



Module 4: Guiding Clients to Successful Outcomes

Welcome and Introduction

This session is the fourth module in our client service skills series. This module focuses on the day to day calls fielded by the front desk and how to guide clients to accept care offerings – even over objections.

Three Types of Calls

When clients call, they are seeking help beyond the internet. Sometimes the issue is medically benign but is still distressing to them. It is surprising how little medical knowledge is had by the general public. CSRs must have some basic veterinary medical knowledge to know how to handle incoming calls.

- 1. Emergent – These calls are animals who's symptoms pose a significant risk to life. They should be seen as fast as possible and if necessary sent to an Emergency Hospital depending on level of care and staff available at your practice.**

Symptoms are:

- SEIZURES
- HIT BY CAR/ HIGH RISE FALL
- CAT OPEN MOUTH BREATHING
- MALE CAT STRAINING TO URINATE
- TOXIN INGESTION (LILY, HUMAN MEDICINE, XYLITOL, GRAPES, ONION)
- CHOCOLATE INGESTION
- CONTINUOUS VOMITING
- LIMPING / LAMENESS / RECUMBENT (NOT MOVING)
- DOG FIGHT WOUNDS
- ACTIVE BLEEDING
- LACERATION/WOUND
- BLOATING, STOMACH LOOKS BIGGER THAN NORMAL (LARGE BREED)
- UNPRODUCTIVE VOMITING/ RETCHING
- DIABETIC COLLAPSE

Male cats straining was a very common call – usually because the cat was vocalizing, straining to urinate and the litter box was dry. Three red flags. It is the job of the CSR to take charge of the situation. The CSR should be trained to recognize the symptoms over the phone and then sound justifiably alarmed when talking with the client. Explaining to the client that this is a dire emergency that involves dropping everything and getting to the office, Not panicked but highly concerned with urgency. In our earlier lessons we learned the value of voice tone and pace. When conveying emergency patient status to a client – tone and pace change to a more direct style. We don't want to appear shaken or unsure but absolutely want to convey there is **no option other than coming in with the pet.**

Use specific language, *“Mrs. Jones thank goodness you called. What you are describing sounds like your cat may have a urinary blockage. If that is the case, this is dangerous as his bladder could rupture which is life threatening. He needs to come in as soon as possible or you could take him to the ER if that is closer. Which would you rather do?”*

Offering the ER gives the client a sense of real urgency and an option. Chances are they would prefer to come to your office, and if they tell you that then make sure to ask them, if they are a new client, *“do you need our address for your GPS? What is your approximate time of arrival so I can alert the medical team?”* People in stressful situations can't think. We need to make sure we are assisting them. By asking the time of arrival you can also help the medical staff get prepped in anticipation of the patient arriving and help them make a workflow plan for the other patients they need to see in appointments that are already on the books.

When the client enters the office, be ready! Have the team cued up that an emergency is coming in and to look for an *“orange long haired cat arriving at about 3 pm”*. This lets the other CSRs on shift know to be alert. **It is important for client confidence that they know your entire team is on the same page.** Have all the paperwork ready for the client and if possible, have a financial estimate ready. In emergency situations it is very easy to quickly run up some major fees in the first few moments of care. Plan with your team a strategy for handling emergency financial situations. It is part of the challenge of emergency care that we must get owner consent and payment of deposit before proceeding with expensive procedures the client may not be able to afford. Know your payment options like CareCredit so these can be offered. It can make a difference between a “yes” and a euthanasia.

NOTE: Emergencies in a General Practice are not common. They can be nerve-racking and stressful for the entire team. Once the crisis is handled it is OK to take 5 to calm your nervous system down so you can go back to your day.

2. Urgent Symptoms – These calls are animals in discomfort who need care soon, but the symptoms are not immediately life threatening.

