Central Line: The AAHA Podcast Transcript
Episode Title: Talking to Clients about Science
Guest: Deborah Thomson, DVM

Katie Berlin: It's such a pleasure to have you, Dr. Thomson. Before we get started, would you mind just giving us a little bit of background information about who you are and what it is you do?

Deborah Thomson: Oh boy. Yeah, my career is not a ladder, it's definitely a jungle gym,

KB: We like that around here.

DT: Okay, well, before going to vet school, I was teaching. My youngest student was five or six, and my oldest student was 65.

Then I went to vet school and I heard about One Health, and that just blew my mind, honestly. Then I did an internship, and I went into clinical medicine full-time, but after my 10 to 12-hour work days, to relax, I created lessons for children and adults about One Health.

Then I got to be the AVMA's Congressional Policy Fellow, so I moved from the West Coast to Washington DC, and that's where I am right now. And from there, working in policy on Capitol Hill in Washington DC, I learned a lot about communication with people with… substantial influence, let's say that.

So communicating in the classroom, communicating with the general public in the appointment rooms, and then communicating with politicians - it's an art. And from that experience, I wrote a book called The Art of Science Communication.

KB: I bet you're one of those people who always has amazing stories to tell. I would like you, if you wouldn't mind, to start with a story that illustrates what you love most about your job.

DT: I remember going to the interview at vet school, and there are two things that I said that still hold true today. I said I wanted to be a vet because I wanted to take care of animals, but also the people relying on those animals, be it for emotional support, for food, whatever it is, I saw that whole picture. I still see that every single day in the hospital when I'm working. It's not just the old client who just lost her husband or his partner, and who's keeping the memory alive through their dog. It's also thinking about what flea and tick preventative do we need if there's a toddler running around the house, because their hands go everywhere.

And then the other thing that I really like about the profession as a whole is it's so flexible - you could do whatever you want in this profession.

KB: I love that so much because that is definitely a soapbox for me too. My job is hardly what people think of when they think of a veterinarian, and even though I've spent many years in the clinic, there are so many ways to use what we know, and I love hearing stories from people who have found unique ways to use what they know. And I also love what you said about how you're treating the people as well, and that ties in a lot to what we're talking about today, which is communication. I always feel like our real patient is the bond between the patient and their people, whether they're a milk producer or a family pet, and the communication is absolutely the backbone

of the relationship that we have with that family.

Today, what I really wanted to talk to you about is talking to clients about science.

I think we have all been in that exam room where we're faced with this client who just doesn't want to hear what we have to say about why the pseudoscience or whatever they read on the internet is probably not in the best interest of their pet's health or their family's health. So I just want to start off with the big question: Why do clients come in and argue with us about science? Why don't they just listen?

DT: Okay, there are two different ways to respond too, you could tear out your hair, that's option one.

Or you could take an internal deep breath, and listen to them and think they mean well, and they're doing the best with what they've got. We all typically do the best with what we have. It gets extra tricky when there are two people in the appointment room and one person says one thing. And you know how it goes.

KB: Yeah, it can feel like a face off real quick.

DT: Totally, right? And then you're the third wheel. It's a case between then typically. The goal of having that conversation go in your favor and towards the science is to say, "I understand that there's a lot of information out there. I get it. I see it too. What I'm providing to you is information that I have from sources that I really do trust. And I know this from veterinary school. I know this from experience. And here are the websites that I really like. You're welcome to bookmark them." And then see what their response is. Sometimes they're like, "Yeah, okay, whatever." And then at that point, just print it out so they can leave it in their car, and then their spouse or partner can find it.

The first thing is to introduce them to what you value as a clinician, as a science professional, as a scientist. And then open up a conversation. And stay even keeled. People pick up on that.

KB: And especially because it's so emotional for so many of them too. I like what you said there at the beginning, where you said you have to assume they're doing the best with what they've got. Assuming good intent is so important. We want them to assume that about us. And it's so important that we do them that courtesy back, even if it's not being delivered in a way that makes us feel that way. Oftentimes, it's just an emotional topic.

DT: Right. Sometimes clients say to me, "Oh, I'm such a bad owner." I'm like, "You're not allowed to say that. You're in the vet hospital with me. You are a good owner because you got here." And that just annihilates any judgment.

