

0:00:04.2 Katie Berlin: Hi, welcome back to Central Line. I'm your host, Katie Berlin, and our guest today is Dr. Sarah Wolff. I met Sarah through the Uncharted Veterinary Conference, like so many amazing people that I know, and she's here to do a little bit of communication troubleshooting with us because, as we all know, a lot of days the medicine is the easy part. So Sarah, welcome to central line. Thank you so much for coming on.

0:00:31.2 Sarah Wolff: Thank you for having me. I am very excited to do this with you, I always like talking to you and getting to do it officially feels very nice.

0:00:38.3 Katie Berlin: Yes. Yeah, I love this. And you had a great idea, which was to kind of take some really unfortunately common scenarios, and I go through them and talk about what you would recommend that we do in the clinic and give everyone a chance to think about that ahead of time, rather than when you're a deer in the headlights, the client is looking at you and perhaps isn't super happy, so very, very good idea and super useful. So before we get into that though, would you just let everyone know a little bit about you and what you do.

0:01:14.4 Sarah Wolff: Yeah. So I am Sarah Wolff, I'm a veterinarian, and I've been working in the veterinary industry for 22 years now, which dates me a little bit. I've been a vet for 12 of those years, and I spent 10 years before I graduated working in support roles and vet practices. So I am a little bit obsessed with just how important the CSRs, the assistants, the managers, the technicians, especially are to our success as a team. And in particular, I've always been super nerd and super excited about what makes our clients love coming to see us. And I think that's because what I've always enjoyed the most about veterinary medicine, as much as I love dogs and cats, I love the phenomenal reciprocal relationship and emotional exchange that you get to have with the clients who come in. And day after day, I find that's what fills my cup even more than puppy kisses and kitty cuddles and all the real parts of it, right? And so for me, I really like to focus with practices, helping them create really fantastic client experiences that also fill the cups of the teams that they're working with, and figuring out what systems need to be in place so that that is repeatable and sustainable in a way that everyone enjoys.

0:02:26.3 Katie Berlin: Love that. As you were talking, I was thinking about that quote, and I can't remember who it's attributed to, but it's something like, if you can't find joy in the snow, you'll have the same amount of snow, but a lot less joy. And I think about client communication like that, maybe you automatically love it, maybe it's not your thing, but either way, you're gonna have to do it, so you might as well try to figure out how to get the most out of it and do it well for the benefit of everyone.

0:02:56.9 Sarah Wolff: Absolutely. Yeah, and when I talk to teams, we talk a lot about why do you do veterinary medicine. As we all know, one of the best parts of this field is that anybody who succeeds in it, be they a phenomenal assistant, a kennel manager, a technician or receptionist, they're somebody who is really smart, really good at problem solving, really hard working, super high integrity. It's a pretty rockstar list of qualities, and yet they choose to stay in an industry that probably pays them less, has tougher hours and harder shifts than other industries that they could easily work in and succeed in, and it comes back to a lot of times the animals. We don't always choose to be in this field for the people, but as my husband and I say, the peopling is a big part of the job. So when you have to do the peopling, whether or not that innately brings you joy, the easier you can make it, and the more likely you can make it to result in a positive outcome, the better the rest of your job becomes.

0:03:56.3 Katie Berlin: That makes so much sense, and it makes you dread it less if you have some tools in your toolbox to do it. It's like... I'm not a natural surgeon, but if I know what I'm doing in a procedure, I'm a lot more likely to be comfortable with it. Whereas if I'm going in feeling like I'm not really sure what to expect, then it's a lot scarier, and I'm also probably not gonna enjoy it. And I think communication, we don't treat it that way, we think, oh well, we'll just get through it, but going in and knowing... There are certain scenarios you can predict are probably gonna come up pretty much every day, and we're gonna be talking about some of those today. So...

0:04:32.0 Sarah Wolff: Excellent. Yeah, let's do it, I'm excited.

0:04:35.1 Katie Berlin: Alright. Alright, let's just get into it then.

0:04:36.7 Sarah Wolff: Okay.

0:04:37.6 Katie Berlin: So first scenario, let's picture a client calls and they're like, "Hey, my dog is overdue for vaccines. I'm going on vacation in a couple of weeks, and we really need to get him up to date, I gotta get him in," and nothing on your schedule works for that client, very familiar.

0:04:58.1 Sarah Wolff: Yes. The classic failure to plan on your part does not constitute an emergency on my part, right?

0:05:03.9 Katie Berlin: Yeah, and I said a couple of weeks. And that's being generous, 'cause usually it's like three days from now.

[chuckle]

0:05:08.4 Sarah Wolff: The emergency Bordetella.

0:05:12.4 Katie Berlin: Yes.

0:05:12.9 Sarah Wolff: Yeah. And I will say in those situations... Well, before I even get into that, the reason I'm interested in this and how you handle these situations is because I'm naturally the worst at it.

0:05:23.5 Katie Berlin: Same.

0:05:23.7 Sarah Wolff: I am not naturally skilled at this. My natural instinct is to jump like, "Well, why didn't you schedule this? You should have." Or something snarky, I'm kind of a snarky person on my own. And so if there is a way to handle a situation poorly or to say the wrong thing, I have done it in ways that you probably cannot even fathom, and that's where my interest comes from in this part of it, because I have to practice, I can't go into some of these tough situations or tough discussions without a plan in place. If I don't have one, I will blow it up.

0:05:57.9 Sarah Wolff: So for scheduling, I think that's... One of the ones that can be the toughest because I think, especially right now in our industry, we're in this in-between where we still have a lot of team members, myself included, to date myself who grew up in the come right down era of everybody come in whenever they wanna come in. And that just doesn't work for our practices as

well as it used to, and so how do we transition that gut instinct of we wanna help and the gut instinct of, I can't freaking see any more appointments or fit anymore in today into a middle ground. And I find it helpful when you've got a situation like this where the client wants something and they have this sense of urgency, for whatever reason, VL or otherwise, to remember that we all do this in our lives all the time. Maybe not for the vet because we're intimately aware of it, but how many times have you forgotten to get an oil change. My own car is way overdue for an oil change...

