% of positive encounters started as service failures [1]

B) Where do complaints come from?

Our clients rarely have enough scientific knowledge to judge our clinical performance. Most complaints do not come from missing excellence at work, but from things like those shown in the table below (2).

Most frequent kinds of complaints

Being cold or distant
Sketchy or undecipherable explanations, incomprehensible technical language
Not fulfilling promises (punctuality, returning phone calls, etc.)
Not listening, interrupting
Arrogance
Disrespect
Seeming uninterested
False expectations
Negative surprises (bills that do not reflect the initial price, much worse health result than promised, etc.)



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Figure 1. Generally speaking, complaints enter one of three categories.

C) The five-step method for effectively handling complaints

The good thing about having a method is that you can follow it to restore your clients' trust, and teach it to other members of your team so they are prepared when things go wrong.

Step 1. Stay calm and get them to say "exactly"

One of the most frequent errors is letting our amygdala take control and fire signals, for instance, making us act defensively when there are complaints or look for excuses, interrupt or counter-attack. To avoid this we must calmly focus on the client, listen in order to understand, not judging, asking questions to clarify and avoid misunderstandings, asking permission to take notes if necessary, summarizing what we have understood in our own words, and finally asking if that was the root of the conflict in order to get the client to say "exactly".

If we get the client to say "Exactly, that's why I'm complaining" we will have taken a giant step towards solving the problem.

- **Veterinarian:** *Mrs. Gomez, if I have understood, what you're upset about is having to wait an hour for your appointment. Not only have we misused your time, but nobody told you that you would have to wait for so long or why.*
- **Client:** *Exactly, it's not just the waiting, it's the feeling that my time isn't being respected.*

Step 2. Ask what happened

Sometimes a client goes too far in their interpretation of what happened. For instance, they could come back with "blah, blah, blah...it's clear to me that you don't care that we've been here waiting for an hour in the waiting room".

In that case, once the client has calmed down and has said "Exactly" we can begin to question their assumption. But be careful, because this is a very risky step. One false move could create more tension than there was originally. You should think carefully about whether taking this step is worth it.

- **V:** *Mrs. Gomez, I understand that we could have given you that impression and I am very sorry. I assure you that we do care very much about our clients and that our mistake is not because of a lack of interest.*

Step 3. Put the complaint into a category

Avoid the question "Whose fault?" and instead ask "What did we do bad?".

Although the line between one type and the other is sometime blurry, in general complaints can be classified into three types (**Figure 1**) (3):

1. **Task complaint:** something wasn't well done. For example, a bandage was poorly applied, fell off and the owner had to come back to the clinic to have it replaced.



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Figure 2. Even if complaints are upsetting, they are a good opportunity to clarify information, build trust and strengthen the communication to reach an agreement.

2. **Protocol complaint:** it's about some step of the process. For example, the surgeon forgot to phone the client after his pet surgery as he had agreed to do.
3. **Behavior:** It's about the impact on people of the way we act. For example, the receptionist was cold, unfriendly and didn't inform him about the delay in the appointment

Don't make it personal, remember:

- Was something done wrong, for instance giving back a dog with blood and urine stains after a hospitalization?
- Was it a protocol error, for instance not calling a client after an operation?
- Perhaps it was a problem caused by inappropriate behavior, for instance a veterinarian who was impatient and unfriendly during an office visit?

“Many of our most loyal clients are a result of having known how to restore their trust through a well-resolved complaint.”

In the case of Mrs. Gomez, perhaps the error was with the appointments system (too many appointments in too little time), the veterinarian (office visits running too long and building up delays), the receptionist or assistants (they didn't

keep the client informed about the delay, how long it would be and why it was happening nor did they give them options).

Understanding the type of complaint is essential not only to providing a satisfactory response, but to making it an opportunity for learning and improvement. When you receive a complaint, ask yourself if it is due to something that was done wrong, a bad protocol or inappropriate behavior. Be thankful that you have the opportunity to discover and improve it.

