

Exam Communication Mastery

Wendy S. Myers, CVJ, President, Communication Solutions for Veterinarians Inc., 720-344-2347, wmyers@csvets.com, csvetscourses.com, csvets.com, Facebook.com/csvets, YouTube.com/csvets

Meet Your Consultant



Best known as the “Queen of Scripts,” Wendy Myers knows the right words will lead clients to say yes to your medical recommendations, driving patient and practice health. As founder of Communication Solutions for Veterinarians, she teaches practical skills through online courses, onsite and virtual consulting, and conferences. Wendy’s experience as a partner with eight veterinarians in an AAHA-accredited specialty and emergency hospital helped her understand issues that practice owners and managers face. A certified veterinary journalist, she has authored six books and has monthly columns in *Veterinary Practice News* and *dvm360* magazines, ensuring her industry knowledge is relevant for today’s veterinary teams. Learn how Wendy can train your team at csvetscourses.com.

This course is US Copyright 1-14342275961 by Communication Solutions for Veterinarians Inc. All rights reserved.

What you will master:

- Strategies and scripts to increase compliance for preventive services, products, and procedures
- Understand body language and how to use it during exam conversations
- Present treatment plans so clients accept care

BONUS: Facilitator’s guide to implement the training

Strategies and scripts to increase compliance for preventive services, products, and procedures

Veterinary hospitals have two types of exams: wellness and problem-oriented exams.¹ **Wellness exams** involve preventive care such as examinations, vaccinations, heartworm/tick testing, early detection screens, and flea/tick and heartworm preventatives. **Problem-oriented exams** deal with medical issues or perceived problems. Both types of exams may occur in the same appointment—the veterinarian diagnoses dental disease during a wellness exam, or a client is worried about a health issue that ends up being normal (i.e., bleeding gums in a puppy that is teething).

Change your terminology. To help pet owners understand the importance of preventive medicine, replace “wellness exam” with “preventive exam.” I have two indoor cats. If I’m a typical cat owner, I might assume my indoor cats don’t need wellness exams. Tiny word makeovers can change clients’ perceptions.

Create distinct exam codes. Never use a catchall code such as “office call,” which also sounds ridiculous because you don’t pay to call the vet’s office! Exam codes drive reminders for future visits. Reminders will be triggered based on patients’ health status and age.

Exam codes	Reminder interval
Pediatric preventive exam	Every 3 to 4 weeks until 16 weeks of age
Adult preventive exam	6 or 12 months
Senior preventive exam	6 months
Disease-management exam	Set interval based on disease and stage

Once you diagnose patients with chronic conditions, switch them from preventive to disease-management exams. Doctors will define the frequency of follow up based on the disease and stage (i.e., Stage 1 vs. 4 renal disease). To get started, identify the top 10 chronic conditions you diagnose such as renal disease, cardiac conditions, diabetes, arthritis, and thyroid problems. You might see a cardiac patient every six months while a cat with Stage 4 renal disease is assessed every three months.

Client communication needs to happen before, during, and after appointments. An American Animal Hospital Association (AAHA) study found repetition of the message increases compliance.²

Before the Appointment

List services and products due in recall notices. Recalls are messages sent to clients who have patients due for care but haven't scheduled appointments. When you send recall messages, list all services and products due such as exams, diagnostics, specific vaccines such as Lyme, and preventative refills. Depending on your practice information management software (PIMS) and third-party reminder service, you could include hyperlinks or client information sheets about Lyme disease or other preventive health topics as attachments.

Send online forms with appointment confirmations. Clients will complete and submit forms based on the reason for visit before appointments. This saves 10 to 15 minutes that technicians and assistants previously spent asking history questions at the start of appointments. Veterinarians and technicians can review clients' answers before exams and ask follow-up questions, resulting in efficient use of exam time.

Use appointment type templates in your scheduling module so they trigger the right confirmations based on the reason for visit. A feline adult preventive exam will trigger a wellness history form while a sick-patient exam will trigger a medical concern form.

Consider intake forms for these appointment types:

- Adult canine wellness exam (age 1 to 6)
- Adult feline wellness exam (age 1 to 6)
- Anesthesia/surgical consent
- Boarding reservation
- Grooming appointment
- Medical concern/sick pet exam
- New client
- New puppy/kitten
- Progress exam
- Quality of life
- Second opinion consult
- Senior canine wellness exam (age 7 and older)
- Senior feline wellness exam (age 7 and older)
- Specialty consults such as orthopedic, reproductive, or behavior appointments
- Technician appointments

Let's look at examples of questions on three intake forms:

1. Adult and senior canine wellness exam forms to ask risk assessment questions about Lyme disease such as:

- Have you seen any fleas or ticks on your pet?
- Which flea/tick preventative do you use, and when did you give the last dose?
- Do you travel with your dog to areas where ticks or mosquitoes may be present?
- Have you ever found a tick on your dog or on any other pet or person in your home?

2. Senior canine and feline wellness form can ask questions to assess mobility, sleep patterns, changes in house training, mentation, eating, drinking, etc. Lap of Love has a geriatric pet questionnaire at <https://todaysveterinarypractice.com/wp-content/uploads/sites/4/2022/02/Geriatric-Questionnaire-Lap-of-Love.pdf>.

Mobility: (Check all that apply.)

