**MODULE 10: CLIENT COMMUNICATION AND SCHEDULING**

**Lesson 1: Phone Calls**

1) How many times can you let the phone ring before you answer it?

*Sample Response: The rule of thumb is that it should be answered within three rings. If the phone keeps ringing because the CCR is busy, another team member needs to help the CCR. Customer service is everyone’s job.*

2) The CCR is eating lunch in the office, and the phone rings three times. Other team members are ignoring it. What should be done?

**Answer:**

3) Is it advisable to be speaking with someone else while you answer the phone?

**Answer: No. Stop one conversation before starting the next. The client on the phone should hear a professional greeting, not the tail end of another discussion.**

4) What should you always do before answering the phone? Why?

**Answer: Smile. A smile on your face puts a smile in your voice that makes you sound cheerful and helpful.**

5) How long can a client be left on hold?

**Answer:**

6) What should you do if the client is on hold too long?

**Answer:**

7) When should a file be pulled when a client calls?

*Sample Response: Always! It is easy to miss important client details if the file is not checked. Do we need a stool sample? Was the doctor trying to get a hold of them to see how the pet was doing? Do they owe money?*

8) The client goes on a long tirade about their previous veterinarian. What is an appropriate response?

**Answer:**

9) When a client asks why our practice is more expensive than other clinics, how do we respond?

**Answer:**

10) Is it appropriate to diagnose a disease over the phone?

*Sample Response: No*

11) Is it appropriate to offer an examination or to suggest a home remedy first?

**Answer:**

12) What questions should you ask when a client wants their records transferred to another clinic?

**Answer:**

13) Do our doctors have voice mail?

**Answer:**

14) Does the practice manager have voice mail?

**Answer:**

15) How often do they check their voice mail?

**Answer:**

16) If a client phones with an urgent situation should they be passed on to the doctor’s voice mail?

**Answer:**

17) What do you say if the doctor is on vacation that week and the person asks for their voice mail?

**Answer:**

18) What should you do if a doctor is in an exam room with a client and a specialist phones to discuss a case with the doctor?

**Answer:**

19) If an important call comes in and the doctor is in surgery, is it acceptable to interrupt him or her?

**Answer:**

20) If a client calls to ask for an update on their pet and she or he is still in surgery, how do you respond?

**Answer:**

21) If the client calls to for an update on their pet and she or he appears fine to you, how do you respond?

**Answer:**

22) If the client calls regarding their pet’s lab results, is it acceptable to give that information to them or does another team member need to speak with them?

**Answer:**

23) If a doctor is speaking with another client and a long distance call comes in or a client calls with an emergency, what should you do?

**Answer:**

24) When are team meetings held?

**Answer:**

25) Under what circumstances should a team meeting be interrupted?

**Answer:**

26) How and when is one-on-one training accomplished with new team members?

**Answer:**

27) Under what circumstances should a training session be interrupted?

**Answer:**

28) How do you respond when a client calls regarding a behavioral problem?

[Note to Trainer: Who handles behavioral problems at your hospital?]

*Sample Response: Book an appointment. Euthanasia for behavior problems is the most common cause of death in young adult dogs and urinating outside the litter box is one of the most common reasons for cats to be surrendered to shelters. Behavior-related queries are often time consuming and usually cannot be managed in the five minutes between appointments. Remember that some people assume a problem is behavioral when in fact it is a medical problem. The doctor needs to make sure there are no medical conditions prior to giving behavioral advice to a client.*

29) Does our practice euthanize young, healthy adult pets for behavior problems at the owner’s request? If not, what are some alternatives?

**Answer:**

30) A client calls asking the price of a dog spay. How do you respond?

[Note to Trainer: Have your trainees practice this answer. Do new clients require a consultation prior to booking a surgical appointment? Do they need to provide proof of vaccination?]

