



### Staci Baldwin RVN

Staci has been working in practice since February 2010 and qualified in January 2015. She worked mostly in first opinion practices initially but more recently as a locum nurse in bigger hospitals. She has always been very involved with consultations, reception and anything else client facing especially as in her first practice that she was with for over 7 years the nurses also worked on reception. She joined the Veterinary Client Mediation Services (VCMS) in July 2019 and a huge reason she was attracted to the position is that she has always enjoyed being a problem solver; in practice she would often be the person people would come to for advice or ideas on how to approach different situations, she loved finding solutions to problems. She's also always felt as a nurse that we sometimes sit in the middle with clients and vets so will often see things from both sides. Joining the VCMS has given her a great insight to client and practice relationships and ways we can improve to work more harmoniously together because a strong trusting relationship between practices and clients plays a huge part in providing all round great care and customer service. Email: [stacibaldwin@vetmediation.co.uk](mailto:stacibaldwin@vetmediation.co.uk)

# Communication in veterinary practice

**Staci Baldwin** RVN

Veterinary Client Mediation Service, Herts, UK

We all know that communication is key in veterinary practice. As we become more experienced, it is easier to recognise when the client is not as happy with the service provided as they could be. There are some tips that can help you recognise when this is occurring and how to prevent it or how to approach the complaint to ensure a mutually beneficial outcome. It is important that the practice and client try to resolve the issues themselves but there may be times when mediation is called for. The RCVS fund the Veterinary Client Mediation Service (VCMS) which is a voluntary, independent and free mediation service for clients whose animals have received veterinary care and for the veterinary professionals providing that care.

## Why is communication so important?

So why is communication so important and how can that affect your relationship with your clients?

This may seem like a very simple question and in short it is the foundation of what we do day in, day out; communicate. But perhaps that can mean we do not always stop to think about how we can be better at it.

Spending time on reflecting how we can improve our communication can yield better client relationships and subsequently less complaints, after all it is better to be proactive than reactive.

Miscommunication in practice can alter either the decisions the client makes or the clinical decisions the veterinary surgeon (VS) makes, this can then have consequences for how the client feels about the VS's clinical decisions. At VCMS we often find most of a client's clinical concerns originate from miscommunication.

Miscommunication can then bring about a level of distrust from the client and sometimes this can be hard to repair.

So, if we flip it around, this essentially means great communication can lead to great clinical care, something both veterinary staff and clients want for all pets (Figure 1).

## Things we can do to improve communication

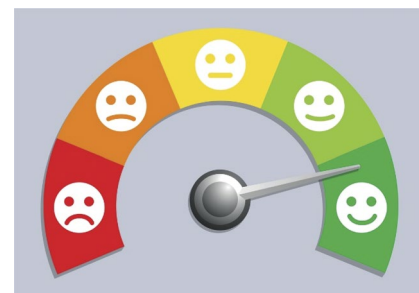
So, we know communication is important but how can we look to improve it and apply these improvements to situations in practice?

Scenarios can often crop up within practice where communication breakdown can result in a complaint and there are ways to avoid these situations occurring.

One main thing to consider when communicating with clients is figuring out how they communicate themselves so you can mirror this.

Are they the type of person to write things down and would therefore benefit from having what you have discussed with them on paper? Perhaps they have asked you to simplify things, in which case it would be best to avoid using too much veterinary terminology when communicating with them in the future. On the other-hand, you may come across people with a medical background, most likely in human healthcare and they appreciate terminology being used. People with careers that involve graphs and numbers often appreciate being given statistics.

Now you might be reading this and thinking to yourself, how on earth will you know



**Figure 1.** Change a dissatisfied client to a satisfied client.

someone's background to be able to apply these things? Well, you might not, but often in gauging the type of questions they ask, you could get an idea of how to reciprocate communication with them in the most effective way; being able to become a consult chameleon and adapt your communication style to your clients is a useful tool to have under your belt.

Now, what about the types of things that are a part of the everyday tasks within practice, one of the first things most nurses will do as they start their day is admit patients, I am sure many of us could not count the number of consent forms we have had clients sign, the difficulty with doing something over and over again is you often develop a set way of doing it. That is not to say it is wrong, but one of the most common things we hear at VCMS when dealing with complaints is that clients feel the risks were not fully explained to them or they admit to us they did not read the form.