Step 4. Apologize sincerely

You have listened calmly to your client, you have got them to calm down and feel understood, and you now understand the source of the problem. It's time to say:

- *I'm sorry Mr./Mrs. Gomez.*
- *I or we take full responsibility.*
- *I or we understand how you feel because of having to wait for so long, unexpectedly, and the lack of consideration of not being informed or given options.*
- *Can I ask if I or we can do anything to resolve/minimize the impact of what happened?*

Although many veterinarians think that this last question is very risky, in the authors' experience there are very few cases where the client has put an extortionary or disproportionate proposal on the table. If that were the case, it would have to be negotiated. And if the client doesn't know or doesn't dare propose a solution, we have to make sure we propose one that will satisfy the client. Remember, many of the most loyal clients are a result of having known how to restore their trust through a well-resolved complaint.

- **C:** *Nothing can give me back the time I've lost, I'm afraid nothing can be done at this point.*
- **V:** *Mrs. Gomez, it's true, and I wish I could go back in time and fix it. Unfortunately, I can't, but with all due respect I'd like to suggest something: next time you come to the clinic we will let the doctor know, check that nothing unexpected has shown up and make sure everything is set up for your appointment. Is this Ok for you?*

Step 5. Put the previous step into action immediately

Whatever you promised to do, do it right away. Trust can only be restored through actions and not kind words or good intentions. We are not what we say we are, but what we do.

- **V:** *Mrs. Gomez, I'd like to fix this myself with reception so that you don't have to explain yourself any further. Does that sound good to you?*

D) Conclusion

Unfortunately, there's no 100% guarantee of adequately solving every complaint. But if we manage to do it, not only will we restore the emotional connection and trust with our clients, but they may even recommend us.

Managing objections

A) Imagine

You have worked hard to explore your patient's health issue, to explain the symptoms, the different possible diagnoses and the best options to follow. You have been clear in your recommendations, and you have been sure to use good verbal and body language. Suddenly, BOOM!, the client unexpectedly complains, asks for you to explain further why certain tests are needed, seems uncomfortable with the price, and drags their feet, saying they have to think about it.

Your amygdala activates! Your heart races, your jaw tenses up, your smile turns into a serious expression and it feels as if your blood was going to boil. You are upset, but you should be thankful. An objection is not a complaint or a rejection (although its emotional impact feels similar to us), it is an opportunity to clarify information, build trust and strengthen the communication to reach an agreement (**Figure 2**) (1).

B) Two kinds of objections

Based on what we already know about neuroscience, we can distinguish two types of objections. Those that come from messages we have sent unconsciously and put our client's primitive brain in high alert mode. For instance, a weak handshake, not maintaining eye contact, speaking with lots of "ummm... errrr..." while touching our neck and clearing our throat.

As a result, the client has perceived something that makes them trust us less. They are no longer listening to our reasoning, no matter how convincing we are, because their amygdala is telling them to flee. And to do so, they politely say things like "I need to think about it", "Maybe later", "Send me all the information in an email and I'll let you know"

The other kind of objection is more rational. For instance: "I am not in a good place financially right now, it's not the best time", "This price is very expensive for me", "I'd like a second opinion before I decide".

C) Ranking the most frequent objection in your practice

In the table below, you can see a list of objections often heard in clinics everywhere:

<i>"I must think about it."</i>
<i>"I have to talk about it at home."</i>
<i>"I don't have the money right now."</i>
<i>"Give me the information to look over."</i>
<i>"It seems like a lot of money to not have any guarantees."</i>
<i>"They did that to my friend's cat and it didn't go well."</i>
<i>"Last time they told me one price and I ended up paying much more."</i>
<i>"If he's going to have to suffer, I prefer to put him down."</i>

If you stop to think about it, you'll see that in most cases we don't see more than 10 kinds of objections. We recommend that you make your own table of objections with your team and organize them in order of more to less frequent.

Type of objection	Frequency ranking

Then construct a response to each of the most frequent objections.

