

Central Line: The AAHA Podcast Transcript

Episode Title: Should We Have a Client Code of Conduct?

Guest: Cyndie Courtney, DVM

0:00:04.2 Katie Berlin: Hi, welcome back to Central Line. I'm your host, Katie Berlin, and I'm here with a very good friend of mine. Dr. Cyndie Courtney, welcome to Central Line.

0:00:13.1 Cyndie Courtney: Hi, I'm so glad to be here. Thank you all for having me.

0:00:15.4 Katie Berlin: This is super exciting, and what's even more exciting is that we are in the same room. This is not a trick of the camera, we are in the same room, in a hotel room, at the Westin Poinsett in Greenville, South Carolina. We're here for the Uncharted Conference, and it's a privilege to be able to talk to you in person about something that I know you're so passionate about, and that you've introduced a lot of people to over the last year, so very excited about all that. We'll get to that in a second.

0:00:43.8 Cyndie Courtney: I'm excited to be talking about it too. Any time you give me a chance to talk about jerks, I'm excited.

0:00:47.9 Katie Berlin: See, I love that. Because who says that?

0:00:51.2 Cyndie Courtney: I know. I'm kind of weird.

0:00:52.4 Katie Berlin: Yeah, people try to avoid talking about jerks, but you can actually make a career out of talking about jerks.

0:00:56.8 Cyndie Courtney: Most people also try to avoid talking about abscesses, but we're veterinarians, so we're weird.

0:01:01.1 Katie Berlin: That's true, yes. I have met a couple of vet techs who don't actually like abscesses - they do exist. For the most part, I feel like we're an abscess-friendly population.

0:01:10.8 Cyndie Courtney: I've also met people who don't like chocolate.

0:01:13.2 Katie Berlin: Well, true. There's no accounting for taste.

0:01:15.4 Cyndie Courtney: It takes all kinds.

0:01:16.3 Katie Berlin: Yeah. Cheesecake, that's kind of universal.

If there's one thing we've learned in the last two years, it should be that there are no universals. I just never learn this lesson. Anyway, well, I'm universally glad to see you. And I was wondering, before we get going into the meaty topic that we're going to talk about today, if you would mind introducing yourself to our listeners, if they haven't met you before, what it is you do, and how you came to be sitting in this chair?

0:01:46.6 Cyndie Courtney: Sure, yes. Again, I'm Dr. Cyndie Courtney, and I am both a practicing small animal veterinarian, as well as the founder of The Jerk Researcher, which is a workplace

conflict consultancy. And on the one hand, I guess during the day, I help patients and clients just like you all and then I also help people who are dealing with toxic team members at work, helping prevent and cope with those behaviors. And how I came to that is, I was the toxic team member at my first practice, overwhelmed with the stress of being a new graduate - and was fortunate enough to have both a team who didn't just kick me out on my butt, and also the dorky propensity to dive into peer-reviewed research. And as we made our way through that, I realized I had colleagues who were going through something similar and the ability to help them.

0:02:40.4 Katie Berlin: Yeah, I love that. And this is so characteristic of why I love you, that you found out something about yourself that many people would have gone into denial about, or they would have said, "Screw this. I don't need this." And instead, you were like, "Okay, what can I find out about this problem, that is me and a lot of other people, that I can use to help myself and everyone else?" And you've done that, and also you're the peer-reviewed research queen. I know if I need a source for something, I'm going to call Cyndie because you usually have your finger on the pulse of that.

So, I love that story, the origin story of The Jerk Researcher. The other thing that you've done is you've read a metric ton of books, a lot of books. And this is one of Cyndie's superpowers, is that if you have a topic you want to know about and you're looking for some reading on it, she will usually have a recommendation, so hit her up. But I was wondering if you have one book that you wish everybody in the profession - or the world! - could read.

0:03:48.1 Cyndie Courtney: Oh my goodness. Well, the everybody in the world list is about 10 books long, but there is one book that, ever since I read it, I keep wanting to refer it to people in the veterinary profession, and that book is *Set Boundaries, Find Peace* by Nedra Glover Tawwab. She is a licensed therapist and specializes in relationships. That book is just fantastic, talking about both when it's important to set boundaries, but also when we can sometimes make boundaries that are overly rigid, and can sometimes don't serve us, and describes how we can go about doing that both, in our personal lives, but also within our work life.

And, yeah, half of the Facebook posts I see in veterinary Facebook groups, I'm like, "I think you might want this book. This book will help."