0:06:51.9 Katie Berlin: Same, same.

0:06:53.2 Sarah Wolff: And I really need one.

0:06:54.4 Katie Berlin: I was just thinking about that.

0:06:55.1 Sarah Wolff: Yeah, and it's just not high on my list of stuff to get done, but the minute there is a problem, it will be very high on my list. And it's not the mechanic's fault, but I really am gonna need help at that point, so just coming from a place of giving the better for the doubt. Remember, we all do this in different aspects of our lives, and try to play good cop. You're not here to lay down the law with this client, they're aware that this is a problem that they've probably messed up in some way, play good cop. Try to come up with some ways that you can say yes to them, have some easy yeses up your sleeve, and this is kind of something that your leadership, practice leadership has to have in place already. If you don't have anything on the books that is going to work for that client, you don't wanna just say no, we can't help you, because [a] that feels cruddy to say, [b] that's not what the client wants to hear and [c] that's not the best business model either. And so figuring out a way that you can say yes in some form. And for your practice, that might be that you've got some number of same-day appointments available, that you've got a certain number of day admit or drop-off appointments that you can squeeze in or that you've got a telemedicine option, something to at least get them part way so that they can be set up and feel like the ball is rolling.

0:08:08.7 Sarah Wolff: If there really isn't absolutely anything you can do, just having some other way you can say yes, and maybe that's you know other practices in town, and you know one that's hurting for appointments right now and could fit in an emergency vaccine appointment. And we all cringe at that idea a little bit, but if there's any way that you can help that client, it's ultimately gonna be better for you, and it's gonna feel a lot better on the phone too. And I think it applies to anything urgent. There's plenty of stuff where you could have diarrhea, and the day is fully booked and the dog's otherwise fine. It's not vomiting, it's probably not obstructed, you've already triaged the scary stuff, but if you have a German Shepherd having diarrhea in your house, that's an emergency.

0:08:50.7 Katie Berlin: Yes. I feel anxious just thinking about that.

0:08:55.7 Sarah Wolff: Right. That dog's probably not going to die, but your rug will. And that's very real.

0:09:01.1 Katie Berlin: Yeah, yeah.

0:09:02.3 Sarah Wolff: So is there anything that as a team you can come up with for those common emergencies that are maybe more urgent to the client than to the true life or death of the

pet and have some Band-Aids in place, is there an over-the-counter diet or probiotic that you can dispense? Can you have them drop off a stool sample and get in two days later while they start the probiotic, things that we know are gonna help, aren't gonna hurt, aren't gonna interfere with diagnostics. Same with ear infections, right. I feel that's the other classic one.

0:09:34.6 Katie Berlin: Yeah, the emergency ear infection.

0:09:34.7 Sarah Wolff: And you know how bad those dogs are.

0:09:36.3 Katie Berlin: Yes.

0:09:36.4 Sarah Wolff: Yeah. And it stinks, but it also, literally stinks, for the dog and the client, but can you send home a safe ear cleanser for them to use, and a quick two-minute counseling session from a technician on how to do that safely and what to watch for. And at least they get some of the debris out, keeps the pet a little more comfortable, give them the e-collar. Figuring out some ways that you can say yes, even when you're saying, no, we're not gonna fit you in today. And that's gonna immediately help the client understand that you're on their team, it's gonna feel a lot better for your team, and it's gonna help start that ball rolling forward.

0:10:11.8 Katie Berlin: Yeah, those are all such good points, like framing it in a positive way like, yes, we'd love to get you in, unfortunately, we can't do it until after you're back from vacation, but here are some things that we could do in the meantime if you... If any of these sound acceptable to you. And also just the idea of the person not wanting to teach you a lesson for waiting, 'cause I do feel like sometimes we all have that instinct to teach this person a lesson, like, well, if we nag them this time, the next time they're not gonna wait this long, but you know what, as somebody whose car is always overdue for an oil change, they are going to wait, that is a personality trait that is not like they're doing this to make your day bad, and so I do... I totally agree, like just having somebody like my dermatologist on the phone being like, yeah, we can call in a month of refill, because you are two months late scheduling your employment. It means the world because you're like, okay, they understand life is hard.

0:11:13.9 Sarah Wolff: Yeah, and I think that's where... I guess two things I would say, one, my pet peeve when it comes to this stuff is never, ever, ever, ever, please on the phone say, I'll check with the doctor, or I'll check with the veterinarian, because when you do that, you set up everybody for disappointment just across the board. It's unfair pressure on your veterinarian, are they gonna be the one who overrides your practice's SOPs, the client now is dependent on is this veterinarian being nice or being mean. And then over time, that can create a lot of tension within the team also, if you've got one person who's always saying yes, and one person who's always saying no. And they might all have really wonderful positive motivations behind those choices, but we don't want this to be something that we're putting on a specific team member because that just sets everyone up for potential disappointment, and instead saying, let me see what we can do, or let me check with the clinical team, give me a few minutes to see what options we can figure out. And you can probably brainstorm with your team, what are the 10 things that happen most often.

0:12:25.2 Sarah Wolff: Is it for your practice, it's emergency ear stuff. Is it they're overdue for their annual exams? You legally prescribe anything, but maybe you could make an over-the-counter recommendation for a week, figure out what are those common things that come up, and then how as a team do you wanna approach it in a way that you're getting to say yes to the client in some way,

and then everyone can be on board with that, and it just takes all of the stress out of that phone call, doesn't mean clients won't still be upset. Of course, they're upset, it's frustrating, but at least you're being productive in the moment.

0:12:57.7 Katie Berlin: They were probably upset when they called, 'cause they know that...

0:13:00.9 Sarah Wolff: Yeah.

0:13:01.0 Katie Berlin: They played a role in this scenario, and it's frustrating, and we all know how we act when we're frustrated at ourselves, but I really like that sort of look for ways to say yes, which I feel like is gonna be a theme today, so...