Admitting an objection, while uncomfortable, may be what we need to get a "Yes" from our clients. Ignoring an objection will not make it disappear, in fact the opposite usually happens. Over time it becomes the source of misunderstandings, false expectations and complaints. Taking an objection as a complaint or even as a personal attack unnecessary heightens tension.

So, what should we do?

D) The five-key method for handling objections

Key 1: Back up your client

Do you remember that the amygdala has much more influence on our decisions than our cortex? The first step consists of calming down our primitive brain. It is essential to start by saying “Yes”. Trying to force the client to change their mind will only make them push back even more, get exasperated and become hostile. The idea is to acknowledge their point of view, respect it, and only then give your own opinion.

For instance:

- *“Yes, I understand the pressure of needing an operation at a difficult time financially.”*
- *“I perfectly understand how difficult is to decide when there isn’t a 100% guarantee...”*

Key 2: Get them to say “Yes” as many times as you can, get them to say “exactly!”

Now it’s time to ask questions and listen actively. Ask lots of questions to clarify things and to get them saying “Yes”, like “Yes, that’s what I mean”, “Yes, exactly”, “That’s right, yes”.

For instance:

- **V:** *“If I have understood, you are scared of anesthesia, right?”*
- **C:** *“That’s right”.*
- **V:** *“And you’re also worried about the cost of the procedure, because it has caught you at a bad time, right?”*
- **C:** *“Exactly.”*
- **V:** *“Is there anything else you could be worried about that we haven’t discussed?”*
- **C:** *“Not right now, those issues are what worries me most.”*

Key 3: Be consistent

The goal now is to remind the client why they are at the clinic — their fears, their needs, the threats and opportunities — and to connect these with the “Yes” responses they have given. An inexorable law of influence says that once an opinion has been expressed, human beings feel the need to act in accordance with it.

For instance:

- **V:** *“If I have understood, you don’t want Layka to suffer unnecessarily. She is part of the family, and so much so that you’re worried about the impact that it could have on your young son if Layka wasn’t well. If you decide to do something, you want the best guarantees that she won’t suffer, that she’s receiving excellent care and will recover as soon as possible. How would you feel*

if we were able to solve this while minimizing the economic impact?”

- **C:** *“Much better!”*

Key 4: Offer alternatives, minimizing any risks and inconveniences detected

It’s time to respond by offering alternatives that meet the needs previously expressed by the client. Use the table we made with the most frequent objections and respond to each one with the help of another table to look for solutions, like the one shown below:

Ideas for offering alternatives	Write your example here
Tell a story	
Present an important fact	
Share a client testimonial	
Show a video of a similar case	
Be clear about the risks of doing nothing	

For instance:

- **V:** *“That is why it is so important to do pre-anesthesia tests and the electrocardiogram. They let us find any hidden risks beforehand. And hospitalization, even though it raises the cost, is essential to make sure that Layka is not experiencing pain after surgery. We have done this procedure hundreds of times, with a success rate of over 80%. In terms of it being a bad time financially, would it help you decide if you knew you could pay for the procedure in up to 12 months installments? We have a financing system that is very helpful in these situations.”*

Key 5: Confirm that you have been successful and ask more questions

At this point you must encourage action.

- **V:** *“So we would be giving Layka and her family the best treatment and making it more affordable. Do you think we should get started? Every minute counts.”*

E) Examples

“It is very difficult to keep his weight down. My husband feeds him chips and table food.”

(1) Yes, keeping his weight down is difficult and I understand your husband wants the best for Max, (2) as we all do. Don’t we? (3) We want max’s liver



Figure 3. Veterinarians generally feel uncomfortable talking about prices and/or fees, but they should be the one who starts the conversation.

and heart to work better and that's the reason I recommend this diet, it's the best option. (4) Would it be helpful if I could share some information about the impact of chips on obesity and how it hurts the liver and heart of dogs with you? (5) Do you think it could help your husband to become more aware of the situation and understand the impact of Max's nutrition in his quality and expectancy of life?

"What are you doing!?! The other doctor that I used to see didn't do it that way!"

