

## Managing Your Time and Anxiety

Managing your time helps in managing your anxiety. Managing client expectations also will help to keep your blood pressure in the normal range.

New graduates spend much time looking up and calculating drug doses. Take a 3x5 card and list drugs available in your practice that you expect to use commonly. Calculate the 10 pound dog and 10 pound cat dose and record them on the card. You can figure doses quickly as multiples of this number.

Likewise, anesthesia protocols and dose calculations will eat up your time until you become familiar with them. Take a 3x5 card, as above, and figure 10 pound doses for the drugs you have available. Also useful on another card, using the anesthetics and pre-anesthetics available in your practice, figure a protocol for cardiovascular compromise, a protocol for liver disease and a protocol for renal compromise (including 10#doses). These will give you reference places for quick thinking and help you to feel less anxious.

All of us have cases we fear; they are just more numerous early in your career. Take 10 situations you are terrified you might not be able to handle and research them. Write up diagnostic and therapeutic plans. List your best references with page numbers in case you want to look up something quickly at the time. You can even pre-write an estimate for your plan ahead of time. Even if clients do not choose to do everything you propose it is quicker to alter an existing estimate than figure it from scratch. Include doses for drugs, fluids, plasma, hetastarch test re-agents (ACTH gel, cortrosyn, etc.).

Keep your favorite reference volumes in the trunk of your car or at the office. Each of us has a favorite text or place to find things. Trying to locate information in an unfamiliar volume can take much more time and decrease your efficiency and thus increase your stress.

When you are in an exam room and a client's chatter is unnerving you or when you just need to quietly regroup, place the stethoscope in your ears, hold up your finger, shush the client and listen to the heart until have your focus and composure back.

History taking is an art and we all get better with practice. To stay focused and get information with clients who are intent on telling a story, I will try asking them to "humor me" and let me just ask some questions first. I explain this is because of me and my need to be systematic. This makes it my "problem" not theirs. If clients continue to digress and do not answer a question, I will explain I really need to know X. It may be necessary to respectfully repeat the same question multiple times. For clients I think are censoring information, again I will make it my "problem." "I really need to take a history this way so I can be thorough and not leave anything out." For particularly stubborn information screeners, I will respectfully say to them directly "I need you to tell me everything. Do not leave something out because you don't think it pertains to Fluffy's problem today. I am looking for other potential problems also." This is generally well

accepted; the issue is me, not them. When you have finished taking a complex history, it is often useful to re-cap your impressions to the client and make sure they are accurate ("I hear you saying Fluffy ...Did I get that right?"). This allows the client to clarify and know you were listening to them.

If animals are brought to the back to do temperature, weight, heartworm, fecal, etc. take a moment to do a quick physical exam before the pet returns to the owner. You can then quickly write up the PE and formulate a list of differentials, diagnostic plan or therapeutic plan. This helps you to walk into the room feeling poised and having a game plan. Always repeat the PE in the room with the owner so you can point out abnormalities and so they know you have done one.

For pets with multiple problems which clearly will take more than the allotted appointment time, consider day casing for observation or diagnostics. You can then schedule a longer time for an appointment at discharge. If the client will not day case, or for problems where this is not possible, I often say something like "I would like to address Fluffy's issues one at a time, as they might impact each other. Let's try treating Fluffy with ... and get her back in a week. At that time we will re-check problem 1, see if there are any changes in problem 2 as a result, go over any lab work, and begin a more definitive course of action for problem 2. Get a calendar and chart any symptoms you observe during this week." You don't have to wait a week, of course. The point is you are addressing why you are not treating both problems in the first appointment. You are having the client become part of the diagnostic and therapeutic team by journalizing and they are not being told you are too busy to see them!

Look smart by discussing breed related problems in the first puppy visit. This can be very simple - just one or two sentences. If you are still seeing an overweight Golden Retriever at age 5 when it is diagnosed with atopy or hypothyroidism, it's a lot of fun having the client say "You told me about that when she was just a puppy."

Turn over exam rooms. Do not clog them up with clients waiting for outpatient radiographs, in-house urinalysis and cytology etc. Suggest to a client they might want to go get a cup of coffee or check out a nearby bookstore while Fluffy has her tests. This lessens client stress because they are having a pleasant diversion, rather than waiting anxiously in your lobby. It also helps with patient flow and takes stress off your front office if they have patients waiting to be seen. If clients choose to wait while a procedure is performed, escort them (or have a staff member!) to the lobby and offer some diversion (handout to read, rescue kitten to play with etc.) Make sure to over estimate the time required to accomplish the task. Explain to the client that Fluffy will back in 15 minutes and you or a staff member will go over results. My policy to decrease owner stress is to get the pet to the waiting owner ASAP. Even if I have to come get a pet for another view, owners express appreciation when our staff brings a pet back after radiographs, but BEFORE they are developed and reviewed. This says we put your pets and your anxiety about being separated ahead of our convenience!

We all encounter clients who it seems impossible to end an appointment with. When

simple verbal cues ("OK, well let's re-check Fluffy in 2 weeks") or body language (leaning forward, sitting up, closing their file) do not work, there are choices besides being held hostage. My support staff are trained to come into a room at 10 minutes over time (we schedule nothing shorter than 20 minutes, so this effectively 30 minutes of my time i.e. client isn't short changed on time!) when we are backing up and let me know "I am needed in the back at my convenience." This is quite effective in most cases and takes the "blame" of leaving off me (I am not choosing to abandon the needy client. I am pulled away by an unnamed 3rd party). Simpler strategies like opening the door and moving toward it, kissing the pet or shaking the clients hand or escorting them up front to "set that re-check in 2 weeks" may work. I will even offer to do a nail trim in the back and then send a pet back in with a staff member to extricate myself from an exam room.

For very needy clients, I will also assign them tasks which they fax me results of or ask them to fax questions. This saves me phone times as nurses make the recall after I read the fax or I ask the client to schedule an appointment.

Leverage staff more effectively by preparing clients for staff members to do follow up. Bonding clients to your staff allows this to be readily accepted. I will specifically tell my clients, Mary Smith (first AND last name) or one of our other nurses will be calling you to report test results. This way the client does not have an expectation of my calling and experience disappointment when it is another team member that makes the call.

When ever possible I try to schedule a re-check at a time when it is also feasible to go over results of diagnostic tests (e.g. re-check, suture removal and biopsy results as a compensated DVM visit). I believe there is great benefit in pointing to actual lab report sheet while discussing test results so clients have a visual. I also think there is tremendous value in most cases of giving a client a copy of test results "in case they ever have to go to an emergency clinic."

When giving time estimates to clients it is always better to estimate long and then exceed the client expectations by finishing early. When you give a client a range, they only hear the first number (e.g. "3-5 days." Client begins calling on AM of day 3, is frustrated with you unfairly on PM of day 5 when you contact them. You are annoyed with them for not hearing you and for nagging you for the last 48 hours. Avoid this!)

JoAnne Roesner created this material originally for a presentation to the students at The North Carolina State College of Veterinary Medicine in November 2003.

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