0:13:14.9 Sarah Wolff: Always.

0:13:16.4 Katie Berlin: Yeah. So let's expand that a little bit. So say, it's not necessarily that you don't have appointments available, but it's that the client doesn't want to come in for the appointment or otherwise adhere to what is clinic protocol. So, like you said, they are overdue for their annual exam, and so you can't prescribe something, even if it's something they've had a million times before, like heartworm prevention, or they are on chronic medication and they're overdue for bloodwork. And at a certain point, you can't refill that medication anymore, until they come in, have their labs tested, 'cause it's a safety issue for the pet. So those are always tricky 'cause there's always a reason, and sometimes it's valid and sometimes it's not, so what do you recommend in those scenarios?

0:14:02.2 Sarah Wolff: Yeah, you gotta... In those moments, you've gotta remember that Veterinary Medicine is medicine, but it is predominantly a service industry, more than a medical industry. And I would argue we don't want to be a purely medical industry, because just think about the hassles of human medicine and the industry that that has become... And all of the frustration that we individually, our clients, our families feel about interacting with that system, that is not how we want our clients to feel when they interact with us.

0:14:33.4 Katie Berlin: And the doctors too. Yeah.

0:14:35.2 Sarah Wolff: And the doctors, yeah. No one's having fun.

0:14:38.1 Katie Berlin: Yeah.

0:14:38.2 Sarah Wolff: No one's enjoying the way that is working out, right? So we don't wanna put ourselves into that situation, and so I think when you're dealing with a moment like this, as much as we're trained and legally, we think about it, and we are a medical industry manner, try to channel a service industry attitude. And for this, I always think about airports, when there is a protocol or a policy that we can't go around, think about if you are a passenger at an airport and there's a problem, and how you're interacting with that representative, and just how easy it is to fly off the handle and want to go berserk, and that the thing that would make you do that the fastest would be if they say it's such and such airlines' policy that you may not sit next to your child or your husband and your dog must fly on the wing of the plane. If they did that, you'd freak out because I don't give a hoot. I'm not here to help you and your policies, I'm here to get myself on this plane to this place, 'cause I paid you a gajillion dollars to get me there, and I woke up at 4 AM, and

I drove my screaming toddler with our packed bags, and now you're telling me this is a problem. Just think that's a lot but think about that when you're talking to these clients. So do not reference hospital protocols. That will not get you anywhere good. It's like telling an angry person to calm down. You will just make things worse.

0:16:04.6 Katie Berlin: Yeah, it fuels the fire.

0:16:07.2 Sarah Wolff: Yeah, fuels the fire, for sure. And then think about what the client wants, what is their outcome that they're trying to achieve and play into that, how... Because the reason we have SOPs, policies, protocols, rules in place is because it's what makes us do the best job for the pet. These aren't just completely random. Yeah, these aren't just... I love rules, I love protocols, I love policies, so I like to make lots of them, but that they should all be serving the purpose of better pet care. Right?

0:16:37.1 Katie Berlin: Yeah.

0:16:37.9 Sarah Wolff: So if you've got a client who hasn't been seen in six months, and for your practice, you have to see them every six months for chronic medication, explain why. Say, I'm really worried about Fluffy. These regular check-ups are really an important part of us figuring out if the condition has progressed and making sure this medication is not gonna do any harm. You're working so hard at home giving these medications, we wanna make sure that all your hard work is paying off. Here's what we can do. Praise them for what they're doing, 'cause remember, a lot of pets never come to the vet, right?

0:17:10.8 Katie Berlin: Right.

0:17:11.1 Sarah Wolff: A lot of pets never follow up. A lot of pets run out of that chronic medication and you see the owner four years later. So if they're a week overdue for their recheck exam, they're in the top 10% of clients already, and let's treat them like they are. And let's try to help them stay in that top 10% by praising what they're doing and supporting their efforts, and maybe that's a two-week courtesy supply of medication.

0:17:36.6 Sarah Wolff: Again, these are things that you can already have set up as a team, and there's always gonna come a point where you just have to say no. That's gonna happen and it's gonna suck, and you can say this sucks. You can say that to the client. I really wish we could. I really want to... We're just really worried. We've seen this go south so many times, let me try to get you in as fast as we can so that this blip is as short as it can be. There's nothing wrong with acknowledging the fact that it's a hard situation, and sometimes you can even ask the client specifically, what's a hurdle that they're facing in coming in, because maybe it's money, maybe it's that they have a personal crisis they're dealing with, and they really do wanna come in, they just cannot, and it's the last bit of energy they have to even call you for a refill or something. You have no idea what their hurdle is, and once you know what it is, you can probably come up with a solution pretty quickly.

0:18:31.0 Sarah Wolff: 'Cause again, most of the people who work in vet medicine are super smart, fantastic problem solvers, and that's not gonna be the hard part. So get more information, lean into what the client wants, lean into what they're trying to achieve, and try to remember that you're all on the same team with a really high level type of client, to begin with.

0:18:53.0 Katie Berlin: It's all great advice. I really, in particular, when thinking about what you said about how clients, most pets don't go to the vet and they particularly don't get their chronic medications refilled on time, if they do go to the vet. That is a lift for your own medications. A lot of people are really rubbish at taking care of themselves when it comes to going to the doctor and seeing it. So a pet that doesn't complain, like you kinda can't blame people for forgetting that this is something that they needed to do, and then maybe ending up in a spot where they don't wanna spend 150, 200, 250 bucks at the drop of a hat, because they weren't planning for it. Maybe they should have been, maybe not, but there are probably a lot of scenarios where if we know cost is the issue, we could help them plan or by letting them know what to expect, or we could cut back on what we do have to do, and I really... I think we get real judgy sometimes when, say the dog is on steroids or the cat is on steroids. And we're like, Well, she could die. It's probably not... Like that's not probably overcoming the right hurdle, I would think in most cases.