0:04:38.9 Katie Berlin: Well, and boundaries are such a hot topic now, too. Everyone's talking about boundaries, but we don't often talk about what happens when you can set boundaries that are a little too rigid and close doors off that otherwise might make you feel pretty good, or really help somebody and that, in turn, will make you feel good. I'll link to that book in the show notes because, Nedra Tawwab, I follow her on Instagram and really love that content, so I'm sure the book is good. I haven't read it, so I've got to read that.

0:05:07.4 Cyndie Courtney: It's fantastic.

0:05:08.3 Katie Berlin: It's on the list. Okay. As we have talked about earlier, you research jerks for a living, which is pretty amazing. And so I would consider you an expert on jerks. I don't know if that's good or not! But I feel like a lot of people, once they know that about you, would say, "Okay, Cyndie, why are there so many jerks running around right now?" Because it does seem like we hear about more jerky behavior now than ever before.

Do you think that there are actually more jerks around now, or do you think that's a perception thing?

0:05:43.8 Cyndie Courtney: Yeah, I think it's a little from column A and a little from column B. When you look into civility researchers and what they're actually saying, they're saying, "No, measurably, behavior that we don't want to see, aggressive or violent behaviors, are actually occurring more often," and they're looking into why those behaviors are happening. And I'll talk a little bit about that. But we are also more likely to come into contact with people in ways that make conflict happen.

And when conflict happens, we have some human biases that make us a little bit more likely to see the person we're in conflict with as a jerk. And I kind of call that the jerk shortcut. And at the heart of that is this thing called the fundamental attribution error, which is, if things aren't going the way we want, we try and figure out why.

And especially when someone else is involved and we think they've behaved badly, we have kind of two choices. We either think, "Well, is it the situation they're involved in, or is it kind of who they are as a person?" And we tend to be more likely to attribute it to who they are as a person, even when we know things about the situation that they're facing. And that's the opposite of what we do for ourselves. When it comes to ourselves, we know a lot about the situation. So we tend to give ourselves the benefit of the doubt.

And that also applies to groups. The more similar someone seems to us, usually the more likely we are to understand the situation that they're in, the more likely we are to give them the benefit of the doubt. And so as we bring more people than ever together who are both ideologically and culturally diverse, we have different standards of what behavior makes you a jerk or not, right?

0:07:36.9 Katie Berlin: Interesting.

0:07:36.9 Cyndie Courtney: And so we kind of disagree on, "Okay, that thing you just did, you probably thought it was fine. But I think that it was obviously a problem." And if I believe that that's just part of your character, then I'm going to think you're a jerk. And so as we mix people up, and if we don't have good perspective-taking skills and we don't have that good cultural understanding or a good way to repair conflict, we're more likely to fall into that jerk shortcut and to think the other person is a jerk. We also... I tend to think of conflict in the same way we tend to think of itching or seizures, is having a kind of activation energy that we all have - the potential for a conflict - and that the more things going on for us, the more likely we are to reach that threshold where we're going to engage in conflict. And goodness knows that over the past couple of years...

0:08:32.4 Katie Berlin: We've had some stuff going on.

0:08:33.6 Cyndie Courtney: There's been some stuff. It's weird because not that I've enjoyed it, but there's been a lot of space to do jerk research over the past couple of years.

0:08:44.8 Katie Berlin: Yeah, it's been an opportunity.

0:08:47.4 Cyndie Courtney: Yeah.

0:08:47.5 Katie Berlin: Good opportunity. At least something has to come out of it, right?

0:08:51.9 Cyndie Courtney: Right.

0:08:52.5 Katie Berlin: You can learn a lot about jerks, or at least jerk behavior. Yeah, that's really interesting. And of course, when you hear that, your brain immediately starts rewinding over all the interactions you've had where you could have potentially been perceived as a jerk, where you gave yourself the benefit of the doubt.

0:09:07.9 Cyndie Courtney: Yeah.

0:09:08.3 Katie Berlin: Yeah, I'm picturing a couple of specific situations right now. That attribution bias is so true. And we are seeing so many people in situations of high stress. So that makes a lot of sense, yeah. And perception is so important. But sometimes reality means we have to use the perception a little bit differently, I guess.

0:09:30.0 Cyndie Courtney: Yeah. If our goal is to have a different outcome, sometimes we need to understand that people can see things differently or that our own perspective may not be the total truth, so that we can address the problem, so we can find our way to the outcome we want rather than focusing as much on the exact process that we're comfortable with.

