Central Line: The AAHA Podcast Transcript
Episode Title: How Well Do Clients Understand Written Instructions?
Guest: Joanne Intile, DVM, MS, Dip-Oncology

0:00:18.8 Katie Berlin: Hi, welcome back to Central Line. I'm your host, Dr. Katie Berlin, and our guest today is somebody who I knew peripherally when I was in vet school, and she was a resident at Cornell. Go Big Red! It's really nice to connect again, Joanne Intile. Welcome to Central Line.

0:00:38.4 Joanne Intile: Hi, yeah, thanks for having me. I'm really excited to talk with you today. And good to see you again.

0:00:43.8 Katie Berlin: Yeah, I mean, I feel like it's been no time at all, and then also 100 years. You look exactly the same to me so...

0:00:54.1 Joanne Intile: Same here, same here.

0:00:55.4 Katie Berlin: But we are going to be talking today about a piece that you were a co-author on in JAVMA in March of this year, 2022, which I thought was really interesting. We're going to be talking about some topics related to that article and that study, but before we get started, do you want to just give our listeners a brief introduction to yourself and what you've been doing?

0:01:20.6 Joanne Intile: Sure, yeah, so I grew up on Long Island. I'm from New York. I did my vet school at Cornell, as you said, and then went to Long Island for my internship. Came back to Cornell for my residency - couldn't stay away. Then I worked in private practice referral in upstate New York for a few years. I moved to Maryland for a few years and did a stint there, went back to Long Island for another go-round, working in private practice referral and then made the switch over to academia back in early 2017, and that's where I've been since.

0:02:02.4 Katie Berlin: Awesome. I like that you've seen a couple of different corners of the vet med universe, and you've had some repeats, but you've also been around some to see what kind of things are out there and how different people do things, and I feel like that's important for today's topic, which we'll get to in just one more second. I have one more question that I love asking people because I feel like it tells me so much about who they are and how they view veterinary medicine, so... I don't know if you tweet (I gave up on Twitter), but if you could put out one tweet or a billboard that the entire veterinary profession would see in the morning on their way to work, what would it say?

0:02:41.0 Joanne Intile: Yeah, I don't tweet anymore myself, either.

0:02:44.9 Katie Berlin: It got scary.

0:02:48.8 Joanne Intile: One thing that comes to mind is plagiarized from one of the radiologists when I was a student at Cornell, and he used to always say, "It's not your fault." And maybe you know who I'm talking about, maybe not, but it was always... To me, it was, "Well, if you didn't know this differential or you didn't know this diagnosis or you didn't think of it, it's not your fault because you didn't know it," so it's like your ultimate cop-out - but I think it also is a good thing to remind people nowadays especially with how the profession is shifting and changing and struggling. It's something I think about, "it's not your fault."

0:03:26.8 Katie Berlin: Yeah, that's a good one, because that can be applied to so many different areas, both in vet med and in other aspects of life, that there's so much that goes on that is just... not our fault, and we can only control what we do with it, right?

0:03:39.3 Joanne Intile: Yes, exactly, especially when you don't know the answer.

0:03:43.8 Katie Berlin: Yes. And knowing really a lot of really good ways to say, "I don't know the answer but I'm going to be able to figure it out."

0:03:51.2 Joanne Intile: Exactly.

0:03:52.0 Katie Berlin: That's a very valuable life skill. Yeah. Okay, so let's dive in. So I've never worked in research, I've only been in private practice and in industry, if that's what we call it, and so I don't have experience with designing studies and deciding where that money goes and who's going to be in on the study and how we figure out what we want to study and narrow that down. So I always wonder, who does those things? How do these studies that we see in JAVMA get put in motion? Can you talk about the study that you co-authored that just showed up in March?

0:04:35.0 Joanne Intile: Yeah, sure. So this study was evaluating what's known as readability of discharge summaries that we were distributing to owners of pets that presented to our service. And the idea of it essentially came from my time spent working in referral practice where I would spend a great deal of time writing down summaries of these cases that I was seeing under the guise of, "Well, I only have an hour for a new consultation to talk to an owner about this complicated topic or a recheck which happens in a half an hour, but I have this backup plan, which is, I'm going to write everything down and I'll be so clear and everything will be in there and I'll tell them, don't worry about it, it's all going to be written down."