- Needs assistance getting up

- Dragging feet/toes
- Change in gait/walk
- Has difficulty jumping
- Must navigate up/down stairs in or outside the home
- Needs assistance climbing stairs

3. Technician appointments

Lake Road Animal Hospital in Horseheads, N.Y., has a technician appointment form at <https://lakeroadanimalhospital.com/nurse-curbside-care-form/>. The form also asks, “Are there any additional questions or concerns?” As staff members save completed forms, they review answers. If a client wrote in “hot spot” under additional concerns, a client service representative (CSR) will call to explain that a doctor appointment is needed to diagnose the health concern and choose treatment. This prevents clients from mistakenly scheduling technician appointments when doctor exams are needed.

Reason for technician appointment: (Check all that apply.)

- Vaccine booster (Specify which vaccines) _____
- Nail trim
- Blood test previously recommend by veterinarian
- Heartworm/tick test (dogs)
- SQ fluid therapy
- Laser therapy treatment
- Anal gland expression
- Ear cleaning
- Urine testing previously recommend by veterinarian
- Fecal/intestinal parasite screen
- Cytopoint injection
- Other _____

How you phrase history questions matters. Don’t ask, “Do you give your pet heartworm preventatives?” in online forms or in-person. The client may say “yes” but gave the last dose four months ago. The right words will help you assess dosing compliance and emphasize that preventatives are medically necessary. A better way to ask: “**Which** heartworm preventative do you give your pet, and **when** did you give the last dose?”

Here are examples of history questions for preventive appointments:

Discussion area	History question
General	Have you noticed any lumps, bumps, growths, non-healing sores or swellings? Have you noticed any coughing, sneezing or difficulty breathing? Has your pet been vomiting? Does your pet have any ear problems (head shaking, scratching, sensitivity, odor, discharge)? Have you noticed any excessive itching or scratching?
Behavior	Has there been any change in your pet’s behavior? Does your pet show signs of aggression to people or other pets? Does your pet show any destructive behaviors (scratching, chewing objects)? Feline Does your cat urinate or defecate outside of the box? Does your cat spray?
Environment	Canine Do you take your dog to a groomer, dog park, boarding facility or stores where it could have contact with other dogs?

	<p>Is there wildlife in your area (mice, squirrels, birds, possums, raccoons or skunks)?</p> <p>Does your dog encounter other pets or their environments?</p> <p>Does your dog have an opportunity to drink from standing water outdoors (ponds, puddles)?</p> <p>Does your dog sleep with you or your children?</p> <p>Feline</p> <p>When was the last time your cat went outside?</p> <p>Does your cat live in a multi-cat household?</p> <p>Has your cat ever fought with other cats?</p>
Elimination habits	<p>Have you noticed any changes in bowel movements (consistency or frequency)?</p> <p>Have you noticed increased drinking or urination?</p> <p>Does your pet strain to urinate, take a long time to urinate or have accidents in home?</p> <p>Does your pet leak urine?</p>
Nutrition and weight management	<p>What diet do you feed your pet? (Brand, amount, wet/dry)</p> <p>How big is the cup?</p> <p>What treats / table food do you give your pet?</p> <p>Have you noticed any changes in your pet's weight?</p>
Activity level	<p>Describe what your pet does daily.</p> <p>What activities do you do with your pet for exercise?</p>
Oral health	<p>What dental care do you provide at home?</p> <p>When eating, does your pet drop its food, chew on one side or eat more slowly?</p> <p>Have you noticed bad breath, drooling or sores in your pet's mouth?</p>
Parasite control	<p>Which flea/tick and heartworm preventative do you use? When did you give the last dose?</p> <p>Do you travel with your dog to areas where ticks or mosquitoes may be present?</p> <p>Have you ever found a tick on your dog or on any other pet or person in your home?</p>
Preventive screening	<p>When was the last time your cat was tested for feline leukemia and FIV?</p> <p>Discuss need for preventive blood work and urinalysis.</p>

Develop problem-oriented exam history questions based on the chief complaint such as skin, vomiting, diarrhea, limping, etc. Here are examples of history questions for a patient with chief complaints of vomiting and diarrhea:

- How often is the pet vomiting?
- What color is the vomit?
- What does the vomit consist of?
- Has the pet eaten any toys, blankets or towels?
- Is the patient defecating normally?
- What does the stool look like (color and consistency)?
- How often is the patient defecating?
- Does your pet strain to defecate?
- When did the diarrhea start?
- Do any other pets in your home have vomiting and/or diarrhea?
- Has your pet traveled recently?
- Have there been any stressful events such as moving, visitors, a new pet, or fireworks?
- Has your pet been recently bathed or groomed?
- Which brand of food do you feed your pet, and how much do you feed each day?
- What treats or table scraps does your pet eat?

During the Appointment

Stand to greet clients upon arrival. When pet owners walk through the door and approach the front desk, CSRs should stand up to get on the same eye level as clients. This body language communicates you're eager and ready to help. Know the next upcoming appointments so you may greet clients and patients by name, which establishes rapport and trust. Praise clients who completed intake forms and pre-appointment instructions such as bringing a pet's stool sample for preventive appointments. If clients didn't complete intake forms in advance, hand them tablets to complete forms now or have technicians or assistants ask history questions at the start of exams.