0:09:52.5 Katie Berlin: Yeah, makes sense. Well, one of the reasons that I wanted to talk to you today, it's coming up on a year now since you wrote an article for Trends Magazine for AAHA. It's a members-only magazine, but I believe this was an article that everyone could access.

0:10:07.9 Cyndie Courtney: At least initially. I'm not sure if it still is.

0:10:11.0 Katie Berlin: I don't know.

0:10:11.4 Cyndie Courtney: I think it may be now limited just to members.

0:10:13.6 Katie Berlin: Yeah, yeah. But we'll link to it. If you're an AAHA member, you'll definitely be able to take a look at it. If not, you should consider becoming one because it's a great benefit. And you can become an individual member of AAHA. I don't know if a lot of people know that. You don't have to be at an AAHA practice to be a member.

But I love this article so much. And it got a lot of attention when it came out, deservedly so. I'm going to read the title here. It was, "Client Expectations, Rights and Responsibilities, Setting Client Expectations to Protect Practice Culture." And I read it thinking I knew what it was going to be about - and it was not what I expected. It was so much different and so much better. I thought it was just going to be recommendations for how to think about clients a little differently, like we were just talking about.

But this was actually something really different. It was really about making sure that clients know what's expected of them and their behavior, as well as them having expectations about what our behavior is going to be.

0:11:14.3 Cyndie Courtney: Exactly.

0:11:15.1 Katie Berlin: And I love that.

0:11:17.0 Cyndie Courtney: Thank you.

0:11:17.5 Katie Berlin: Can you talk about what motivated you to write this?

0:11:20.6 Cyndie Courtney: Yeah. I think as we were just talking about, one of the things that's important when it comes to conflict is what we think is okay. If I perceive what you're doing is not okay, or you perceive what I'm doing is not okay, we're more likely to be confused. We're more likely to engage in conflict. But that's not an insurmountable problem. We have many situations where you walk into a new place and you don't know what the etiquette is. But they can tell you. And then if we're all on the same page, we know how to interact in a civil way. And so I stumbled across a patient rights and responsibilities document at my local human hospital. And I was so impressed by it. And I thought like, "Oh, my gosh, this is something that we need." And it was exactly that. It really focused not only on what I was expected to do and not do as a patient, which was very comforting actually. Because I wanted to be a good patient. I want to be the good one.

0:12:25.6 Katie Berlin: Right.

0:12:26.4 Cyndie Courtney: But I don't always know what I am and I'm not allowed to ask or am and I'm not allowed to do. We kind of forget that when you're on that other side, it can be really intimidating.

0:12:36.1 Katie Berlin: Yeah.

0:12:38.8 Cyndie Courtney: I was able to know what I should do, what my obligations were, so I knew that I was expected to take my treatment once I agreed to do it, I was expected to show up on time, I was expected to provide them with my financial information and pay my bills. But I could also expect certain things of them. I could expect to be treated with respect. I could expect them to answer my questions. I could decline care if I wanted to, so instead of it feeling like that sign that says, "Just treat us nicely, or else," it felt much more like a mutual agreement. So I thought that would be something that potentially could work really well for us in the veterinary space as well.

0:13:22.7 Katie Berlin: I love that because I've seen the same thing. I spent a lot of time in hospitals this year, unfortunately, and so looking at this little sign in the doctor's office in the waiting room, I never noticed that sign before, and I don't know if the doctors I've been to have always had that sign, or if it's new, but of course, I noticed it because I had read your article and I was thinking about that.

And it was nice to have a clarification of what my experience should be like, what it should feel like for me, and what it should feel like for them, and it always has kind of grated on me a little bit to see the signs that say, "Please be kind," because then I'm like, "Am I being kind? Is what I just said kind?" That's not an itemized list of what being kind means, and some people actually have different definitions of what that is. And so having those expectations spelled out, I think, is really, really cool.

So yeah, I love the article and I was wondering if you could give an example, because I know

people are thinking now about like, "Okay, what would I put in such a document?" Could you give some examples of what practices might want to put in this sort of code of conduct?

0:14:37.6 Cyndie Courtney: Yeah, so there are definitely a couple that tend to come up over and over again, so when I talk about this, I usually poll the audience to figure out what their top concerns are, the problems that keep coming up as conflicts with clients over and over again.

