

Episode 6 | Talking To Clients: Vet Med Word Vomit

FULL EPISODE TRANSCRIPT

The Joyful DVM PODCAST



with Dr. Cari Wise
Veterinarian
Certified Life Coach

Episode 6 | Talking To Clients: Vet Med Word Vomit

FULL EPISODE TRANSCRIPT

| 1

The four types of client conversations, why we tend to over explain everything, and how we're hurting our own self-confidence, that's what we're talking about in episode 6.

Welcome to the Joyful DVM Podcast. I'm your host, veterinarian, and certified life coach, Dr. Cari Wise. Whether you're dealing with the challenges of vet med, struggling with self-confidence, or you're just trying to figure out how to create a life and a career that you actually enjoy. You'll find encouragement, education, and empowering concepts, you can apply right away. Let's get started.

Have you ever been talking to a client and you see them just totally zone out? So you switch gears to try to say the thing you're trying to explain a different way. You watch for any sign of understanding or consent. And until you get the words from them, acknowledging that they understand what you're talking about or that they get it, you just keep talking. Or have you ever delivered unexpected news and gone into an explanation loop, rationalizing why you decided what you did or why you're recommending something or why what you need to do next is different than what you originally thought you were going to do. Have you heard that little voice in your head, as you're talking, saying to you, "just stop talking". It happens to most of us, and this is what I call, Vet Med Word Vomit.

So let's start and figure out, why does this happen in the first place? We have to first understand why we talk to clients. And there are four main reasons why we talk to clients.

The first one, purely social. This is the greetings that we give them, just general chitchat that occurs. This might happen in the office or outside of the office, just social conversation.

The second one is to get information. So when we're taking a medical history, we asked questions so we can gain information relevant to the pet. This is this very typical conversation inside of an exam room.

The third reason that we talk to clients is to educate them. In this case, we are relaying information that is relevant to the pet. So usually things like preventive care. We're educating them on things like vaccination series and parasite control and all of those types of things. And then we also educate them on things like the policies and procedures of our actual hospital.

Episode 6 | Talking To Clients: Vet Med Word Vomit

FULL EPISODE TRANSCRIPT

| 2

So like what happens when an appointment is scheduled and then they arrive late, that kind of stuff. The fourth reason that we talk to pet owners is to update them. So to relay pet-specific information, things like their lab results or status update after surgery, or if they've been dropped off for the day for examined care, those types of things.

Those are the four main reasons we talk to clients. Number one, purely social. Number two, to ask questions and gather data during a medical history. Number three, to educate them on things like preventive care and hospital policies. And number four, to update them on specific information about their pets, like lab results and how they're doing after surgery or after hospitalization.

If we take a look now at these four levels or four types of client interactions, we can actually assess a risk value to those. So the social, number one, social interaction, pretty darn low risk. Number two, that back and forth with a medical history, pretty low risk. Number three, when we're educating them, that's a medium risk conversation. And then number four, when we're updating them with pet-specific information, that's a higher risk situation.

So what do I mean by these risks associated with these conversations? I'm talking about the risk of confrontation and the risk of an emotional impact on you. So with those no risk conversations that are purely social, there is a very low probability, basically no probability of a confrontation during a social encounter. When you're just greeting, how are you doing? How are things going? That kind of conversation. So there's also because it's a very low/no probability of confrontation, there really is really no probability of an emotional impact on you. Purely social and conversational, it's unlikely to elicit a massive emotional response within you. Now, the low-risk conversations. These are the ones where we're getting a medical history. We're asking questions, we're gathering data. These have a low probability of confrontation, probably a little bit higher than just a purely social conversation, but still generally very low because we're just asking questions and they're answering those questions. We're just gathering data. There's also then a very low probability of an emotional impact on you. Again, it's just data going back and forth information being exchanged.

There really isn't any emotion involved in this. In most cases, if anybody's emotional ask, the questions are asked, it's typically the client and that doesn't usually create any kind of emotional impact within us. Now, once we get to educating clients, the risk goes up, we're going up to a medium-risk of an emotional impact and a medium risk of confrontation.

So what do I mean by that? The medium probability of confrontation comes from when we educate them on what we recommend, as far as things like vaccinations, spay neuter, heartworm prevention, those types of things. And there's then this owner choice, right? They get to decide. So they may decline what we recommend. And when they do that, they often will share their reason why. We also are educating them on our policies and procedures. So what is our hospital policy? If somebody arrives late for an appointment, if you're more than five minutes late, do you need to reschedule, for example? As we are educating them on that hospital policy, there's a medium probability of confrontation because they might disagree and share their opinion about our policies. So that probability of confrontation in both of these cases comes from where they are disagreeing with what we're recommending. And then we feel a certain way when we hear them disagree, that emotional impact then is also medium. If they get upset, as they disagree, then we get upset. If they elicit frustration over our policies, then we often feel frustration. So that's why that emotional impact is a medium risk because it's just completely unpredictable.