SAY THIS: *"Hello, <client name> and <pet name>. Thanks for completing your intake form in advance. I will let Dr. <Name> and his/her technician, <technician name>, know that you've arrived for <pet name>'s checkup. Did you bring a stool sample?"*

Screen medical records for client compliance before exams. Veterinarians and technicians should have a game plan before the exam door swings. Which vaccines and diagnostic tests are due? When were the last preventatives purchased, and how many doses were sold? Is the client sharing preventatives between multiple pets? Is the patient on chronic medications that require drug monitoring? Which food and medication refills are needed? What is the status of other family pets? When you search for compliance gaps, you will fix them during today's exam.

Compliance Checklist³

Check YES if the patient is compliant with your protocols. Check NO if the patient is not compliant.

Client name _____ Patient name _____
 Date _____ Reason for visit _____

Preventive exam

Yes No
 Current

Vaccinations

Yes No
 Core _____
 Non-core _____

Parasite testing and preventatives

Yes No
 Intestinal parasite screen
 Heartworm/tick screen
 Flea/tick control: Brand _____ Quantity ____ Date of last purchase _____
 Heartworm preventative: Brand _____ Quantity ____ Date of last purchase ____

Dental care

Yes No
 Recommendation for professional dental cleaning/treatment
 Dental home care Products _____

Nutrition

Yes No
 Appropriate weight for age and breed
 Weight-loss program recommended

- Current on therapeutic diet

Preventive diagnostics

Yes No

- Adult preventive screen
 Senior preventive blood and urine screen

Chronic medications

Yes No

- Current on refills
 Current on drug monitoring test

Microchip

Yes No

- Chip implanted
 Scanned, confirm that client has current contact info on file with microchip company

Download canine, feline, and pet lifestyle assessment forms from AAHA and IDEXX at <https://www.aaaha.org/practice-resources/pet-health-resources/preventive-care/>.

Check product purchase history. Review buying of preventatives, diets, and long-term medications. When assessing preventative purchase history, identify:

- When were preventatives last purchased?
- How many doses were sold?
- Is client sharing a box of preventatives among pets?
- Do other pets in the household need refills?

Check vaccine status. Identify whether you previously discussed the need for non-core vaccines such as Lyme disease with the client. Did the client accept or decline the Lyme vaccine on the last visit?

Create a learning environment. The exam room is your classroom. Every exam room should have the same teaching tools. Which teaching tools are in your exam rooms?

- Models
- Slideshows on exam computers or tablets
- Digital photo frames
- Posters
- Bulletin boards
- Scary heartworm jar
- Product displays (Tip: Display empty boxes of preventatives to avoid theft.)

Create slideshows on preventive care topics to play on exam room computers. Waiting time is learning time. When computers hibernate, slideshows will feature educational tips on parasites, early detection screens, dentistry, and other preventive services. Design slideshows with photos and captions in PowerPoint, then export them as jpeg files to play as slideshows. You also can use digital photo frames.

Display educational information about non-core vaccines such as Lyme disease. The Companion Animal Parasite Council offers U.S. and Canadian prevalence maps for heartworms, intestinal parasites, tick-borne diseases, and viral diseases such as feline leukemia. In Saratoga County, New York, 1 in 10 dogs has tested positive for Lyme disease in 2024.⁴

Have technicians or assistants introduce themselves and explain their role. SAY THIS: *“Hello, <client name> and <pet name>. I’m <name>, the technician who will assist Dr. <Name>.”*

Thanks for completing your intake form, which I have reviewed and will ask you follow-up questions. I will get your pet's vital signs and then Dr. <Name> will join us. Does <pet name> have any health or behavior concerns that you want to discuss with the doctor?"

Use client and patient names frequently. This technique keeps conversations intimate and caring, advises Dr. Ernie Ward, chief veterinary officer of VerticalVet in Charlotte, N.C., and founder of the Association for Pet Obesity Prevention.⁵ Refer to owners respectfully ("Mrs. Jones") and show you care for their pets (and her sweet little girl, Sandy").

Preview services at the beginning of exams. The technician or assistant will say, *"I am <technician name>, who will assist Dr. <Name>. <Pet name> needs an exam and vaccines for distemper/Parvo, Rabies, Bordetella, Leptospirosis, and Lyme. We will test for intestinal parasites and heartworm/tick diseases. Max needs refills of flea/tick and heartworm preventatives. I will tell you about rebates so you may save the most. What questions may I answer before we begin?"*

Use the action word of "needs" when discussing services due rather than the wiggle word of "recommend." Clients may hear that Lyme vaccination is just a recommendation and is not medically necessary.

If the pet owner doesn't understand or declines Lyme vaccination, the technician will explain, *"Lyme disease is transmitted to humans and animals through the bite of infected ticks. Symptoms may include lameness, swollen lymph nodes, joint swelling, fatigue, and loss of appetite. Lyme disease can cause serious kidney complications. Two boosters are given several weeks apart the first time your dog is vaccinated, and then it is given annually. Shall we vaccinate your dog for Lyme disease, or do you want to talk with the doctor?"*⁶

Use yes-or-yes technique to lead the client accept the vaccine or to get more information from the veterinarian. With further education, the client may agree to Lyme vaccination.

Explain the pyramid of protection. Protecting dogs from Lyme disease is like a three-legged stool. The first leg is testing for tick-borne diseases, which is a recurring annual screen. Say "recurring" instead of "routine" to communicate that the test repeats annually and is medically necessary. The second leg is vaccinating for Lyme disease annually. The third leg is giving flea/tick preventatives monthly. This pyramid of protection is best. If you remove one of the three legs, the stool will fall over. Likewise, if the dog is unvaccinated for Lyme vaccine, it cannot be fully protected with the remaining two legs of flea/tick preventatives and testing.

