How to Communicate With Clients in an Emergency Setting

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1. Introduction

Effective communication is important in all interactions with clients, but it is essential in the emergency setting. Heightened emotions raise the stakes in achieving a positive outcome and meeting client expectations. Veterinarians are required to remain calm, focused, and exhibit leadership in stressful situations, as well as provide medical care for the patient, often in surroundings that are chaotic, uncomfortable, or dangerous.

Communication roles are tricky when emotions are at peak. Normally kind clients can be snappy and irritable. Others will be dissolved in tears and unable to help very effectively if at all. Sometimes clients, particularly men, have decided to “take charge” and direct the action. The veterinarian, in order to help the horse effectively, must be flexible, calm, and able to communicate in whatever way the situation requires.

2. Communication Overview

There is a wealth of information in the human field about the role of communication in achieving positive outcomes for patients. Patients and families of patients often have no way to assess the clinical and technical skills of their doctors and consequently often judge their doctor’s competency on his/her effectiveness at communicating. Keating et al (2002) explored how patients’ specific ambulatory care experiences related to trust, satisfaction, and their consideration of changing physicians. Through a telephone survey of 2000+ patients of a large national health insurer (58% response rate), they sought to assess relationships between outpatient problem experiences and patients’ trust in their physicians, and their consideration of changing physicians. When the patient reported that the physician did not (1) give them enough time to explain the reason for their visit, (2) give understandable answers to questions that were asked, (3) take enough time to answer questions, (4) ask about how their family or living situation affects their health, (5) give as much medical information as they wanted, and/or (6) involve them in decisions as much as they wanted, these experiences in ambulatory settings were strongly related to lowered trust.1

It is sometimes said that human pediatrics practice is similar to veterinary medicine because the patient is often unable to effectively communicate his/her complaint but must rely on his parent or guardian to act as his/her advocate. A study by Maisels et al in 2005 reported that improved communication with families may significantly increase their satisfaction with the care of their hospitalized
child. The families of children admitted to a general pediatric service were randomly assigned to receive a daily visit from a communicator/facilitator whose purpose was to respond to any questions the family might have and, if necessary, to explain results of laboratory tests. Control families received routine care. At the times of discharge (study 1) or after discharge (study 2), the families were asked to complete a brief questionnaire regarding the quality of nursing and physician care. Responses were received from 76 of 83 (91.6%) in the study group and 75 of 83 (90.4%) in the control group. There was a highly significant ($p < 0.005$) improvement in parent satisfaction with the care delivered in the families assigned the communicator/facilitator. The simple act of offering a sympathetic and understanding ear and answering questions, many of which were unrelated to the medical problem at hand, had a marked effect on overall patient and family satisfaction with both nursing and medical care.²

In the veterinary field, various studies have supported the essential nature of communication skills in achieving success in practice (PEW National Veterinary Education Program,³ AVMA 1999 Market Study,⁴ Brakke 2000 Management and Behavior Study,⁵ AAHA 2004 Compliance Study,⁶ 2005 AVMA-Pfizer Business Practices Study⁷). The ability to communicate effectively is often thought of simply as a personality trait, in essence a component of emotional intelligence. And although some believe that emotional intelligence is essentially innate, Daniel Goleman in Working with Emotional Intelligence states “our level of emotional intelligence is not fixed genetically, nor does it develop only in early childhood. Unlike IQ, which changes little after our teen years, emotional intelligence seems to be largely learned, and it continues to develop as we go through life and learn from our experiences.”³³ In addition, a recent study by Latham et al on the effects of formal training in communication skills on the ability of veterinary students to communicate effectively with clients showed that these skills are readily attainable through training and lead to significant improvement in client satisfaction.⁹ Knowing the impact it has on client satisfaction, it makes sense to make deliberate efforts to attain additional strengths in communication.

After acquiring training, an excellent method of practicing these skills is through role-playing. Veterinarians should role-play tough communication situations with their staff. These sessions can be beneficial both for the staff that will be receiving the panicked client’s first phone call as well as the veterinarians who attend emergencies. With repetition, they will all be much more comfortable in challenging situations. It is important to note that most of us “practice” ineffective communication skills for so many years that new habits are awkward and feel unnatural at first. This passes in a short time, and the benefits are frequently very rewarding.