We never know how a client's going to respond when we're educating them with information, whether that be medical information about their pets or hospital policy and procedure information. That risk goes up even higher for us, the high-risk category when we're updating pet owners' information specific to their own pets. So things like lab results and their status after surgery and hospitalization. This situation as we're having these conversations has a high probability of confrontation.

Here's what it helps, how we break it down in our own minds. When we relay information about normal lab results, we often anticipate them coming back and saying something about those results and about the money spent, especially when they're normal. So if we're relaying normal lab results, many of us before we ever get into the conversation, we anticipate the response, "I just spent that money for nothing". If we're relaying information about abnormal lab results with a treatment plan, oftentimes as we go into that conversation, we anticipate the response, "I can't afford that treatment. I can't afford to do those things". If we're relaying information about a change in the original plan or the change of status, we anticipate the response, "You did something wrong. That's not what you said you were going to do". We anticipate that they are going to blame us for the change that we're recommending. This high probability of confrontation that we are anticipating is creating a high probability of an emotional impact on us. We are afraid of being attacked for pricing, and we're also afraid of being blamed for the patient outcomes. What's really interesting is all the emotions that we feel going into these conversations before the client ever has a chance to even respond, we're already feeling the worst of those emotions at the very beginning. That makes, that just adds to the high-risk feeling of these conversations.

Episode 6 | Talking To Clients: Vet Med Word Vomit

FULL EPISODE TRANSCRIPT

| 4

The only thing that makes any of this difficult for us is the emotions. And specifically, it's our emotions, the way that we feel in the moment. When we let conversations, just be the exchange of words and we let those words be neutral, then we don't experience a significant emotional event. It only becomes emotional when we interpret the conversation as something other than what it is. Let's look at three examples, hospital policy, number one. Let's say that you've got a hospital policy that if a client is 10 minutes late for an appointment, that they are going to be asked to reschedule. And now you've got a client who has shown up 10 minutes late. When that client walks in 10 minutes, many of us feel angry. Why are we feeling angry? We're feeling angry because we're thinking they don't respect our time. They should have arrived on time. We've got all these rules on what should have happened and that's not what happened. We've got a level one response, and a level two response to this scenario. Level one response, this is what most of us pick. We don't say anything. So we see them, even though they're late, we don't update them or enforce our policy and then we just complain about it later. So they arrive late. We see them. We're mad the whole time. And then when it's all said and done, we complain about it to our coworkers, maybe to our family and friends later.

Our level two response would be for us to remind them of the policy to offer, to reschedule and then what many of us do in this level two response after we've done those two pieces, as we keep talking, we go into an explanation of why the policy exists, why staying on schedule is so important. We really work to make them understand why it is that we are enforcing the policy and why the policy exists. This is a bit of the vet med word vomit. We really could have just stopped when they were late for their appointment. We reminded them of the policy and we offered to reschedule, but we don't. We go into a big explanation of why, and we justify why we do that.

Example number two, educating a client on the benefits of heartworm prevention. We do this every single day, multiple times a day, whether you're a veterinarian or a veterinary technician or practice manager, office manager, receptionist, it doesn't matter. This is an education topic that we use every single day. We often we educate, we give the recommendation, and then the client declines. They might go on to say something like, "There's no such thing as heartworms. You're only in it for the money" and go into that kind of rant that we've all heard a hundred times. We then feel angry. We also feel a lot of judgment toward the clients for their opinion. And we're also pretty offended that they're going into that here when we're just trying to help their pet. If we're angry, what we want to recognize is a lot of the time that anger comes because we're believing that they don't have any right to talk to us that. That judgment comes because we think they should do something different. And oftentimes the sentence in our mind is fine.

When your pet gets heartworm, don't say, I didn't tell you. How many times have we thought that or said that to our coworkers, right? And then we're offended because they have attacked our character when they have said that we were just in it for the money, and we know that we would never do something and recommend something for the pet, just for the money, and so we feel offended. So what do we do? A level one response, many of us would just kind of smile and nod, leave the room. And once we get out of the room, then we start gossiping about the clients with our coworkers. We say, you're not going to believe what she said in the room. I can't believe she said that. And we go into all of that. That is absolutely vet med word vomit level one. Then we've got vet med word vomit level two. This is when our response in the room goes into reeducating. So we can start all over with our educating, trying to convince them. We overexplain all the disease processes and why we are recommending what we're doing and why it costs what it costs. We keep trying to convince them of two things. Number one, that their pet needs, whatever it is that we recommended. And number two, that it's not about the money.