And over the years noticed this pattern where an owner might call a day or so later and ask a question that I knew I had written down in that summary - whether it was related to frequency of medication, when to come back to recheck, what does the treatment duration entail, what is the prognosis? And so, initially, I kind of viewed it as, "Well, they don't understand what I'm writing or they're just not reading it," or any sort of combining of those things, and over time I started to think, "Maybe I'm the problem, maybe I'm not being as clear in these things as I could be."

This is something that transcended which job I was at, which clients I was dealing with, and then kind of thinking back, I worked with interns and residents, and it wasn't as if anything I was writing there seemed more clear. So I kind of just got it into my head like, "Wouldn't it be interesting to study this and learn how people learn?"

I got really interested in that - could this be some sort of thing that could be analyzed? And so when I started in academia, it was just this chance encounter that I had, meeting some of the educational researchers. And I never knew this in vet school, that behind the scenes... I thought vet school was just veterinarians teaching veterinarians, but there are all these other really, really brilliant people who don't have a veterinary background but know about education, who are in charge of things like curriculum development, communication and tasking, that type of thing, and I met up with them on a chance encounter and just said, "Hey, this is something I've noticed." And they said back, "Oh, you can actually study this. And this is how you do it, you can analyze readability using specific

software. And here's a study that we did looking at this information of online material that's out there for owners of pets."

And so, it just kind of spun off from there in a very organic manner, and then I had a rotating intern at the time, Julia Medland, who was interested in oncology and wanted to do some research. I talked with her, and most people I talk about this with don't want to do some sort of lab project or clinical trial, but she was like, "Yeah, I'm down. This sounds great." And so together, we devised the study. She did the leg work of a lot of the data processing, and then together, we wrote it. And that's where it came from, so it was really kind of cool how it just evolved, essentially.

0:07:52.2 Katie Berlin: Yeah, it asks a really important question and it's a question that I really don't think a lot of us, probably, spend that much time thinking about. I could be wrong, and I don't want to speak for our client care teams who know *exactly* how many clients call in asking the same questions that we wrote down in the chart and we assume they knew the answers to. I think our client care teams probably know more than anyone how often clients call in asking questions that we thought we gave them very clear answers to, so if we're lucky, we don't get all of those questions as veterinarians.

But I think that's a really important point that you made, where we think that writing it down is our fail-safe back-up plan, that no client could leave here, go home and read our discharge instructions and not have a very clear idea of what I said, what's going on, what our plan is and what their role in that plan is - and yet, we really find that that's not the case at all.

0:08:55.3 Joanne Intile: Absolutely, yeah.

0:09:00.3 Katie Berlin: Yeah, so do you feel like these findings... I think there's a lot that can be gained from reading this paper and from thinking about this issue more, even just individual members of the veterinary team thinking, "Okay, what could I do to make this more clear?" Whether it's a spoken or written thing, not to assume that people are going to understand just because we know what's going on up here in our heads.

But do you think that in primary care, vets typically do a better job than a specialist might about making sure that that information is understandable? Or do you think that this kind of finding is probably applicable across the spectrum of veterinary teams?

0:09:45.1 Joanne Intile: Yeah, I think that's a great question. And when I think about it, my mind almost automatically flips it to say, I think in specialty medicine, we go out of our way to make things more complicated, and part of that is it’s just the way that we've been taught to do it. As students we're taught to write the summaries and that's a reflection of how well we understand what's going on in that case, but we might just be copying a textbook or copying another summary that was written and just tweaking the name and the sex of the patient.

And then that perpetuates to internship and residency when we're then flipping around and grading the students on their paperwork and getting into specialty medicine, which we just... The way we talk to each other, the way we encourage presentations of cases, I think we go out of our way to make it more complicated.

I think general practitioners are probably equally as guilty of these communication issues, but they

also have less time to sit down and write a four-page summary of a case. I was saying before, I had an hour-long consult, and I'd have to summarize that. They may have however many appointments in 15 minutes, or something, so I think maybe they just have to, by nature, rely more on shorthand or handouts or things that are maybe more condensed. But that may not necessarily mean it's better or more readable, I guess, is the thing. Yeah, that's a good question.