### 3. Communication Strategies

The four key elements of good communication are nonverbal communication, open-ended inquiry, reflective listening, and empathy.¹⁰ Because nonverbal communication is so powerful, composing 60% to 90% of the received communication, it is important to be aware of what you are signaling to your clients beyond your words. Nonverbal communication is often called body language and includes the tone of your voice, your facial expressions, eye contact, head movements, gestures, and body postures. When we communicate different messages with our verbal and nonverbal means, people intuitively believe our nonverbal messages. This means that if your body language reports that you are incredibly stressed and afraid, even as your trembling voice says “I know exactly why Blaze has fallen down,” the client will not be reassured. The way you listen, look, move, and react tells the other person whether or not you care, if you are being truthful, and how well you are listening. When your nonverbal signals match up with the words you’re saying, they increase trust, clarity, and rapport. When they do not, they generate tension, mistrust, and confusion.

Nonverbal communication can play several roles. It can repeat the message the person is verbally expressing, such as when the terrified client is wringing her hands while expressing her fear. It can contradict the message, as described above with the obviously frightened veterinarian saying soothing words. It can substitute for a verbal message, as when the veterinarian conveys a message of compassion and understanding through eye contact with the client that the situation is final and fatal. Nonverbal communication can also complement the verbal message, as happens when the veterinarian touches or hugs the grieving client as they express their sympathies for the loss of their horse. Body language can also accent verbal communication, most often seen when the veterinarian, acting as an advocate for the horse with an unwilling or in-denial owner, speaks firmly, has direct eye contact, and stands with square shoulders.

Nonverbal communication is rapid and largely unconscious. Because of this, successful nonverbal communication relies on your ability to recognize and manage your own emotions as well as accurately read the messages you are both sending and receiving. Learning how to manage stress in the heat of the moment is one of the most important things you can do to improve your nonverbal communication. This emotional intelligence skill helps you stay balanced, focused, and in control—no matter what challenges you face. Stress compromises your ability to communicate, because when you are stressed, you are more likely to misinterpret other people, send off confusing or negative nonverbal signals, and retreat into patterns of poor communication. Furthermore, emotions are contagious.
you are upset, this is very likely to trigger upset in others, making a bad situation worse.\textsuperscript{11}

Positive nonverbal communication requires a high degree of emotional awareness. People with this competence recognize their own emotions and their connection with their thoughts and actions; recognize how their feelings affect their performance; accurately read other people’s emotions and body language; and typically respond in ways that show others that they understand, notice, and care.\textsuperscript{8} Mirroring can be an effective method of lowering tension. As part of the process of taking stock in the situation, evaluate the posture of the client. By adopting a similar posture to whatever degree possible, you can gain empathy with them and make them more likely to be receptive to your recommendations. In an emergent situation, controlling the conversation can be critical. Nonverbal signals are used a great deal in requesting, offering, and managing control of who is speaking. Tone of voice is of great value in defusing emotional responses of clients and others. Sometimes it is necessary to interrupt a flow of words by touching the clients arm, turning away to the patient, or speaking louder or faster to retain control. Other times it is most successful to talk slowly, calmly, and deliberately to lower the height of emotions. Speaking softly can sometimes defuse anger. Pausing or stopping while speaking can be an effective way to allow or request the client to interject questions or voice concerns.

Remember that nonverbal communication includes all the messages you send conveying personality, status, and where you fit into the socioeconomic hierarchy. This includes your style of dress, tidiness, and degree of professionalism, as well as the practice vehicle you drive. Imagine the difference in confidence in his veterinarian that the client will have between a doctor arriving at a dystocia in coveralls and emerging from his truck with a fully packed equipment kit versus one dressed in clean dress pants that must repeatedly return to his Mercedes station wagon to acquire another instrument. Many would equate the difference with lack of preparation or lack of knowledge of the requirements of the task.

In an emergency situation, gathering information in a timely and efficient way is important. Open-ended inquiry is a well-known technique for gathering information and has been shown to both allow the client to shape the content of information and provide the information with timely delivery. Reflective listening enhances the success of accurately understanding the owner’s concerns and how best to address them. These techniques are very effective to maintain effective, connected communication through the stress of an emergency.

Asking open-ended questions allows the client to tell the story of the emergency without the veterinarian shaping the content. Although it is common for doctors to feel this will take too long, research shows that in fact it is uncommon for these stories to continue for more than 60 seconds. Unfortunately, studies also show that physicians typically interrupt their patients’ stories at an average of 23 seconds.\textsuperscript{10,12,13} When gathering information, the best questions begin with “Tell me—what happened?” “What made you concerned about Black Beauty tonight?” “How do you think the accident happened?” “Describe what you saw when Pumpkin fell.” In contrast, the question “Why did you feed Pumpkin the chickens’ cracked corn yesterday?” may change the conversation into a defensive one, where the client either withholds information or begins to feel blamed for the situation.