KB: Do you think it's possible to change someone's mind who seems like they're absolutely dedicated to believing this pseudoscience that they read online? Do you think with the right approach, you can actually change people's minds?

DT: I think reading the room is definitely the first step in how to change somebody's mind. For instance, I know raw diet is controversial. I was taught that raw diets should not be in the home.

When I was in veterinary school, raw diets were not allowed in the hospital for lots of different reasons. So if somebody swears by raw diets because it's best for the dogs' or cats' intestinal tract, for instance - that's the assumption, and another vet has told them that - then I tell them the story about my vet school, where it wasn't allowed through the front door. And it poses a problem for people who are possibly immunocompromised.

Bringing something so simple as dog food up to a family concern – it opens up people's minds.

KB: A lot of times it's not the veterinarian who's getting faced with this question first. It might be the front desk when somebody calls for a recommendation or when they are asking them if they want to take a bag of dog food home, or it might be the veterinary technician who's taking history before the exam even starts. And they're getting sort of barraged with things like, "Oh, I don't believe in that. I don't think a Lyme vaccine is safe for my dog. I read it online." So the entire team has to know how to communicate with clients about this stuff.

Do you think it's possible for vet teams to get ahead of this by either talking to clients a certain way from the beginning or having specific training about it so that they can head this off at the pass?

DT: Yeah, such, good questions. Yes. First off, huge shout out to front desk folks. Thank you, thank you, thank you so much for what you do. You are what makes a hospital. Because you are the front lines for the good, the bad, the ugly. As veterinarians, I think I can speak for all veterinarians, we value you because you make us.

And then the technicians... Bravo to you. We simply cannot do our jobs without you.

It really is about educating the public, our clients, before they get to the vet. If you see that there are concerns from the owner about a vaccine, something that's really important to mention is that all vaccines, all medications, anything you put in your body has possible side effects. That's just the way it goes. You know, just say it matter of factly, "That's just the way it goes." So let's review possible side effects of vaccines. If you see any sleepiness or decreased appetite, not a big deal. If you see facial swelling problems breathing, hives or vomiting, that's when you get on the phone and you call us, or if we're closed, this other number, a local ER. Chances are, we're not going to have to deal with it, but it's always good to review and have a conversation about this before we get started.

KB: We are supposed to talk about vaccine reactions with everybody, and I don't think we do that. And if we do, it's often because the client has asked, "Will I notice anything after this?" or "I'm worried about giving her three vaccines at one time."

I know there was a study recently that vaccine hesitancy was increasing before COVID. So even before COVID, the vaccine hesitancy in people seemed to be spreading into the veterinary world, so now I can only imagine after the last two years what people are thinking when they come in and we're recommending all these vaccines, even though they're not new, and they're so safe.

DT: Right. So what they pick up on are those outliers, and I think it would even hurt us if we ignore those - because then they're like, "Wait a second, again I heard this from my friend. You're telling me my friend's lying?" You know what I mean? But if we can just nip it in the bud and say, "I say this to everybody, so just hear me out. Signs of vaccine reactions are rare, but …" and then do your thing. Then put it in your SOAP.

When it comes to how I record it, I say, "Reviewed possible signs of vaccine reactions." And also, especially for little dogs, I would say, "You know, we can space them out. We don't have to give so many vaccines at once. Just come back in three weeks, and that way you'll see if there's a vaccine reaction and we'll know if it's because of that particular vaccine." And owners typically do that, because you booked that appointment already when they were in the building.

KB: That's also nice too because you're a lot more likely to get away with one vaccine in a dog who's a little bit scared. I'm coming from a Fear Free hospital, and splitting vaccines made me really happy for some of those animals.

I think a lot of the team probably feel like they shouldn't bring up vaccine reactions because it can sound negative, but that's just a perception, and if we sort of treat it matter of factly like you just did, saying the serious ones are really uncommon, but if they happen, we can deal with them - I think that's really, really smart advice.

I wanted to switch tracks a little bit here. You are a science policy advisor. That is an amazing job. And I just want to know what that was like. Do you have any stories you can share from doing that job? What was your day like doing that? Are you still doing it?

