Central Line: The AAHA Podcast Transcript

Episode Title: This One’s for the CSRs (and Anyone Else Who Talks to People)
Guest: Debbie Boone, CVPM

0:00:00.6 Voice Over: Welcome to Central Line, the AAHA podcast. This is the official podcast of the American Animal Hospital Association, dedicated to simplifying the journey towards excellence in veterinary medicine for every member of the veterinary team. Here's your host, Dr. Katie Berlin.

0:00:21.3 Katie Berlin, DVM, CVA: Hi, welcome back to Central Line. I'm your host, Dr. Katie Berlin and I'm here with a fantastic guest who I actually met in a bar [chuckle] but we were at a vet conference, but I will always remember. Yes, it was a legitimate reason to be at this bar. But I have been following her and always happy to get a chance to chat with her ever since. Debbie Boone, welcome to Central Line.

0:00:48.0 Debbie Boone, CVPM: Thank you, Katie, I'm really excited to be here. Like you said, I've been following you too. We were, yeah, actually at a conference I think called Get S**t Done, right? [chuckle]

0:00:58.3 KB: Yeah, actually that's true.

0:01:00.6 DB: [0:01:00.6] ____ that was it. So we were there for legitimate reasons to learn how to get things accomplished and here we. Here we are accomplishing things.

0:01:06.9 KB: That's true, yes. Absolutely, and you had a lot of great stories like you're a great person to meet in a bar because you have a ton of stories to tell, and I love hearing about your experience, it can mix practice and stuff, that was pretty cool. I'm really glad you're here today. We have so much we can talk about today, but before we get started, would you mind just telling our listeners little bit about yourself in case they're not familiar with you yet.

0:01:33.8 DB: Well, I am a North Carolina State Graduate go, pack, and I was one of those wannabe veterinarians but after three or four years of school, I went, "Nah, I’m done." And I left there and I managed some of my family's restaurants for a couple of years but I always still wanted to be in veterinary medicine, so I moved to Greensboro, North Carolina and got a job as a part-time CSR in a hospital. I worked there for about six months, decided minimum wage was going to starve me to death and left there to manage a couple of other businesses.

0:02:10.1 DB: And then sold one of my veterinary practice owners a watch one day. And he said, "You know, I need a manager. Come and manage my hospital." And that was kinda how I got my job. So it was just random come and do. And then my job description was, "I don't know what you're gonna do, but here." So this is a lot of job descriptions for a lot of managers out there in the world. And so it worked out, so for 19 years, I managed the AAHA accredited practice that actually was AAHA accredited for 25 years, probably is even more now. And then I moved to a large animal, I mean a mixed animal practice that also we got through the first AAHA accreditation and
the second year there doing accreditation. And so I'm kind of an AAHA girl, I drink the Kool-Aid. I believe in that level of practice and the quality of medicine.

0:03:02.3 DB: And when I left practice, I started a consulting business and focused a lot on communication. I did all the communication classes for Patterson, for... Well, I just celebrated my 12th year anniversary of my first trip out. So probably, I've taught more than 10,000 students directly in small classrooms, 20 and 30 at a time, communication and client service. And today I focus a lot in my consultancy on developing great culture, good communication skills, client service skills, I can do the math, but I don't love the math, right. So I love growing teams because if you grow your people, your business will grow.

0:03:48.0 KB: Hear hear to that and I don't love the math either, I need to never do work on a spreadsheet if I can help it. So here's to playing to your strengths, which it seems like you've done very effectively.

0:04:02.4 DB: I try to do that.