*Sample Response: Start with anything except the dollar amount. Once the client hears the price, they generally stop listening. It is recommended to obtain some client information first. Try, “Are you a client here already? Let me pull your pet’s record. May I have your last name?” If it is a puppy who it is not yet fully vaccinated, the answer may be different than the price you quote for a five-year-old obese Labrador retriever. If the caller is not a client, get some basic information such as age and health status of the pet prior to providing the quote. Use the pet’s name in the conversation as well. The CCR can then say, “The cost of a spay will include….” This is also a good opportunity for the CCR to explain the exceptional care your practice provides by saying, “We have licensed veterinary technicians monitoring the anesthesia, we use the safest anesthetics available, we use a sterile surgery pack and pulse oximetry monitoring…. The price starts at X dollars but may cost more if you chose to have intravenous (IV) fluids, laser surgery, microchipping, etc….” Don’t rush the explanation. Generally, clients ask for a price because they don’t know what else to ask or what is important to know about surgery. You need to provide that information in addition to the price, or the client will have no idea why they should choose your hospital over a cheaper one.*

31) What information do we send “phone shoppers” in the mail?

**Answer:**

**MODULE 10: CLIENT COMMUNICATION AND SCHEDULING**

**Lesson 2: Appointment Scheduling Basics**

1) What appointment times are available on which days of the week?

**Answer:**

2) Are appointments scheduled by doctor or by room?

**Answer:**

3) Are different doctors assigned to out-patient and in-patient duties on different days? Who is responsible for what and when?

**Answer:**

4) Which day is each doctor off?

**Answer:**

5) Are there certain doctors that see certain types of appointments?

**Answer:**

6) What types of appointments should you NOT schedule for certain doctors?

[Note to Trainer: For example, does only one veterinarian see rabbits or birds and the others don’t?]

**Answer:**

7) Do your doctors or technicians have specialties or work-related special interests?

**Answer:**

8) What days do which doctors see appointments?

**Answer:**

9) Can appointments overlap?

**Answer:**

10) How long is a standard appointment? Does it vary?

**Answer:**

11) What information needs to be obtained about the appointment when scheduling a regular client for a regular visit?

**Answer:**

12) What information needs to be obtained about the appointment when scheduling a new client?

**Answer:**

13) List five appointments that could be seen by a technician.

**Answer:**

14) Does our practice offer house calls? If so, under what circumstances do we?

**Answer:**

15) Does our practice examine any exotics or pocket pets?

**Answer:**

16) How does our practice handle emergencies in terms of scheduling?

**Answer:**

17) What conditions are critical emergencies that should be examined immediately?

**Answer:**

18) Which team members need to be informed that an emergency is on its way it?

**Answer:**

19) What questions should the CCR ask the owner before hanging up the phone?

*Sample Response: What is your name and the pet’s name so I can pull the file? If the caller is not a current client, ask how big the pet is so the team can get catheters and other equipment ready. What is the current condition of the pet (e.g., bleeding, unconscious)? How long will it take for the client to get to the clinic? Do not ask what happened as it will take too long for the client to tell you the story.*

20) A client calls and says their dog is seizuring. What do you say?

**Answer:**

21) A client calls and says their cat is constipated. What do you say?

*Sample Response: Make sure it is able to urinate. Owners often confuse a urinary blockage with constipation. If the cat is unable to urinate, it is an emergency. This is one case where it is very important to ask the sex of the animal.*

22) A client calls and says their cat is panting. What do you say?

*Sample Response: The cat needs to be examined right away.*

23) A client calls and says their dog has an ear infection. How soon should we schedule an appointment?

**Answer:**

24) A client calls and says their dog has diarrhea and they can’t bring the pet in today. What do you advise?

**Answer:**

25) A client calls and says their pet vomited three times this morning and they can’t bring it in until tomorrow. What do you advise?

**Answer:**

26) A good, long term client calls five minutes before closing with a minor emergency. Do you tell her to come right over, go to an emergency clinic, or wait until tomorrow?

**Answer:**

27) How does our practice handle after-hours emergencies?

[Note to Trainer: Do your doctors accept after-hours emergencies? If so, which day is each doctor on call? If your practice refers emergencies, where do you send them? What does your after-hour’s message say? Do you have a special emergency fee that clients should be made aware of?]

**Answer:**

**MODULE 10: CLIENT COMMUNICATION AND SCHEDULING**

**Lesson 3: Scheduling Out-patient Appointments**

1) What is the procedure if a pet has bitten someone? What is the protocol for rabies quarantine?