0:20:05.0 Sarah Wolff: No. I think a lot of the time that comes out of our own judgment of ourselves, it's our own fear that we're gonna harm a pet by doing the wrong thing, in that we don't wanna give a depo injection because we don't wanna start diabetes in a cat or worsen a heart issue, that a lot of times it comes from a genuine place of self-fear and self-judgment that we're comparing ourselves those vet school notes, and this is what the notes say we have to do. And sometimes it's truly dangerous or it could be a really serious problem if we don't follow through on a treatment plan, but a lot of times there is a little wiggle room if we're willing to have an open discussion with the client. And I encourage all of us just to remember that. Are we judging 'cause we're worried about our own success? Are we judging because we're frustrated, 'cause this is a client we've had this conversation with every six months for six years. That's a real life in practice. We all have those moments. Often, if that's the case, it's because there is some hurdle there that we're not adequately recognizing and addressing. And if we can do that, sometimes we can prevent ever having this discussion again, or at least keep it down to every two years, right? Which should be a win. If you don't have to do it as frequently, that's great.

0:21:22.2 Sarah Wolff: It makes me... I got a client yesterday who, lovely man, has lovely dogs, they're so happy, they don't come to the vet very often, and it's financially just a burden for him and his family, but he has very happy dogs and he wants the world for them. And he'd been fairly frustrated because he was told that a couple of vaccines were absolutely required and some bloodwork was absolutely required before we could go ahead, and all those things are true, but it was just not something that he could do in that moment. And we hear a lot about spectrum of care right now, but we're all practicing it, right. It's that client who can't afford the \$700 lab panel, and that's a lot of money. It is.

0:22:04.2 Katie Berlin: Yeah.

0:22:05.2 Sarah Wolff: So remembering that there is a spectrum, and the spectrum often just means us coming up with options for our clients, and I don't wanna say breaking the law or breaking rules, but figuring out where can we be flexible to help meet them where they are.

0:22:20.9 Katie Berlin: Yeah, it's not like a pop-up timer is gonna go off on Tuesday if the cat doesn't have bloodwork, if that pop-up timer is gonna go off and that cat was already in trouble whether or not it came in for a re-check, so... Yeah, all good. All really good points. And one of the biggest hurdles, probably for many people... My biggest hurdle is time. If I could have somebody

come to my house and run diagnostics and do an oil change on my car in my driveway, I would pay twice as much. I would absolutely do that because going to the thing, and it's just... I just don't wanna do that. And so I was incensed when I found out I could not renew my car registration online because they don't have the right insurance information. I was absolutely beside myself, 'cause now I have to go to the motor vehicle thing. So for me, it's time. For a lot of people though, it's money. And as soon as money enters the conversation, things get tense, and I think a lot of us have this visceral reaction when we have to talk about money, and that we go in sort of on the defensive and the client might be on the defensive 'cause they're afraid it's gonna be a lot, and they're already worried, what is the best way if you're going in to present an estimate or as we had to say at one hospital treatment plan to a client. And what is the best way to do that and sort of have it go smoothly, as smoothly as possible?

0:23:40.4 Sarah Wolff: So I think if you're going in to discuss a treatment plan, which is what I call estimates, after working in some practices where that was our policy, I tend to now say, I'm gonna put together a treatment plan and the associated costs because of recurrent confusion with treatment plan discussion. So now I say treatment plan...

0:23:58.2 Katie Berlin: That's a really good idea.

0:24:02.2 Sarah Wolff: And the associated costs. Also to highlight that this isn't just a list of money items, this is a plan that I'm putting together that is for their pet, and there are really four different things that you can highlight when you're presenting that. First of all, is that you are making recommendations based on your experience, so this isn't something that's been ripped out of a textbook, this isn't what every single dog who gets diarrhea gets recommended. This is based on your experience working with dogs like the one in front of you, or the pet in front of you, what you would recommend, and that you want to, number two, do it based on what you know about the client and the pet in front of you. So this is an individualized plan that you're creating from scratch for them based on what they're dealing with and the limitations that they've expressed to you, or the circumstances that they've expressed to you. Number three, that you are gonna balance the cost and the quality of the care that you're providing, so saying something like, I wanna put together a treatment plan and the associated costs for what in my experience has worked well for situations like this, and what we're seeing going on with Fluffy and what you've told me about what's happening at home, I wanna try and figure out what's the best bang for our buck or whatever phrase is gonna feel natural to you, right.

0:25:17.7 Sarah Wolff: What's gonna be the best way to use our resources to get a good outcome, and then say, and after I get that together, let's talk about it so I can answer any questions you have. So that this person knows that this isn't a pre-canned thing, even if it's a pre-canned thing. Right? We all edit our pre-canned estimates, it's true for our situations, that they know that you've listened to them and you care about their pet, and that you're taking into account the experience that you have in dealing with these, and that you're very much open to them discussing with you, both the plan and the costs of it, so that they don't feel like it's this or nothing, and that you're already opening that door to them and that you're not stressed about it, even if you're stressed about it. It's like cats, you gotta fake it till you make it in this situation. If the cat you're afraid, you're doomed from the start. But you go in acting open and calm and relaxed, then you'll come across as calm and relaxed. And there's a good chance you'll succeed, right?

0:26:17.8 Sarah Wolff: So take a deep breath before you start that, and this is something where I

have to practice the spiel myself. And from time to time, I change the spiel and I update it based on what we're hearing and what research is out there about discussing things, and you just gotta say it over and over and over again, have a couple of sentences that you use to get those points across that feel natural for you and that you can develop muscle memory with, so that when you are faced with that moment of, oh my God, it's \$4000, here I go, they're gonna freak out, you can do it in a way that doesn't come across like that, that comes across confident and calm and open.