0:11:18.6 Katie Berlin: Yeah, and there is so much that specialists deal with. You guys are dealing with such high-level medicine, complicated issues and very specific treatments, and so in a way, some of the things that we primary care teams need to communicate are probably just easier on some level to communicate than the radiation therapy plan for X type of tumor. That's just really tough, and it's a very fine-tuned skill, I'm sure, to take that information and distill it into what the client needs to know and to feel like they understand and are comfortable with something, and then also not get totally overwhelmed or be like, "This is like gibberish that I'm reading."

Sometimes when I read oncology notes, I feel like I need to go back to school, so...

0:12:12.8 Joanne Intile: Me too, sometimes.

0:12:14.8 Katie Berlin: So that makes me feel a little bit better, I'm not going to lie. But I'm also thinking, when you're talking about this, if this might be a place for our less experienced team members to shine. Because we all have been the person who's a little bit jaded, I feel like, when we've been doing this a while and we think, "Oh, why don't they understand this already? How many times do I have to explain it?" And honestly, it might be the first time that client has heard it.

We have just explained heartworm disease eight times already that day, so it seems like they should understand it already, but we're getting maybe a little bit jaded as far as what it takes to really convey information in an accessible way. And a less experienced team member, a vet assistant or brand new tech or a client care team member who hasn't had a decade of teaching this material? I feel like they've got to identify pretty well with the client who says, "I don't even know what these words mean."

0:13:11.7 Joanne Intile: Oh, for sure. And I think we've all experienced that, where even clients feel more comfortable asking these people questions because there is that layer of intimidation just by virtue of being in the position of a doctor. All of this rings true, there's so much research on this in human medicine. It's just amazing. In veterinary medicine, we have six papers or something like that, and there's thousands of studies on this in human medicine.

I think it's just very important to think about it. Yeah, it might empower the less experienced or less seasoned individuals to also ask questions themselves to know, "Okay, it's not just these big scary words that I don't understand, I can ask the question in a more fundamental level."

0:14:00.4 Katie Berlin: Yeah. You're right, that's got to be, and it's got to be a place where our team members to learn about all this. Somebody who's brand new to an oncology specialty team, for instance, and who has been working in vet med maybe for a while, but suddenly they feel like a beginner again. Or a client care specialist who starts at a vet clinic when they've been working at Starbucks or a restaurant.

The client care part isn't the new part, it's the insane number of words and processes and things that

the rest of us just take for granted if we've been doing it a long time, or we grew up in vet med. Somebody who's really brilliant and very motivated could come in and still be just absolutely a brand new beginner at that stuff, and we need to have empathy with each other because it is human nature to get judgmental. If we feel like something should be obvious and somebody just isn't getting it, it's human nature to feel frustrated.

0:14:58.3 Joanne Intile: Definitely.

0:15:00.3 Katie Berlin: …But they also are showing us that we have holes in how we're communicating that knowledge if our teammates don't understand it.

So, I'm thinking about arguments - I should say spirited discussions - I've seen online when we have vets and vet teams who are kind of doing what some people perceive as dumbing stuff down, so they'll use words that maybe aren't totally technically or medically accurate because they're words that they know the client will understand.

So for instance, in saying, "We need to take some X-rays of your dog's abdomen," you will see people saying it's more important for them to understand than for them to know the specific difference between an X-ray and radiograph. And then you have other people who are sticklers for doing and saying things the proper way, saying, "It's not going to help anybody if we're not being accurate in our communications." Do you feel like this study sort of sheds any light on that debate?

0:16:07.4 Joanne Intile: Yeah, I hope so. And so, I get exactly what you're saying and I, in my own veterinary career, have definitely faced that, and I think you face it a lot when you're a student. Especially if you've had some clinical experience and you come in and say, "Okay, we're going to take X-rays." Or I'm presenting a case and the most senior clinician that you're talking to says, "What do you want to do?" and you say, "I want a take some X-rays," and you know, “X-rays” is not the right word and they get very... As you're saying, very sort of emotional about it.