Have doctors reinforce protocols. Before the doctor enters the exam room, the technician will let the veterinarian know if a client questions or declines a vaccine. The veterinarian can explain area prevalence, health consequences, and cost of treatment. This additional information from an expert may persuade the pet owner.

Almost no one refuses when Dr. Chris Brockett, owner of Saratoga Veterinary Hospital in Wilton, N.Y., tells clients: *"<Technician name> shared that you declined the vaccine for Lyme disease for your pet. We live at ground zero for Lyme disease in both pets and people. While core vaccines such as rabies, distemper, and parvovirus are important, the likelihood of your pet being exposed is quite small. On the other hand, the chances your pet will be exposed to Lyme disease are quite high. I know this because our doctors diagnose multiple dogs every week. Lyme disease can create chronic inflammatory disease and, in severe cases, kidney damage in your pet. Almost*

everyone I know has a friend with Lyme disease and those inflammatory problems. The vaccine is extremely safe and protects dogs against the disease they are most likely to encounter in their lives. Lyme vaccination is an important one to include with our services today. Shall I vaccinate your dog for Lyme disease, or do you need more information?"

Follow up if clients decline vaccines or other services. The first “no” is not the final “no.” Have technicians make medical callbacks one week later. Create a service reminder called “Lyme vaccine needed” that will print on the client’s receipt and trigger a callback in seven days. The outpatient technician will call the client because they have an existing relationship, and the client is more likely to remember the technician who helped with last week’s appointment.

SAY THIS: *“This is <technician name> with <hospital name>. I enjoyed seeing you and <pet name> last week. Dr. <Name> asked me to follow up with you on our discussion about the need to vaccinate <pet name> for Lyme disease. Because <pet name> is current on a doctor’s exam, we can schedule a technician appointment to give the Lyme vaccine. The cost of the vaccine is \$ __. Our next available technician appointments are <date, time 1> or <date, time 2>. Which do you prefer?”*

Use the doctor’s name to bring credibility and authority to the call. You also communicate that Lyme disease vaccination is medically necessary. Explain the vaccine cost and that paying for another doctor exam isn’t required. Use the two-yes-options technique to nudge the client to schedule a technician appointment.

If the client continues to decline, note the decision and callback in the patient record. Tell the client, *“I will let Dr. <Name> know your decision and note it in <pet name>’s medical record. If you need more information about Lyme disease or want to move forward with vaccination, please call us. We appreciate the opportunity to care for <pet name>.”*

If you leave a voicemail message, send a backup text because 67% of people don’t listen to voicemails.⁷ Your text can mirror the callback script and include your phone number and a link to online scheduling.

Education and persistence can have your team persuade more clients to say yes to Lyme vaccination for their pets. Take a similar approach if clients decline diagnostics or other services. Patient and practice health will improve as a result.

Discuss early detection screening. Whether screening for asymptomatic illnesses or establishing baselines for patients’ health, the benefits of recurring preventive screening are significant. Use the term “early detection screen” instead of “wellness test.” By detecting problems before they escalate, you can create treatment plans that can prevent further deterioration of health and potentially prolong life.⁸ An early detection screen can double as preanesthetic screen if the patient also needs a dental procedure.

An IDEXX Laboratories study of 5,016 hospitals with 268,817 exams and preventive screens (Chem 22 with IDEXX SDMA and CBC) found results that required veterinary follow-up in:⁹

- 1 in 7 adults (dogs aged 3 to 6 years, cats aged 2 to 8 years)
- 1 in 5 seniors (dogs aged 7-10 years, cats aged 9 to 13 years)
- 2 in 5 geriatrics (dogs aged 11+ years, cats aged 14+ years)

Share age analogy charts that compare human to pet ages. After asking history questions and getting the patient’s vital signs, the technician will educate the client about an early detection screen before the doctor arrives. Gaining client acceptance lets you collect one blood sample for multiple tests. The technician would say, *“Just like people, your dog’s health will change as he ages. Let’s see how*

old your dog is in human years.” Download a dog chart at www.pethealthnetwork.com/dog-health/dog-checkups-preventive-care/how-old-your-dog-people-years and a cat comparison at www.pethealthnetwork.com/cat-health/cat-checkups-preventive-care/how-old-your-cat-people-years. Print the dog and cat age analogy charts in color, laminate them back-to-back, and keep them in exam room drawers for use during client conversations.

The technician would say, *“Your 8-year-old Golden Retriever is 55 in human years. Because pets age faster than people, changes may happen quickly. Our senior early detection screen will identify changes early. Think of this screen as an internal physical exam that lets us see inside to check the health of organs. Our senior early detection screen is the most comprehensive and affordable. This includes your dog’s annual heartworm/tick screen, intestinal parasite screen, thyroid function, and urinalysis to determine hydration and kidney function. I will collect blood and urine samples now, and you will have results during today’s exam / tomorrow.”* Set expectations for when results will be delivered based on in-house or reference lab testing.