Reflective listening is simply communicating the message you are hearing from the client back in your own words to ensure that your understanding is correct. This step is critical in receiving accurate information. “You said Blaze had no interest in eating tonight, either his grain or his hay. Is that right?” Sometimes the response is “Oh no! He ate his hay just fine; it was his grain he left alone.” Or with a trauma case, “So you saw Trigger get his leg caught in the bucket, and then he was very lame.” “Oh no Doc, I didn’t actually see him get caught in the bucket, but that must be what happened because the bucket was torn off the fence, and now Trigger is lame.” Without echoing back the information you hear, the actual facts may not be brought to light.

Empathy is an important component of effective communication. Veterinarians encounter many situations that elicit strong emotions both personally and in their clients. Having the skill to express these emotions in an empathetic way can be positive for all parties. Quill et al wrote in 2001 that “physicians who care for patients encounter many powerful and painful emotions, including anger, sadness, fear, grief, loss, hopelessness, and blame. Many studies suggest that physicians should express empathy in response to emotion-laden patient statements to ensure that patients feel listened to and understood. These physician responses usually consist of efforts to comprehend how things feel to the patient and to express that understanding back to the patient. Situations that evoke loss, guilt, or hopelessness are particularly hard for physicians to respond to empathically. Physicians who think that they have failed a dying patient and who fear depriving the patient of hope may respond by avoiding the topic entirely, by overcompensating with overtreatment, or by apologizing for not “saving” the patient. When a patient expresses overwhelming anger or disappointment with limitations in medicine, physicians may be afraid that any explicit response to the patient’s emotion may be construed as evidence of their failure, mistake, or inadequacy.\textsuperscript{14} It is essential to recognize the emotions present and speak to their power.
Empathy is defined as having understanding and awareness of others’ feelings, needs, and concerns. It is, in essence, seeing the situation through the client’s eyes. Statements of empathy communicate the emotional aspects of the situation. Examples include: “I can see how much you care about Star. This must be very hard. Have you had him a long time?”; “After losing his mother to colic last year, I understand that you must be feeling terribly worried.”; “You have cared so diligently and well for Buddy. You did everything you could to make him comfortable.” Empathy is nonjudgmental (“You did the best you could to help him.”) and helps to normalize the situation (“No one could have predicted that he would try to jump that ravine”). Sometimes empathy takes the form of self-disclosure (“I struggled terribly deciding to euthanize my own elderly pony instead of performing colic surgery”) or is a simple nonverbal expression of concern and compassion like a hug or pat on the arm.

Although many people are naturally empathetic, empathy can be practiced and can be considered emotional work important to client outcomes. Beyond the positive effects of empathy on communication, there is a demonstrated decrease in malpractice claims among physicians demonstrating this emotional intelligence competency. Levinson et al in 1997 showed that significant differences in communication behaviors of physicians with no malpractice claims and those with multiple malpractice claims were identified in primary care doctors but not in surgeons. Compared with many claims primary care physicians, no-claims primary care physicians used more statements of orientation (educating patients about what to expect and the flow of the visit), laughed and used humor more, and tended to use more facilitation (soliciting patients’ opinions, checking understanding, and encouraging patients to talk). No-claims primary care physicians spent longer in routine visits than many claims primary care physicians (mean, 18.3 versus 15.0 minutes), and the length of the visit had an independent effect in predicting claims status.

4. Communication Styles

Communication can also be enhanced by understanding that people have preferred styles of communication and then making an attempt to tailor your words to be in their style instead of yours. Psychologist Carl Jung suggested that peoples’ communication styles fall within the following groups: Intuitors (10%), Thinkers (25%), Feelers (25%), Sensors (35%), and Adaptive (5%). Intuitors are creative, unique, and innovative. Under stress and pressure, they may become detached or reactive. Thinkers are logical, sequential, and thorough. When stressed they are cautious and can be slow in making decisions. Feelers are passionate, traditional, and like consensus. Under pressure, they can be volatile. Sensors are driven, focused, and bottom-line oriented. Under pressure, they are often impatient. Adaptives are rare and readily move between communication styles.