(1) Sorry, you seem surprised I'm doing it in a different way the other doctor did it. (2) I understand it may alarm you (3) as you want the best for Layka, but be sure that's also what I want. (4) Please, let me explain why I'm doing it in this way and ask you if there's something you need to clarify... (5) is it Ok for you?

"But I was expecting Dr. Dubois today, where is he?"

(1) I know you were expecting him. I'm sorry he cannot be here, I'm afraid something unexpected showed up and he had to leave. (2) Dr. Dubois really knows "Book" well, doesn't he? (3) We all want the best for "Book" (4) If it's OK for you, I'll examine "Book", share my findings with you and then mutually discuss what's the best thing to do, of course keeping Dr. Dubois up-to-date... (5) OK?

F) Conclusion

To summarize, the best way to tackle objections is to understand that they are natural and to see them as a great opportunity to build trust with our clients and methodically address them. Although we feel uncomfortable at first, the more we practice the more convincing we will be in refuting the most frequent objections.

●●● Money talk

A) The challenge of talking about money

When a client decides to happily pay the price for the services provided to them, that moment is the "result" of good communication and interaction with them because they perceive that the knowledge and services received are worth the price that is charged.

Talking about prices and/or fees is "part of the conversation in veterinary medicine", yet veterinarians generally feel uncomfortable talking about it, because: "We are doctors ... and we don't want to mix medicine with money", "We decided that it's not our responsibility" (and we prefer to leave it to other members of our team), or clearly "We don't feel able or have the skills to do so". Meanwhile, clients expect the veterinarian to be the one to start the conversation about the prices of veterinary treatments (**Figure 3**), but this often does not happen. Other clients interpret the veterinarian mentioning prices during the visit as them "worrying more about money than about the well-being of their pet", even becoming suspicious of their recommendations (1).

This is certainly a challenge, so here are some tips that could make the difference.

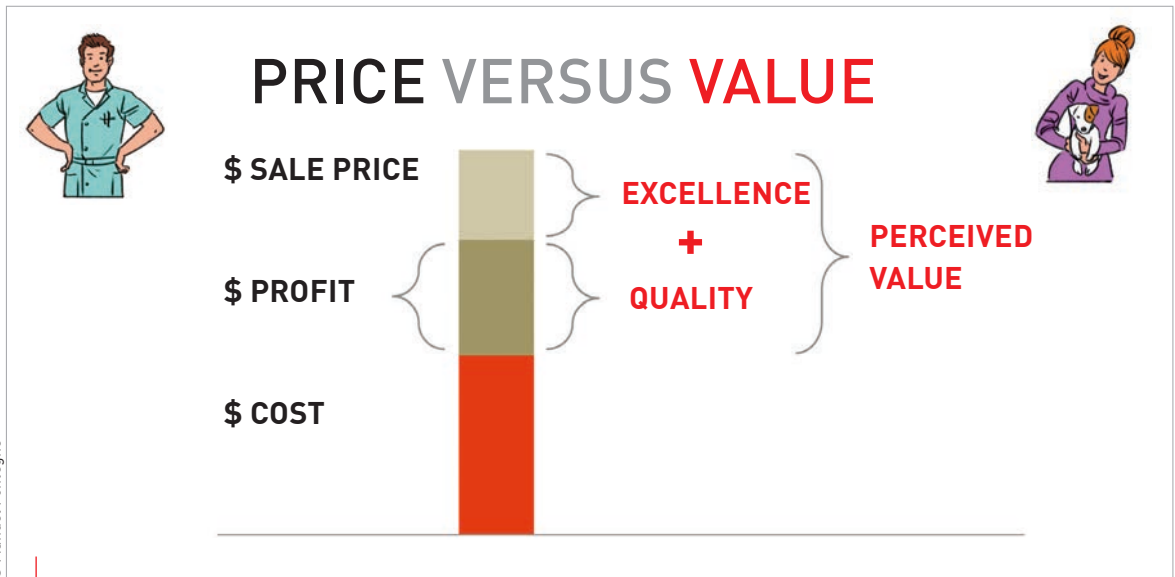
B) Generate value in the services provided by pointing to excellence

Clients should feel that veterinary fees (what they pay) are less than the value of excellence they perceive to have received (**Figure 4**). This ensures that the "money" conversation will flow in the interaction, and will cause less discomfort for the veterinarian.