Symptoms are:

- Minor bleeding
- Coughing
- Squinting, discharge or change in eye appearance
- Limping without trauma
- Drinking and urinating excessively
- Lumps or swellings
- Breathing with moderate difficulty
- Vomiting or diarrhea – moderate
- Purulent vaginal discharge
- Euthanasia request

Although they do not need immediate care, animals exhibiting the above symptoms are still sick and in need of rapid response. These are the animals that go into your “same day sick” spots. CSRs will need to ask good questions to determine the severity of the symptoms and if unsure the best move is to involve one of the medical team. It is a good idea to create this type of list with your doctors and have some standard questions and answers planned.

Still – even minor symptoms – like a torn toenail – can be distressing to the client, so using our empathy and understanding is necessary. Clients will on occasion call in a panic over a small lump or a single episode of vomiting, so the CSR must offer a calm and steady response that **guides the client into the practice** and also calms them down with assurances their pet is not going to expire in the time it takes them to be seen.

You may offer something like, *“Ms. Smith, I understand that seeing your dog vomit is stressful and unpleasant. However, since you told me he got into the garbage last night I have a suspicion he may be experiencing some gastric upset from something he ate. The safest plan is to bring him to the hospital so the doctors can make sure he didn’t eat something that is stuck in his GI track that may be blocking his digestion. I have an urgent care appointment at 2:30 – can you get him here by that time? “*

When we vacillate and are indefinite clients will pick up on that and start to back pedal. Saying things to us like, *“well if it is just stomach upset from the trash I may just wait”* If that happens you should offer back the worst-case scenario of him eating something that could obstruct the bowel and lead to surgery. **We never want to be wrong and have a pet die because we couldn’t convince the client to come in or we thought it was nothing and then it was!**

A solid response to a client who is unsure about whether to come to the practice is– “*you know your pet better than anyone, If you feel something is off it doesn't hurt to look. Let's get you some peace of mind and have the doctor check him out. I have a 3 pm opening if that works for you*”. Clients want answers – we can do that.

Clients will sometimes press a CSR to diagnose their pet over the phone. When they persist, you can answer, “*Mr. Dodds I am not medically trained to answer that question, however I have a wonderful veterinarian who can get you the answers you seek. Would you like me to make an appointment? I have an opening this morning at 11 or this afternoon at 3.*”

Notice – never say – ***I am just the receptionist!***

You are a vital part of the veterinary team and not a JUST anything!

The Euthanasia call: Euthanasia is a call CSRs frequently handle. As hard as it is to say goodbye to our animal family members it can still be a positive experience if managed well in the practice.

We have to manage this call like no other. ***It is not an appointment request.*** It is an emotional iceberg with the client showing only the surface of their pain but with a huge heart-rending ice block of sorrow just under the water. The team can't pretend that doesn't exist. We need to think of ways to support our clients in their grief.

The call is the first opportunity to shine. When someone wants to set up a time to euthanize a pet we need to stop – offer empathy and acknowledge the difficulty of this time

Illustration Story: I once reviewed a call where the client was requesting a time to come in for euthanasia. She said to the CSR, “ I need to come during school hours because my son is so upset that the last time I mentioned putting the dog to sleep, he ran away from home.” The CSR simply offered a 2pm appointment and continued with the call as if she was booking a vaccination. What she should have said was, “*Mrs. Smith, I am so sorry. I know that these decisions are not easy and I hate your child is so distraught. If you like I can email you a link to a great book for kids written by Mr. Rogers about pet loss. It could help you talk to your child about Spots passing*”.

How do you think that client would have responded to know that the CSR was so caring that she offered support for the child-- and thus the entire family in a time of sadness? *I think she would never have forgotten it.* That is going the extra mile to serve.

If possible, take payment information pre-event when clients are emotionally steady.

As a CSR waiting for a client to write a check or pull out a credit card can feel like a vulture hanging over a body. If you know the fees you can say to the client, “ *Mr. Smith, I know when you come with Duffy you will be upset. It has been helpful for other clients for us to take the credit card information over the phone and go ahead and take care of the finances for you. That way you can take all the time you need to say goodbye to Duffy, and we will have your invoice and payment ready when you walk out. You don't even have to stop at the desk if you don't want to. We can mail your receipt.*” Clients really appreciate this consideration.