0:04:03.4 KB: Yeah. With all of that teaching and all of that speaking, you have been such a presence on the speaking circuit and online in the vet space for so long. I feel like it's likely that a lot of our listeners have met you in some capacity before even if they... It was indirectly through a recommendation or something they heard from someone else. You've just had so much influence in the space. And thank you for being... For drinking the AAHA Kool-Aid, I am drinking it too, I love AAHA and I loved working at AAHA practices, so. But this episode, we really want this conversation to speak to the CSRs, Client Care Teams, receptionists, everybody who's right there on the front lines. And so I hope they're listening, I hope this is something that can speak directly to them because as we said before we started this call, they just seemed to get overlooked in terms of content that's directly for them. And I think that's a shame 'cause they have such a tough job. But before we get into that, one last question for you, what is something... You have your own podcast, it's called The Bend, and you talk to a lot of cool people we've seen you all over the place, but what is something that people would not guess about you?

0:05:30.5 DB: They probably wouldn't guess that growing up in the middle of Tobacco Road, basketball heaven, that I am not a sports fan and I am... My mother was a huge sports fan, my husband is a huge sports fan as when it comes to basketball. I was at North Carolina State from when we were the national champions. And I'm kinda like, "Uh, it's basketball season."

0:05:57.8 KB: I am surprised by that. I would have said you were a sports fan. And I follow you on social media, I've never seen you post about sports, but what's the reason I would think that.

0:06:04.8 DB: I am very much into teams and coaching, but not as far as traditional sports, I believe that Vet Med is a team sport.

0:06:14.6 KB: There you go. Yes, me too, Vet Med is my sport. I mean, I run and stuff but yeah, I'm not a... Go sports! Well, I'm gonna go on my run by myself. [chuckle]

0:06:24.7 DB: There you go.

0:06:26.1 KB: Let's start by giving some serious props to the teams that help us by... They're like
our human shields. [chuckle] Those of us who don't work at the front desk. They answer all manner of phone calls. The volume of phone calls that our phone room answered in a day was just staggering, and this job has always been hard. You've worked it. I've worked it. But it seems like since COVID especially, it's gotten especially hard. Do you feel like that's true? Do you feel like people are different now?

0:07:00.9 DB: I feel... Well, there's a lot of things going on with the mental health of the population, and this is not just veterinary clients, this is people everywhere, and we've all seen it like the crazy stuff that we see on the news and the fights on airplanes, but if you understand that humans are tribal animals, we work and do best in collaborative packs. And then when we isolate ourselves from the world through what COVID did to us, then it is not our nature to be alone, and it really hurts us mentally. Then you add on top of that, the constant fear of maybe getting sick, social unrest, now we have a war, gas prices are going up, inflation, there's just so much that just keeps bombarding us mentally. And then I think probably the most detrimental to our mental health is social media.

0:08:02.7 DB: And you and I are both on social media, so we know there's there are certainly benefits to it. There's a great support there, there's... I was so impressed with what veterinary managers did at the beginning of COVID because they were so open and sharing with their solutions to how we were going to manufacture curbside care, and what worked and what didn't, so that was a great benefit to us to be in these social groups, but the negative is that we also tend to get into tunnels, right?

0:08:37.8 KB: Yeah.

0:08:38.1 DB: So we're only hearing certain things because of the way the algorithms work, and that is keeping our cortisol levels kinda amped up, and the problem with that is that humans aren't meant to run around like that, very much limbic brain responses are happening. And I think the challenge for the CSR teams and for all of us is to have behavioral acumen, and this is what we don't teach. We teach people, "When you answer the phone, say this." But we don't teach people to be aware of the emotion behind why people are acting the way they are. And several years ago, when Fear Free first became a thing, I became Fear Free certified, and I was just blown away at the lessons I was learning in animal behavior, because I've been teaching it for 10 years in human behavior, and we really are animals, and our limbic brain responses are the same. And I think when we realize that we can give a little grace to people because they are fractious cats. [chuckle] Who really are just terrified, right?

0:09:51.0 KB: I feel very seen right now. [laughter] Yeah, that's such a good equivalency. I have never thought about that. The idea that Fear Free, like sometimes we're actually more attuned to the behavior of the cat in our exam room than we are to the clients on the phone.

0:10:08.8 DB: Exactly.