0:26:53.6 Katie Berlin: Yes. So important. And also, I wanna give a shout-out here to our podcast sponsor CareCredit, because this is an excellent time to have resources in the back of your mind in case people are like, I don't have \$4000, because I just did... I did a major dental on my cat last fall, and I don't work in a clinic right now, so I went to an amazing referral practice 'cause he needed a bazillion teeth out, and the estimate they gave me was \$4000 because I wanted the cone CT and the remote anesthesiologist like monitoring him from two towns away or whatever. I wanted those things. He's a senior cat, he deserves it. But I didn't have \$4000 in the pocket, and so having options like CareCredit, super helpful, so be ready with that information if that's something that you offer.

0:27:48.8 Sarah Wolff: Absolutely. And before going over any treatment plans, any estimates, whatever you call them, any person who's doing that on your team needs to be well-versed in the payment options that your practice offers and supports and encourages. And I know personally as a veterinarian and as a relief vet, I don't always know that. I don't know the ins and outs of a particular product that they have available at that practice, and I do feel handicapped in those conversations. I think it's much more powerful and much more helpful for clients if you can be prepared with that, and just throw that out there at the beginning of the conversation, say, before you present it, you say, we're gonna go over all of this, we've got a couple of different treatment plans we can walk through...

0:28:31.3 Sarah Wolff: Or sorry, treatment plans, a couple of different payment plans or payment options that we can walk through as we're figuring out how to proceed, and then at the end to say, okay, do you have any questions about what's been recommended, or the costs associated, or with payment options? I'm happy to answer questions and go through different resources with you. Imagine if you were anywhere and someone said that to you, even if you have the cash in your pocket, you would just feel so much lighter knowing that this person in front of you is realistic, open and that in the future, even if right now you can afford everything on that, maybe in a year you know that something way worse happens or something bigger is going on, or your worried your pet is way sicker than is happening today.

0:29:18.2 Sarah Wolff: And if you already know that the clinic you're at is open to those conversations and having them, that's gonna relieve an enormous amount of pressure the next time that client schedules an appointment. So remembering that even for the clients who might in that moment, not need those other options, having them available and being open and happy to discuss them can really help that person be a continued client of yours. Maybe it helps them refer somebody else who they know wants the best for their pet, but doesn't have that money in the bank right now, and you may or may not accept different payment options at your practice, and that's a discussion you as a team have to have, but I would really encourage you to open that discussion whenever you're presenting a treatment plan, especially if it's a client you don't know super, super well, who doesn't already know this about you as a practice, and to make sure anybody going over treatment plans and estimates is really familiar with those so that it can feel like a very natural thing to discuss for that client.

0:30:15.4 Katie Berlin: Yeah, I'm trying to picture what would have happened if I had gotten that estimate presented and I didn't know about things like CareCredit, and at the end, I was like, well, I can't afford that, and then the technician was like, "Well, I think we offer some kind of payment options but I'm not 100% sure," or if I was like, is there any way you get a payment plan, or do you guys offer that? And the technician is like, "I think so. Not really sure how that works, so let me get back to you on that." Even though the outcome would have been the same, it would have made me feel like a weirdo for asking and offering it at the beginning, like you said, and just having it be a very natural part of presenting the treatment plan. Not waiting for the client to ask for it, but presenting it at the beginning and saying, we do have options to talk about if that's something you'd be interested in. Not even something you need, but something you'd be interested in. Makes it just sound like a totally normal thing that people do 'cause it is, but not knowing makes you feel like you're the only one that's ever asked for it, and that's not a great feeling.

0:31:21.1 Sarah Wolff: And I think too, that brings up a good point about who is talking to get treatment plans and estimates with our clients.

0:31:28.1 Katie Berlin: Yes.

0:31:28.5 Sarah Wolff: And I don't think it necessarily matters who the person is, but I do think it matters that to the client, it feels like a seamless transition of communication and trust and understanding.

0:31:41.2 Katie Berlin: So true.

0:31:42.9 Sarah Wolff: And so I don't love it when you have a different person coming in and out of the room constantly throughout an appointment and the client has a different person and a different person, and a different person, right?

0:31:49.5 Katie Berlin: Yeah.

0:31:51.2 Sarah Wolff: And that's what happens in human medicine, and that's part of what can feel so jarring about a medical appointment sometimes, is that you interact with six different people and you feel like does person actually know what's going on and they probably do, right? They probably have fantastic systems in place and are way on top of it, and they are 100% the right person to do this next part of your appointment, but it doesn't always feel emotionally as safe. And so I think even if... When I'm doing relief work, if I'm not the person who's gonna go over an estimate most of the time, 'cause I need help making one, 'cause I have no idea what software I'm working with and I need to step out to do it, to be honest, I'll say I'm gonna go put together a treatment plan, blah, blah, blah, that whole spiel.

0:32:31.9 Sarah Wolff: Our wonderful technician is gonna come in and go over that with you. And if you have any questions, she can talk to you about our different payment options and how we can prioritize within this, and I'm gonna be available if we need to discuss this more, don't hesitate to ask. So I can just literally transfer hopefully some of that trust to another team member. And maybe that person is the person who understands everything, maybe it's, I'm gonna have Susie, our payment expert come in to talk to you now, but going ahead and verbally transferring that trust in that communication line to somebody else, and making sure that person in front of you knows that

you're still available, that this line of communication isn't going anywhere.

0:33:12.1 Katie Berlin: Yes, that you're not just like out of my hands.

0:33:15.1 Sarah Wolff: Yeah. I recommended what I recommended, and if you don't want it, get out of here. I'm done with you. Because it's not true for any of us. How would you love it when someone comes out and like they're gonna do it all. Every day we have that right?

[overlapping conversation]

0:33:31.0 Katie Berlin: Yeah.

0:33:31.1 Sarah Wolff: Feel like, really? That's amazing.

0:33:33.5 Katie Berlin: It kinda makes you wanna cry when somebody is like, oh, I thought it was gonna be so much more. You wanna be like, oh my God, I love you. Can you just come every day? Like can you go to seminars?

0:33:41.1 Sarah Wolff: Oh gosh, that is... I was only [0:33:42.5] ____ like literal sticker, just like...