Coming full circle from being private practice now back into academia, when I first started in academia, I think I kind of was a little bit that way. "Use the right words, let's use our doctor terms." And then had a spirited discussion, as you say, with a group about understanding, "Is that just a pet peeve? Are you just saying something that annoys you?” It's not like you're saying, "I want to do a blood chemistry test" and you really meant radiograph.

It's a translatable thing, and I think it's something where the word is more understandable or more relatable. I'm okay using it as long as they know the other word, and even if you don't - sometimes you forget those big words from time to time. Uveitis, eye inflammation, even inflammation's a really complex word.

So I think the awareness of it is really important. I hope the people looking at this study are kind of thinking about this, or will think about that. And I think one really important thing I've learned in my research of this topic is time and again, even people who have very, very good literacy skills and who are highly capable of scoring high on those types of tests prefer things to be written at a simpler level. Especially medical type terminology and things like that. Even people who are professional healthcare workers. Their preference is just to read something that's more comprehensive or easier to comprehend and on a level that isn't over the top.

Whether it's, "I don't have time to read it," or "I want to just know the important points." The argument I have to go against a lot is you're not dumbing it down, you're just making it more likely to be understood, and that's not a bad thing.

0:18:35.9 Katie Berlin: Right, I love that. It's always to everyone's benefit, the pet, us, the client, if the client understands it without having to sit with a dictionary next to it, like a medical dictionary to look all the words up. But at the same time, I'm a stickler for medical records. I want the medical records to be accurate, I want them to reflect what was done and what the plan is so anybody could read them and understand. So that's a really big distinction, that client communication is not the medical record, and if we're cutting and pasting, that's fine but it might take some adjustments to make that appropriate for wherever we're cutting it and pasting it.

It's a really important point that this isn't just about somebody's reading level, although we often, I think, write for a higher reading level than we should, but it also just makes life easier if you don't have to think about this too hard, right?

0:19:27.6 Joanne Intile: Absolutely. We do get wary of those owners that are like, "Oh, don't worry, I got it all," or, "You don't have to explain that to me." And I'll always go, "Oh, yeah." But I sometimes worry that that is a cover for, "I really don't know what's going on." How many times do you end a consult or I've ended a consult and an owner will say, "Can you give me someplace or a resource where I can go look this up?" I always took that as, "Oh, I'm very insulted by that. I just spent all this time explaining it." But I was insulted because I was probably sort of embarrassed or like, "Oh crap, I didn't do a good job doing that." It was a very tangible way of seeing it.

0:20:07.0 Katie Berlin: Yeah, there's a reason that pet health websites are so popular, and it's not just because clients don't want to listen to us, it's because sometimes the article is in a blog post format and it's just so much more digestible for them.

0:20:19.8 Joanne Intile: Exactly.

0:20:21.3 Katie Berlin: Yeah, if you want people to avoid pet advice from Joe Schmoe, Dr. Joe Schmoe on the internet, you'd better write like that… Just say things that are right.

0:20:34.3 Joanne Intile: Yeah, exactly.

0:20:37.5 Katie Berlin: So I do have a question about this study, because you had mentioned earlier that there were a ton of papers in human medicine that are talking about how important it is, these communication skills and what, I think, you referred to at one point when we were talking as softer skills - how important those are to patient care and patient outcomes, and we have almost nothing in vet med that talks about that.

So as an oncologist, I feel like that's a field that's really data heavy, would you agree? There are a lot of statistics and stuff, and I always feel like when I'm referring patients, I say, "Well, probability-wise, the oncologist is the person who can tell you that." There's just so much to know that's data-driven. And then you go in there, as an oncologist, presenting an idea for a study that has to do with communication and talking to clients and what words should we use, and stuff like that.

Do you feel like the reception for studies like that is improving? Do you feel like as a profession,

we're more accepting of papers that deal with topics like that versus just the hard data of medicine?

0:21:46.6 Joanne Intile: That is another great question, and I think the best way I can answer that, because I am relatively new to this and kind of just fell into it by chance and just luck, is that when I present this data to the researchers, these hardcore scientists and people who are studying a very specific mutation in a very specific type of cell, and I'm over here like, "Hey, I just... I've looked at the readability of this stuff, what do you think?" I'm always nervous about it, to be honest.