0:10:10.0 KB: Yeah, and I'm just thinking about when we learn about animal behavior, we learn that there isn't really a level to their stress. When we put them in a carrier and pack them off to the clinic, they don't know if this is like certain death or if they're gonna get a nail trim and no one's gonna die.
0:10:28.2 DB: Yeah.

0:10:28.5 KB: To them, it's the same amount of terror and because they don't know when it's gonna end, or what's gonna happen at the end, and that's us, that's been us since March of 2020.

0:10:38.0 DB: Exactly.

0:10:39.8 KB: Normally, we can reason our way through things, but there hasn't been a lot we could reason our way through in the last two years.

0:10:45.2 DB: Right. Well, every time we think that we're getting to kind of a steady-state, we... Something else bombards our limbic brain, and then we're back up there again and we become fatigued.

0:10:58.3 KB: Yeah.

0:11:00.3 DB: It's very much like an abused spouse, that there's a constant spike of fear and the dropdown. And the spike of fear and the dropdown, and then eventually there is so much fatigue that you're always in an agitated state and your mind can't recover. So this is why I'm talking about that behavior acumen, to be able to be really careful about the story that you tell yourself and catch that limbic brain starting to go off the rails and then engage the cerebellum that says, "Okay. Now, this is fear response this... A saber-toothed tiger is not attacking me. I live here in this house. Everything is good. I need to calm my brain down and I don't need to let my brain run loose."

0:11:48.1 DB: And so that's some of it is emotional intelligence. That is part of it, but the other part of that is understanding that that same thing is happening to that human on the other side of the telephone, what can I do to de-escalate, to not ramp them up and then be where they are? That empathy is so important in these challenging situations, and I realize that some people come in just loaded for bear, but a lot of times, we haven't paid attention to the subtle signs. We've missed the body language. We've missed the cue that would have changed the direction of the conversation, and sometimes we have inadvertently been the flame thrower, because we say things that set people off and we don't realize that we're doing it and we don't mean to do it, but it just... It's presentation, right? It is what you say. [chuckle]

0:12:50.2 KB: Yeah, yeah, that's a very good point too, because I think a lot of times when people are hearing this conversation and they're hearing people talk about de-escalation and how to learn how to talk to people essentially and read people's body language, there seems to be kind of an undercurrent of...

0:13:11.5 KB: Well, because you're really bad at it now, [laughter] because you really suck at doing this thing that should be part of your job, and really, when it comes down to it, we all are bad at it when we're all stressed and upset. And we have all been stressed and upset for a long time. And so that's the other side of the coin, is that clients are more stressed and anxious than they've ever been, and so are we, which limits our ability to reason our way through things.

0:13:39.4 DB: Yeah, well, I just wrote an article on how to fire a client for AAHA, it just came out, and it's two twitchy people on both sides of their coin, so we're both all twitchy, and we're looking for anything that sets us off. And in normal times when we are in a calm state, those are things that
would not have raised an eyebrow, but now it's the one nail in the coffin that we just can't take this last whoever said no to us, or the one more thing that we couldn't take in our day. And I... It's something as simple as when people call up and say, "You know, I want an appointment," and they're always assuming that it should be like it always has been, if they could get it in the same day or the first thing the next morning, and we blindside them by saying, "Oh, I'm really sorry, we don't have an appointment for three weeks."

0:14:37.8 DB: Well, first of all, they should not have been surprised by that. Unless they're a brand new client, we should have been pushing information out about the state of veterinary medicine, about the fact that we are booked out so far in advance, about the fact that there's a whole lot more animals being cared for than there have been, because our client should have been getting that information from the beginning, and they should have been prepped. It's very similar to having a puppy and saying, "Okay, here is a puppy, here's what it's gonna need for the next six months. But then here's what it's gonna need until it's an adult, and then here's what it's gonna need when it's geriatric," and you prep somebody for eight years, and then when that geriatric animal comes in and you wanna do $200 worth of blood work, you've been talking about it for eight years. They're prepped.