0:33:45.6 Katie Berlin: Yeah, we used to have this sticker at one clinic that I worked at, it was a peach-colored dot. And so if the client was super nice about everything and took recommendations and was really compliant and a great pet owner, then we'd put a peach sticker 'cause they were a peach on the chart. Back in the days of paper chart.

0:34:04.1 Sarah Wolff: I love that so much. And not to be a dippy downer about that, but then also how much does that hurt your heart a little bit and make you think sometimes like, oh man, maybe you would have come in last week before you got that paycheck or something if you hadn't known that it was gonna be \$8000 for me to do this thing. And I don't know, none of us like that money is a big part of veterinary medicine, but also all of us love paying our bills. So it is a part of it, and it's an important part of it, but we can bring the same empathy and understanding that we have about all the other parts of veterinary medicine to the financial aspects of it too, without turning clients away from our practices and payment options, whatever they might be, can be a big part of that if that works for your business model. And so I just... A plug for all of the payment options out there, and that includes insurance.

0:35:00.9 Katie Berlin: Yes, definitely. Insurance too.

0:35:04.3 Sarah Wolff: It includes such a huge range of things now that we can help our clients just have a better understanding of.

0:35:10.2 Katie Berlin: Yeah. 100%. Okay, let's talk about ethics, because I think this is always a really, really hard one, and it's so hard not to judge on both sides, I think. So let's say a client wants you to do something that you're not comfortable doing, and this could be something that your practice offers, but you personally don't feel comfortable doing, like for instance, if you don't perform declaws but you work at a practice that does or a client wants you to do something that your practice absolutely is not on board with. No, your practice doesn't allow declaws period or something equivalent that really tests to you as an ethical issue and the client is like, I don't

understand why you're saying no to me. What about that?

0:35:57.1 Sarah Wolff: Yeah, this one's hard, and I think this like anything else exists on a huge sliding scale of severity, right?

0:36:04.8 Katie Berlin: Yeah.

0:36:05.7 Sarah Wolff: There are those one-off crazy moments where you're in an exam room and you realize something is going down that you are not okay with, and you just have to draw a line, and we've all had those. And unfortunately, I think sometimes those are the cases the moments that stick with us the most, 'cause they're emotionally very traumatic, and I will preface everything I'm gonna say by saying I'm not a psychologist, I am not an expert in conflict de-escalation, I am not an ethics expert. This is all advice that comes straight out of what has worked for me. And for those of you who don't know me personally, I am fairly opinionated human.

0:36:44.8 Katie Berlin: This is one of the reasons we understand each other, get along.

0:36:49.6 Sarah Wolff: You might be coming across here...

0:36:50.0 Katie Berlin: The D on the DiSC assessment is high in this room.

0:36:53.7 Sarah Wolff: Yeah. I'm not often very shy about sharing my opinion for better and for worse. And as I get older and hopefully wiser, I'm getting better at doing that, but any advice here is not because I'm an expert in this, it's just from my own experience. But those really emotionally traumatic cases where there's something awful happening or you feel it's awful, it doesn't necessarily mean it is awful to everyone.

0:37:17.7 Katie Berlin: Convenience, euthanasia, and stuff like that.

0:37:20.4 Sarah Wolff: Yeah, and everyone's gonna have wildly different feelings about this based on their own personal experience, their own personal values. And sometimes in the moment, if you know that doing something is going to be awful for you or something that you cannot wrap your head around the reason that it is acceptable, I would encourage you not to do it. As much as there are a lot of animals in need out there that might need things that are subpar, that are not the ideal way to do something, there are some cases where it really is just going to rub you in a way that's gonna stay with you for a long time and cause you emotional damage. And I don't think that's the road to longevity in this field. And so for those one-off moments, I think drawing a line and just saying, you know what, I'm not comfortable with that, because it's also hard to argue against that.

0:38:12.2 Katie Berlin: Yeah.

0:38:12.2 Sarah Wolff: [0:38:12.2] _____ to be like, but I want you to be.

0:38:13.8 Katie Berlin: Yes. Yeah.

0:38:15.6 Sarah Wolff: Tough. It's how my brain is working. And you say, I'm not comfortable with that. Here's what I would be comfortable doing, or here's what we could do. And maybe it's that you have a colleague who is more comfortable in that realm and has a better understanding of

options and has some more experience with it and could step in, or maybe you know another practice who can provide a type of service that is a better fit. For them, for declawing, maybe it's clear this person is gonna do it no matter what, but you know a practice that counsels about cats specifically and has laser surgery. And if it has to go down that road, can do the most humane version of it possible, maybe that's who you recommend, that there are ways that you can say no while still being empathetic to the person in front of you. Every once in a while, things just blow up and it goes south, and that's your life, and I think that's kind of one extreme end of the spectrum, just those awful moments.

0:39:14.4 Sarah Wolff: I would encourage anybody who's had one of those awful moments to immediately discuss it with your team leads, your management, your practice ownership, whoever is immediately available to you and give them a heads-up, especially if it didn't end well, because the last way you want the rest of the team to find out about it is 'cause a one star review or something goes up, whereas if you can kind of head it off and say, hey, this thing happened, we've all had consults that didn't go well, interactions that ended poorly, or at a stand-off or whatever. Or you just said no, and you know the client's upset and you'd... Maybe you didn't give them a good alternative, you just said no, sent them on their way. We've all done that on a bad day, right?

0:39:51.2 Katie Berlin: Yeah, some situations, there may not be a great alternative, or they may not give you a chance to tell them what it is.

0:39:55.4 Sarah Wolff: Yeah, and that's happened and sometimes you just... You gotta stick with it, and then you gotta seek somebody out on leadership and let them know what happened, and then you can talk through with them, is there a different way we could handle this? Are there other resources available I'm not aware of? Let me know how we can follow up on this. And if you can have that open conversation, you take a lot of the stress out of it for the rest of your team, and you can come up with a plan for the future. And for the next step down are gonna be, sometimes we work at a practice where there's a little bit of a mismatch, there's something... I think declawing is a good example. If you work at a practice that does declawing and you personally are not comfortable with that, have a discussion with your team about it, and say, here's a line for me, this is a line that I am not willing to cross, but I wanna work at this practice. Maybe it's a phenomenal practice. There's just a couple of things that aren't what you're gonna do and discuss and say, so what's the plan? When this happens, how do we handle it? Do I refer them to the other veterinarian? Are you comfortable with me just saying no?