Explain costs upfront. Say, *“Our early detection screen is \$___. Shall I collect your dog’s blood and urine samples, or do you want to talk with the doctor?”* The technician guided the pet owner to yes, avoiding a yes-or-no choice. If the client declines the early detection screen, reply, *“Before I collect the blood sample for the heartworm/tick screen, let’s have the doctor perform an exam and answer your questions.”*

Veterinarians explain medical services at the start of exams. SAY THIS: *“Hello, <client name> and <pet name>. I’m Dr. <Name>. My technician shared your pet’s vital signs and information on what you’ve already discussed. Let me ask you questions about your pet’s health, and then I will perform a nose-to-tail exam. I will explain what I find. Does your pet have any health or behavior concerns that you want me to address today?”*

Verbalize your physical exam. Give clients play-by-play descriptions as you cover each body system. Let clients look, listen, and see. Show them red, angry gums. Take them to your microscope to see ear mites. Let them listen to a heart murmur. Understanding moves the conversation forward to accept treatment.

Vaccinate patients in front of clients. Veterinarians can explain the purpose of each vaccine as they give it. This action shows value for professional services and that the vaccine was administered.

Discuss preventive screening. Exam findings may reinforce the need for testing. After asking history questions and performing the exam, the veterinarian should answer “Why is this early detection screen important?” for the client. Share your medical expertise and supporting research.

SAY THIS: *“I understand that <pet name> looks healthy. Let me share research that will help you make the best choice for <pet name>. A study found preventive screening revealed health concerns in 1 in 7 adult pets. Early detection will let us identify changes and manage health conditions. If results are normal, we can celebrate and have a baseline for reference as <pet name> ages. Our lab has a tool that lets us track trends over time. Each time we screen, we will compare it to previous results.”*

Ask for a commitment. Use a closing question such as:

- What questions may I answer about your pet’s early detection screen?
- Shall we perform your pet’s early detection screen?
- Do you need more information, or have I explained enough for you to decide?

Share a consistent message about preventatives. Have your team write a script of two to three sentences about heartworm disease, including how it is transmitted, how to prevent it, and the need for annual testing. The annual cost of preventatives can be less than 10% of the cost of treatment.¹⁰ Clients need to understand that heartworm disease can be fatal, and there is no treatment for cats. Prevention is the most affordable and proactive choice.

Dispense preventatives during exams. Failing to dispense preventatives puts patients' health and pharmacy income at risk. Research shows 66% of dog owners leave the clinic without heartworm preventatives.¹¹ Among clients who buy heartworm preventatives, they only purchase an average of 8.1 doses per year.

Have doctors and technicians discuss preventatives in exam rooms. It's not just what you say, it's where you say it. Don't leave preventative conversations up to CSRs at the checkout desk. When clients leave exam rooms, they have mentally checked out and may dismiss CSRs' attempts to sell preventatives.

Don't ask—tell clients when they need refills. Asking, "Do you need any refills today?" could leave pets unprotected. You know the purchase history and when refills will be due. Say, "*<Pet name> has one dose left of <brand> for heartworm and intestinal parasite protection. Let me tell you about our instant rebates so you may save the most.*"

Offer 12 doses first. This reinforces your standard of care for year-round protection. If clients can't meet the expense of 12 doses, offer six today and autship the next refill of six doses through your online pharmacy. If clients can only afford single doses, set up monthly delivery of single doses of preventatives with free shipping through your online pharmacy. Heartworm preventative dispensing went from an average of 5 ½ doses when sold in-clinic to 11 doses when auto shipped.¹²

Understand body language and how to use it during exam conversations

Body language accounts for 55% of communication.¹³

Share your smile. A warm, caring smile invites clients into conversations. Offer a joyful grin when meeting a new patient and say, "*Welcome to the family, <pet name>!*" For problem-oriented exams, offer a compassionate smile and say, "*I'm so glad you're here today so we can help <pet name> feel better.*"

Make eye contact. Have good and extended eye contact with clients, especially when they are answering your questions, advises Dr. Ward. Be careful not to bury your gaze into your computer or medical record as you write down their responses. Direct eye contact shows you're interested in what clients are saying, and you're really listening.



Sit down. Have a stool with wheels in every exam room. Besides the physical relief of sitting for a few minutes, you'll enjoy a more engaging conversation because you're on the same eye level and have removed physical barriers between you and the client. Cross your ankles while seated. Place your medical record or tablet on your lap or the exam table and refer to it as sparingly as possible, advises Dr. Ward. Place your hands in your lap unless using them to illustrate a point. This body language tells clients, "You have my full attention." Standing from a seated position also signals when you're wrapping up the conversation.



Mirror the client's posture. If the client is sitting and you are standing, you are in a position of dominance. If a client is standing, you should stand. Be on equal footing and at the same eye level. If the client is seated, sit in a chair next to her. If the space will be uncomfortably close, kneel next to the client. Comfortable personal space is the distance of a handshake. This veterinarian is demonstrating positive body language by leaning forward, getting on the same eye level, petting the dog, making eye contact, and gesturing to the client. The pet owner is responding by leaning forward. Without hearing the words exchanged, you can “see” the communication during this interaction.



Avoid physical barriers between you and the client that block communication. Don't stand behind the exam table and talk across it. Besides blocking communication, this posture is confrontational. When sharing written information such as treatment plans, medication instructions, and handouts, position yourself shoulder-to-shoulder or L-shaped next to the client. This allows you to read information right-side up and point to key instructions. This collaborative body language shows you're partners in healthcare decisions. Use a highlighter to mark details that clients will need to remember. Clients also may need to share instructions with family members who were not present for the veterinary visit.