0:15:28.5 DB: When we don't blindside people, chances of their blowing up and reacting badly are much lower than if we just surprise them with this stuff, so that's one of the things that we're we... It is our fault that we are not pushing information out to our clients, that is entirely our fault. Now, can we make sure that they read it? No and [laughter] we try. But we try, but we tried, and you have to give people messaging over and over and over again, you can't just say it once and think, "Okay, I've done, I've told everybody that now," because they didn't listen to it. So we could do that, but we also need to pay attention to the things that are happening in people's lives, and they will sometimes give us subtle cues about that, and that is active listening. So I'll give you a prime example, I was overseeing a call and I was going into the admin on a Wave account of a client of mine, and I was listening to their lead CSR have a conversation about euthanizing an animal. She was kind, she was compassionate, but she missed so many subtle cues that would have given that client a much better experience. She missed the fact that the woman said, "I wanna do this when my child is not home, because the last time I even mentioned putting this dog to sleep, he ran away from home."

0:16:55.4 KB: Oh goodness.

0:16:56.9 DB: So instead of pausing and saying, "I understand how upsetting that is," she just kinda kept on talking about the process of euthanizing the animal. She also had a prime opportunity to say, "You know what? There's a really great book that Mr. Rogers has written for children specifically about the loss of a pet, let me send you the link to that book." So these are the opportunities that we have that we miss because we're in a hurry and we're not listening well. So those deep listening conversations, again, they stop a lot of the blowups.

0:17:32.9 KB: Yeah. That's a great example. And it's that's it's so easy too just thinking back to think of all the times I was on the phone and probably was like, "I could explore that more, but I'm not going to, 'cause I'm really in a hurry," or, "Because I really don't wanna be on the phone with this person for any longer except 12 other calls to do," and how different those interactions might have gone if I just paid a little bit more attention. Yeah. I remember my car sunroof blew off. It exploded one time on a highway, just exploded. I guess there was pressure built up like under the interior part of it, and the glass just blew out on the highway. It was so scary, it was like a sonic
boom above my head. And I went into the dealership and I was like, "So my sunroof exploded on the highway," and the guy was like, "Oh, that's weird." And I was like, "Did you even hear me?" I have a picture of this hole in the top of my car, I called 911 'cause I thought I killed someone with it, and he was like, "That's weird." And, "When do you want it back?" And I was like, "Somebody needs to understand my struggle here," and that was just a car. So yeah, definitely a little bit of sympathy or empathy in the right situation could go a long way. [laughter]

0:18:40.6 DB: Yeah. And it doesn't take that long. There was a stat several years ago, I think 0:18:45.0 ____ AVMA did this, about listening, and that clients want to tell their story and that we bring them into the exam room and we start asking them some questions and they start to tell their story, we interrupt them within 13 to 15 seconds, and they never get finished, but if we would allow them to continue and finish their story, it only takes 90 seconds. But they always feel dissatisfied, and I've listened to a multitude of clients, as have you, and we know that sometimes the story meanders down on a very strange path, but often there is something in that story that matters if we will listen appropriately. The client doesn't know that it matters, but it matters to us. And it could be as simple as, you know, thinking about working in mixed animal practice, the client said, "My dog is limping, and I have no idea why." You have a conversation and you go, "Well... " And you find out the farrier came out. Well, you know what happens when horses get their hooves shod, right? So the farriers throwing clippings out, the dog is there, chances are really good the dog got kicked. "Oh, you have a horse? Could it be possible that your horse kinda kicked your dog?" "Oh yeah, that could have happened." Well, that's listening, that's just listening to people's story, and we're not very good at it because we are always in a panic, in a rush.

0:20:11.0 KB: Yeah, and that's a good point too because that's something that CSRs can do. They can feel empowered to listen to that story and to write everything down, and I think that is something that CSRs cannot be expected to know everything that technicians know or that veterinarians know about the actual medicine or about which pieces of that story are important. That's just not in the job description and shouldn't be. They have too many other things that they know that I have no idea how to do. [laughter]

0:20:41.3 DB: Yeah.