**Answer:**

2) When is a health certificate required? When should appointments for health certificates be scheduled?

*Sample Response: An interstate health certificate must be completed within 10 days of the date the client is traveling.*

3) How much does a health certificate cost?

**Answer:**

4) Is sedation/anesthesia required to take chest radiographs?

**Answer:**

5) Is sedation/anesthesia required to take abdominal radiographs?

**Answer:**

6) How long do radiographs take without anesthesia?

[Note to Trainer: Would you schedule a 30-minute appointment?]

**Answer:**

7) Who takes radiographs?

**Answer:**

8) Who expresses anal glands?

**Answer:**

9) A new client calls with a sick pet. You have a 20-minute emergency slot available at 11:40 a.m. What time do you ask the client to arrive?

[Note to Trainer: Do you want the client to arrive a little earlier in case the doctor is ready earlier than expected or an assistant is available to obtain a history?]

**Answer:**

10) What do we do when a client has scheduled an appointment with a technician, but when the client arrives, we discover that the appointment really requires a veterinarian?

**Answer:**

11) What questions could the CCR have asked when booking the appointment to avoid this problem?

*Sample Response: Heartworm testing is normally scheduled with a technician, not a doctor. The CCR could ask, “Does Max have any medical problems that will need to be addressed at the visit? If so, we’ll need to schedule it as a doctor visit instead.”*

12) How is it noted in a client’s medical record if they prefer a particular doctor?

**Answer:**

13) Which takes longer: an exam for an (uncomplicated) upper respiratory tract infection (URI) or vomiting? Why?

*Sample Response: In general, the vomiting case will take longer. Vomiting typically involves a more complicated history and the animal may need blood testing, stool testing, radiographs, or subcutaneous fluids. The discharge instructions and medications are likely to be more complicated as well.*

14) How would you overlap two vaccine appointments? What if one was a senior patient?

[Note to Trainer: Do you do high density scheduling?]

**Answer:**

15) How much time would you allow for an established client to come in with three cats for annual exams and vaccines?

**Answer:**

16) There are no other appointments on the book the morning a client wants to come in.

What times do you offer?

**Answer:**

17) What do you say when a client calls to cancel an appointment?

**Answer:**

**MODULE 10: CLIENT COMMUNICATION AND SCHEDULING**

**Lesson 4: Scheduling In-patient Appointments**

1) How does our practice schedule boarding appointments?

[Note to Trainer: Do you have a procedures manual for new CCRs to reference? Do the pets need to be up to date on all or some vaccines? What if the pet is not a client?]

**Answer:**

2) If the boarding facility is fully booked, what do you tell the client?

**Answer:**

3) If a pet has a dental procedure performed while boarding, does our practice charge boarding or hospitalization for that day?

**Answer:**

4) What is required to schedule a surgery appointment?

[Note to Trainer: Is a consultation required? Does the pet require presurgical blood work? Do a cage and discharge appointment need to be booked? How many surgeries can be performed each day?]

**Answer:**

5) When are surgeries performed?

**Answer:**

6) Is sedation/anesthesia required to take hip radiographs?

**Answer:**

7) What is OFA?

**Answer:**

8) How is OFA testing scheduled?

**Answer:**

9) How much time does the doctor require to take hip and stifle radiographs with anesthesia?

[Note to Trainer: If the doctor doesn’t take the radiographs this is a trick question. The doctor only needs time to induce the animal and interpret and show/explain the radiographs to the owner.]

**Answer:**

10) How much technician time is required for hip and stifle radiographs with anesthesia?

**Answer:**

11) How long does it normally take to obtain quality radiographs on an anesthetized pet? How much anesthetic time does it add if these radiographs are being performed in conjunction with another procedure?

[Note to Trainer: Radiographs are usually faster when the pet is asleep than when it is awake. When performed in conjunction with another procedure requiring anesthesia, how much extra anesthesia time do you add to the invoice?]

**Answer:**

12) How many anesthetic procedures/surgeries can be scheduled in one day?

**Answer:**

13) How many dog dental procedures can be scheduled in one day?

**Answer:**

14) Does our practice charge extra to drop a pet off the night before surgery?

**Answer:**

15) Is there a charge to leave the pet overnight after a dental procedure?