DT: I serve as a technical advisor to a senator right now, without naming names, so I serve to help advance legislation, bills, especially focused on One Health. My portfolio on The Hill, on Capitol Hill, was really One Health. In my policy space, I was handling public health, global health, agriculture. Certainly, the pandemic fell right in my lap because it covers everything, right? And animal health and well-being, because they knew I was a vet.

I was fortunate enough to get that position when I applied for the AVMA's Congressional Policy Fellowship. So I moved cross-country to go to Washington DC. AVMA pays for the year (you have a set salary) and then they don't tell you what to do or what not to do. They don't tell you what to work on or what not to work on. You are not a lobbyist with AVMA. AAAS, which is the American Association for the Advancement of Science, who publish Science Magazine, are the ones who train you along with about 200 other people who are often not in veterinary medicine. They could be particle physicists or chemists or evolutionary biologists or PhDs. They train you how to work in policy, how to work on the Hill.

And then you have this opportunity to have interviews with lots of different offices on the Hill that have desk space for you, and you share what you would like to work on in the policy space, and they tell you what they need from you, and you see if it's a match. So it's just like a job interview, but you arrive in Washington DC without knowing where you're going to be working. You know it's going to be somewhere in the Senate or in the House of Representatives, but you don't know where. And you don't know exactly what you'll be working on, which is all that more exciting.

KB: That is really exciting and to somebody like me who likes to plan, that's also very scary! So where did you end up working?

DT: I worked in Senator Dianne Feinstein's office, from California.

KB: When it comes to exam room communication, there is a little bit of politics involved, you have

to make sure that you're reading the room, like you said, and communicating in a way that is not inflammatory and not reactive. Take that times a billion and that's working on Capitol Hill! Did you learn lessons from that position and from the communication that you had to do there that you can carry over into practice?

DT: Yes. Oh my goodness, the stories that I have. Reading the room is number one. I have a lot of interns with me for One Health lessons, and I tell them that the very first step to strong communication with another person is to actively listen. Don't be the first one in the room to talk. Listen, see how they say things, see what they avoid saying, think through why they could be avoiding saying certain things. Is it because of fear? Is it because of ulterior motives?

Then when it comes to the Hill in particular, I was in a room with a lot of constituents, so the voters coming in could be scientists, physicians, veterinarians, engineers… they would come in and pitch their idea for a bill that could hopefully become a law, and they gave us the information that they have at their disposal on one piece of paper with all the important information, just like client handout. And sometimes, often times, they missed the mark. After the meeting was done, my colleagues would come at me and say, "Deb, can you just translate that for us? What does that mean for us?" And that happened so many times that that's what this book came down to.

KB: The Art of Science Communication, which we'll link to in the show notes.

DT: Ultimately, time after time, the mark was missed, and I saw that there was good intention, but they didn't take that last step - or they said it a way that was confusing for the folks that speak policy. I thought, "Okay, there needs to be a guide for people."

KB: That really fills a need because it's something the whole team could read and share. It’s something we don't learn in vet school. We might have classes that in discuss communication, but there's so little exposure until we get out and then we're like, "Now what?"

DT: Oh my gosh, Katie, I had flashbacks just now. I remember in final year in vet school, they recorded us. They had a video camera up in the room, and you're just one on one with the client. So I do my thing, I come out, and then the only feedback was, "Okay, that was good." And then I'm going to be graduating in how many months?

In this book, the entire middle section is how to communicate with clients about science. I talk about living in veterinary medicine in a good part of that book.

KB: I feel like those skills are essential for just living today, because as veterinary professionals, we know so much and we forget that the people who are leaving scary comments on the internet, on news sites, don't necessarily have the background we have. I do feel like sometimes we go into that exam room armed for battle, because we feel like the people that we've been seeing leaving these comments, who sometimes are our friends, which is the worst feeling, then are also in the exam room facing us, and we just go in with that internet warrior attitude. Do you feel like that's true?

DT: I totally hear you. I feel like if there are people coming to the veterinary hospital and they have information that's not completely accurate, that's misinformation. Let me just mention this because it is all over the news and people say disinformation and misinformation, so let's just break that out a little bit.