0:20:42.5 KB: I don't even know how to work the complicated phone system, like power to them. But knowing that somebody is telling their story over the phone and they can write it down, put it in the record, make sure that you're including those little details because you don't know what's gonna be important to the technical staff down the road, and that is such an important part of the job is just remembering to take in what you're hearing and put it in the record.

0:21:10.3 DB: Well, you know thinking about training CSRs, or the lack of training of CSRs, my team was trained on medicine because they're the ones who are answering the screening questions. It's very much a triage that's happening there. So when I tell people that my CSRs were trained on the components of a vaccine and all those diseases and what the symptoms were, they go, "Really?" Yeah, and they knew the anatomy of the ears and rears because that's what we talk about 90% of the day. And those are the kind of questions they were actually able to field, and then I gave them training modules and then tested them on them, and they had to make a 90% or above. And then they got $1 an hour raises because they were absolutely worth it, but they were able to take so much off of the medical team when they could answer those simple questions or ask the right questions so that those questions could come back to the medical team if they needed to because a lot of times
they didn't need to.

0:22:12.8 DB: Sometimes it was, "What do I do about a tick? How do I take a tick off?" Well, anybody on my team could tell you how to do that. It didn't need to go to the techs or the doctors, God forbid, the doctors. But we need to train our team to our standards of care, and they need to be able to share those with clients at all levels because we're also starting the conversation about care, and we start it at the beginning and lay the ground work in that first conversation when we're making the appointments and then the technicians support it and the doctors rubber stamp it, and that's how we get compliance. But it's not again, not blind-siding it when the doctor comes in and your pet needs this, this, and this. But let's let the CSRs lay some ground work. Oh, your dog is limping? Well, just to prep you, they're probably gonna wanna do an x-ray.

0:23:04.8 KB: Yes.

0:23:05.7 DB: Yeah.

0:23:05.8 KB: Yeah so important, and I hear you describing really two reasons that getting your CSRs familiar with a lot of the most common medical issues and what might be involved with that appointment and the right questions to ask, there are really two reasons that that helps everyone, and one is because then the client's not hearing it for the first time when you're blind siding them in the room with the treatment plan, but also it probably escalates a lot of people to get on the phone with a CSR if they don't feel like any of their questions are getting answered. That could be so frustrating when you call and speak to a customer service person who doesn't know the answers to anything you're asking.

0:23:45.3 DB: Exactly.

0:23:46.3 KB: And that's frustrating for them too, I'd imagine.

0:23:48.3 DB: Oh yeah. Well, there was such a confidence. The four modules that my team took were Common Telephone Questions and the Answers, they took Preventative Care, they took The Components of Blood Work and Gold Star Customer Service, and the last one was the employee manual 'cause nobody ever reads the employee manual. [laughter]

0:24:10.8 KB: That's true.

0:24:12.2 DB: So they had to be tested on the employee manual. But once they went through all those and took their tests and they got their raises, they were so confident. And thinking about body language and tone, when you have somebody who's really confident in their knowledge on the telephone with you and they're answering your questions, then there's trust built up, and that is really the most important thing that we can get in veterinary medicine is our client's trust, and that has to happen through the whole team. And one of the really important reasons for training all of your team on what your standards and protocols are is because clients are gonna get a consistent message through every person on your team.

0:24:55.8 DB: You know we were at a huge Sentinel practice, but we were right there in Greensboro, North Carolina, and Novartis was in our back door. So we did a lot of their clinical trials and we were definitely advocates for their product, but everybody on my team was trained
about that product, and that was the product that we used, and if you had asked the kids stocking
dog food or the practice owner, you were gonna get the same answer to the question. So that
consistency ended up with a 90% compliance rate on heartworm and flea prevention in our practice
and we saw no fleas in North Carolina, no parvo because we had consistent vaccination protocols
and no heartworms. Our Immiticide would expire or we'd sell to other people 'cause we wouldn't
use it. So to say that in a five doctor practice in the state of North Carolina, that says that your team
is on the ball because it was the team that did it, and it was definitely a team effort.