**Answer:**

16) What additional charges would be incurred if clients dropped the pet off the night before AND picked it up the morning after the surgery?

**Answer:**

17) How long does it take to perform a dental cleaning for a dog?

**Answer:**

18) How many minutes of surgery time are required for an uncomplicated cat spay?

**Answer:**

19) How many minutes of surgery time are required for an uncomplicated dog spay?

**Answer:**

20) How much technician time will these procedures take?

[Note to Trainer: This would include time required for admission and discharge, preanesthetic procedures such as blood testing and electrocardiograms (ECGs), induction, preparation, recovery time, and record keeping. Usually, a new employee will not appreciate how much time and expertise is required to perform a major surgery, even one that is considered elective. Having a good understanding of what is involved in a typical surgery makes it much easier to explain to clients over the phone.]

**Answer:**

21) How long does it take to perform a cat neuter?

**Answer:**

22) How long does it take to perform a dog neuter?

**Answer:**

23) If a doctor needs to perform an emergency laparotomy, what is the protocol for managing the scheduled appointments?

**Answer:**

24) How many staff personnel does a laparotomy usually require?

**Answer:**

25) Does our practice charge boarding hospitalization fees for animals under observation (e.g., for seizures)?

**Answer:**

26) Who is responsible for hospitalized patients? The doctor who admits the pet or the in-patient doctor?

**Answer:**

27) If the available morning appointment slots are full and a client calls regarding a pet that you know should be seen ASAP, what time do you offer?

[Note to Trainer: On a slow in-patient day, do you book out-patient appointments for the in-patient doctor?]

**Answer:**

**MODULE 10: CLIENT EDUCATION AND SCHEDULING**

**Lesson 5: Euthanasia Appointments**

1) When should a euthanasia appointment be scheduled, if possible?

[Note to Trainer: Do you try to schedule these last in an appointment block or at quiet time of day?]

**Answer:**

2) How long does a euthanasia appointment usually take?

**Answer:**

3) Will the appointment take longer if the owner isn’t sure whether they are ready to euthanize their pet?

*Sample Response: Yes. Discussing quality of life, treatment options, and prognosis can be time consuming.*

4) What materials will a doctor need for a euthanasia appointment?

**Answer:**

5) What tranquilizers (if any) does our practice use for euthanasias?

**Answer:**

6) Does our practice catheterize dogs for euthanasias?

**Answer:**

7) Does our practice sedate or catheterize cats for euthanasias?

**Answer:**

8) How are pocket pets or small birds handled and euthanized?

**Answer:**

9) Where are the euthanasia forms kept?

**Answer:**

10) What are the client’s options for cremation?

**Answer:**

11) Where is the cooler?

**Answer:**

12) Where are the cadaver bags kept?

**Answer:**

13) How are deceased pets identified and labeled?

**Answer:**

14) What happens to the pet’s leash, collar, or other belongings following the euthanasia?

**Answer:**

15) How long does it take for ashes to come back after a private cremation?

**Answer:**

16) What do the ashes come back in?

**Answer:**

17) How are the ashes delivered?

**Answer:**

18) What do you do if a client came in crying with a deceased pet in their arms?

**Answer:**

19) What forms need to be filled out if the pet is already deceased? What forms need to be filled out for both a euthanasia and cremation?

**Answer:**

20) How soon after the euthanasia appointment is a sympathy card sent?

**Answer:**

21) Who signs the card and who sends it?

**Answer:**

22) What else does your practice do for a grieving client?

**Answer:**

23) Can the client donate their pet food or medications back to the clinic or the humane society?

[Note to Trainer: Can medications in sealed containers (e.g., heartworm or flea control medications) be returned for credit if they have not expired? Are items such as food, beds, collars, or toys donated to your local humane society? Can medications be donated to the humane society? It is illegal in most states to put pharmaceuticals back into an open container or to resell them.]

**Answer:**

24) How long do we keep a patient’s record once the pet is deceased or no longer a patient?

**Answer:**

25) Where are these files kept?

**Answer:**

**MODULE 10: CLIENT COMMUNICATION AND SCHEDULING**

**Lesson 6: Client Communication and Service**

1) How many people will an unhappy client tell about a poor experience?

