

Individualized Customer Service



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Tips to Improve Your Client Relations

by Carolyn C. Shadle, PhD, and John L. Meyer, PhD

You've heard the phrase, "Perception is reality." In other words, how people perceive something is what is real to them. Regardless of facts and information to the contrary, what your client believes to be true is your client's perception of the truth. It is what is real to the client.

The challenge for every business, including veterinary practices, is to provide a client experience that each individual client perceives to be a positive one. While you may have a vision statement that directs your practice to provide "excellent customer service," the challenge is to know how that can be implemented in each individual encounter.

Listen to the Clients

The only way to know what excellent customer service means to a particular client is to listen. Sheldon Bowles, writing in *Raving Fans*, advises us to "listen to the music as well as the lyrics." By that, he means that what people really want doesn't always show up directly in what they say. How many times have you had a restaurant manager come to your table and say, "How was your meal?" You probably said, "Fine," even though you might be able to suggest improvements. Be sensitive to any comments—and even more to silences. They are messages that need to be understood.

Understand Personality Types

After observing body language and tone of voice, we can vary our individual conversations with clients appropriately—perhaps based on personality types. And how would you know your client’s personality type? One way to become aware of personality differences is by using a personality analytical tool, such as the Myers–Briggs Type Indicator or DISC personality test, with your staff.

Veterinary consultant Debbie Boone often administers the DISC test. She helps staff understand how different personality types might appreciate different kinds of conversation.

For example:

- “D” people are eager to skip the smalltalk and get to the results; they want the bottom line of prognosis and treatment.
- “I” people appreciate the staff recognizing their questions and concerns; they are likely to want more time.
- “S” people also do not want to be rushed, but they are looking for empathy and support from the staff.
- “C” people focus on accuracy and expertise, and may want details regarding treatment.

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Be Aware of Cultural Differences

If you live in a community with diverse clients, bilingual staff will enable you to address clients according to their needs. Practice manager Debbie Anderson has operated veterinary

practices with her husband in six countries, while he served as a military veterinarian.

Now in Chula Vista, California, with AAHA-accredited Otay Pet Vets, she serves clients who are Hispanic, Filipino, white, and black. Her staff is bilingual, including a groomer who is deaf and greets clients with American Sign Language. When greeted in their language, her clients perceive the service in a positive way.

Consider Your Clients’ Ages

A positive client experience might also vary depending on the demographic age group. For example, in general, millennials want transactions to take place quickly and easily—probably online, with an app. They are also likely to prefer a wellness plan to help them manage regular payments.

Seniors, on the other hand, want to travel and may look to your practice to provide lodging or refer them to a petsitter. Some will be pleased to have home delivery of products or even house calls for pet care. And remember, it’s important to be sensitive to those seniors who are hard of hearing.

Maintain the Personal Touch

Individualizing service takes a personal touch. In the name of efficiency, it is tempting to introduce a phone tree: hit one for this, two for that, and so on. Don’t do it. Automation is fine for recordkeeping

and follow-up with clients, but not if it means replacing people who have the judgment to establish a relationship that is individual and personal.

Some practices advise their staff to spend two minutes talking about

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matters other than pet care: vacation, family, parking, school, whatever might be relevant. That’s a way to get to know each client as an individual. And that might be another way to “listen to the music.”

Train the Staff

Regardless of personality, cultural background, or age, practices that have committed themselves to excellent individualized client service uniformly train—perhaps even require—their staff to demonstrate care and friendliness. What does that mean, especially if you want to individualize your customer service?

Advise your staff members to imagine that the client who walks in the door is a long-lost favorite aunt whom they are delighted to see. In other words, help them to find ways to express appreciation and, when appropriate, empathy. Anderson coaches her staff to say, “We are glad you are here,” and “My pleasure.”

If the image of the favorite aunt doesn’t work, Wendy Myers,

president of Communication Solutions for Veterinarians, suggests that staff project the personality of the golden retriever: a loyal people-pleaser for whom everyone is a best friend. To help individualize service, Myers' training recommends that staff repeat the names of clients and pets three times during the discourse. Your training can be that specific.

David Little, CEO of the Las Vegas-based Western Veterinary Conference, has set as basics to answer the phone by the second ring, return voicemail promptly, and respond to email the same day. "We want [clients] to know we care even after we hang up the phone," he says.