0:26:01.3 KB: For sure, that's such a great story. I can't imagine a practice without fleas every day
in North Carolina. We definitely don't have that in Pennsylvania, where I worked. [laughter] We see
fleas all the time.

0:26:12.3 DB: No, if we saw something like... Somebody picks something up on the rescue and
come in, and we would call people to the treatment room. "Look, come here, look at these fleas."
[laughter]

0:26:21.8 KB: The vet assistants have never seen one before, right?

0:26:23.8 DB: Yeah, like this is not normal for us. Look at this. Yeah.

0:26:26.8 KB: Yeah. Yeah, that's a great example of the application of that consistent message.
And it really does start and end with the front office, because they're the first and last people you
interact with as a client. So those practices that have such great compliance rates that don't report... I
hear from people all over the place today that work is just toxic because clients are being so rude all
the time, and then I hear other people say, "You know, I haven't really noticed that, things are pretty
much fine." Are they just really lucky? Do they just have a great clientele that they've groomed to
be nice to them, or are they doing something different?

0:27:08.3 DB: They're doing something different. The people who are not having problems, and
believe me, I've... I'm like you, I've talked to a lot of people out there in the world. The people who
are not having problems are the people who have strategically trained their team, they have
consistent messaging, they are very customer-focused in pushing information out there, they keep
their clients informed. And they have built huge trust relationships with their clients, so the clients
are automatically giving them the benefit of the doubt. And that is huge.

0:27:46.6 KB: Yeah, massive, that's a social currency that you build up over time. Yeah, so?

0:27:52.3 DB: It really is challenging in emergency, because people don't come to you like they...
Especially if you can do it, and especially because you're gonna see them consistently, but
emergency is hard. One of the biggest connection points that I've trained emergency staff members
to do is when somebody says, "Oh, my regular veterinarian is Dr. Smith." Is to say, "Oh, we talk to
Dr. Smith almost every day." Because it's that six degrees of separation, right?

0:28:23.0 KB: Yeah.

0:28:23.2 DB: We like to know people who know you. And that way there's some safety in that,
there is that psychological safety that says, "Oh, they know my veterinarian." And that right there
says... It gives you kind of a seal of approval of their regular veterinarian because you talk.
That's so smart. I have to say, I haven't heard anyone that I remember who works at an ER practice say, "Everything's great, clients are fine." So if you work for one of the... For a practice that offers 24/7 care, and have not been really finding that you're dealing with more rude clients and having those difficult conversations, then please email me at podcast@aaha.org, because I want to talk to you, because I want to know what you're doing in ER, are you doing what Debbie just suggested?

Yes like, I wanna know the secrets and tell everyone else, so if you work for ER and you think clients are being great these days, please let me know. [chuckle] But so, in a lot of practices, things come from the top down, right? So you have management, their training protocols, their culture, how they treat their CSRs, and how much power they acknowledge they give them, really makes a huge difference in the day-to-day experience of their team, but I'd think CSRs probably often, 'cause I did feel pretty powerless to change the way things are done at their clinic, because they are so... And I say this not because they're less important, but because they don't usually get to make the rules, but they seem lower on the totem pole, and so they just don't get to say, "I'd like to do things this way." What do you say to our CSR colleagues who feel that way, and feel that they're just not getting those resources from management?

I think a lot of times, CSRs do feel that way. They feel like they don't have any power and that they just have to take it, but there's always something you can do for yourself. You don't have to rely on your management to learn, and there's so many good books available to you about the things that we're talking about. And my bible of communication is Crucial Conversations. This book it's got three authors. One of them is Joseph Grenny, but this one... If we would all learn these arts, we would have great culture in our hospital. We would have great communication with our clients, even our families, within our families 'cause some of our challenging conversations are actually happening at our house. So we would just have a better life if we just learn how to have good conversation, or good communication skills, and this book is amazing. So don't think you have to wait for somebody to spoon-feed you this information, there is stuff out there for you. And I just have finished writing an article that will come in the Trends in June.