Try to review all the after-care arrangements with the client over the phone. Private cremation, communal cremation, taking the body home for burial, ashes back or not, urns... discuss all the options when the client is emotionally stable. **Document and then confirm the wishes in person.** Too many times, clients are too distraught to comprehend the options and then have regrets afterwards that are irreversible. Also – document when the ashes are returned from the crematorium and when and who picked them up.

Over the years I have had clients upset and say we didn't call them when the ashes were returned. Because we documented we could tell them who we called, who responded and also who came to pick the ashes up. Sometimes they NEVER pick them up. Have a plan. We scattered ashes over 3 years old in the cemetery behind our practice. We informed the client multiple times prior and documented the calls. When they still never came to get the ashes we would scatter them. The key message is DOCUMENT! Bodies and ashes are not replaceable! A mistake here can get ugly.

3. Non-Urgent or Routine Calls

Our final list is the non- urgent or routine care. A better word choice for most of the list is Preventive care visits. .

When clients are concerned about costs and the economy is seen as recessionary, preventive care visits decline. This causes our appointment schedule to shift to increased sick animal cases. Logically, when pet owners delay preventive care, animals will get those preventable diseases or have negative consequences from not receiving preventive medications. They also lose the most important aspect of routine care – the nose to tail hands on exam by a veterinarian on at least an annual basis. Intervention opportunities are missed and the animals suffer.

The CSR has a vital role in encouraging prevention.

Symptoms are:

- **Vaccinations**
- **Routine blood work**
- **Anals**
- **Nails**
- **Parasite test**
- **Chronic Skin issues**
- **Ear infections**
- **Annual Exams**
- **Medical Progress Exams**
- **Medication refill exam**

After you work in a practice for a while, you start to see patterns.

People who overfeed their pets come in with pets who have joint problems or diabetes. Clients who are inconsistent with preventive medications have pets with parasites. Unvaccinated puppies get parvo. Unspayed females get pyometra and so on. But clients don't see this. **They don't live in our world and see the outcomes of not following our advice. It is our job to enlighten them.**

A favorite tool for helping clients see why they should follow our medical recommendations is the cautionary tale. When a client hesitates to accept a doctor's recommendation, they will sometimes ask the CSR- who they consider a neutral party with no ulterior motive to upsell them- what they think.

It is at this moment the CSR can support the medical recommendation or undermine the doctor. Unfortunately, poorly trained CSRs send clients to Chewy or Tractor Supply for products or suggest clients "wait and see" or not return for follow up visits. This usually comes from a place of trying to be helpful and save them clients money, but we are offering poor service to our patients and our practice.

Instead of sending clients to other places, this is a time to use a cautionary tale to support the doctors' recommendations. For example. *When doctors want clients to come back for follow up visits post surgery and they hesitate, have a cautionary tale as to why this is important and what could happen if they don't come. Animals chew sutures, owners remove E collars too soon, incisions get infected, bones don't heal as planned ... follow up matters.* Ask your doctors to share some of their stories with you so you can offer them to clients.

Clients often want to refill medications for pets we haven't seen in a few years or for a problem we haven't treated in a year or more. Ear meds seem the most common. My reply to the client was always, "**Mr Jones it has been 2 years since Spot had his ear infection. Ears can have about 6 or more different types of organisms that cause problems. I would hate for you to waste your money and Spot continue to suffer because we sent home a medication that won't work. Then you still would have to**

come in so we can examine his ears and prescribe the correct medication. Let's just get it right the first time and get him fixed. I can get him in to see Dr. Cobb at 2 tomorrow if that works for you. "

This is how we can say "no" and make it sound like YES! We make it in the client's best interest. *Don't waste your money! Don't make Spot suffer* ...not Our Policy Is.

Your POLICY is not important to a client.

SALESMENSHIP is VITAL:

Part of working the front desk is "sales". Sometimes medical people shy away from the term but to be honest – *if we aren't good salespeople our patients suffer*. We have to show **need and value** to our clients. They don't know what their pet needs so they can't ask. We are solving a client's problem – and by default the pet's problem - with our solution. That is what good sales people do. A pet owner doesn't want a treatment for their allergic dog... *they want to stop having them scratch, pull out hair all over the house, look like they were attacked by moths, keep them awake at night chewing their feet and smelling like old corn chips!* We have that solution!