Another specific piece of advice has to do with semantics. Mark

Russak, DVM, CVJ, is a past president of AAHA and board member of National Board of Veterinary Medical Examiners, who frequently trains veterinary staff. He advises staff to speak of "condos," not "cages," and to explain "out back" when the pet is being taken to a treatment area.

He also recommends avoiding medical terms and acronyms that staff understand but pet owners may not. Since pet owners often will not let on that they do not comprehend, anticipate when further information or explanation would be helpful. In other words, "listen to the music."

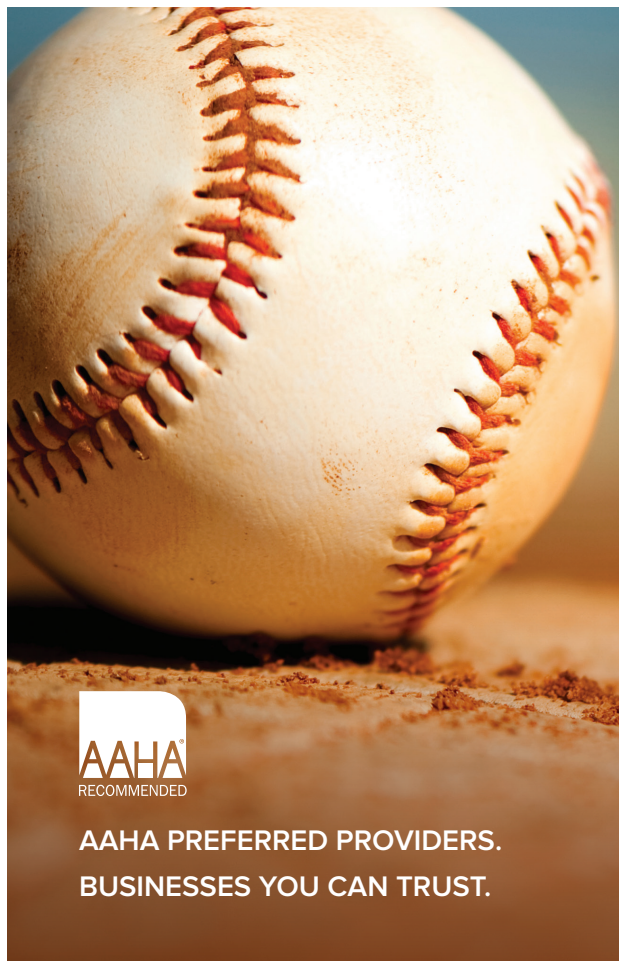
Consider Clients' Stress While Waiting

Speaking of "out back," it may be helpful to think about your client's

perception when you take the patient to the treatment area.

Various members of the veterinary community have different takes on this. For example, Bonnie Lutz, Esq., an attorney defending veterinarians, advises veterinarians not to allow pet owners back in the treatment room. She knows of too many situations where the pet owners just cannot deal with what happens there.

Lutz says, "If you are an educated pet owner and can accept what happens there, maybe it is OK, but a veterinarian does not have the background or expertise to decide who can be in the treatment room and who should not. Consequently, I will continue to advise that pet owners do not belong in the treatment room."



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Veterinarian and consultant David Stansfield, BVSc, says, “I agree for procedures such as centesis, severe constipation, wound suture, etc. But for routine exams, skin biopsy, phlebotomy, and ear cleans, then I think you are putting both the pet and owner at an increased stress level to relieve the stress on the veterinarian or technician.”

Stansfield identifies with the client, saying, “You walk in the exam room with your pet. The vet or tech comes in and takes the history while you are there. Then they take the pet into the treatment area behind the exam room to examine, take samples, etc. So now your already stressed pet is further stressed by being separated,

and you, as the pet owner, wonder what is going on. You sit in the exam room and listen to all the noises ‘out back.’ What are they doing that is so terrible I cannot be present?”

Another opinion is offered by Eric J. Taylor, CEO of IT-Simplified in Summerville, South Carolina, a company that provides computer solutions for veterinary clinics. He’s been around a lot of clinics and feels that if a procedure, task, or diagnosis cannot be done in the exam room itself, then there is no need to have the pet owner involved in the back.

Taylor says, “Let’s think about this a bit more deeply, if we can. Let’s say the patient is having a ‘simple’

item done. What about the other patients? Your clinic could be easily treating another patient that needs charcoal pumped because they got into chocolate. I can actually think of clinics where you can actually see surgical procedures through a window in the general treatment area. You never know what could upset a patient owner.”

