

Central Line: The AAHA Podcast

Episode Title: This One's for the CSRs (and Anyone Else Who Talks to People)

Guest: Debbie Boone, CVPM

Katie Berlin, DVM: Debbie, before we get started, would you mind just telling our listeners a little bit about yourself in case they're not familiar with you yet?

Debbie Boone, CVPM: Well, I'm 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." I left there and managed my family's restaurants for a couple of years, but I always still wanted to be in veterinary medicine. 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.

Then I sold a veterinary practice owner a watch one day. And he said, "You know, I need a manager. Come and manage my hospital." And that was how I got my job. And it worked out: for 19 years, I managed that AAHA-accredited practice. Then I moved to a mixed animal practice that we got through their first AAHA accreditation. So I'm kind of an AAHA girl. I believe in that level of practice and the quality of medicine.

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, about communication and client service. Today I focus a lot in my consultancy on developing great culture, good communication skills, client service skills - I love growing teams because if you grow your people, your business will grow.

KB: Here's to playing to your strengths, which it seems like you've done very effectively! You have been such a presence on speaking the circuit and online in the vet space for so long. We really want this conversation to speak to the CSRs - everybody who's right there on the front lines. I hope this is something that can speak directly to them, because they seem to get overlooked in terms of content that's directly for them.

But before we get into that, one question: What is something people would not guess about you?

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

KB: I *am* surprised by that. I would have said you were a sports fan!

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.

KB: Let's start by giving some serious props to the client care teams. They're like our human shields. This job has always been hard. You've worked it. I've worked it. But it seems like since COVID, it's gotten especially hard. Do you feel like people are different now?

DB: Well, there's a lot going on with the mental health of the population, and not just veterinary clients, people everywhere. But if you understand that humans are tribal animals, we work and do best in collaborative packs. When we isolate ourselves from the world, 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 getting sick, social unrest, war, gas prices going up, inflation - there's just so much that keeps bombarding us.

I think probably the most detrimental thing to our mental health is social media. We know there are certainly benefits to it. I was so impressed with what veterinary managers did at the beginning of COVID, because they were so open in sharing their solutions to curbside care, what worked and what didn't. But the negative is that we also tend to get into tunnels, right? We're only hearing certain things because of the way the algorithms work, and that is keeping our cortisol levels amped up, and the problem is that humans aren't meant to run around like that.

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.

Several years ago, I became Fear Free-certified, and I was just blown away at the lessons I was learning in animal behavior. I've been teaching human behavior for 10 years, and we really are animals, and our limbic brain responses are the same. And I realized we can give a little grace to people - because they are fractious cats who are really just terrified, right?

KB: I feel very seen right now! That's such a good equivalency. I never thought about that. The idea that 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.

DB: Exactly.

KB: 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 certain death or if they're going to get a nail trim and go home. To them, it's the same amount of terror, because they don't know when it's going to end, or what's going to happen at the end, and that's been us since March of 2020.

DB: Exactly.

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.

DB: Right. Every time we think that we're getting to kind of a steady-state, something else bombards our limbic brain, and then we're back up there again and we become fatigued. There's a constant spike of fear and then the dropdown. Eventually there is so much fatigue that you're always in an agitated state and your mind can't recover.

This is why I'm talking about learning behavior acumen, to be really careful about the story that you tell yourself and catch that limbic brain starting to go off the rails - and then say, "Okay. A saber-toothed tiger is not attacking me. Everything is good. I need to calm my brain down and I don't need to let my brain run loose."

So some of it is emotional intelligence. But the other part is understanding that the same thing is happening to that human on the other end of the telephone. "What can I do to de-escalate? To not ramp them up, and then to be where they are?" That empathy is so important in these challenging situations, and 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. We say things that set people off and we don't realize that we're doing it.

KB: That's a very good point. I think a lot of times people hear this conversation about de-escalation and how to learn how to talk to people and read people's body language, and there seems to be kind of an undercurrent of, "Well, you're really bad at doing this thing that should be part of your job."

