

## Central Line: The AAHA Podcast Transcript

Episode Title: What Are (or Aren't) Clients Hearing When You Talk?

Guest: Ross Palmer, DVM, MS, DACVS

**0:00:00.1 Speaker 1:** 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.

**0:00:21.1 Katie Berlin:** Hi. Welcome back to Central Line. I am your host, Dr. Katie Berlin and I'm here this morning with Dr. Ross Palmer. Dr. Palmer, thank you so much for joining us. We've met before, but if you wouldn't mind just letting our audience know a little bit about yourself and what you're doing right now.

**0:00:38.9 Ross Palmer:** Yeah, thanks Katie. First of all, it's a pleasure to be on your show. I always enjoy our conversations.

**0:00:43.8 KB:** Me too.

**0:00:44.2 RP:** Best summarized, I'm a dog mechanic from Kansas. So that's where I grew up. I was a kennel boy at a local practice outside of Kansas City, and then I proceeded to go to veterinary school at Kansas State, went on and did an internship at the Animal Medical Center and a surgical residency at the University of Georgia, and also did some graduate work there.

Then since that time, my career has been evenly split between academia and private practice, both as a practice associate and a practice owner, and now probably 15-16 months ago, I took a new role as the Associate Director of Education at the Translational Medicine Institute at Colorado State University.

**0:01:36.4 KB:** So you've really been all over the map in this industry, and that's one of the things that I love to hear - people who have explored all sorts of different corners of the industry and seen it really from the ground up. A lot of us started working in the kennel, or as an assistant at a vet hospital in high school or something, and it's really nice to see when those assistants grow up to be things like directors of education.

Welcome, Dr. Palmer. I'm really, really glad to have you. Because your career has been so multi-faceted, I'm always curious - if someone had told you at the beginning, when you were a kennel assistant, that you would be doing this now, what would you have said?

**0:02:17.6 RP:** I would not have believed it for sure. Yeah, I think I imagined at that stage of my career that I was actually going to return to that practice, and that actually would, I think, have been a wonderful career as well - but I think as my career has unfolded, I've recognized that there just are continually new chapters that come my way, because of circumstances, because of people, because of mentors, and somewhere along the line, I got it through my head that this is going to be a really fun ride, if I can cooperate with it.

**0:02:56.7 KB:** That's the key, right?

**0:02:58.7 RP:** Yeah, and so now I love the role that I'm in, and it would not have been perfect 20 years ago, but it's perfect for me now.

**0:03:08.8 KB:** And the role that you're in, can you just tell us a little bit more about that? I need a little more clarification. So what does that mean exactly?

**0:03:19.7 RP:** Yeah, so there's multiple facets to being the Associate Director of Education at the Translational Medicine Institute, better known as the TMI, but a big part of that is leading CSU Vet CE. It's a wonderful group of people who are centered around a vision of what we want to achieve, how we want to achieve it, and why we do it in the first place, and to be able to work with a group of people like that... We're all on the same page, we're all imperfect in how we go about the things that we do, but we're all unified in our desire to be better individually and be better as a team, progressively every day, every week, every month. And so it's the perfect position at the perfect time in my career.

**0:04:21.2 KB:** I love to hear that. I feel the same way about where I am right now, and it's a really good feeling, so I'm very glad for that for you. And they're lucky to have you. We'll be talking more about that, hopefully in another conversation at some point, because I think continuing education, especially, is something that maybe as vets we don't give a lot of thought to, it just sort of appears in front of us - but there are a lot of different facets that go into producing CE that works well for everyone at various stages of their career. Hopefully we can talk more about that another time.

Today, the reason I was so excited to talk to you is that a lot of the topics that we're bringing up in these conversations on Central Line have to do with the crucial conversations we have every day in our experience as veterinary professionals, and really everybody in a vet hospital has these difficult conversations. We know the front desk has a *lot* of difficult conversations, and the technicians who bring pets into the room and who work hard in the back with each other and with doctors, and the doctors as we're trying to communicate with and educate clients.

And you have a story I heard you tell that I just love so much for bringing to light some of the conversations that we maybe don't even know we're having or should be having. Would you mind just telling us the story of Griz and his owner and what you learned from that?