Now, let's take a look at example number three. This is a scenario when you've got a dental that's been scheduled with known extractions. So we knew in advance, we've seen the animal. We had a schedule for dental. We knew there was going to be extractions. And now here we are animals under anesthesia. We're able to do our dental radiographs. And what we find are complicated extractions that need to be referred to a dental specialist. We're terrified of making that phone call. Why are we afraid of making the phone call? We're afraid because we anticipate the client is going to say something about how we failed to do what we said we would do. We also anticipate they may make a comment about the money, something like, "Now I have to pay twice to get these teeth removed". We also anticipate they may say something like, "Since you couldn't do it today, does that mean that it's free"? Those kinds of things. So from there, we launched straight into a level two defense. There really usually isn't a level, one word vomit that goes on here. We're talking straight to level two. We're feeling very defensive. These are the kinds of sentences we typically respond with on these phone calls. I did my best. I really tried. I just couldn't get it. The radiographs showed these things. You use a bunch of medical terms that the client doesn't understand. And so I'm going to have to refer you to a veterinary dentist to do the extractions. Maybe you say some of those teeth, I thought I'd be able to remove, but I just can't do it. So all of that, what we do is we are so afraid of them blaming us that as we start to over explain and kind of describe what's going on, we actually blame ourselves in advance.

All of those sentences, "I did my best. I really tried. I just couldn't do it. I'm going to have to send you to a specialist". All of those sentences are blaming yourself in advance.

Episode 6 | Talking To Clients: Vet Med Word Vomit

FULL EPISODE TRANSCRIPT

| 6

What they also do is they plant the seed of doubt in the mind of the client, a seed that likely we would not have been there had we had the conversation a different way. What we've done is we've taken responsibility for something that we actually couldn't control, which is just patient anatomy. It was what it was. You just have more information now. So you're adjusting your treatment recommendation.

So why do we do this? We do this because we believe if they understand how hard we tried, then they won't blame us, or they won't be mad about going for the referral. We're trying to control their reaction to make it be positive so we can feel better about the situation.

But here's the truth. We have totally misunderstood our responsibility. And what's really going on here. Here are the facts. It's a dog dental, there's radiographic findings. The extraction requires advanced skills and tools and your diagnosis as a medical professional, your medical opinion is to adjust the plan and send it for referral because you believe that's what's in the best interest of the pet. That's the factual information. Notice none of that has anything to do with you. It becomes emotional when you turn the conversation into something other than it is. The intended point of the conversation was to update the status and plan for that pet. The intended focus of the conversation was to relay information about the dog. What we've turned it into is a conversation where the point becomes the ways that we failed, all the reasons why we couldn't help but fail, and a plea for them not to be mad at us. And the focus of that conversation has been on ourselves. As soon as we start talking about ourselves and we couldn't do, it becomes Vet Med Word Vomit. It's just too much information.

Why do we do this?

It all comes from fear. We have fear of judgment of our abilities, and we have fear of complaints about money, which we perceive as judgment of our character.

There are three keys here. Number one, we think if we explain it all and explain it and explain it and explain it, then they won't judge us. Number two, if they don't judge us, then they don't say ugly things. And number three, if they don't say ugly things, then we did a good job.

No, no, and no! The tone of client interactions does not measure your success. The client's opinion of the sequence of events, the new data and your role is irrelevant. Only the dog and its medical care actually matter.

Episode 6 | Talking To Clients: Vet Med Word Vomit

FULL EPISODE TRANSCRIPT

| 7

Our self-doubt and opinions of our own performance have no place in conversations with clients. It's subjective. It's not rooted in fact, and it plants seeds of doubt unnecessarily.

Vet Med word vomit is a great indicator that you have some work to do on yourself. We only gossip and complain about clients when we take their words and actions personally. We blame them for how we feel. We only over explain and insert ourselves into the patient scenarios when we don't believe in ourselves. We are afraid they will blame us for how they feel. It's a fundamental misunderstanding of where emotions come from and emotional responsibility. We allow our emotional well-being to be determined by the things outside of ourselves. We perpetuate our own low self-confidence and this culture of Vet Med victimization, as a result.

When we intentionally remember that our emotions are only created by our own thoughts and never by what the people say or by the things that happen around us, then we can let the patients just be the patients. We can let the clients, just be the clients, and we can let the data just be the data. We can then let go of the responsibility for the way the client reacts and the way the patient responds to treatment. We can then focus on just doing our best in any situation with the information and resources we have available at the time. And we can learn to experience all of the emotion that comes with it without judging it and without, trying to change it.

As we really start to practice and understand that those emotions really are just created by our own thoughts, this is how we build self-confidence. It's how we start enjoying our careers. And it's how we change the culture of victimization in veterinary medicine.

If you want to learn more about how to do this, check out my free webinar@joyfuldvm.com/ webinar. That's gonna wrap it up for this week and I'll see you next time.

Thanks for listening to the Joyful DBM Podcast. To check out additional episodes or grab a copy of our latest free resources, please visit our website@joyfuldvm.com. And if you enjoyed this podcast, please consider leaving your review on iTunes and sharing it with your friends. We can change what's possible in Vet Med together.