0:40:53.7 Sarah Wolff: I worked at one practice where one of the veterinarians had a set of clients she would not see just over time, which happens at any practice. And so we'd have an open discussion with those clients and say, hey, it sounds like this relationship is breaking down, it's not going where you want it to go. And when any one of us would have that with a client, we would discuss it and the manager would say, here's your option. If you wanna find a different practice, we get it. Otherwise, we would love to keep seeing you with one of our other veterinarians. And for that particular practice, that worked. Is that gonna be how every practice operates? No. But having a discussion is gonna be the way that you can figure that out. And then I think the final best and worst part of that spectrum is when you have a situation where you're coming up into those situations over and over again. And that might be that it's something to do with HR or that it's something to do with the type of medicine being practiced or the type of prices being charged, that you're consistently finding yourself ethically at odds with what you're being asked to do.

0:42:03.7 Sarah Wolff: And I think you should still have a discussion about that. I encourage everyone to be as open as they can with their management about what's going on, but sometimes you might need to sit down and say, okay, what are my values? What are the values being exhibited by this practice and do they match each other? And if the answer is no, be that you think things cost too much, and so you're constantly trying to figure out ways to discount what you're doing, or to, oh, I accidentally didn't charge for that, whatever it might be, or that you are consistently declining to do types of appointments that are routinely coming in or see specific clients, or you're uncomfortable with how something's being handled behind the scenes with a team member, if you're at the point where you're consistently feeling that tension, that cognitive dissonance, I think that's when it's time to consider leaving. And we're not always in the situation where we can, and there are a lot of people out there who are experts at how to handle those conflicts and those situations, that you guys can avail yourselves of. I'm not one of them, but that's where I've found when I've had to move on from a practice, sometimes it's because it's not fair to that practice to stay if you're gonna be consistently, repeatedly not comfortable or not able to follow through on how they want things done, because it conflicts with your values. And there's so many...

0:43:28.1 Katie Berlin: Yeah, it's not fair to anyone.

0:43:28.7 Sarah Wolff: It's not fair to anyone. You're gonna be miserable. The practice is gonna be frustrated. Clients are gonna be confused 'cause they're getting a wide variety of different options or things from different people. It's just not a good situation to put yourself in and to stay in. And while, yes, maybe you think the practice should change, it might be that you need to change to a new practice, and that goes on both ends of the spectrum. I think we always jump to thinking about like, oh, they're really old school or they're doing things we shouldn't do with cats all the time, or this isn't fear free the way that I wanna be. We can think about it that way. But it goes the other way too. Maybe in your heart of hearts, you are a shelter medicine rescue veterinarian who wants to be doing high volume, lower cost care and helping as many cats as you possibly can all day long. I don't know why I keep saying cats. I've seen a lot of awesome cats this week, I guess. Really, it's cats at the moment.

0:44:21.9 Katie Berlin: Yeah. It's good. Cats always get ignored. So we can talk about cats.

0:44:25.0 Sarah Wolff: Yeah, we'll go off cats today.

0:44:27.8 Katie Berlin: Yeah.

0:44:28.3 Sarah Wolff: And if that's the case and you're at that practice that charges \$630 for that lab panel and you feel awful doing that over and over and over again, and so you're trying to discount it, you're trying to figure out ways around it, that's just as damaging to both parties. So I think being honest about that and being willing to acknowledge that you have a different set of values and move forward with finding a place that matches, that is good. It's good for everyone. Everybody wins, honestly, in that situation.

0:44:57.5 Katie Berlin: Yes. And I'm noticing that what you're not saying is that everybody should think the same things about ethical and moral situations. It's like the mismatch that's the issue, not... Oftentimes not the actual situation, but the mismatch of the context around the situation and the various individuals involved, because I think there are people... For every "convenience euthanasia," there's a team member that's gonna feel really conflicted about it or absolutely like they

think it's the wrong decision. And there's probably gonna be a veterinary professional somewhere else, if not at that practice, who thinks this is the right thing to do for that pet and that family. A lot of situations, there are so many shades of gray, and we all see them differently. So this one is one where you really have to follow a moral compass, I think your own moral compass and do what's right for you. Even if that doesn't always feel good in the moment, you'll sleep better at night, but it is hard to listen to that voice sometimes when the team is trying to... Is telling you that what they think you should do, or you feel like they're gonna judge you if you make a decision... Have been in that situation a lot. But you're the one who has to live with it. So, yeah that's all good really good advice.

0:46:14.1 Sarah Wolff: I think if you find yourself in those moments where you're feeling that emotional pressure and that emotional ask, and it's really draining for you, taking the time to reflect on what are your values... We talk about core values for vet practices, but what are your personal core values or your values as a practitioner, and what are the things that you're not willing to compromise on, because that's also a very productive way to have a discussion with your management and a productive way to job hunt, to get out there and look and see, may be all these things match up really well with a specific segment or niche within our profession. There's so many different ones. And I feel like I've rarely been in a situation where I've felt that distress. And when talking through it with whoever is on the other end of that, especially if it's a colleague or a team member, hasn't led me to a place of better understanding or hasn't challenged my own thoughts about it and helped me have a more nuanced thought process going forward. Whether or not I go ahead and do something, that's always helped me have a better understanding of situations and a more rich experience to draw from the next time I have to make a choice.