**Answer: According to Mark Opperman, a veterinary management consultant, an unhappy client will tell about eight to ten people in person about their negative experience. In addition, they can tell thousands of people over the Internet. A happy client usually tells no more than two or three people about their experience (Opperman 1999).**

2) If a client has had a negative experience, what percentage will tell you they are unhappy?

**Answer: Only 4% to 6% of clients who have had a negative experience will make the business aware of their dissatisfaction. The remaining 94% to 96% of clients simply choose not to return the following year, without offering any explanation (Smith 1998).**

3) What are some reasons that a client might leave our practice?

**Answer: Poor customer service, perceived indifference (the veterinarian did not seem to care about me or my pet), dissatisfaction with services or products, lack of cleanliness are some reasons. In most cases, the cost of the services or products is not an issue.**

4) Is it easier and cost less to the practice to keep a client or to gain a new one? Why?

**Answer: It is more economical to keep the client’s you already have. Marketing and advertising are expensive.**

5) What percent of our client base accounts for 80% of our practice’s income? Who are those clients?

*Sample Response: 20% of your clients, your best ones, account for 60%-80% of your practice’s income. Keeping a good client and making them happy is very important to the financial health of most clinics.*

6) What, specifically, does our practice want a client’s first impression of our hospital to be?

**Answer:**

7) What is “Consistency of Care”?

**Answer: “Consistency of Care” means that a pet or a client is provided the same high level of care no matter which doctor takes care of them or which CCR speaks with them on the phone.**

8) Why is “Consistency of Care” important?

**Answer: One of the hallmarks of a great practice is delivering optimal customer service and medical care at all times. This is easy to say, but difficult to achieve. “Consistency of Care” means that the entire health care team must be trained to the same high level and the doctors must have consistent medical and surgical protocols.**

9) What are some ways to communicate confidence to clients?

**Answer: Make eye contact, stand up straight, do not fidget, and speak clearly. Do not mumble and use fillers like, “Um” or, “Uh.”**

10) What are the three ways in which our practice can communicate with clients?

**Answer: Verbal, written, and visual (which includes body language and facial expression)**

11) Identify six ways our practice can provide quality customer service.

**Answer: Do not put them on hold for too long, schedule an appointment on a day and time convenient for them, return phone calls promptly, know their names and their pets’ names (and gender) and when they come in, request feedback or the client’s opinion following an appointment, and listen to them.**

12) Identify some ways we can show clients that we care about their pet. Why is this important?

**Answer: Handle the animals carefully and gently, pet them, call them by name, send them home with a treat or bandana, and use caring words and phrases. Clients are more likely to follow our recommendations, and refer our practice to other clients, if it is clear that our team members have the pets’ best interests in mind and if the clients feel we have enjoyed interacting with them and their pets. Be genuine.**

13) What is our practice’s goal concerning client waiting time?

*Sample Response:* *How long does 30 seconds seem to the client when they are waiting? It feels like several minutes when you are sitting alone in an exam room.*

14) How do clients judge our practice’s medical or surgical expertise?

**Answer: Clients make judgments based on their experience and perceptions; by what they see, hear, and smell. Clients judge by the appearance of the clinic and its team members and by how their pet looks or smells when it is discharged from the hospital. If the waiting room is not clean, the clients could assume the surgery suite is not clean either. If the pet is dirty, smelly, or has been shaved or sutured in a messy fashion they will assume the surgery itself was performed poorly.**

15) How does our practice advertise?

[Note to Trainer: Newspaper, yellow pages, Welcome Wagon™, Internet, community service, or special community events?]

**Answer:**

16) How many new clients does our practice attract per month? Is this low or high compared to national standards?

[Note to Trainer: The National Commission on Veterinary Economic Issues’ website will help you find such information.]

**Answer:**

17) Why is client education important?

*Sample Response: It doesn’t matter how good a surgeon the doctor is if she or he cannot explain to the client why the pet needs surgery and they do not agree to have the necessary procedure performed. If the importance of performing dental services under general anesthesia cannot be effectively explained to clients, then our practice will be unable to book these appointments. Clients cannot be expected to know about the products or services we have if we do not teach them. Every interaction with a client is an opportunity to teach.*

18) What is a “patient advocate”?