Bob Bullock, owner of Bullock Veterinary Consulting in Altoona, Wisconsin, weighs in, “I have experienced clients being taken to the treatment area and, for the majority of the cases, it was not a pleasant experience for the client or the staff. Then, there is the legal side of having clients see how other pets (not their own) are being treated. And is your staff comfortable having clients look over their shoulders?

“It is best to explain the treatment plan with the client in the exam room, and then take the pet into the treatment area. If a client asks to go with their pet, I explain that it is not possible due to the fact that there are other pets being treated, and the easy way out is indicating that there is not enough room. Of all my clients, I have yet to have any let [their] clients into the treatment room or even ask if they want to [go]. A standard policy is the best for all,” Bullock advises.

Debra Hamilton, Esq., who has experience as a breeder, reports that her veterinarian lets her go in the back and she likes that, even though the attorney in her would advise against it!

Boone has a different take that might bridge the varying perspectives and gets to the need to treat clients

individually. She says, “I encourage my clients to do everything they reasonably can in front of [their] client but to ask first if it is OK. Over the years, I have found some are fascinated (as I am), others don’t trust unless they see it done, and still others are disgusted by the most minor thing or faint at the sight of needles.

“We struggle to show value for our work and the more clients see us do, the more impressive it is. Our practice did have some of our frequent flyer breeder clients come to treatment. They often were involved in C-sections. You couldn’t blast them out of the room if you tried.

“If we are discussing customer service, we have to realize that all clients are individuals and we should treat them as such,” Boone concludes.

Leave a Positive Last Impression

When greeting clients by “listening to the music” and addressing them according to their individual needs, you are making a good first impression. (Haven’t we always learned that “You only have one chance to make a good first impression”?) But think of this suggestion from Terra Shastri, manager of Business Development with the Ontario Veterinary Medical Association. She was inspired by a *Harvard Business Review* article that stated, “The end is far more important, because it’s what remains in the customer’s recollections.”

Now, instead of the last interaction being around the bill, the challenge is to consider what each client would perceive to be excellent service that will leave a positive last impression.

Shastri, for example, urges practices to reserve time to walk the client and pet to their car—without even asking—making this cordial act the most memorable.

Measure How You’re Doing

You build your practice one client at a time, offering excellent service in very individualized ways. In the end, however, you want to know if your work is paying off.

One way to assess how you’re doing is to look at your retention rate. Myers reports that the average is 60%. To calculate your client retention rate, divide your number of new clients per year by your number of active clients (that is, those seen during the last 18 months). Then subtract that number from 100 to get your client retention rate. Are you achieving a 60% or better retention rate?

Reviews are another way to tell you how you are doing, and this makes the feedback very individualized. Unfortunately, negative reviews often show up on social media sites, like Yelp. To be proactive, you can motivate your satisfied clients to write reviews, specifically asking top clients to do so. Many practices have found they can head off complaints appearing on social media sites by seeking feedback directly from their clients and addressing complaints personally—and immediately.

Online surveys are available that integrate with a practice’s medical records system. For example, IDEXX has a survey that will go to clients automatically upon leaving their appointments. Knowing each client’s perception helps you to individualize your service.

Celebrate Individualized Customer Service

The health of the patient is top-of-mind for staff, and taking time to think about individualized customer service is a challenge. Training, continuous discussion at staff meetings, and recognition through performance assessments keeps the topic of customer service front and center for staff members.

Adam Fell, public relations supervisor for Nationwide Pet Insurance, spends a full week highlighting and “honoring the customer” as part of an employee awareness campaign. It appears to have paid off, as demonstrated by one of the testimonials he received: “[Your staff person] went beyond the call of duty. . . . I had a question, and she took all the time and she had all the patience . . . and it was great because I had to put my dog down in December, [so] it was really hard for me.”

It’s a fact that we never know what the person at the other end of the line (or leash) is experiencing. That’s recognizing the individual. ✨



Carolyn C. Shadle earned her PhD degree from the State University of New York at Buffalo in interpersonal and organizational communication.



John L. Meyer earned his PhD degree from the University of Minnesota in communication studies and speech arts. They both write and train through ICS, Inc. (www.icsworkplacecommunication.com). They have trained at numerous veterinary conferences, including AAHA, ICCVM, OAVT, and WVC.