How is value added?

1. Communication should "focus on the relationship" and avoid the "expert" model

There must be "agreement and cooperation" before medical procedures begin, as this improves the satisfaction of everyone involved. Be careful with



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Figure 4. Clients should feel that veterinary fees are less than the value of excellence they receive at the practice.

your body language and appearance, as clients form quick perceptions from the moment they enter your office.

2. Identify your clients' expectations, feelings, ideas and doubts:

Try asking questions like:

- *What are your expectations in terms of Moby's recovery?*
- *What options would you be willing to consider for Eva's treatment?*
- *What do you think would be the best plan of action for Cookie?*
- *Are there other questions you'd like me to answer?*

If you integrate this information about your clients with the patient's clinical history and the findings of your clinical exploration, you will know what to say and how to say it (2).

3. Reduce your client's uncertainty

Try to make sure your client understands the situation, their pet's condition and the reasons behind your recommendations; give them "chunks" of information and frequently "confirm that they understand what is being said". Try not to confuse them with lots of information all at once or use too much technical language (2).

Stay alert to the client's verbal and non-verbal clues... Maintaining eye contact is essential to pick up every nuance of their reactions. If you feel that clients are not following you, ask open questions like:

- What do you think about the surgery we've just discussed?
- What are your thoughts about the treatment plan I have proposed?

C) Accept that talking about money in veterinary clinics is part of the conversation

Accept that when a client asks about prices, it is a normal stage in a decision-making process regarding a purchase, and that you must provide a response to their concern at that time. It's better for you to answer with an "estimated price range" instead of detailed prices for services.

When to respond? Ideally, once you have most of the information about the patient (clinical history and clinical exploration), and you have detected the client's expectations and other medical doubts. Talking about the "detailed" prices for surgeries, hospital stays and other items can be left to your receptionist or to your nurse.

If the client does not ask about prices, tell them... They must know the cost implications of the procedures being recommended at all times. This will ensure that the bill for the services is not a "surprise" for the client or even for us. This is what happens when a procedure is carried out and then you find out that the client cannot or does not want to pay for it. Also remember that "acceptance" is not "an agreement": your client may "accept" that his cat needs a scan, but "agreeing to have it done and to pay for it" is very different (1).

If you have to initiate the conversation about money, be direct, explicit and don't apologize for your fees. Present your suggestions calmly and wait for the client's reaction:

V: "I am suggesting the best medical treatment I know for King's condition. Let me know if the price is an obstacle and we can explore less costly options (3)".

D) Teach your team that the price of the services in your clinic "is what the services are worth"

Your team doesn't necessarily have to feel that "your prices are high or a problem", but they could unconsciously be non-verbally communicating their feeling of discomfort or mistrust with the prices charged to clients. Your team must internalize that they work at a "veterinary services company" that has expenses and needs profitability.

Work through the following exercises with your team:

1. Many veterinarians don't know about "the expenses" charged for their services.

Ask them if they know the total costs of keeping the clinic open for a full month, paying all the salaries, covering all the company expenses and without seeing any clients that month...after, you need to share your calculations with them, surely it will change how they see things. Remember that this exercise is for your team; don't use it with your clients because it's better to focus on creating value when interacting with them.

2. Practice a professional response to the client complaint: "your services are very expensive":

Calmly and empathetically, taking care of your body language, try something like:

- *"I hear what you're saying, and I'm sure there are less expensive services. However, these are the prices at our clinic."*
- *"I hear your concern about price, and yet we want to give Fluffy what she needs to get well. I would recommend the first two tests to get a baseline..."*

E) Remember that clients value the benefits of services and not just their characteristics

Veterinarians often focus on explaining the reasons behind their prices, in terms of the time invested or the features of the services provided. Example:

"For Magoo's surgery we have an operating room with technological equipment and an anesthesiologist who works with the surgeon."