But really, when it comes down to it, we are all bad at this when we're stressed and upset. And we have all been stressed and upset for a long time. So that's the other side of the coin - 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.

DB: I just wrote an article on how to fire a client for AAHA - two twitchy people on both sides of the coin, and we're looking for anything to set us off. In normal times when we are in a calm state, these are things that would not raise an eyebrow, but now it's the one nail in the coffin - we just can't take whoever said this last no to us. It's something as simple as when people call up and say, "I want an appointment," and they're assuming it should be like it always has been, where they could get in the same day or first thing the next morning. But we blindside them by saying, "Oh, I'm really sorry, we don't have an appointment for three weeks."

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 are a whole lot more animals being cared for than there have been. Our client should have been prepped. It's very similar to having a puppy appointment and saying, "Okay, here is what your puppy is going to need for the next six months. But then here's what it's going to need until it's an adult, and then here's what it's going to need when it's geriatric." When that geriatric animal comes in and you want to do \$200 worth of blood work, you've been talking about it for eight years. They're prepped.

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.

You have to give people messaging over and over again. But we also need to pay attention to the things that are happening in people's lives. They will give us subtle cues about that, and that is active listening.

I'll give you a prime example. I was listening to a client's 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 want to 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."

Instead of pausing and saying, "I understand how upsetting that is," she just 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." These are the opportunities we have that we miss, because we're in a hurry and we're not listening well. Those deep listening conversations stop a lot of the blowups.

KB: That's a great example. It's so easy to think back on all the times I was on the phone and probably thought, "I could explore that more, but I'm not going to, because I'm really in a hurry," and how different those interactions might have gone if I just paid a little bit more attention.

DB: And it doesn't take that long. There was a study several years ago that showed clients want to tell their story, and when we bring them into the exam room and they start to tell their story, we interrupt them within 13 to 15 seconds. If we would allow them to finish their story, it would only take about 90 seconds.

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.

KB: Yeah, and that's something that CSRs can do. They can feel empowered to listen to that story and to write everything down. CSRs cannot be expected to know everything that technicians know or that veterinarians know about the actual medicine or about which pieces of every 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!

DB: Well, my CSR team was trained on medicine! Because they're the ones who are answering the screening questions. My CSRs were trained on the components of a vaccine and all those diseases and what the symptoms were, and they knew the anatomy of the ears and rears - because that's what we talk about 90% of the day. 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. They were able to take so much off of the medical team when they could answer those simple questions or ask the right questions.

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. We lay the ground work in that first conversation when we're making the appointments. Then the technicians support it and the doctors rubber stamp it, and that's how we get compliance. It's, again, not blindsiding them when the doctor comes in and says, "Your pet needs this". Let's let the CSRs lay some ground work. "Oh, your dog is limping? Well, just to prep you, they're probably going to want to do an x-ray."

KB: So important, and I hear you describing two reasons that getting your CSRs familiar with a lot

of the most common medical issues and the right questions to ask helps everyone.

One is because then the client's not hearing it for the first time when you're blindsiding them in the room with the treatment plan. And 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 can be so frustrating when you call and speak to a customer service person who doesn't know the answers to anything you're asking. And that's frustrating for them too, I'd imagine.

DB: The four modules that my team took were Common Telephone Questions and the Answers, Preventative Care, The Components of Blood Work and Gold Star Customer Service, and the last one was the employee manual (because nobody ever reads the employee manual!).

Once they went through all those and took their tests and got their raises, they were so confident. 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. And it has to happen through the whole team. One of the really important reasons for training all of your team on what your standards and protocols are is because clients are going to get a consistent message through every person on your team.

Everybody on my team was trained about a heartworm and flea prevention product we used. If you had asked the kids stocking dog food or the practice owner about prevention, you were going to get the same answer. That consistency led to a 90% compliance rate on heartworm and flea prevention in our practice, and we saw no fleas in North Carolina and no heartworm. Our Immiticide would expire because we wouldn't use it. To say that in a five doctor practice in the state of North Carolina - that says that your team is on the ball. It was definitely a team effort.