**Answer: A patient advocate is any member of the hospital staff who believes it is his or her role to advocate for the patient. In other words, a patient advocate makes recommendations to the owner regarding the patient’s best interest without regard to the perceived response of the client, and always does his or her best to ensure the client’s compliance with the recommendation.**

19) What is a “recommendation gap”?

**Answer: A “recommendation gap” is the difference between the number of people offered a particular service and the number of people who actually purchase it. For example, the doctor may offer dental cleanings for every pet with grade II dental disease, but a relatively small percentage of clients may have actually scheduled the dental cleaning. AAHA’s compliance study revealed 35% compliance for dogs and cats with grade two and higher (AAHA, Path to High Quality Care, 2003).**

20) How would you assess a client’s conviction that they need to do what you recommend for their pet?

**Answer: Ask them, “On a scale of one to ten, how likely is it that you’ll be able to administer this medication to your cat?” “On a scale of one to ten, how important is this to you?” If the client gives you a low number, perhaps the veterinarian or team member needs to explain, review, demonstrate, or create a new way to address the situation.**

21) Why is it important to document accurate medical records?

**Answer: Legally, morally, and ethically, medical records need to be both complete and thorough. If the record does not record a particular item such as a recommendation or an owner’s consent, a court of law will have no way of knowing whether or not the necessary recommendation or consent actually took place. At least as importantly, without good records, we ourselves won’t know understand what was already discussed or decided upon.**

22) Who is responsible to maintain high quality medical records?

**Answer: It is everyone’s responsibility in the practice to make detailed entries in the records.**

23) Who has a higher priority: clients, patients, the doctors, your teammates, or you? What is the hierarchy of priorities?

[Note to Trainer: Unless there is an emergency, generally the client’s needs should come first, then the patient’s, and then helping the doctor. The goal of this question is to point out that non-urgent projects can wait if a client or another team member requires help.]

**Answer:**

24) Is it acceptable to ignore a client, carry on a personal conversation with another employee in front of a client, or to treat a client like an old pal? Why or why not?

[Note to Trainer: This question will likely facilitate a healthy discussion about good customer service and professionalism. It might be interesting to ask each trainee to give an example of a good and bad customer experience they have had. Why was it good or bad? What can your team do to provide your clients with more good experiences and less bad ones?]

**Answer:**

25) How are customer complaints handled?

*Sample Response: Listen, apologize, empathize, think, solve, and follow through. Never tolerate abuse from a client. Seek assistance if you feel afraid or out of your league.*

26) What can you say to a client about another client?

**Answer:**

27) What can you say to a client about another client’s pet?

**Answer:**

28) What can you say to a client about the humane society?

**Answer:**

29) What can you say to a client about another practice or business?

**Answer:**

30) What information might the client not want to broadcast to the entire waiting room?

*Sample Response: Personal data such as driver’s license number, credit information, whether their card was just declined, or the fact that their pet has cancer. Be sensitive to the feelings of your clients.*

31) How do clients want to be treated at the time their pet is diagnosed with a fatal disease or is euthanized?

**Answer:**

32) What can our team do to make it easier on them?

**Answer:**

33) What does “one minute with the client, one minute with the file” mean?

**Answer: This mantra may be used to remind ourselves not to rush through appointments. We should take a minute to make eye contact with and relate to the client and another minute to carefully check the file for missing items or services that may be required.**

34) What does, “The job of the CCR is to make the front door swing” mean?

**Answer: The CCR is instrumental in recruiting new clients, keeping current clients happy, and getting clients to bring their pets in for exams.**

35) What are the three rules of customer service?

**Answer: The three rules of customer service are: A) don’t make the client wait; B) don’t keep the client waiting, and; C) the client shouldn’t have to wait. This simply reminds us that good customer service is fast and efficient.**

36) What does, “Whenever you are interacting with a client you are putting on a performance” mean?

**Answer: You are not acting or pretending to be someone you are not, but you are performing for an audience. Your dress, speech, mannerisms, and professionalism are all key factors in making you seem credible to the client. Your hospital uniform is your costume, your phone shopper sales pitches and value statements are your scripts.**

37) What does, “The client doesn’t care how much you know until they know how much you care” mean?