And it does have some training information in there, some recommended books that were cheap to buy on Amazon, but take it upon yourself to learn, because truthfully, I'll tell you that's how I learn most of this stuff. You can see behind me, there's a stack of ridiculous amounts of books. [chuckle]

I love a full bookshelf, that's my favorite thing.

And that's not even all, I have a Nook and a Kindle.

[laughter]

So have book, will travel, that's me. There's stuff you can learn that will help you, and then, you know, I had a conversation one day with the CSR team that was really
excellent in a practice outside of Washington DC, and they said, "Debbie, you know, I think we do pretty good work, but nobody ever acknowledges that." And there were five of 'em, and I said, "Well, I'll talk to your managers about that, but let me ask you this question. When have you ever acknowledged each other's good work? Have you looked at your fellow team member and gone, "Damn, you handled that client like a champ. Man, she was rough and you did a great job." Now you tell me why you can't do that?" And they looked at each other like it had never occurred to them and they go, "Well, you know we can do that." I went, "Sure, do that." And then other people will see that and hopefully mirror your example, because we do mirror. That's a human nature thing to do is to mirror, so let's make an effort to praise and acknowledge each other when we are superstars in managing those difficult clients 'cause some people are just amazing at it.

0:33:02.3 KB: Absolutely.

0:33:03.7 DB: Yeah.

0:33:04.6 KB: Yeah. Some people just naturally seem to understand it more than others, but you feel as I do, that everyone can learn these skills.

0:33:11.7 DB: Of course.

0:33:12.5 KB: Yeah.

0:33:12.7 DB: Absolutely they can.

0:33:14.3 KB: Yeah. Crucial Conversations is a fantastic book and we actually... We talk a lot about... I used the phrase "Crucial Conversations" several times in this podcast series already and I didn't explain what that was, so thank you for bringing that up. But that's a book that everybody in vet med should just have and read and maybe go back to on a regular basis.

0:33:35.8 DB: I think everybody in the world.

0:33:37.7 KB: Yeah, it would be...

0:33:38.8 DB: I'm seriously thinking about investing it and sending it to the Senate and Congress because I think that that would help them tremendously get over some of this gridlock that we're dealing with all the time.

0:33:49.1 KB: Agreed.

0:33:50.1 DB: Because it really is about listening and listening for how people feel, not what they say, but how they feel.

0:33:57.6 KB: And I have to think too that... We have a staffing crisis in vet med now. It seems like everyone's hiring, can't keep enough people on staff to be able to meet the needs of all their clients. And I have to think that if management is encouraging this and helping to nurture these skills, it will only help to keep people happy on their teams.

0:34:19.5 DB: Sure. Yeah. Well, if you think about what we have going on in vet med, we have
obviously issues, the same mental health issues that they're actually sort of exacerbated, but this is the root cause. If you're doing meditation, that's a band-aid, right? So why are we cutting ourselves in the first place rather than let's stick a band-aid on whatever it is. Communication is the root cause and poor communication is the root cause. If you go back and you think about why do people take you to the board as a veterinarian, chances are really good it's not your medicine. Although I have seen some crap medicine out there, I won't say that I haven't.

0:35:00.8 KB: Yup. But some of those doctors just get away with that over and over again and never end up at the board.

0:35:03.3 DB: Right. They do.

0:35:04.7 KB: Yeah.

0:35:04.8 DB: They do. And you know what? It's because their clients like them.

0:35:07.8 KB: Yes. Yeah.