And the ones that come up the most are generally going to be, what is polite behavior? Let's avoid verbal abuse and any physical abuse. That comes up over and over. Financial expectations, especially about payment at time of service, and we know what that means, does a client know what "at time of service" means? And then concerns around timeliness and clients showing up on time. I usually encourage practices to think about: What are they having conflicts with clients about regularly? And maybe picking three at most, because we don't want this document to get super long to address. Those are some top ones that I see addressed most often.

0:15:34.0 Katie Berlin: Yeah, absolutely, and I was wondering too - thinking about some of the interactions that I've seen, treating people with respect, that also can seem non-specific, it shouldn't seem non-specific to anyone, I feel like, but it seems like some people think it's okay to treat certain people one way and then other people a different way.

Maybe this is human nature, and we've been constantly evolving past that human nature, I don't know, but we definitely do seem to treat people who we view as equal to us in certain ways. We all hate it when we see somebody being rude to somebody at the client care desk, and then in the room, they're super nice to the veterinarian because they may feel like they're above certain team members in a certain way, which is of course, as we know, ridiculous, because we need all these team members to make an interaction good.

But if people don't feel like they need to be nice, then how do we define what that means, treating somebody with respect?

0:16:37.9 Cyndie Courtney: Yeah, I think it can be really helpful to paint a picture for people as much as possible. I think story-telling is something that's really a very human condition, and so when we sit down and we say, "What does nice look like to us? What do great client interactions look like? When somebody was patient with us, when we were running late, what were the things that they did that felt good?"

If you sit down and you think about it, you can start recognizing those things, so we can say, "Okay, they just sat quietly, they checked in every five minutes," we can start articulating what those things were and those patterns that we see that define what nice means to us. And one of the things that, again, is frustrating about the subjectivity of civility is that's going to be different in every practice. I'd love to be able to sit here and say, "Okay, well, here is... "

0:17:33.9 Katie Berlin: Yes. Here's the code of conduct for all of you.

0:17:37.2 Cyndie Courtney: Right, right. But I talk with people who are all over in North America, and so when I talk with somebody who's in Manhattan and somebody who's in Kansas City, what nice looks like may look really different. Sometimes being really blunt and just saying upfront, "Hey, I have an appointment in five minutes, I gotta go," just saying that right away, that

might be what looks like nice to some practices - versus others would just say, "Hey, talk in a calm, even-tempered voice."

So what that looks like may look really different to different practices. And again, I think I'm probably going to emphasize this a lot during this podcast, but hold your team to that same expectation that you're holding your clients to. Because it will not feel just or fair if you're coming out to them, and you're in a big hurry and you're stressed and you're speaking quickly and sharply to them, and you want them to take a slow calm tone with you. So just make sure that's something that the whole group can get on board with.

0:18:43.0 Katie Berlin: For sure. I have to think that that extends maybe to talking with other team members about clients as well, because I feel like that kind of fosters that impatience with them, if you're talking negatively about clients amongst each other. That's always been something that is very hard to avoid, but definitely seems to set a certain tone.

0:19:05.9 Cyndie Courtney: Absolutely. Yeah, and again, falling into the jerk shortcut... When we don't understand...

0:19:11.6 Katie Berlin: Yeah.

0:19:12.6 Cyndie Courtney: ...the complete reason why a client is doing something, I think it's easy for us to fall into that category of the blame and the labeling and calling someone a jerk. And I think this fits well into this topic because we're talking about setting expectations for clients. And again, that's a boundary, right?

0:19:31.6 Katie Berlin: Yeah.

0:19:32.3 Cyndie Courtney: And so when we have boundaries that are there to protect us and we know that they are ours and they are in line with what is important to us, or in line with what's important to our practice, then those things don't necessarily have to be important to other people. We don't have to get into a judgment zone about them, because it's kind of irrelevant.

So it's like, "Okay, yeah, we can tell that that's really important to you." And that's okay. And our boundaries are here. And so if you choose, you can play within those boundaries. And if it's important to you to do something different, that's okay too. But you can't do it here.

0:20:12.9 Katie Berlin: So you would say that... It's an important question that I hadn't even thought to ask you for some weird reason. What happens when you have clients who who receive this code of conduct or see it on the wall or in the waiting room or whatever, and just absolutely don't abide by it? Maybe it's not in a really egregious way... Like maybe somebody didn't make a super disrespectful remark to someone, but they just don't seem to view those expectations as applying to them in some way.