Informed consent is a key element within practice, it is written in our code of professional conduct. You will usually find that referral practices are very good at individually listing possible complications on a consent form that relate directly to the procedure the patient is having but this is perhaps not something that is done as much within first opinion practice. Wherever possible providing the client with as much information as you can to allow them to make an informed decision is key, even mentioning something as simple as suture reactions. As professionals we know this is something that is a possible complication of most surgical procedures, but we cannot assume that our clients do. Check the consent forms you use in practice and consider whether you could make some of the more common risks a little clearer.

The next step is to ensure we encourage the client to read the form properly before they sign it and ask if they have any questions. This may take a few more minutes with the client during the admission but could save the team a lot of time later on avoiding a possible complaint. A good tip and probably one of the simplest ways to avoid clients just signing the form is to not hand them a pen until they have read it and confirmed they do not have any further questions.

It is also important to remember to record anything significant in the clinical history that you might have discussed, this will apply to all situations and not just admits so whether you are taking a call, discharging a patient or giving an update, taking a few

moments just to record what was discussed. This will be beneficial for everybody, particularly in the cases where the client has declined procedures such as pre-op bloods or fluids. Always think to yourself, if you had to revisit this conversation in six months time would you be certain of everything that was said and what would you have to back that up; or if you left the practice tomorrow, how would the rest of the team be able to know what you discussed with the client today?

## Record keeping

Good record keeping is a pivotal part of supporting communication within practice. Once the patient has been admitted, communication with the client does not end there, particularly for unwell patients that might be staying for a few days or more. Keeping the client updated regularly whilst they are with you is crucial, we have to remember the client is used to having their pet home with them every day so many owners can feel anxious being away from them. When updating the client, we generally like to focus on the clinical aspect and one thing that can often be missed is ensuring to update the client on costs. One of the best things a practice can do is to have a protocol in place for this, is it the vet's responsibility or the nurses? Do you have the facility to send text updates to the client? How frequently are you going to update them?

By having a specific protocol in place, you can avoid this aspect being missed and then getting into the tricky situation where the bill has gone beyond what a client expected or can afford which could lead to a complaint.

Another common scenario we often see at VCMS is when things might change within surgery, a common one is dental procedures particularly because it can be difficult to know how many teeth the patient might need extracting before they are anaesthetised. In these situations, it is critical to inform the client when both the extent of the procedure might change as well as the costs, this can also happen if an unforeseen complication arises during surgery. It is important for the team involved to stop and think about whether this could affect the client's decision to proceed which comes back to informed consent. Unless it is a life-threatening situation, a few moments can be taken to call the client and provide them with what has been found, how this might change things and confirm if they wish to proceed. Clients will usually

always appreciate being kept up to date at each stage of their pet's care especially if this may also change the estimate they have been provided. This will often be something a nurse may have to discuss with the client if the vet is scrubbed in.

Overall, it is very important to not just regularly review the way we all approach things clinically but to also explore how we can make either minor or major changes to improve communication throughout the practice that can help to maintain positive relationships with clients.

## Avoiding escalation

Let's now explore what to do when clients start to become agitated or unhappy. We have all had those situations where we feel the client is not fully on board with something or has some concerns. They may make a small comment, be very upfront or may even come across quite disgruntled. It can be hard to know how to approach these situations in the right way but picking up on these signs early on and acting upon them can make a huge difference in maintaining a good relationship with the client going forward and avoid the team spending a lot of time with a complaint later on.

It is very common for the client to not express these concerns with the VS in the consultation, you will often find they will say something at the reception desk, perhaps in post op checks or to the nurse that brings the patient out. This is why being prepared for these situations as nurses is important because it is likely we will encounter them, especially if you also help with reception in your practice.

Once you become aware the client may have concerns, the key is to do something there and then rather than hope it will not progress into something more.

If a client indicates there is something they are unhappy about, do not be afraid to ask them to expand on this concern so that you can understand more about what has led them to feel this way. This will show the client you care about how they are feeling and will hopefully help them feel more at ease to open up. If necessary, take them aside, away from other clients waiting so that you can have a private conversation.