KB: I can't imagine a practice without fleas in North Carolina! That's a great example of the application of that consistent message. It really does start and end with the front office, because they're the first and last people you interact with as a client.

I hear from people all over today that work is 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 have a great clientele they've groomed to be nice to them, or are they doing something different?

DB: They're doing something different. The people who are not having problems are the people who have strategically trained their team, have consistent messaging, are very customer-focused in pushing information out there. They keep their clients informed. They have built huge trust relationships with their clients, so the clients automatically give them the benefit of the doubt.

KB: That's a social currency that you build up over time.

DB: It really is challenging in emergency. One of the biggest connection points that I've trained emergency staff members to do when somebody says, "Oh, my regular veterinarian is Dr. Smith," is to say, "Oh, we talk to Dr. Smith almost every day." We like to know people who know you. That right there kind of gives you the seal of approval of their regular veterinarian, because you talk.

KB: In a lot of practices, things come from the top down, right? The training protocols, the culture,

how they treat their CSRs, and how much power they give them, really make a huge difference in the day-to-day experience of their team. I'd think CSRs often, because I did, feel pretty powerless to change the way things are done at their clinic. And I say this not because they're less important, but because they don't usually get to make the rules. What do you say to our CSR colleagues who feel that way, and feel that they're just not getting those resources from management?

DB: 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. There are so many good books available to you about the things we're talking about.

My bible of communication is *Crucial Conversations*. If we would all learn these arts, we would have great culture in our hospitals. We would have great communication with our clients, even our families - some of our challenging conversations are actually happening at our house. Don't think you have to wait for somebody to spoon-feed you this information.

And I just have finished writing an article that will come out in *Trends* in June. It has some training information in there, and recommended books that are cheap to buy on Amazon. Take it upon yourself to learn, because that's how I learn most of this stuff.

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

DB: And that's not even all, I have a Nook and a Kindle!

I had a conversation one day with a CSR team that was really excellent, and they said, "Debbie, you know, we think we do pretty good work, but nobody ever acknowledges that." There were five of them. 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, 'You handled that tough client like a champ. 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 said, "Well, you know we can do that." And then other people will see that and hopefully mirror their example. That's human nature, to mirror. Let's make an effort to praise and acknowledge each other when we are superstars in managing those difficult clients.

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

DB: Absolutely they can.

KB: We have a staffing crisis in vet med now. It seems like everyone's hiring and can't keep enough people on staff to be able to meet the needs of all their clients. 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.

DB: Sure. If you think about what we have going on in vet med, poor communication is the root cause. If you think about why people take you to the board as a veterinarian, chances are really good it's not your medicine.

Doctors who are superstars as far as the medicine goes may not be great people persons, and they can miss these vital social cues that keep people from getting angry or feeling disrespected. Disrespect is much more prevalent than anger.

And the other thing that we don't do very well is identify our emotions correctly. I used to have CSRs come to me as the manager and say, "Debbie, Mrs. Smith is so mad. You need to come up and talk to her." And she really wasn't mad. She was frustrated or feeling disrespected.

A lot of solving these problems is just listening, riding along with it for a while. We want to argue and negotiate, but if you wouldn't pat a dog that's growling at you, don't engage a client who's mad because they can't think. Their limbic brain has completely taken over their smart brain. In Fear Free, what do we do? We throw treats on the floor, right? There are verbal treats we give to humans, and the verbal treats are, "Tell me more, I understand, I can see where you're coming from," 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." It's hard and it takes self-discipline, because we want to argue and we want to win and we want to be right.

KB: 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.

DB: Teach people the skill. 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 because they really don't understand. You've spoken so over their head that they're lost, 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.

KB: Debbie, thank you so much. I'm thinking about all the times I was Mrs. Smith in my life. We have to have empathy there.

DB: We do. You're welcome.

KB: CSRs, treat yourself to some of those resources that Debbie mentioned 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 so important to the entire practice.

DB: Absolutely. The CSRs are the key to the kingdom.