How do you deal with that? Say they just don't take your recommendations and then get upset because things aren't getting better. This is a conversation you have over and over.

0:20:51.6 Cyndie Courtney: Right. So one, I would keep in mind that, again, if we're asking people to set in their code of conduct, things that they're having conflict about over and over again...

Usually if we're having conflict, it's because we're having negative emotions. And it's usually having negative emotions because something that's important to us is threatened, or we have needs that aren't being met. So these things are important to us. That's why we're having conflict about it. And so the idea that if we have a client who's coming in and is saying, "I just don't care. These don't apply to me." That says to me, "This client is probably not a great fit for your practice."

And so in the same way that if we had a team member who... If punctuality is super important to our practice because we're in a busy city and we have clients who need to be on time to their meetings and punctuality is really important to us, and we have a team member who thinks that rules about punctuality don't apply to them, what's that going to do to the culture of our practice over the long term?

The same thing here... You know, how our clients are allowed to treat our team is going to influence whether our team believes that we mean what we say. So I think when we have violations to the code of conduct, I don't think we need to jump straight to being like, "You're fired. You are no longer a client here." But I think it's a good opportunity to say, "Hey, objectively, here's what happened. So I saw that we made this recommendation. And I saw that you declined it. You came back two weeks later, and you expressed frustration about your pet's care. As part of our code of conduct, we discussed that you have the option to decline care and have a full statement of what the benefits and downsides of declining care are. You chose that path. So we're a little confused. And if this isn't the way you want to proceed, then you may need to find a practice that's a better fit for you." Yeah.

0:23:05.6 Katie Berlin: Which sometimes will kind of shock some clients into saying, "Oh..." They may not realize that they were playing a part in why this didn't work out. Because a lot of times people just don't know that. Like you said, things happen. Your life gets busy. And I really like that, because the code of conduct sort of gives you a document to refer back to, to say, "Hey, we both read this code. We both agreed on this by you coming here."

0:23:34.4 Cyndie Courtney: Yeah.

0:23:34.5 Katie Berlin: And that gives you a reference to say, "I don't think these expectations are being met." And sometimes... I can think of times I've made mistakes where I've apologized to clients because I felt like I didn't treat them the way I would want to be treated. And it would have been a lot easier for me to do that if I had said, "Our code of conduct says this. You can expect this from me and I didn't deliver that, and I'm sorry." It was harder to do it in an abstract way.

I think it would have been a lot easier to be like, "Refer back" in my brain. "Okay, I did not do this." It's kind of like when we talk about people having core values or practices having core values, you can refer back to those as a sort of light house. So that's very cool.

Do you know practices that are actually employing codes of conduct?

0:24:20.5 Cyndie Courtney: So I had a chance to talk with [a friend,] Chelsea the other day. And Chelsea was talking about how they had implemented a code of conduct. And interesting responses from their clients. And one that is consistent with what I've heard before with some of the more kind of statements about how we want our team members to be treated. That with clients, often the first response is not one of defensiveness, but one of sympathy. It's, "Hey, I know this is probably

coming out for a reason. And I'm sorry that you guys have gone through this." And I know, sometimes people are worried that there's going to kind of be a backlash. But often that's the main response.

In talking to other teams, especially those who may have felt like the practice wasn't standing up to protect the team before, have expressed gratitude for managers who will go out and say like, "Okay, here is, what we're going to do going forward."

I certainly have been part of a practice where we could have used some clarity around what was and wasn't okay. Because our super compassionate team members were trying to give clients the benefit of the doubt so much that we even once had a client say, "Well, you know I work for a three-letter agency and I have a concealed carry. And if my pet doesn't get better..." And the team member didn't know what to do. And so having some clear guidelines around what things aren't okay, empowers them to also then come to leadership and do something about it. To know that they are empowered to...

0:25:58.4 Katie Berlin: Yeah.

0:26:00.3 Cyndie Courtney: ...to be protected and to take some action.

0:26:01.6 Katie Berlin: I like that.

0:26:02.1 Cyndie Courtney: I will say, I think the ones that are out there right now are probably trending more on the side of the single page, "Here's what not to do." I would love to see more err on the mutual side.