**0:05:49.6 RP:** Yeah, that... It is a great story. And there are so many different facets to it because it's a relationship, I think, that did change me. It changed the way I look at what I do, caused me to re-evaluate some things.

Maybe I'll even back up and say, isn't it amazing how in our careers, we come into contact with hundreds, thousands of different patients and clients, and yet there are those few that somehow pivot the way we see things? Griz is one of those, certainly not the only one of those, but he's one of those for me. When I first met Griz, he was an underwhelming 10-year-old, overweight, out-of-shape Labrador that was having difficulty walking 10 feet.

He was in many ways a sight for sore eyes - he had been through one surgery, then a revision surgery, and now as I met him, there was the very real possibility he'd need a third surgery, and probably for a variety of reasons, I decided that wasn't the way to go today. He wasn't ready for that, or maybe I wasn't ready for that. But I enlisted the help of our rehab and nutritional

management team with the goals of trying to get him a bit stronger, trying to help him lose weight, and then maybe he would be a better candidate for this surgery number three. And as you and I have talked about before, I do wonder: was there some level at which I just thought, maybe, "Go away, and maybe I won't have to deal with you because it's a big challenge"?

Again, he was not all that inspiring, and we all like to be part of big wins, right? And that makes me sound like not such a great guy, but as I look back, maybe there are some things that I did well. Even though I had referred him to another group within our hospital, I did stay in contact with him, and I stayed in touch with his care and peripherally stayed in touch with his owner, and what was very cool is - and it was all their doing, it wasn't mine - we began to see Griz change in front of our eyes.

He was improving and he was getting stronger, and it was even becoming a question as to whether or not he was going to need this surgery number three, but that's really where the story, or at least this part of the story began. The owner kind of dropped the bomb on me that his dream was to take Griz elk hunting in the fall. This is now maybe five months away, and to put it in perspective, this is this dog who just a few months ago, had trouble traversing 10 feet across the clinic floor, and now he wants to go elk hunting.

I didn't know exactly what that meant, but I started asking questions and it involved traversing a lot of technical terrain, it involved a lot of endurance, it involved going above 10,000-foot elevation. There's not a lot of oxygen there, and I was concerned that this is a dream that's never going to happen. And so what I attempted to do in my communication with the owner was bring in the clouds a little bit and maybe temper his expectations.

And this is where I think I learned a lesson. As we talked - I say as we talked, but in reality, I was doing the majority of it because he's an individual who just doesn't say a lot - at some point, I gave him the opportunity to have some input, and I don't remember his exact words, but it was to the effect of, "I understand, Doc. Could you perhaps direct me to somebody who cares and who can help me?"

Those are heavy words. If you're a caring individual, like most of us are, to even have there be the implication that the perception is you're not trying and that you don't care - that one hurts. I mean, it hurts a lot.

**0:10:44.7 KB:** It does.

**0:10:45.3 RP:** Yeah. I shudder even as I think back to that. That was hard, but I feel really fortunate because he said the words that I think probably a lot of our clients are thinking at times. They're interpreting our words differently than we're intending them, but they're not saying what they're interpreting, and maybe they go share that with their spouse or their significant other, or their neighbors or their colleagues, but they don't share it with us. And we don't even know it's happening.

**0:11:26.7 KB:** I just think that's such a powerful story. And of course, I had the advantage of watching you tell this in a webinar, and so you had some amazing videos and photos of Griz and his transformation, because Griz did in fact go elk hunting, didn't he?

**0:11:44.1 RP:** He did indeed go elk hunting, and that's a whole another facet to the story of what I learned about the potential of an individual.

**0:11:51.5 KB:** Yeah.

**0:11:52.7 RP:** Yeah.

**0:11:54.0 KB:** That wake-up call - I think we get so defensive. I see veterinary professionals in all roles talking about this on social media and with each other. We get very defensive whenever we have a review or a client comment that implies or says outright that we don't care enough, because we're like, "Look, we could be doing almost anything else for a living and have not so much emotional distress and trauma in our lives, and we care, and that's why we're here," and we know that. But we think we're conveying that or we think that people just automatically will know that about us, and that's not always the case. And caring also looks different for different clients too, and I just... I think that story is so powerful because it shows how you can feel like you're experienced and at the top of your game and doing everything right, just taking a realistic view of the situation, and it can look totally different to the person on the other side of the table.