The key thing to understand is that you do not have to resolve things there and then it is just about opening up that communication channel for both sides in the early stages but

do try to gain an understanding of what the client is looking for as a resolution.

Once you have listened to the client, if you feel this is not something you or a colleague can answer for them immediately, there is no harm at all in advising them you have listened to their concerns but feel this is something that will take a little time to look into. Ideally giving them a timescale in which you think you will be able to provide them with a response as this sets an expectation for both sides.

It can also be beneficial if the client has a lot of concerns to ask them if they would be able to put everything down in writing so that you can explore things further with the necessary members of the team.

At this stage it is most often the case that a practice manager or clinical director would then take it on. There are often nurses that have progressed into practice manager roles so this may be a part of their job role to manage these situations.

When looking at the clients concerns try to pinpoint if there are supporting documents you can provide the client when providing them a response, if there are clinical aspects do hospital sheets/ anaesthetic forms help to provide certain information? Are there

studies or statistics that can also help when trying to explain what has happened with the client or support clinical decisions that have been made?

We must however be slightly cautious with these aspects as using lots of terminology and medical references with a client can cause them to feel more confused; try to use these materials but do not overcomplicate them or it could make the situation worse. In mediation, I have heard clients say they felt the practice were just trying to use science with them so that they would not understand.

Another common issue within mediation is where we will be provided with all the documents by the practice to use as a tool to discuss particular concerns, however, the client will often say they have not been shown them before and this can lead to disbelief that these were always available. Therefore, introducing documentation early on can help to alleviate that potential distrust at a later stage or even more importantly help in stopping the complaint escalating to the stage of mediation at all.

If you have a complaint arise that was perhaps unforeseen, ensure to respond promptly to acknowledge receipt of the complaint and again set a timescale that is

reasonable for the concerns the client has put forward to be explored. If there is likely to be a delay in providing the response, keep them updated as an already angry or frustrated client will only become angrier and more frustrated if they feel their concerns are not being addressed as a matter of importance. You could write the best response possible but it would likely not be enough to resolve things with them if you do not keep to the timescales discussed.

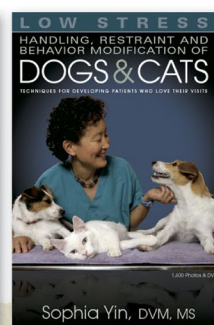
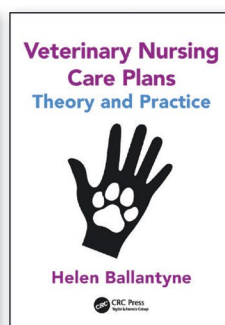
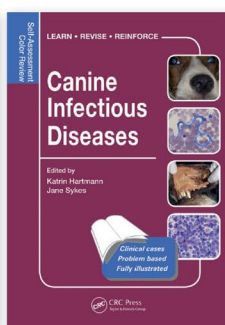
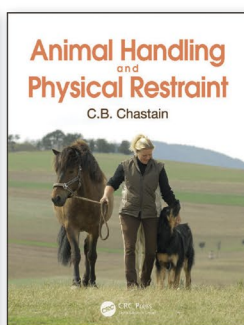
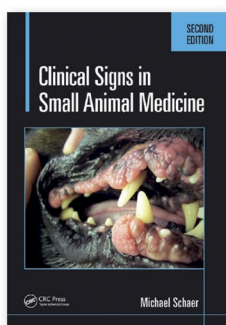
Another common reason we have clients come to us for mediation is that they want to understand what might have been learnt from the situation or to know whether the practice has implemented any changes going forward?

When responding to a client, be open with them and express if there have been learnings, was a meeting held about the case? Has there been reflection about what happened? Have any changes in protocols taken place? Do not be afraid to include these in a response to the client as they can really help the client to feel their complaint has been taken seriously.

Taking the time to provide a response that explores communication, empathy and learnings as well as clinical aspects in many cases can help to resolve the situation.

## Exclusive 20% Discount

on all CRC Press books for VNJ readers



Simply visit [www.crcpress.com](http://www.crcpress.com) and enter code **VNJ18** when ordering to claim your 20% DISCOUNT, plus free shipping!