0:26:14.4 Katie Berlin: Yes, I think that's such a key aspect of it, because... I was talking to a friend here yesterday who said that their partner or associate, I can't remember, had gotten these stickers sometime during the pandemic. And they said, "Please be kind," or something like that. "Please treat our staff with respect." And they stuck the stickers at the bottom of all the invoices. And everybody thought that it was just for them because they thought it was, "Oh I'm going to put this sticker only on the invoices of the people that were a jerk to me."

0:26:47.4 Cyndie Courtney: Oh my gosh.

0:26:48.3 Katie Berlin: And so they got really offended. And I could see that being something where people see this and they're like, "Do they think I've been a jerk?" Or, "How dare they preach at me about how I should behave?" But when it's mutual, and you're saying you can expect this from us, and the implication is that we know we're human too and sometimes we'll not be perfect - I love that. I love that. It's quid pro quo in a good way.

And so I was wondering too... I've seen some practices who've been putting up signs, which I love, on their windows or in their waiting room that are talking about "Everyone is welcome here." And they're trying to be as inclusive as possible. I know that there are many practices that would like to do that, but are afraid to or are concerned about how their clientele will react. And I find that so sad.

It's heartbreaking to think about how many people are afraid to put a rainbow sticker in their window because of how someone will react. And I could see them wanting to put statements about

inclusivity and respect for everyone in their client code of conduct, which seems like it should be their right to do. But there are probably people who are pretty concerned about how that would land. Do you have responses to that? I could see clients coming in and saying, "Oh, I see you got taken over by the woke mob." How can people respond to that and follow their hearts about what they really want to say to clients?

0:28:29.7 Cyndie Courtney: Right. I feel like I have...

0:28:30.2 Katie Berlin: It's a big question.

0:28:32.4 Cyndie Courtney: Yeah. It's a really big question. It's a really big question. So I have a couple of thoughts that initially come to mind. So one is that being an advocate is not easy...

0:28:46.5 Katie Berlin: For sure.

0:28:46.6 Cyndie Courtney: ...That being a real advocate and a real ally comes with a price. And I think to some degree when we choose to do that in an authentic way, I think, we have to realize that and choose to accept that price. And when we live in a world where the cost of not taking that action is injustice, pain, illness, death, I think, we all end up in a position where we have to choose how far we go down that road. Because I think to some degree, most of us can never go far enough.

0:29:32.9 Katie Berlin: Yeah.

0:29:35.2 Cyndie Courtney: I frankly, look at my own house and I say, "I live in Kansas." This was indigenous land. It was stolen from people. I am probably not going to sell my house tomorrow and give that land back to indigenous people, but what can I do? What can I do today to be a better advocate? And what risk am I willing to take to do that?

And so I think that's an important question for those teams to ask, especially because one presumes that they're doing that in part for the benefit of their team. And if we are worried about making our clients mad, is our employee's existence going to be making our clients mad, and what are we willing to do about that? I think in some ways, it's taking the same problem and just being proactive about it, instead of waiting for our team members to be the victims of that very same problem. So I think that's one part of that.

The other thing I think that is worth talking about when we talk about this idea of.. well, why would something like this be necessary or why are these kinds of things even necessary? Shouldn't we all just be able to be kind to one another without having to say anything about it, right?

0:30:57.6 Katie Berlin: Yes good point. Yeah.

0:30:58.9 Cyndie Courtney: And so I think your question about the woke mob... If someone's like, "Why do you need a code of conduct? Shouldn't we just all know to be nice?" I think in some ways, the idea that that phrase implies that there are two groups of people who believe different things about what is and isn't kind. Right?

0:31:21.0 Katie Berlin: Right.

0:31:21.0 Cyndie Courtney: And sometimes it can be kind to be clear and to say, "Here are the things that we expect here." And again, if those things make sense to you, you are welcome to be here and be involved with us here, and if that's not your thing, that's okay. We're not going to sit here and intentionally tell you you are a terrible person. But we also know that this is the culture and the community that we're trying to build. And if that's not your jam, then you're probably not going to be happy or comfortable here.

0:32:00.2 Katie Berlin: Yeah, that's so great. And because what you're saying is, you're phrasing this in a non-judgmental way, even if we're secretly judging people who don't want to be inclusive and treat all of our team members the same way. I think there's always an urge to do that, but you're saying this is how we practice. This is what we're expecting and what we want to be surrounded by. And if it doesn't apply to you, if this is not what you want to be surrounded by, then we'll happily facilitate you going someplace that fits your ideals better. Which is a non-judgmental way of phrasing that.