Misinformation is that unintentional "Oopsie, I got something wrong." Disinformation is purposefully feeding falsity - feeding error to the general public. That's a form of manipulation. So misinformation can be managed because the intentions are good. Disinformation comes from not a good source.

KB: It's like you said - listen to what the client is saying and not saying, and they may tell you where they've heard this information, and that can also give you an idea of how to approach the conversation. Maybe their aunt told them something about her dog that she heard from her cousin's vet, and then it's probably not going to be quite accurate. And it's different if they've been going to a certain website about dog food, and they've been fed information that is absolutely not true. That requires a different conversation, and neither one requires judgment because they don't know.

And this reminds us to make a distinction when we're talking to people - that not all incorrect information is coming from the same place or the same intent.

Okay, so the internet can be our friend and it can be our enemy, and when it comes to science information, a lot of times we feel like we're sort of beating our heads against the wall battling this constant influx of both misinformation and disinformation. Do you have any tips for how we can kind of use the internet to our advantage to help with these science communications rather than blaming it?

DT: Let's say [they need to know about] congestive heart failure. Something complicated that stresses the owners out legitimately. They can go on lots of different websites and get lots of different information, but I do like veterinarypartner.com. I do like AAHA. I do like anything associated with a veterinary school.

I print out at least the first page of the website, and I tell people, "Bookmark this page." Use technology to your advantage. Have somebody go back into the room, if you physically can't, and have them say, can you read this information, and the doctor will be back in very shortly, and we'll talk you through this. But this is some information I want to provide to you.

Then at least they're not sitting alone in the room, freaking out, worrying about their dog, right? At least they have some answers, which takes care of a bit of stress, even though congestive heart failure is a serious matter.

KB: I'm just thinking about that from a position as somebody who's been a patient in a lot of doctors' offices recently. I've been battling with a mystery neurologic thing, and it's so scary. And until you're the patient, or the owner of the patient, and you're sitting in that room alone and you don't have answers, and you're waiting half an hour for the doctor to show up that you waited weeks to get in with, and you don't feel good, and you're worried that they're going to tell you it's something bad, and then you're worried that they're not going to be able to tell you anything… It is one of the scariest experiences imaginable. We should update owners periodically and make sure they're not just sitting in there with no information, but we don't think about that.

And if we don't give them a website they're going to Google, and then who knows what's going to show up? I know this because I spent a lot of time Googling because nobody said, "Here, I know we're not finding answers, here's a website I really like, if you want to read about the some of the differentials that we're talking about." I wanted scientific papers, but I would have taken a website.

And that is incredible advice that seems so simple and it's something we just don't do.

DT: I know it's incredibly stressful, and it's not just for the patient - it's for the people who love those patients, whatever species we're talking about. It ties in to not just seeing the patient but the whole environment around the patient.

KB: Giving them sources of good information before they even might ask, because a lot of people won't even ask.

I have one more question for you. We've talked about a lot of ways that we can refine our communication and our approach, but when it comes to the entire veterinary team working together to modify that approach and talk to clients about science in a way that's effective and productive and empathetic, what would you say is there one step that any practice or team could take tomorrow to start doing that?

DT: I think a good guiding principle is to stay humble and admit when you don't know the answer. You don't have to say, "I don't know." Say, "We don't know what causes this yet, but we at least know how to manage it. Maybe in 10 years it's going be different, but at this time, that's where we are." Just have a clear conversation about what can be done, what can't be done and set the expectations very early on. Have those expectations set very early on, that's the basis of any strong relationship. Be clear and respect the other person.

KB: I think that is probably the best advice for vet teams and for us as humans when it comes to any kind of crucial conversation. Be clear, set expectations and be respectful. Sounds simple but sometimes takes some effort.

Dr Thomson, thank you so much. You are very wise. I am very excited to check out your book. Like I said, we'll link to it in the show notes because I think it probably is something that almost every veterinary professional could learn a lot from, and it's been really fun talking you about all of your different roles and adventures and the things that you've done. I wish we had more time to talk more about it because you're just a really fascinating person. Thank you so much for spending so much time.

DT: Thank you so much, Katie, for the kind invitation. It's been such a pleasure.