Have a confident posture. How you sit or stand signals your mood. A slumped posture can indicate boredom. A relaxed posture suggests a person is calm. A shifting posture may indicate discomfort. Whether you're sitting or standing, your upper body should be relaxed and leaning slightly towards the client. Maintain open position, avoiding crossing your arms.¹⁴

Stay focused to stay on time. While client bonding is important, you don't have time for chit-chat. Getting off topic could add an extra 5 minutes to every exam and accumulate to running 30 minutes behind for afternoon appointments. Keep referring back to the purpose of the visit, advises Dr. Ward.

Doctors and technicians should have a secret code to rescue a veterinarian who is trapped in an exam room with a chatty client. If you have three exam rooms, the technician could say, *“I have an urgent care patient waiting for you in Exam Room 4.”* An assistant could say, *“Doctor, is there anything else I can get ready for you as you wrap up this appointment?”* The zinger: *“Doctor, I have the veterinary oncologist on the phone asking to speak with you about the patient you referred yesterday. Are you able to talk now?”*

Besides paying attention to the body language you project, observe clients' body language. Their body language discloses their true feelings:¹⁵

Rocking back and forth signals a person is impatient or anxious. Adults rock back and forth when they're uncomfortable to calm themselves during anxious moments. Incorporate the client's perspective to achieve a shared understanding.¹⁶ Say, *“I realize this diagnosis is a lot of information to take in. What questions do you want to ask me?”*

Fidgeting may indicate a client's nervousness. Tapping feet or wringing hands can be a sign that the person is anxious or irritated. Let's say you diagnosed a senior cat with Stage 4 dental disease and discussed the need to treat. The client won't look you in the eye and is fidgeting with the cat's carrier. Invite a conversation. Say, *“I know an anesthetic procedure for a senior pet brings up questions. I can explain our anesthetic protocols. What are your concerns so we may talk about them?”*

Beware of the bobble head. People who constantly nod their heads in a “yes” movement while you speak may be pleasers who aim to make you feel comfortable. They desire to be liked. Constantly nodding says, “Like me. I agree with everything you say, so like me back.” These people are often

insecure and fear rejection. Ask a clarifying question, “*Do I understand correctly that you want us to proceed with your pet’s treatment?*”

Crossing arms is a defensive gesture. This posture shows the client feels uncomfortable and wants to protect herself. Don’t say, “I’m sorry you had to wait.” This reinforces the client’s negative emotions. Instead, say, “*Thank you for your patience. I know your time is important, so let’s get started.*”

Present treatment plans so clients accept care

Create value when discussing care. Acceptance (buy-in) and compliance (follow through) of clients depends on perceived value, whether the value of a vaccine, test, treatment, or medication is greater than its cost, advises Dr. Jon Klingborg, author of *Exam Room Communication for Veterinarians: The Science and Art of Conversing with Clients*. Perceived value is why one client says yes to a proposed plan while another says no.

Perceived Value = Benefit / Cost of Delivery

For clients to say yes, they must perceive that the benefits are greater than the cost of delivery. Your role is to help clients understand the benefits. Cost of delivery is not about money alone. It’s also about the time and effort that the action will require. Empathy is a critical tool in medical communication. Empathy is the ability to recognize, understand, and share the thoughts and feelings of others.¹⁷ The medical team is responsible for providing guidance and information while clients are responsible for choosing solutions. Clients are treated as equal partners in healthcare decisions.

Using empathetic statements saves time and improves client satisfaction, explains Dr. Klingborg. Empathy facilitates the process of taking a history and discussing the diagnostic and/or treatment plan. For example, “I understand how messy it is for a pet to have diarrhea for three days.” Studies have shown appointment times were longer and more frustrating for both the doctor and client when opportunities for expressing empathy were missed, he says.

Key steps to effective empathy include:

1. Recognizing the presence of clients’ feelings (anger, grief, fear, frustration, joy, love of pet, etc.)
2. Stating your understanding of clients’ feelings such as:
 - I understand...
 - I am concerned that...
 - Thank you for letting me know about...
 - I hear that you’re worried about...
 - I know this is a difficult decision...
3. Offering support and partnership such as:
 - I will do everything I can to help you and <pet name> through this.
 - You did the right thing by seeking medical care today.

Help clients “see” the problem. Most people are visual learners, with 65% comprehending best when shown an image, model, or graphic that demonstrates the problem or treatment.¹⁸ Visual learners may take notes, snap photos or videos with their smartphones, or draw a picture to understand a concept.



Take photos to illustrate the need for treatment. When you see bleeding gums, a broken tooth, or skin infection, take a picture with your smartphone. Show clients what you see. Smartphones let you adjust exposure, crop, and mark up images. Zoom and crop to enlarge images of painful conditions such as resorptive lesions. Use the print feature to send the photo to a blue tooth or network enabled color printer. Text or email images to clients and share them online in patients’ portals. Save digital photos to patients’ electronic medical

records. Take dental photos during each preventive care exam, which gives you pictures to compare the progression of dental disease over time. Sharing photos lets clients participate in the discovery phase.



Share dental models with clear gums. Pet owners don't realize 60% of the tooth surface is below the gumline and can't be seen on physical exam. Use dental models when explaining why you take x-rays to see below the gumline. Order clear canine and feline dental models through veterinary distributors or www.im3vet.com.