This tells the owner very little, because they are just the features of the service. What they want to hear are the benefits that they and/or their pet will receive as a result and/or the benefits for their relationship with their pet (current or future).

Veterinary doctors must learn to talk about the features of the service "along with" its benefits. For instance:

"For Magoo's surgery we have an operating room with technological equipment and an anesthesiologist who works with the surgeon (features)... so that we can monitor him during the entire surgery, minimizing the anesthetic and surgical risks (benefits)."

••• Saying no with a smile

A) Introduction

- A client asks for an office visit but arrives late to the appointment, just when the clinic is closing.
- After a long treatment, a client asks for an unwarranted discount.
- A client is always criticizing a colleague from another clinic.

Every day we face situations where we have to say NO to our clients. And yet we find it difficult to do so, because of things like:

- We don't want to lose the client and harm the clinic.
- We don't want to harm the relationship.
- We are afraid of their reaction.
- We feel guilty.

For many of us, the best solution to this dilemma is:

- **Concede:** saying yes when you really want to say no.
- **Attack:** not knowing how to say no or not saying it the right way.
- **Avoid:** keeping quiet and not saying anything.

But it doesn't have to be that way. We humans are naturally more good-natured than selfish. Showing empathy when dealing with others helps us build healthier relationships. However, in the professional world with our clients, sometimes being too empathetic (thinking more about "you" than about "me") makes "saying no" more difficult for us when we really need to, because we do not want to seem selfish, distant or cold.

There is a three-step method that can help you say no with a smile, which consists of saying yes before and after the no (1).

YES! → NO → YES?



Figure 5. Assertiveness is the mindset necessary for a win-win situation.

B) Step one: Yes!

This consists of saying yes internally to your values, to what is important for you.

Don't jump the gun; first pause and think:

- Are there any triggers affecting me right now?
- What are my options?
- I want to say no, I have a right to do so, but could I pay an excessive price for it?
- Have I listened to and understood the other side?

C) Step two: No!

This is a very delicate step because nobody likes to feel rejected. The secret to success is to not make it personal, to not judge, to stick to the facts and use descriptive language.

To facilitate the no, it can be very useful to appeal to shared interests (like your interest in the health of the pet) and/or standards (like respect, family time, etc.).

Here are several ways to start your no:

- "No, thank you, _____"
- "We have a policy that _____"
- "I have a prior commitment _____"
- "It's not possible right now, _____"
- "I prefer to refuse your request rather than do it poorly _____"

D) Step three: Yes?

When one door closes another opens! Try to offer a solution, a third alternative that takes the interests of both sides into account.

This is when you must be careful to manage how the other person's reactions affect you. Remember not to concede or attack, and to stay true to yourself.

Compare these responses:

- "Mr. Segre, there's nothing we can do. You arrived just when we're closing and are demanding we look at Layka's limp, a limp that started seven days ago! All right, bring Layka into the office, but we can't be doing this, blah, blah...". Mr. Segre gets his way, and the veterinarian angrily concedes.
- "Mr. Segre, you said that the limp began a week ago and has gotten gradually worse, but otherwise Layka is eating, drinking and doing her business normally. Mr. Segre, my family is waiting for me and I intend to eat dinner with them and see children before they go to bed. I'm afraid I can't see you at this hour of day because it would mean finishing work very late and your situation is not an emergency. What I suggest is that we find a solution together, a day and a time that works for both of us, so I can give Layka my full attention and give both Layka and my family the time they deserve."

Which one would you choose?

The second is a good example of the concept of "assertiveness", which is the ability to express your point of view and respect that of others, without being aggressive or demeaning. Assertiveness and empathy are elements that must be in balance when we communicate.

In **Figure 5** above we can see where “assertiveness” falls between “thinking about myself” and “thinking about you”.

In our example, along with worrying about “how we say things”, we must also consider how much of what we say (words) are focused on “thinking about myself” or “thinking about you”.

