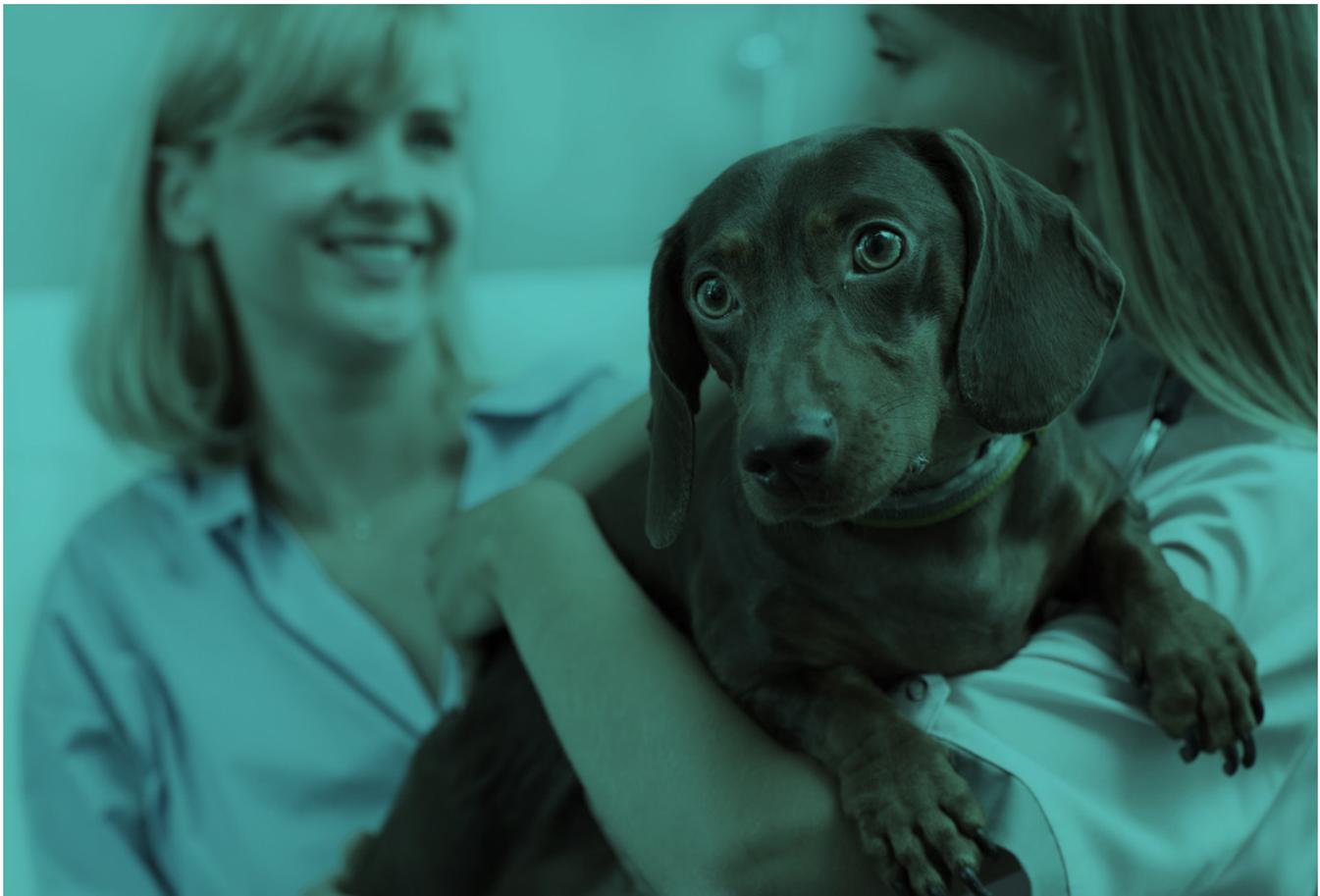


How to Have Better Exam-Room Conversations With Clients

Article by Roxanne Hawn



Sometimes exam-room conversations with clients run a little long, way long, or even completely amok. It would be easy to blame it on the personalities of certain clients. What if, though, you could use a few strategies and a fresh mindset to keep more conversations on track so that you get the information needed to handle cases and so that clients feel heard at the same time? What if it also saved everyone time and frustration and led to greater client bonds?

Why listening matters

Author and speaker Jen Singer is a volunteer and chapter leader with Sidewalk Talk, which is a nonprofit community listening project. The organization promotes healthy listening and teaches listening skills. Its volunteers literally

set up chairs on sidewalks and listen to what people have to say for free. They invite people to sit down and be heard—on any topic.

Being listened to can help build mental and other wellness, including a sense of empathy and belonging. The organization provides access to listening training resources in exchange for a \$29 donation. (If you'd like to add listening skills to your team development plan.)

A 10-year survivor of non-Hodgkin lymphoma, Singer is writing a new book slated for release in 2019 called *Have a Bad Day: How I Freed Myself from the Tyranny of Positive Thinking and Got Healthy Again*.