Don't say "estimate." "Here's the estimate for your pet's procedure" may have clients feeling that it's "all about the money." Replace the term "estimate" with "treatment plan," which emphasizes needed medical care. The right words, body language, and teaching tools will get more clients to say yes. Dentists use the term "treatment solutions."

Provide treatment plans on the day of diagnosis. Clients need to know what care their pets will need and the associated fees. You want to give them enough information to decide today. A treatment plan serves four purposes:

1. Gives you legal permission to treat
2. Explains needed medical care
3. Shares anticipated cost of care
4. States payment and deposit policies

Present treatment plans in the exam room. Don't email them later. You cannot have an engaging discussion, share visual aids, and answer questions by email. Delaying the delivery of the treatment plan tells clients that professional care isn't urgent, important, or medically necessary.

Have technicians or assistants present treatment plans. Never have CSRs give clients treatment plans at checkout. Clients may feel uncomfortable asking medical and financial questions in a public lobby. Because technicians perform dental procedures, they are best positioned to explain procedures and anesthetic protocols in the privacy of exam rooms. Your medical team should take lead in discussing procedures. Doctors may want to discuss the steps of complex surgeries such as orthopedic procedures, but technicians will still have money conversations.

SAY THIS: *"Let's discuss the treatment solution for your pet's dental disease. I will review the services and fees with you, so you may decide."*

This script uses the phrase "treatment solution" in place of "estimate." Use the word "fees" instead of "price." Consumers perceive that they may negotiate prices, but the term "fees" is understood to be non-negotiable.

Show how care happens. Create photo books, digital slideshows, and videos to illustrate steps of procedures. Take a photo of each professional service listed on your treatment plans, from your in-house lab to patients receiving nursing care during recovery. Pictures and videos are valuable teaching tools because few clients have seen pets under anesthesia. Take kid-friendly photos because children will want to see the images you're showing to their parents. Take a photo of a smiling technician in your in-clinic lab to demonstrate preanesthetic testing—don't show a jugular blood draw on a patient (frightening!). Use websites such as Shutterfly, Walgreens, or Costco to create photo books. Place photo books in each exam room and your lobby. For a digital option, create slideshows on digital photo frames, tablets, or exam room computers. When computer hibernate, your slideshow becomes the screen saver.

Avoid wiggle words. Never say, "I recommend..." during exam conversations. Clients hear it's just a recommendation and is NOT medically necessary. Don't risk declined vaccines, treatments, diagnostics, or medications. Replace the wiggle word of "recommend" with the action word of "needs."

Answer “Why should I treat?” Invite a discussion to move the client’s decision forward. The veterinarian would say, “<Pet name> has Grade 1 dental disease. He needs a dental treatment now to treat the infection, reduce dental pain, and slow the progression of his dental disease. As his dental disease gets worse, serious health problems will happen. Bacteria in the mouth passes through the bloodstream and can permanently damage the kidneys, heart, liver, and lungs. Early treatment can help prevent painful abscesses and possible oral surgery. Because oral health impacts overall health, you will see long-term benefits. I will have my technician explain the steps of a dental treatment, our anesthetic protocols, and fees. What questions may I answer about my diagnosis?”

Address fear of anesthesia. This is the elephant in the room. Pet owners said 1 in 3 veterinarians and 1 in 2 technicians did not mention anesthetic risk.¹⁹ Imagine how clients may feel when they learn their beloved pets need to be anesthetized for procedures. Let’s turn FEAR into TRUST.

Dive headfirst into clients’ concerns. Anesthetic death is a possible, but less common occurrence. Risk of anesthetic death in dogs and cats is 0.17% and 0.24% respectively.²⁰ When categorized by health status, risk of anesthetic death in healthy dogs and cats drops to 0.05% and 0.11%. Discuss your anesthetic protocols.

SAY THIS: “Your pet needs preanesthetic screening, which includes blood and urine tests. These tests are an internal physical exam that lets us check organ function and identify any unknown conditions. If results are within normal ranges, we will proceed with confidence. If results aren’t normal, we will discuss additional treatment before proceeding or postponing the procedure. We will monitor your pet’s blood pressure, heart rate, and body temperature throughout the procedure. Your pet will have an IV catheter to let us administer fluids for hydration and give medications. One technician will monitor anesthesia and your pet’s vital signs, while another technician will perform the dental procedure. Your pet will have an IV catheter to let us administer fluids for hydration and give medications. We will text you when we start your pet’s procedure. The doctor will call you to explain findings of the comprehensive oral exam and x-rays while your pet is anesthetized. You will get another text when your pet is awake. What questions can I answer about your pet’s procedure and our anesthetic protocols?”

Explain services before sharing fees. After explaining your diagnosis and the steps of treatment, share the cost of care. Your treatment plan should list services in the order they will be delivered. For example, preanesthetic testing is listed before anesthesia. Treatment plans will have a high and low range.

Offer financial solutions. Fear of anesthesia and the cost of care are the top two objections you’ll face. Don’t wait until the end of the appointment to mention financing. Economics and emotions intertwine when clients learn their pets need treatments. Address the elephant in the room head-on: Cost, according to the eBook, *Language That Works: Changing the Way We Talk About Veterinary Care*, from the American Veterinary Medical Association with educational funding from CareCredit and Pets Best pet health insurance.²¹ Use language that works such as, “We can help you with payment options for veterinary care.”