**0:12:56.2 RP:** Absolutely. Well, I was going to say, I think you're right. Clients are sizing us up a little bit, right? They're taking our verbal and our non-verbal cues, and they're making some assessments about us and whether we're trustworthy and whether we have their back, and for whatever reason on that day with that individual, his perception was, maybe Dr. Palmer is not my guy.

**0:13:30.3 KB:** Yeah, I think we can all relate so much, whether we want to say it out loud or not, to what you said at the beginning of that story, where you said part of you at least was kind of hoping that he would just get lost to follow up. We all have those cases where they're tough and we know they're going to be tough and they're going to sap a lot of our energy, and we don't feel super optimistic about them, and we're just kind of hoping that we won't have to constantly babysit that case. At least, I can't speak for everyone, but I know I've had those cases. And it doesn't do any good to deny it because it's a fact of life, and instead it turned out to be a case that would follow you in a really good way for many years.

**0:14:19.7 RP:** Yeah, and I'll pick up a little bit of where you mentioned that sometimes we are threatened, we get this negative feedback and we want to respond, right? Now we're in defense mod. Somewhere along the line, I learned.

Obviously, we're always learning, but my reaction doesn't tend to be as much that way as it once was. I now see those as opportunities. Now is the chance. Now I know where you're coming from, you've just played your card, I know where you're coming from, and you are questioning how much I care and who am I and what is my character, and now I have a chance to shine. You have just played your card and you've given me the chance to be me, so let's do this thing. Yeah.

**0:15:19.0 KB:** Yeah, I love that outlook, and in a way, if we could stand it, it would be nice if we could get a two-line review from all the clients that we see, because then we could really learn how we're coming across to others. I think it's so hard to see that from inside the conversation, so I don't think that I would really want that... but it would be very useful for maybe like a week, and then I'm done!

So, now you say that gives you a chance to know where you stand with the client and show how you can help them and how much you do care. How overall, do you feel like that experience has changed how you approach tough cases and maybe clients that don't want to talk a lot, and aren't giving you a lot of windows? How do you go into those conversations now since then?

**0:16:11.6 RP:** Well, yeah, I would love to say that I've reduced this to three easy steps that will improve your life, but I'm not going to. It's more of that nagging realization and awareness that just because I'm saying certain words doesn't mean that's how they're being heard, and as we sit here today, we should be very afraid - that's the ominous responsibility of a podcast, right? We think we know what people are hearing, but we don't always know that, right?

**0:16:50.6 KB:** That's true, yeah.

**0:16:51.0 RP:** So we have to be aware that what I think I'm saying and what you may be hearing could be two different things as we talked about before, you're kind of sizing me up - and depending upon where you're coming from on that particular day, your mood, what happened on the way to the clinic, any of a number of different factors - what you interpret may be very different than what I intend.

So I guess I try to recognize and remember and remind myself... Communication is a two-way street, right? It's not just what is emitting, but it is what is being received, and how can I be monitoring that? Looking for their non-verbal cues, which are easier on some people than on others, but even then it's subject to interpretation - and then checking in with the client with some intentionality. Not something sterile like, "Do you have questions?" Maybe a little bit more of the affective side of things: "Are you comfortable with the direction we're heading? Do you have any concerns about what we've talked about so far?" It's opening up a little bit this more emotional, personal, reflective side, so I know where we are.

**0:18:28.0 KB:** Yeah, that's great advice. Listening is something I know for much of my career in the vet clinic, I didn't do very well. I was very good at talking *at* people and not very good at listening, and I don't think I really had any idea how clients were experiencing an appointment with me.

We actually had a staff meeting at my last hospital where - I'm just thinking about this story now because I haven't thought about it for a while - where we were talking about giving feedback, and one of the very experienced team members had a habit of saying, "Does that make sense?" after she would explain something. She thought she was being helpful. And she is, she's a lovely person, and she was giving the person a chance to say, "No, I need you to explain that again." But a lot of the people she said this to were actually feeling like she thought they were dumb or that she was trying to dumb things down for them, and I realized I say that all the time too.

And that was a big wake up call. She was shocked. She had no idea that it was coming across as kind of bossy and a little bit demeaning to those people, and that's just such a classic example of how you can be a really good person with all the really good intentions in the world, and still, sometimes it takes a wake-up call from somebody to make you realize that how you're talking isn't necessarily how you want to be coming across.