I have this imposter syndrome, and I can tell you time and again, it is so well-received and just staggering that people are unaware of this, and then have this interest and seem to be very understanding of how important it is, and recognizing their own times where they're guilty of it as well.

So I think it's been really encouraging to me that it is so well-received and that people think it's important, and again, usually the only thing I have to counterbalance is sort of this idea of, "Well, then I get it, and we need to dumb everything down," and this is sort of the next level of saying, "You're not dumbing down." So yeah, I think it's amazing, and I'm really excited to see where things go with it and what we can learn as we move forward and hopefully see more studies coming out.

0:23:10.3 Katie Berlin: Yeah, I would love to see a big body of evidence growing like human medicine has - for these things that are not the medicine themselves, but they're just as important because we're not going to be able to deliver that good medicine if we don't get this stuff right.

0:23:28.8 Joanne Intile: Absolutely, yeah.

0:23:29.3 Katie Berlin: In a way, it seems like the more complicated the medicine gets, and the more we discover, and the more tiny little mutations in one type of cancer that we discover, the more important it becomes to be able to translate that into something a client can understand and say, "Okay, this is something that I want to do for my pet."

0:23:52.5 Joanne Intile: Yeah, for sure. And taking that on sounds almost like a battle or it's overwhelming, but figuring out ways to embrace it and make it part of your daily routine, I think, and then figuring out what way that clients and owners best process information, is the next level of it.

0:24:15.3 Katie Berlin: Okay, do you think that's an area of personalization that we could do for each client? Do you think some clients don't even want written instructions, they want... I don't know, they want you to refer them to a podcast or a YouTube video, or they want to take notes in the room while you talk or something?

0:24:31.3 Joanne Intile: Absolutely, I know when I go to my physician, they'll usually ask a question, "How do you think you learn best?" in those giant forms that you're filling out and reading and...

0:24:39.3 Katie Berlin: That's cool.

0:24:41.4 Joanne Intile: I think that's something that we could look at for our clients to tailor that

information. I think if we had that sort of body already built up, that you're a visual person, so I'll remember that during the consult, I'll use this whiteboard in the room, or I'll present you with, like you said, videos or things like that. Or are you a verbal person that listens and that's how you get it, or do you need to read it?

I think assuming everyone learns best by reading is the number one mistake, saying, "Okay, I'll just write everything down for you. Don't worry about it." Because I think not everybody learns best that way, number one. Number two, that's putting a lot of pressure on the owner, if you say, "Don't worry about it. I'll write it all down," and then they're like, "Great," and then they read it and they don't understand it, they may not feel that connection to be able to then call you and ask that question. Again, perpetuating the situation. Yeah, it'll be really interesting to dive into that as well.

0:25:39.6 Katie Berlin: Yeah, I love that question. How do you learn best? I don't think I've had doctors ask me that but it's such a good question.

We had this one veterinarian, the one who actually started the practice where I was working until very recently, and everybody loved him. He knew everybody's kids' names and was a member of the community, and he loved drawing on the white board – that was what he did, and so there was a white board in every exam room in two hospitals because he liked to draw on the whiteboard. And I always felt a little guilty because I didn't use the whiteboard enough. I just didn't think about it. Usually it would be to draw an eye, because I feel like I had such a hard time explaining the eye. Like you mentioned before...

0:26:21.1 Joanne Intile: Yeah, yeah.

0:26:22.1 Katie Berlin: Sometimes eye words throw me for a loop, for sure.

0:26:25.9 Joanne Intile: Yeah.

0:26:26.8 Katie Berlin: I always feel really bad referring people to the ophthalmologist because my eye words are just not good. I'm so sorry, ophthalmologists, but they seem very tolerant of it because I'm sure they know we don't know all the eye words.

0:26:38.2 Joanne Intile: Yeah, yeah.

0:26:39.2 Katie Berlin: But then I remember opening up the computer one day and looking at a client's record, and this alert popped up and it says that she didn't want to see that doctor because she doesn't like anyone drawing on the white board.