If you can't convince a client to follow your instructions, then diagnose the situation. What could you have done better? Could you have been more prepared? Handed them some show and tell tools in the lobby to read? Shared some stories of patient success with this type of treatment? Given a cautionary tale of what can happen when clients don't follow through on advice... These are all tools we can use to show clients into OUR world. They don't know what we know or see what we see. We can story tell and share our knowledge.

If we look at the ROLE we play vs the REAL person we are... we find we just failed in our Role. Real you is your self-identity and self worth. Role you- is what you do. We can't take ROLE failures personally. They just show us we have room to grow in our role.

Fortunately, Well Haven is investing in your growth in your ROLE with these sessions. It is a pleasure to share tips and tools with you so you can grow to mastery as a CSR and serve your clients and patients better every day.

TEST

1. What are the three major categories of incoming client calls that a CSR must be prepared to identify and manage?

- a. Appointment, billing, and cancellation
- b. Emergent, urgent, and non-urgent/preventive
- c. Emergency, financial, and behavioral
- d. Medical, surgical, and wellness

2. Which of the following symptoms would classify a call as an emergency requiring immediate action?

- a. Mild limping without trauma
- b. Occasional vomiting
- c. Male cat straining to urinate
- d. Small skin lump noticed yesterday

3. When talking to a client with an emergency, the CSR's tone should be:

- a. Panicked and rushed
- b. Calm, confident, but clearly urgent
- c. Casual and reassuring
- d. Slow and emotional

4. Why is giving the client the option of going to the ER during an emergency call helpful?

- a. It allows the client to price-shop
- b. It gives a false sense of urgency
- c. It reinforces the seriousness of the situation and empowers the client with a choice
- d. It encourages clients to avoid your clinic

5. What should the CSR avoid saying when clients push for a diagnosis over the phone?

- a. "I am not medically trained, but I can get you scheduled with the doctor."
- b. "Here are some appointment times I can offer."
- c. "I am **just** the receptionist."
- d. "The doctor is the best person to answer that question."

6. Which symptom below would be considered urgent rather than emergent?

- a. Unproductive retching
- b. Seizures
- c. Coughing
- d. Diabetic collapse

7. When a client is unsure about coming in for an urgent symptom, which is the BEST CSR response?

- a. "It's probably nothing; just watch him overnight."
- b. "You know your pet best. If something feels off, let's get you peace of mind and have the doctor check him."
- c. "If you don't come in, the symptoms will definitely get worse."
- d. "We can't help unless you come right now."

8. What is the appropriate way to manage euthanasia calls?

- a. Treat them like routine appointment bookings
- b. Stay emotionally neutral and avoid acknowledging feelings
- c. Provide empathy, acknowledge the difficulty, and guide them through financial and after-care decisions
- d. Ask only about the pet and ignore family concerns

9. Why is it important for CSRs to support preventive care recommendations?

- a. Preventive care is optional and mainly for revenue
- b. Clients already understand the consequences of skipping preventive care
- c. Preventive care reduces avoidable illness and gives veterinarians early detection opportunities
- d. Preventive care visits are rarely needed

10. What is a "cautionary tale," and why is it used in client communication?

- a. A scary story told to discourage clients from calling too often
- b. A real example shared to illustrate why following medical recommendations is important
- c. A way for CSRs to express personal opinions
- d. A technique to make clients feel guilty

Answer Key

1. **b.** Emergent, urgent, and non-urgent/preventive
2. **c.** Male cat straining to urinate
3. **b.** Calm, confident, but clearly urgent
4. **c.** Reinforces seriousness + empowers client with choice
5. **c.** "I am **just** the receptionist."
6. **c.** Coughing
7. **b.** "You know your pet best..."
8. **c.** Provide empathy and help with emotional + practical needs
9. **c.** Preventive care reduces disease and allows early detection
10. **b.** A real example illustrating why medical advice matters