**Answer: If the client doesn’t think you care about them or their pet they are much less likely to follow your recommendations.**

**MODULE 10: CLIENT COMMUNICATIONAND SCHEDULING**

**Lesson 7: Compliance**

[Note to Trainer: A good resource for this section is *The Path to High-Quality Care: Practical Tips for Improving Compliance* (AAHA 2003)]

1) What is client compliance?

**Answer: It is a measure of how many clients follow our recommendations. In other words, how many of our patients are receiving the level of care that the doctors recommend? If we recommend dental cleanings to 80% of our clients and 75% of the pets get their teeth cleaned, that is good compliance. If only 5% schedule a cleaning, that is poor compliance.**

2) How is good compliance good for the patient?

**Answer:**

3) How does it benefit the practice?

**Answer:**

4) What factors makes our recommendations seem important to the owner?

**Answer:**

5) When do we want clients to comply?

**Answer:**

6) What can our team do to increase compliance?

**Answer:**

7) Why is it important to track compliance rates?

**Answer:**

8) Who tracks compliance rates in our practice?

**Answer:**

9) When does our practice discuss compliance or present compliance rate data?

**Answer:**

10) Is compliance a problem in human medicine as well? How so?

**Answer: Compliance is definitely a concern in human medicine. In a study of patients with type I diabetes mellitus, more than 60% were noncompliant with their treatment. In people infected with HIV, 31% did not comply with the minimum effective medication protocol. Finally, 23% of women who were prescribed tamoxifen as an aid in the prevention of recurrent breast cancer missed at least one in five doses (AAHA *The Path to High-Quality Care* 2003; Iannotti et al. 2006; Cintolo 2007).**

11) Does our practice adequately communicate the benefits of what we offer to clients?

**Answer:**

12) Do people make decisions based on emotions or facts? How does that influence compliance?

**Answer:**

13) In what ways can you appeal to pet owners’ emotions?

**Answer:**

14) How can you help clients focus on the health benefits of a certain procedure instead of the cost of the procedure?

**Answer:**

15) What role does the reminder system play in improving compliance?

**Answer:**

16) What services/products are included in our reminder system?

**Answer:**

17) What items could be added to the reminder system?

**Answer:**

18) How does good medical record keeping influence compliance?

**Answer: If a client’s decision regarding which products and services they decline is not recorded in the medical record, there will be no way to measure compliance.**

19) How do our practice’s compliance rates compare with national averages?

**Answer:**

20) What would happen if our team attempted to increase compliance in six different areas all at once?

**Answer:**

21) What areas of compliance would you like our practice to focus on right now?

**Answer:**

22) What common misperceptions need to be overcome when presenting care options to clients?

**Answer:**

**Module 10 Suggested Reading**

American Animal Hospital Association. 2008. *Client Service Standards. AAHA Standards*. Lakewood, CO: AAHA

American Animal Hospital Association. 2008. *Patient Care Standards. AAHA Standards*. Lakewood, CO: AAHA.

American Animal Hospital Association. 2003. *The Path to High-Quality Care: Practical Tips for Improving Compliance*. Lakewood, CO: AAHA Press.

Boss, Nan.2011*. Educating Your Clients from A to Z: What to Say and How to Say It.* Lakewood, CO: AAHA Press.

College of Veterinary Medicine and Biomedical Sciences at Colorado State University Argus Institute.

http://www.argusinstitute.colostate.edu/vet.htm

Durrance, Dana, and Laurel Lagoni. 2010. *Connecting with Clients*. Lakewood, CO: AAHA Press.

Montgomery, Mary, and Herb Montgomery. 1993. *The Final Act of Caring*. Minneapolis: Montgomery Press.

Montgomery, Mary, and Herb Montgomery. 1993. *Forever in My Heart*. Minneapolis: Montgomery Press.

Performance Research Associates, ed. *2003. Delivering Knock Your Socks Off Customer Service,* Fourth Edition. New York: AMACOM.

Smith, Carin. 2009. *Client Satisfaction Pays*. Lakewood, CO: AAHA Press.