SAY THIS: “The expected amount for your pet’s dental procedure is a range of \$__ to \$___. Because 60% of the tooth structure is below the gumline, we will take dental x-rays while your pet is anesthetized. We will text/email/call you if x-rays identify additional oral surgery or care that is not included in this treatment plan. Our hospital accepts cash, checks, and credit cards.



We offer financing options through the CareCredit credit card. The treatment plan includes a link where you can learn more about CareCredit.”

CareCredit can create a custom link for your hospital where clients can learn about financing, see if they prequalify and then apply, and calculate and pay on their own (<https://www.carecredit.com/providers/custom-link/>). The link is customized with your hospital's name and CareCredit merchant number. Add the customized CareCredit link for your hospital to every treatment plan template as the last line item. Circle or highlight it so clients know where to get more information. Share the CareCredit link in email and text confirmations, social media posts, treatment plans, website banners and buttons, and QR codes.

Lead clients to schedule today. SAY THIS: *“Dr. <Name>’s next available procedure days are <date 1> and <date 2>. Which do you prefer?”*

When your medical team improves communication skills, you’ll create stronger bonds with clients that result in better patient care and practice health.

Which goals will you implement from this training?

1. _____
2. _____
3. _____

Facilitator's Guide: Exam Communication Mastery

Choose a facilitator to lead your team's discussion. Create plans to implement goals you learned in this training program.

1. Which online history forms will you create?

2. What body language will you improve to increase understanding during client conversations?

3. Which teaching tools will you add to each exam room?

References for Exam Communication Mastery:

- ¹ Klingborg J. *Exam Room Communication for Veterinarians: The Science and Art of Conversing with Clients*. AAHA Press; 2011.
- ² Six Steps to Higher-Quality Patient Care, American Animal Hospital Association, 2009:20.
- ³ Adapted from *Six Steps to Higher-Quality Patient Care*, AAHA, 2009.
- ⁴ Companion Animal Parasite Council. <https://capcvet.org/maps/#/2024/all-year/lyme-disease/dog/ united-states/new-york/1874-saratoga-county>. Accessed Oct. 3, 2024.
- ⁵ Ward E. Let's Talk About It: Getting the Best Medical History from Your Clients. <https://www.dvm360.com/view/lets-talk-about-it-getting-best-medical-history-your-clients-proceedings>. Accessed Oct. 8, 2024.
- ⁶ Lyme Disease. Cornell University College of Veterinary Medicine. <https://www.vet.cornell.edu/animal-health-diagnostic-center/laboratories/serology-immunology/lyme-disease>. Accessed Oct. 3, 2024.
- ⁷ 22 Business Phone Statistics. Numa. <https://www.numa.com/blog/22-business-phone-statistics>. Accessed Oct. 3, 2024.
- ⁸ 5 Tips for Talking with Clients About Preventive Care. IDEXX, 2023. <https://www.idexx.com/files/preventive-care-ebook-en-us.pdf>. Accessed Oct. 8, 2024.
- ⁹ Promoting Preventive Care Protocols: Evidence, Enactment, and Economics. American Animal Hospital Association 2018:12.
- ¹⁰ Rehm C. Successful Heartworm Prevention: Cracking the Compliance Conundrum. <https://todaysveterinarypractice.com/parasitology/ahs-heartworm-hotlinesuccessful-heartworm-preventioncracking-the-compliance-conundrum/>. Accessed Sept. 4, 2024.
- ¹¹ Jones S. The Invisible Threat You Can Help Prevent: Heartworm Disease. https://docs.boehringer-ingelheim.com/Heartworm_Flip_Book.pdf. Accessed Sept. 4, 2024.
- ¹² Garrison G. No Place Like Home (Delivery). *VetAdvantage*. https://vet-advantage.com/vet_advantage/no-place-like-home-delivery/. Accessed Sept. 4, 2024.
- ¹³ Albert Mehrabian. Wikipedia. https://en.wikipedia.org/wiki/Albert_Mehrabian. Accessed Oct. 8, 2024.
- ¹⁴ Gray C, Moffett J. *Handbook of Veterinary Communication Skills*. Wiley-Blackwell, 2010:7-12.
- ¹⁵ Glass L. *I Know What You're Thinking: Using the Four Codes of Reading People to Improve Your Life*. John Wiley & Sons, 2002.
- ¹⁶ Gray C, Moffett J. *Handbook of Veterinary Communication Skills*. Wiley-Blackwell, 2010:33.
- ¹⁷ Empathy. *Psychology Today*. <https://www.psychologytoday.com/us/basics/empathy>. Accessed Oct. 4, 2024.
- ¹⁸ Klingborg J. *Exam Room Communication for Veterinarians*. AAHA Press, 2011:27, 29, 160-162, 34-35.
- ¹⁹ Midwestern University College of Veterinary Medicine, Glendale, Ariz., 2016 online survey to explore clients' understanding of anesthetic risk.
- ²⁰ Brodbelt DC, Blissitt KJ, Hammond RA, et al. The risk of death: the confidential enquiry into perioperative small animal fatalities. *Vet Anaesth Analg* 2008;35:365-373.
- ²¹ *Language That Works: Changing the Way We Talk About Veterinary Care*, American Veterinary Medical Association. September 2021. <https://www.avma.org/blog/new-ebook-reveals-best-language-use-clients>. Accessed Oct. 8, 2024.