When “saying no” is hard for me and I think more about Mr. Segre than about my family commitment, I concede and fall into the I lose-You win box. Doing this often is not good because it gradually eats away at our personal well-being and job satisfaction, as we do not feel in control of our time or able to do anything to change it. This can lead to “learned helplessness”, approaching burnout.

E) Setting limits

Setting limits is part of effective communication: limits on roles and responsibilities, physical limits, time limits, limits on priorities, on what we talk about, etc. are all welcome in an interaction and we should not be scared to express them.

The YES! → NO → YES? method is a great tool for setting limits and reaching a I Win-You Win solution, because it allows us to show “assertiveness”, making it clear that what is said strikes a very useful balance between “thinking about myself” and “thinking about you” (my client).

If I decide to be stricter with my principles and stop conceding to the demands of clients like Mr. Segre, I also need to be careful. Otherwise I could easily fall into the “I Win-You lose” box, if what I’m saying is more focused on my interests and values (thinking about myself) and less on yours (thinking about you).

In cases when you feel you should make an exception despite the personal sacrifice required, and you decide to concede and lend a hand, we suggest the following: remind yourself to let your client know that the effort being made to see them then is “an exception and not a rule”, in order to teach yourself and them about the limits so that next time you can say “No” with a smile.

“A ‘No’ uttered from the deepest conviction is better than a ‘Yes’ merely uttered to please, or worse, to avoid trouble”. Mahatma Gandhi



CONCLUSION

Most of us dislike conflict. To avoid them or manage them successfully, it is necessary to follow different steps. For instance, managing objections requires 5 steps. To improve in this area, it is interesting to list the most frequent objections you are facing in your clinic and to brainstorm with your peers for better consistency.

CHECKLIST FOR ASSESSING COMMUNICATION SKILLS AT THE PRACTICE

Check the corresponding box (yes or no).

Initiating the interview	YES	NO
1. I greet the client (obtain name, shake hands)		
2. I introduce myself and clarify role		
3. I demonstrate interest, respect for client/patient		
4. I identify the client's agenda (e.g., reason for the consultation)		
5. I do not interrupt client; allow appropriate time for client to complete opening statement		
6. I clearly state my own agenda		
7. I screen for other issues (e.g., "is there anything else you'd like to discuss today?")		
Gathering information skills	YES	NO
8. I encourage client to tell story (open-ended questions, minimum of two)		
9. I listen attentively (do not interrupt, leave space for client to think before answering)		
10. I facilitate client's responses verbally by using reflective listening (minimum of two)		
11. I use easily understood questions and comments (avoid jargon, e.g., prognosis, gastrointestinal, anatomical terms)		
12. I explore client's concerns and beliefs		
Providing structure	YES	NO
13. I summarize at the end of a specific line of inquiry (internal summary)		
14. I progress using signposts or transitional statements (minimum of two)		
15. I structure consultation in a logical sequence (e.g., gather bulk of information before proceeding to physical exam)		

Building relationship	YES	NO
16. I demonstrate appropriate confidence (no "awesome's", "great's" or "um's")		
17. I express empathy (minimum of two statements)		
Explanation and planning	YES	NO
18. I avoid giving advice or explaining prematurely		
19. I assess client's starting point (e.g., what do they know about vaccinations?)		
20. I give info in manageable chunks		
21. I check for understanding		
22. I avoid jargon (e.g., prognosis, gastrointestinal and anatomical terms)		
23. I organize explanation using signposts and concise and clear sentences		
24. I relate explanation to client's concerns. (e.g., I know you are concerned about vaccinations, let's talk about that)		
25. I offer management options and determine client's willingness to adhere		
Closing the session	YES	NO
26. I provide external summary		
27. I contract with client regarding next steps (e.g., book another appointment)		
28. I ensure appropriate closure (e.g., check concerns, questions, final check)		

Global rating

Global Score	Poor/unsatisfactory < 9	Borderline/satisfactory = 10-14	Satisfactory = 15-19	Good = 20-24	Excellent > 25
(Tick One)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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