0:26:49.2 Joanne Intile: Yeah.

0:26:49.6 Katie Berlin: And I just remember thinking, "This is enough that this client felt like coming forward and saying, 'I don't want you to draw for me at my visit.'" People really care about that stuff.

0:27:01.3 Joanne Intile: Yeah. Well, I was just going to say, that could be because that person doesn't know how to read, it could be...

0:27:08.3 Katie Berlin: Yeah.

0:27:08.9 Joanne Intile: That is something that's hidden. You can't see that.

0:27:10.3 Katie Berlin: Yeah, you're right.

0:27:12.4 Joanne Intile: It could be something as simple as they have very, very poor reading skills.

0:27:18.3 Katie Berlin: Yeah, or their vision isn't good.

0:27:19.6 Joanne Intile: Or their vision isn't good. Especially in the studies with human subjects, time and again, it's the elderly that have the lowest readability and it's for reasons you wouldn't even think of.

There are generational language differences I'm starting to experience now as students are coming up, and I'm like, "What is that?" Instead of sedation, now we say "sedash." I'm like, "We do? I don't know." And trazodone is "trazzy." Again, it's an awareness more than anything.

0:28:01.2 Katie Berlin: Yeah, for sure. Speaking of students and the next generation of vets, how do you think that research like this is going to change how we train vet students? Or how do you think it should change how we train them?

0:28:14.3 Joanne Intile: Yeah, there's a should and could, I guess…

0:28:16.3 Katie Berlin: Yeah, things move slowly in academia, I know.

0:28:20.2 Joanne Intile: Yeah, it's very true. I'm here screaming from this tiny little mountain top. Number one, it's an awareness - having students understand that people learn in all different ways; and two, it's an awareness that readability is a thing, and if you're going to be using and distributing written materials, let's teach you how to do it in way that's effective.

Because that's the other thing - a lot of the studies basically just analyze information and say the readability is poor, the readability is poor - but what can you do to make it better? And then does that impact outcome for that owner? I think we should really be incorporating this into all aspects of student training from day one, because that's something they're going to be doing. No matter whether there's never a paper record ever in sight ever again, everything is going to be written, that's something they're going to be doing all the time.

0:29:24.4 Katie Berlin: Yeah, that's a good point, and it also brings up the questions of, "Are we giving good instructions to our support teams too, when we tell a client care member that this is the message they should pass on to a client?" It should be a message that the client care team member can understand, and I feel like... I'm just thinking of a billion examples where I probably barked information in the middle of a busy shift at a poor client care team member who was like, "I don't know what she just said, but I'm going to write it down. And then I'm going to tell that lady because she's yelling at me on the phone." How is that benefiting anybody? Because the clients know...

0:30:04.0 Joanne Intile: Yeah.

0:30:04.6 Katie Berlin: …if they're just getting fed something.

0:30:06.5 Joanne Intile: Yeah. Yeah, and we try to do this, we do a good job of it - but just remembering that if an owner calls with the question that you are sure that was discussed at some point, not assuming that they're not processing it.

Taking that step back and looking at yourself in that situation first, I guess. The opposite of what I said at first, it could be your fault. Look at yourself first and think about it, and take that as sort of the default, that you probably could do a better job explaining it. It's not a bad/good thing but think of that aspect of it.

0:30:50.3 Katie Berlin: Yeah. Yeah, we've all been in relationships where we felt like we were being totally clear about our needs and the other person had thought we were saying something completely different, and that's with somebody who may know you really, really well.

0:31:01.0 Joanne Intile: Yeah.

0:31:02.9 Katie Berlin: Your 20 minutes in the exam room with someone just isn't enough time to know exactly what they're going to get out of what you say.

I love all of this so much because I always have felt like the focus in vet school is so much on the medicine, so much on knowing which drug treats what and memorizing these lists of differentials - maybe not as much at Cornell, because I remember the Ross students making me look really bad.

0:31:27.2 Joanne Intile: Oh, they still... They still do.

0:31:29.6 Katie Berlin: They knew all the differentials and everything, and I was like, I know where to look that up. Still an important life skill folks.