0:47:39.4 Katie Berlin: So true. Yeah, being open to changing your mind about something, is... It's really hard when you're all activated, like going, I'm not doing that. It's really hard at that moment to change your mind or to consider another point of view, and maybe that isn't right, maybe you are never gonna do that in that situation, but you're never gonna know how other people see that if you don't take the time to think about it and talk it over. So I love that, and I also wanted to just mention one other thing. We've been talking about so much communication, so much like transparency, and openness, and empathy, but also people sue and people take you to the board, so write all of this down. Don't forget to document all of these conversations in the medical record. If you're a support team member and you're with a veterinarian having this conversation and you're taking notes, write it all down. They could go back and change it, to adjust for how they would want it reported, but it's gotta be in there or it never happened in the eyes of the law.

0:48:48.1 Sarah Wolff: Yeah. And I think anybody who's already listening to this podcast is probably well aware of this, but in the moment, it can also be very hard. Make sure it is a dispassionate write-up of factual events.

0:49:01.5 Katie Berlin: Yes, excellent point.

0:49:06.2 Sarah Wolff: Yeah, what was offered, what was declined, what was discussed, and moving forward. It doesn't need to be a six-page essay on every emotion that developed in the moment. And when I say that, thinking about this, I think of one very specific consult I have that ended with the owner literally storming out, cursing at the team, and me sitting on the floor sobbing my eyes out in a consult room and a pet still in pain and completely untreated, like blew it, big time. Nobody got helped. Everyone was unhappy. I felt horrific, and I had a phenomenal team that

bought me a nice coffee and sent me away for 30 minutes to just sit outside and have a moment to myself before we discussed anything or figured out what to do, and had my back. But no matter how many... And that was not that long ago, no matter how many years you've been doing this, things will come up for all people who care a lot, and it's important to respect that and figure out how to work through that and move forward with that.

0:50:10.9 Katie Berlin: Yes. Having grace for yourself, for your team, that's amazing, that they're like, here's an ice coffee, go take 30. Oh my gosh, that is worth any amount of money, in my opinion. It's like the understanding with your team that we're all human, we're all gonna have interactions that don't go well, that makes a huge difference because a lot of my discomfort and situations like that, I think stem from what is the team gonna think, or is my boss gonna make a different decision and undercut me, and then I'm doing this for nothing, because we are all different in how we wanna practice, and protocols can only go so far. And we've all been in that situation as associate, that's any way where we've said no to something and we're like, no, on principle, I can't do this and then turn around and our boss did it the next day.

0:51:05.7 Sarah Wolff: Yeah.

0:51:06.9 Katie Berlin: And that's not necessarily always wrong, it's not necessarily always a good choice. It's so individual, but having grace with yourself to say that was the best I could do in that moment, that was what I thought was right, even if it didn't go well.

0:51:23.9 Sarah Wolff: I've been working with a vet lately on and off who I love because we all have crazy cases that happen sometimes, or something goes off the rails, or the pet has that one in a gajillion reaction that you've never seen before in decades. We're always constantly learning, and I love seeing how she handles it when those moments come up, because she's always initially concerned, is the pet okay? Is the person okay? But then the final question is always, How do we keep this from happening in the future? What is the productive outcome of this? If this is gonna happen, let's make sure going forward, we're all better for it. And I've learned so much from her, just seeing the grace with which she does that and transitions that thought process into a productive one that is about the future. And I think for me, in dealing with clients, when I do have an ethical obstruction or hurdle between us, I found that the thing that's helped me move forward the most is when it really is just that one-off, it's me and this client, this is not an ongoing issue, this isn't a practice-wide issue, just getting down to what does that client want again, just like when they want something that's against your policies or your protocols, this is your ethics, they're your personal protocols and policies. Right? What does that client want?

0:52:40.6 Sarah Wolff: Because it's very rare that the client's gonna say, I want my animal to suffer horribly and have a terrible life, right?

0:52:48.3 Katie Berlin: Right, right. Generally not.

0:52:51.1 Sarah Wolff: Yeah, there's probably a really wonderful positive kernel of motivation underlying what's going on, and it doesn't necessarily mean the outcome will be different, but it might give you an opening to make suggestions or move forward in some manner that you feel comfortable with, that meets their need or their desire in a way that you're okay perceiving. So just always... We hear it more and more, but remembering to get curious instead of get mad. Find out more about what's going on and see if you can approach it from that direction.

0:53:26.6 Katie Berlin: Love it. Sarah, where can people find you if they want to get more information about the things you do or follow-up on anything we talked about? Are there places they can find you online?

0:53:39.6 Sarah Wolff: Yes, so I have a website. It's very easy, www.drSarahWolff.com.

0:53:45.8 Katie Berlin: Good one.

0:53:46.1 Sarah Wolff: So you can find me there. Yeah, got really original.

0:53:47.4 Katie Berlin: Wolff with two Fs.

0:53:47.9 Sarah Wolff: Oh yeah, great point. I did not realize this when I took my husband's name, there's lots of ways to spell it. It's Wolff, two Fs, no E.

0:53:57.4 Katie Berlin: Yes. And I'll put a link to that in the show notes.

0:54:01.9 Sarah Wolff: Thanks. And then on Instagram, I'm, again, DrSarahWolff all one word on Instagram. And I'm currently on sort of a summer hiatus from social media, but I'll be back soon as soon as my little one is in school, and I'm not trying to get to the pool as much as possible.

0:54:17.3 Katie Berlin: That's a good reason. Well, Dr. Sarah Wolff, thank you so much. This was really fantastic. I really loved hearing your take on these scenarios, and especially as somebody who's been out of the clinic for a little bit now, it's going on a year and a half, it's definitely... It just puts me right back in those rooms, and I can feel the anxiety is ramping off in my chest, thinking about some of these conversations and how much easier they are when you go in prepared to take a breath, wait a bit, and then seek to understand, as you say. Get curious, seek to understand. So thank you so much. I know that's gonna be helpful for a lot of people out there.

0:55:02.9 Sarah Wolff: Thank you so much for having me, it's always awesome to talk to you, Katie.

0:55:06.8 Katie Berlin: And thanks to all of you for listening. We'll drop Sarah's information in the show notes today. And you can always get in touch with me if you have questions for her or follow up on anything we talked about today at podcast@aaha.org. We'll catch you next time on Central Line.