**0:19:56.0 RP:** Yeah, absolutely, and what's amazing is I think probably another person could use

that exact phrase with some frequency and it would be interpreted differently. So there are factors in those relationships, there are factors in the non-verbal communication, and all those things that lead up to the way it is interpreted.

**0:20:18.9 KB:** So true. It's complicated, but it's also an art and it's something we can really work on and learn and not necessarily think of as we have it or don't have it. And that makes it exciting, I think, like you said. It's an opportunity.

**0:20:32.4 RP:** Yeah, and you know me, I'm up on our profession, I like what we do, and one of the things I love about our profession is we're never done in any facet of it. Sure, the medicine, the technology moves on, but we're never growing or done growing in our abilities to build better communications with our clients and learning to hear them differently, all those things. That to me is exciting. It keeps it fresh.

**0:21:06.4 KB:** Yeah, I totally agree. I wanted to ask you, too, because you work in an academic setting, and most of us have not – a lot of our support teams have never worked in that setting, or we as vets haven't worked there since we were students or interns, and I feel like seeing appointments in an academic setting can kind of get a bad rep.

If I send people to UPenn, I'm like, "Okay, you're going to have to take a long time for this appointment and there's going to be a zillion people to talk to you and ask you the same questions, and it's going to be this whole process, but they're going to give you great care." That's how I think of it – there are a lot of steps and there are a lot of different people involved, and it's kind of a thing.

But there are good sides too, besides, of course, the fact that you're getting cutting edge care, but I was wondering if there's something you think that veterinary professionals outside of academia could take from the academic experience and use in their own practice, maybe that they hadn't been thinking about.

It's an interesting question. I need to back up and point out again - half of my career has been private practice and half of it has been academia, so I really do still, I think, look at it from both sides. I guess I don't think of it so much as what could private practice learn from academia, as much as what is our collective? What do we learn from one another?

And you hit a big one on the head: listening. We are not good at listening. We have so much racing through our minds, there are a few things we want to clarify out of the history, etc. And so we go in, often times I go into the exam room with a bit of an agenda, some bullet points I want to hit, etc, and I think that's a problem. And we also have a huge challenge: I think there's a huge opportunity for sure in academia, but even in private practice, of finding efficiencies. We need to look for efficiencies in a term that I hate to use: patient throughput. I hate the term because it's so sterile. We need to find efficiencies though in that throughput, and there are places we can do that. One of the places that isn't, I think, is in our communications.

There are ways that we can get information from a client online in advance of an appointment, etc, but it shouldn't be at the expense of person-to-person time in the exam room. If you're not done sharing your concerns, then I shouldn't be done listening. Yes, there are limits on that. But I heard of a human physician recently and a lot of people were just so impressed with this individual because this person could see 85-95 patients a day. Oh my God - well, I did the math, that's five

minutes per patient. After you say hello and a cordial greeting and a cordial goodbye that leaves you with three minutes. You cannot do an exam, you cannot hear a client's concerns in that amount of time. That's an efficiency that I don't aspire to.

I guess now to answer your question, one of the things I love as a default, in both private practice and academia, is I look at a lot of things through the lens of what I call the mom test. If the client were your mom, is this how you would be managing this appointment? And you know what, our character, our ideals, what we hope to achieve, why we're in the profession, all of that will tend to spill out if we create an avatar of this client and say I'm now looking my mom in the eyes, right? That's a good way to look at a lot of things.

**0:25:50.8 KB:** That really is. I've never thought about it that way before. We talk about how we should treat all clients as if they're the most important client, and we shouldn't do anything that we wouldn't do with the client in the room, we shouldn't say things to each other about the client that we wouldn't say in front of the client, and I don't think any of us are particularly good at that. But you're so right - if we think about what we would do if we found out that the team was talking about my mom that way, or judging my mom in that way, not even just limited to the face-to-face interaction, but how we talk around that client, that is a huge lesson. A really, really good way to look at it and a little bit humbling now.