0:35:10.5 DB: And then the ones who really are probably superstar as far as the medicine goes, they're just not really great people persons and so they are the ones who have the conflicts because they miss these interesting and vital social cues that keep people from getting angry and upset or feeling disrespected 'cause I'll tell you that most of the time disrespect is much more prevalent than anger. And this is the other thing that we don't do very well as humans and that is identify our emotions correctly. So I used to have CSRs come to me as the manager and go, "Debbie, Ms. So-and-so is so mad. You need to come up and talk to her." And so that was my job, so I would go up and talk to her. She really wasn't mad. She was very frustrated or she was feeling very disrespected. And how did we solve those problems?

0:36:07.7 DB: So a lot of it is just listening, riding along with it for a while. We want to argue and negotiate, but if I can give anybody... The main tip in dealing with somebody who's upset, if you wouldn't pat a dog that's growling at you, getting ready to bite you, don't engage a client who's that mad because they can't think. Their limbic brain has completely taken over their smart brain. So all you have to do is ride along for a while and in Fear Free, what do we do? We throw treats on the floor, right? So there's verbal treats that we give to humans and the verbal treats are, "Tell me more, I understand, I can see where you're coming from." And just keep going along even though it could be completely insane. Because until you get them down to a level to where you say, "Would it be okay if I shared my side of that story?" and then they can say, "Okay, yeah, I'll listen to you." You've wasted your breath. Just ride along with it, but it's hard and it takes self-discipline because we want to argue and we want to win and we want to be right.

0:37:18.7 KB: Oh, man. Yeah. That is... There really isn't anything I can add to that that will make that any... Like you just dropped the mic right there. I was gonna ask you, "What is one thing that practices can do right now to support their client care team?" but I think that's it, is teaching people this skill.

0:37:37.8 DB: Teach people the skill.

0:37:39.8 KB: Yeah.
And there again, it's storytelling. We're telling ourselves a story. The veterinarians will say, "If this client is questioning me, then that means she doesn't think I'm competent at my job." But maybe the clients question 'cause they really don't understand. You've spoken so over their head that they're lost and they don't feel they understand what you're asking them about, they're frustrated, they feel foolish or stupid. And if you ever make anybody feel stupid, then you're setting them up for anger. It's a very short trip from frustrated to anger.

So important. Debbie, thank you so much. I'm thinking about all the times I was Mrs. Smith in my life.

[laughter]

Because I get the limbic brain... I just can see the blinders coming in and it's like, "How dare you." So we've all been Mrs. Smith and we all probably will want to be Mrs. Smith again one day, so we have to have empathy there.

We do.

Thank you so much.

We do. You're welcome.

Debbie, where can people find you? I know you have a podcast, please give us the deets on that.

I do. My podcast and it's a vodcast, so we have two. We split it. The vodcast is on YouTube, on my YouTube channel. It's called The Bend and it's also available on Podbean and Spotify. We can't... My Apple account and I are having an argument, so I can't get it on Apple [chuckle] yet.

Noted.

I'll continue to work on that.

Yeah.

Apple doesn't make it easy. You also can follow me on social media on LinkedIn, at Debbie Boone Practice Consultant on Facebook, at the same on Twitter, on Instagram. And I do have a monthly blog that I write about these subjects, communication, trying to teach people to live a better life. That's my goal.

Yeah. And so CSRs, treat yourself to some of those resources that Debbie offers because they definitely can make day-to-day life better for you whether or not management is
offering you those specific resources themselves, but they should. This is really so important to the entire practice.

0:40:02.8 DB: Absolutely. The CSRs are the key to the kingdom.

0:40:05.8 KB: They are. Thank you so much again, Debbie, and thank you everyone for listening. We'll catch you next time on Central Line.

0:40:13.6 DB: You're welcome. Thanks for having me.

[music]

0:40:17.6 Voice Over: Thanks for listening to today's episode of Central Line, the AAHA podcast. If you love what you hear, please take a moment to leave us a rating and review. For more resources to help you simplify your journey towards excellence in veterinary medicine, we invite you to visit aaha.org. That's A-A-H-A.O-R-G.