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Based on her experiences as a cancer patient and as the fierce advocate for family members in medical settings, including her 9-year-old cat, Benny, who went through emergency surgery for a urinary blockage, Singer offers keen insights into how clinical conversations can go well or not. These insights come, in part, after not being heard by doctors nearly killed her.

Singer had been exhausted and "not quite right" for a long time. "I was dismissed," she says, as doctors chalked up her complaints to turning 40 and having little kids at home. When she began coughing, doctors attributed it to construction dust and later to pneumonia and sent her on her way. Singer didn't improve and asked for help again. She was told to see a pulmonologist, which was no simple feat. The pulmonologist showed her the x-ray and the radiologist's report from weeks earlier and said, "That's a tumor. Go to the hospital right now."

Singer's story takes more turns, including being misdiagnosed with Hodgkin lymphoma. She fought to get a second opinion, which resulted in her leaving one hospital against orders. She did the right thing. The actual diagnosis was stage 3 non-Hodgkin lymphoma. The tumor had probably been there 8 months. Singer says, "That particular cancer will kill you within a year."

"No one listened to me," she says. "No one listened to me. The thing is if I had stayed in that [first] hospital, I probably would not have survived."

She started inpatient chemo the same day she was finally diagnosed.

It makes sense that Singer is now such an advocate for effective exam-room conversations. In the veterinary world, of course, that means listening to what clients report about their pets, but the same strategies apply.

How to start conversations

As an experienced medical patient and professional medical writer, Singer explains, "I know that sometimes medical people, particularly doctors, have in their heads that something is going to go a certain way, and instead of listening to what you're saying or even holding for you the fear [of what's being said] ... they miss things."

Singer offers these ideas on setting up a structure for more effective clinical conversations:

1. Start by asking or using the client's name. "I am not Benny's mother," Singer says. "That personalizes it and makes it so that we're talking adult to adult."
2. Ask questions and listen to the answers, even if what's being said doesn't fit the likely narrative in your head or seems out in left field. "Sometimes I find doctors will dismiss something that could be important," she says.
3. As you're listening (and examining the pet), try to look the client in the eye a few times, nod, and use short replies to show you're listening. "Even a nod and saying, 'Oh,' that's all it takes. It's acknowledgement and validation. That's all we're looking for," Singer says.
4. Repeat back what you hear. (Example: "Oh, so Benny has been urinating outside the litterbox for two days, and you're concerned.") "You can still guide the conversation by repeating back what you hear. That's basic listening. That's when people feel heard," Singer says.

How to avoid being dismissive

It's easy to be dismissive with clients accidentally—either because you know from education or experience that a client's concern about a pet isn't worrisome or because it might be worrisome and you're trying to say something comforting.

"You know it when you're being dismissed," Singer says. "It's a combination of things. It's body language that shows disengagement and disbelief. And, it's pat phrases like 'Everything is going to be fine' or 'There are people who have it worse than you' or telling you how you should feel—"You shouldn't be upset about that."

Singer explains that there is a saying in medical school, "Don't let the family get between you and the door." It's one of those funny, not funny, coping strategies to avoid overexposure to emotion about potentially bad news being shared and to avoid getting off schedule by spending too much time in the exam room.

Are you conveying to clients that you already have one foot out the door (mentally or otherwise) from the moment you enter the exam room? If your practice has in-room video surveillance, it might be worth reviewing body language and movement. Watch without sound and see if you can pinpoint when disengagement happens and what it looks like.

How to conclude conversations

Singer understands exam-room time pressures and the need to bring conversations to a conclusion. She recommends wrapping up with phrases like these:

- "I hear what you're saying ..."
- "I understand this is a difficult time ..."
- "Let's get to the bottom of this ..."
- "I'm going to [insert next steps in diagnosis or treatment] ... then I'll get back to you about what we do from there ..."

Essentially, try to acknowledge the information clients have shared and feelings they've conveyed, then explain what comes next, and when you'll connect with them again to move the case and conversation forward.

"You're acknowledging without dismissing them," Singer explains, "but at the same time, wrapping it up and getting out to do the next thing."

"Good conversations also build rapport, empathy and a sense of belonging. That's good for client loyalty and retention."

How effective conversations pay off

Singer explains that people who feel truly heard are less likely to become contentious and less likely to go off on tangents.

So, while reflective listening techniques and conversational leadership strategies may seem time-consuming, they can result in shorter and more effective conversations with clients.

Good conversations also build rapport, empathy and a sense of belonging. That's good for client loyalty and retention. The longer you know and work with specific clients, the more efficient the conversations can be over time as you develop trust and a pace and structure for giving, receiving and sharing information and understanding.



Roxanne Hawn is a professional writer and award-winning blogger based in the Rocky Mountains of Colorado. A former writer/editor for the American Animal Hospital Association and the American Humane Association, she has written about veterinary medicine and pet topics for nearly 20 years. Her work has also appeared in The New York Times, Reader's Digest, Natural Home, Bankrate.com, WebMD, The Bark, Modern Dog, and many high-profile outlets. Her first book is called *Heart Dog: Surviving the Loss of Your Canine Soul Mate*.