0:31:39.2 Joanne Intile: Yes.

0:31:39.8 Katie Berlin: But I... There's so much emphasis on the medicine, as there should be. We have to be really good at that. But also communicating with each other, communicating with our teams, our teams who have an enormous variety of backgrounds and knowledge bases, and their one consistent thing is that they all want to learn. People come into vet med because they want to learn and then they want to be able to pass it on to clients too.

And so it's only to everyone's benefit if we take the time to make sure that what we're saying makes sense to everyone involved. And then that also puts us less on the hook. When we're the only one who understands what we wrote down, we're definitely going to get a call from some clients and it's not going to be able to be answered by anyone else.

0:32:23.8 Joanne Intile: Yeah, that is so true, so true.

0:32:26.4 Katie Berlin: Yeah, work-life balance, it's all in the name of that.

Okay, so I have one more question for you before we let you go. I always like to think about ways

that people listening, no matter what their role in the hospital, can take what we're talking about and put it to use with something they can start regardless of whether they're in a position to implement change for the whole team.

What would you say is something that people in vet teams could start doing, say tomorrow, to improve their written communications with clients?

0:33:02.8 Joanne Intile: Yeah, that's great, and I think we've kind of touched on it throughout this time we were talking. The first thing is just the awareness. Hopefully, anybody listening to this or who reads the study will be aware of this as being a problem.

And then taking advantage of these readability calculators, they're built into word processing software. Word has its own calculator, and you can go online, there's a couple of free ones. If you use Grammarly - or it's not automatic for Word, you do have to adjust your settings for it - but you can put your text in, run your spell check, and then at the very end it'll say, "Here's your readability levels," and you can look and see what grade level you're writing for and, "Oh my gosh, we were really supposed to be targeting sixth grade, and I'm writing at the 14th grade, which is college. Oh my gosh, no kidding, not surprising people don't understand."

And then practicing what you need to do to make that score go down. I do this all the time now, I write something, score it, shake my head and go, "Gosh." And then start chipping away, and chipping away, and figuring out how to re-write a word to make it more readable. I think those are some easy steps that can be taken right away. You don't need to buy anything or change anything that you're doing to kind of work on that.

0:34:35.3 Katie Berlin: Yeah, and I love too that you can do that without anybody on your team knowing! These calculators are really cool. I didn't even know these existed until recently. And I'll link to a couple in the show notes here as well as to the paper that we're talking about, obviously. But these readability calculators, you could go and do that with anything you write, and you can also... If you're looking at instructions from another clinic, you could run that through, copy and paste into a document or whatever and just see what the scores are looking like for the vet clinics that you're surrounded by. And it's not so that you can judge them and be like, "They are way above the level they should be at," it's more because you know that those clients then are going to need some extra assistance. And then you can bring other members of the team some awareness when they might not have heard this or might not be thinking that way - view it as a collaboration for a common goal, versus a way to score people.

0:35:39.8 Joanne Intile: Yes.

0:35:41.0 Katie Berlin: That's never going to go well.

0:35:44.6 Joanne Intile: Yeah, for sure.

0:35:44.8 Katie Berlin: There's enough judging in the world, we could be kind to each other and help, not judge.

0:35:50.0 Joanne Intile: Yeah, exactly. It goes back to the assume good intent, and we're all trying to do the right thing here.

0:35:53.9 Katie Berlin: Yeah, for sure. Assume good intent is a great role for all aspects of life. Sometimes very difficult but very important.

0:36:03.5 Joanne Intile: Very important.

0:36:04.8 Katie Berlin: Dr. Intile, thank you so much for your time. This has been great and I'm really just... I'm so stoked to see stuff like this coming out in JAVMA and hopefully we'll be seeing more studies like this in the future in vet med. I think it's just so important.

0:36:19.0 Joanne Intile: Thank you so much for this chance to talk about this work. I could talk about it all the time, and I'm so interested in it, and I love to see other people interested and excited to see where it's going to go in the future.

0:36:29.0 Katie Berlin: Awesome. Well, hopefully we'll get to talk about it again sometime, but for now, thank you. Thank everyone for listening, and we'll catch you next time on Central Line.