It's a subtle change really, when you think about it. The language can be just subtly different, but I think that's so important because that's where the anger comes from, is people feeling judged and people feeling like their way of life is being judged. So yeah, that's very, very wise.

0:33:01.3 Cyndie Courtney: I think it's an idea of, people are welcome, and it's very clear and transparent what this is as opposed to these are the people we are excluding.

0:33:12.3 Katie Berlin: Yeah.

0:33:12.7 Cyndie Courtney: I think that... That's a difference - if you are welcome and you know what the guidelines are and you're choosing to be there or not, versus saying "these are people that we are actively trying to exclude."

0:33:25.2 Katie Berlin: Yeah.

0:33:25.7 Cyndie Courtney: I think the other piece of this is that we can't make everybody happy, right?

0:33:32.9 Katie Berlin: Much as we all want to.

0:33:34.9 Cyndie Courtney: That would be great, wouldn't it?

0:33:35.0 Katie Berlin: Yes. Life would be so easy.

Actually, it wouldn't. It would be horrible.

0:33:39.6 Cyndie Courtney: It would be kind of boring.

0:33:43.6 Katie Berlin: Yeah, it would.

0:33:43.7 Cyndie Courtney: I'm thinking of... My kids watch *Trolls* a lot these days. They're just happy. But even in the *Trolls* movie, there's drama. My grandfather used to always say, "You can either have aggravation or you can have loneliness." And in the case of veterinary practices, I

think... You know, we're always going to have some conflict, or we're going to have no clients, and that's problematic. We're never going to have a group that is going to be completely happy with all the things that are important to us. We're never going to be able to make 100% of the clients who might consider us happy with that. And if we don't talk to them ahead of time, about what is important to us, again, that conflict is just going to hit us down the road.

And so we kind of worry about, are we creating a conflict by talking about it? I would argue instead that what we're doing is hopefully sometimes preventing it, because by putting this up on our website, or introducing it to people, they have that possibility to choose and to say like, "Oh okay, that isn't a good fit for me. I'm gonna choose to go somewhere else."

Or we can be more proactive about that instead of waiting for it to simmer and fester and become something bigger later down the road, where we have that confusion or miscommunication about what was and wasn't appropriate. So our goal here is not that we can completely eliminate conflict or that we can get everybody happy with us, but to steer away from some conflict and to make conflict less severe when it does happen.

0:35:20.3 Katie Berlin: That makes so much sense. Yeah... And quite honestly, are those the clients you want to attract? The ones who are going to have fundamental problems with what you think is really, really important?

0:35:32.5 Cyndie Courtney: And I think many of us as young clinicians probably wanted that, and wanted to make everybody happy. And I hope a lot of us have reached peace with that. And I know all kinds of reasons that clients have chosen not to see one person or another, and are we going to change every time we get a negative piece of feedback? No. We're going to stick with our values.

And yes, if we get feedback that is inconsistent, if we're like, "Gosh, it's really important to me to be kind and even-tempered, and that's not how a client is experiencing me," we're going to take that feedback seriously. But if somebody says, "Hey, I don't want to go to a practice where somebody is wearing a necklace with a religious symbol on it," for most people, that's going to be a deal breaker where they're like, "Okay, I'm not gonna change that about myself. I'm still gonna express that."

0:36:26.5 Katie Berlin: Right, yeah. Absolutely. And that puts it all out in the open to say this is what... This is who we are, and we want to provide this service for you, so you can expect that of us. And then clients can choose to accept it or not. Love that.

We also talk at AAHA a lot about team members, not just veterinarians, not just practice owners and managers, but all team members, being able to take part in some of the things that we talk about here. And I know that there are a lot of really amazing, awesome people with ideas and motivation and desires to go out and change the world, who are listening right now or watching. And you and I have both been those people who have been like, "Yes, I want to try this, and I want to do this. And I have this great new idea I picked up at a conference or on a podcast." And then you go back to your practice and it's like... wah-wah.

0:37:19.4 Cyndie Courtney: Yeah.

0:37:20.6 Katie Berlin: And maybe management thinks it's a good idea, but they're not going to spend the time or resources to implement it, for whatever reason. So say those people are listening

right now and they think, "Okay, I don't think my practice is ready to hear this, but I want to start planting the seed of this idea," how would you recommend that somebody do that?

0:37:40.0 Cyndie Courtney: Yeah. So one piece that is really important is communicating to leaders and planting that seed by communicating to them that client civility, especially, is not just important for the other team members, which... We know our mental health and we know our physical health is important, but sometimes in the heat of practice, it can feel like not the most important thing, right?