Dr. Palmer, I wanted to ask you one more thing, because you were talking a little bit about patient throughput and workflows, basically getting that patient and client in and out of the hospital in the most efficient way possible because their time is valuable. We're really big on teams here at AAHA, and I know that you have a really team-centric outlook too. What have you learned from the teams that you've worked with as far as trying to optimize that experience and make clients feel like the time they spend with you is valuable and isn't a waste of their time?

**0:27:25.8 RP:** Yeah, it's a great question. I have worked with all kinds of teams through all sorts of different roles through the years, and I think one of the things that is one of my passions is healthy teams. And healthy teams - you can feel it, you know when you're in the presence of a healthy team, and it doesn't matter whether it's a clinic team, a sports team, commercial aviation - you can tell when you are interfacing with a healthy team. I love to build healthy teams and be part of healthy teams.

At one point, all I wanted to do was be part of one, because then you're comfortable in your own skin, you know what you're trying to do, you know what impact you're after, how you want to get there, and I think most importantly, why you're doing any of it.

I think in the clinical arena at a practice, stepping back and asking those hard questions, really analyzing it, is so hard to do. We are so busy. Not stepping back and asking why individually do I do what I do, but as a practice, what is our cause? What is our belief system? What is our why? What are we trying to achieve? Why is it important to us? And then once we begin to understand those things, then we can start to explore specifically, how do we do this as a team and to what end? Where are we trying to go?

And I think there's magic in that. So in a clinic team, when you can create that resonance of, why are we doing what we're doing? How do we go about achieving it? And to what end? What is our vision? Where are we trying to get to? Then you start to build this healthy team that's really fun to

be a part of.

**0:29:41.5 KB:** I think that's such a great way to put that, because so many of us feel overwhelmed a lot of the time, especially right now. Things are nuts in the clinic right now, from universities to the smallest private practice. Everybody is feeling overwhelmed. And teams and culture and communication can really take a backseat at those times, because everybody is just trying to survive and get through the day.

But it's the foundation for everything we do to have a healthy team and a good culture and communication so that people feel psychologically safe in their workplace, so it is worth taking the time to do that, even if you know that your actual physical work of seeing patients is going to have to be a little bit tighter for a bit while you work on that. That's something that I feel so strongly about just from my own experience in the clinic, and I'm really glad that you feel the same way. I know a lot of us are really excited about all the conversations that are going on now about culture and healthy workplaces and psychological safety, and that really highlights that.

The other thing I was thinking about is when you're talking to somebody like Griz's owner and they're not seeing you in that way, we can't all be at our best every day. We're all going to have bad days or days where we just aren't communicating the way we want to with clients that we don't click with, but your team can really help lift up that experience for that client, if you're not having the best day on earth that you've ever had, and that client's not having the best day. Your team can really help fill in those gaps because they're there outside the exam room and they're there to take a history and they're there to fill your medications, and those interactions all add up to how we're perceived as a practice.

**0:31:36.8 RP:** Yeah, I think that is a fantastic point, and that's the importance of this team building, everybody feels connected to the whole. First of all, that's what it means to be part of a team. And everybody has each other's back. When we do understand our why and how and what we're trying to achieve and we're cohesive in that, and we have one another's backs, then, it actually is relatively easy to say, "Hey guys, today I'm hurting. This isn't my best day, my tank isn't completely full and I'm going to need a little help," and that's a great workplace to be a part of.

And likewise, it's a great workplace to interface with as the client. You don't feel the letdown of one individual because everybody's there. They're serving your needs. That's part of the why. That's part of the how. The team gets it, and they're a connected whole and they're reinforcing the same messages. Where I notice that most is, I'm a consumer, you're a consumer, and when you walk into the presence of a healthy team, you almost immediately can sense it, and it's great to be a client of that. It's also great to be a team member on a team like that.

**0:33:16.9 KB:** Absolutely, that's what we all should be striving for, I think. Dr. Palmer, thank you so much. This was such a great conversation. I feel like we touched on a lot of really important points here, but the one I'm taking home is to treat those interactions as if you would be talking to your mom or someone else's mom. We owe them that and we owe each other that.

**0:33:45.9 RP:** Well, thank you for having me on your show, Katie.

**0:33:47.8 KB:** Thanks so much for your time, and thank you all for listening. We'll catch you next time on Central Line.



**0:33:53.3 S1:** 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](http://aaha.org), that's a A-A-H-A dot O-R-G.

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