0:38:05.8 Katie Berlin: Right.

0:38:05.8 Cyndie Courtney: But we do this work for the patients, and there are studies out there in particular, some studies out of some practices in Israel that did controlled studies of NICU training teams. And they found that the teams exposed to rude feedback versus neutral feedback - including from a patient's parent - significantly decreased the diagnostic and treatment performance of that team. And so we know that this has an impact on patients.

And so if the whole reason we're doing this is to help our patients, and we know that this can serve our patients, that can sometimes be the seed to get a practice owner who doesn't see this as something firm or something hard to potentially start considering it.

The other thing I would tell them is that whether or not it gets codified, there are things in your practice that informally, you all probably know are okay or not okay. So one thing you can do is you might start just sketching it out for yourself and writing it down for your own mind, and you can set expectations for clients where you can try a new way of saying like, "Hey, and just to give you a heads up, this is going to be the payment plan." Or, "These are going to be our payment options." Or, "Hey, just to give you a heads up, our doctor is running about 30 minutes behind today." And doing those things to help set expectations ahead of time or to make those personal commitments you can make to a client.

So if you're letting them know what to expect, you can say, "I can assure you that I'm going to make sure I come back and give you an update in five minutes." You can do those things on an individual level, and you don't necessarily have to wait for the whole practice to do it. And if they see that clients are really enjoying that, it may serve as a kind of trial run for doing something bigger.

0:39:55.1 Katie Berlin: That is fantastic advice. I have a sports medicine doctor whose reception desk has a list of all the doctors who are on service that day. They have little plaques that slide in that they'll put next to the names if they're running behind. So you come in and before you even talk to a single person, you can see if your doctor is running 15 minutes late or 20 minutes late. And then they don't have to tell you, but you can say, "Do you have any idea when he's going to be ready?" Or whatever. But you've already had that expectation set before you even open your mouth. And I feel like that just has to help so much. I was like, "I wonder if we can do that."

Because just that expectation, being clear, like you said... Clear is kind, and people don't want to be... They don't want the truth fudged for them. They want to just know what's going to happen. I love that so much.

0:40:50.6 Cyndie Courtney: And I feel like...I tend to run late in appointments...

0:40:54.4 Katie Berlin: Same.

0:40:55.8 Cyndie Courtney: And... I'm very thorough. And I have had my team members tell clients, "She tends to run a little late but she tends to be really thorough." And I know many veterinarians who know that about themselves, and then they just attract the clientele that is okay with that. And I think sometimes we bend over backwards trying to be something specific that we think a veterinarian needs to be, when sometimes what we need to do is to set expectations so that people can make an informed choice about what it is that they want.

0:41:25.3 Katie Berlin: Yeah, they know when it's their turn, they'll get your full attention.

0:41:29.1 Cyndie Courtney: Yeah.

0:41:29.2 Katie Berlin: Yep. Love it.

Dr. Cyndie Courtney, thank you so much.

0:41:32.7 Cyndie Courtney: It's been great talking with you.

0:41:33.2 Katie Berlin: I feel like we could just talk and talk and talk, so I'm going to just cut us off now because we could just keep going forever. I could talk to about anything. And I know you would have a book about it, to refer me to.

0:41:44.1 Cyndie Courtney: Yes.

0:41:44.4 Katie Berlin: So maybe we'll have a part two where you can refer me to another book, but I'm going to go check out that one about boundaries, because boundaries are something we all need a little help with.

0:41:51.3 Cyndie Courtney: Yeah. Yeah.

0:41:53.5 Katie Berlin: So thank you so much.

0:41:54.0 Cyndie Courtney: It's great talking to you, and I hope the audience enjoys.

0:41:57.1 Katie Berlin: Me too. And we'll put links to some of those resources in the show notes, as well as where we can reach Dr. Cyndie. Where can they get a hold of you if they want to know more about you?

0:42:07.6 Cyndie Courtney: These days, I'm most active on Instagram @thejerkresearcher, but they can also find me at LinkedIn and on Facebook at again, The Jerk Researcher.

0:42:18.5 Katie Berlin: Perfect. Alright, thank you so much.

0:42:20.3 Cyndie Courtney: Thank you.

0:42:20.3 Katie Berlin: And thank you all for listening. We'll catch you next time on Central Line.