In an emergency, you would be most effective to appeal to an Intuitors’ emotional connection with their horse, speak slowly, and maintain a calm voice and a measured cadence. For Thinkers, a clear and complete explanation is required, and time must be allowed for reflection without pressure. Because of this, setting the process in motion as early in the visit as possible is recommended. For example, if it is fairly clear by the horse’s level of pain from colic that referral may be necessary, initiate that thought as you proceed with your examination: “I can see that Brownie is very painful. Sometimes that means that surgery is needed.” While I examine him to get more information, think about whether that is something you might be able and want to do if we should need to.” Feelers are the most likely to become emotionally unhinged with anxiety, sadness or anger, so empathy is essential in order to help them with their feelings. For example, in the case of a catastrophic fracture, they may shout at you while sobbing “You have to fix Joey! If you knew what you were doing, if you weren’t such a young doctor, you could fix him. You don’t know anything! I know old Dr. Jones could save him! I won’t let you put him down!” This is the time for a soft spoken, caring response with full eye contact and perhaps a touch on the client’s arm. “I can see how much Joey means to you, and how terrible this is making you feel. I feel awful too. Poor Joey has broken his tibia; see how his leg is swinging? It is very unstable and Joey is in a lot of pain. He doesn’t understand why this is happening, and he is probably afraid. No one in the world can save his life, not even Dr. Jones, but I’m here to help Joey and you. You need to help Joey by being brave, and letting me take away his fear and pain.” This message may need to be repeated 3–4 times in the same patient way before the client can accept what is happening. When they accept the message, be sure to acknowledge this, as in “I’m going to help Joey now. You are being very brave for him when he needed your help.” Sensors will often press you for the diagnosis before you complete your exam and jump prematurely to questions like “Is he going to die?” or “How many months will he be lame?” These clients are often most comfortable with a running commentary of your exam results, with interpretation, as the visit progresses. Because they are so results oriented, they sometimes have difficulty with deliberate methodical examinations. Keep their impatience at bay with education, such as “To decide how serious a colic is, I evaluate at least five factors such as level of pain, heart rate, presence of gut sounds, results of a rectal exam, and passage of a nasogastric tube. So far, Dakota has three normal sounds, results of a rectal exam, and passage of a nasogastric tube.”

Some situations require delivering bad news; these moments demand a strong grasp of communication skills. The use of bridging statements to...
prepare the client for what is coming can help them adapt. You could say “I’m very worried about Nor-
man. Norman is very sick tonight; I know you can see
that from how much pain he is in. From the
exam I’ve done, I believe his intestine is twisted,
and that his condition may require surgery to correct.
Is that something you would be able to do for Nor-
man?” In many cases, clients already realize the
situation is dire, and you are confirming their worst
fears. They ask “Is her leg broken? Do you need to
put her down?” A bridging statement can be short:
“Oh Mary, I am so sorry. You were right to call me
so fast. Pumpkin has fractured her femur, and
there is nothing we can do to save her life. We need
to help her out of her pain. I am so sorry.” The use
of bridging statements, combined with slowing the
pace of your communication, can help the owner stay
more calm and make critical decisions.

When you arrive at an emergency, you must
quickly assess the situation. Even as you drive into
the scene, take note of your surroundings. You
should park in an area where you can readily access
your truck but which will not result in your vehicle
becoming stuck or in harm’s way from passing cars
or other dangers; this will allow you to retain your
focus on your patient without interruption. Note
whether people are scurrying around yelling or
whether one runs to your window before you turn
the engine off. Sometimes your patient is lying in
the driveway in extreme distress as you pull in.
These clues will speak of the level of emotion and
gravity of the situation. Your emotional intelli-
gence is now critical to deciding what kind of com-
munication role to take. Assess the situation, take
a deep breath, and be ready to be a leader when you
step out of your truck.

5. Conclusion

Jamie Walters in A Crash Course in Communication
counsels “Improve your listening skill. Most people
think they listen well, but the truth is that most
people don’t listen at all—they just speak and then
think about what they’re going to say next. Good
listening often means asking good questions and
clearing your mind of distractions, including what
you’re going to say next, whom you’re meeting with
next, or what’s going on outside. When someone
makes prickly comments or complaints, there’s often
a concern or fear lurking. Like a detective, ask
questions that get to the bottom of someone’s real
concern or agenda. Only then can you have a truly
rich, beneficial conversation.”

Effective communication in the emergency setting
is essential. To be the most effective at communi-
cation, the veterinarian should be an active, compa-
sionate listener; able to confidently state
observations without labels or judgments; able to
calmly state expectations and limits; able to express
himself/herself directly and honestly; and frequently
evaluate how others are feeling. To achieve this
with clients, the veterinarian must understand and
utilize the elements of communication discussed,
and continue to develop them over the course of a
career. Understanding the different styles of com-
munication and developing the ability to flexibly
adapt to different situations can also greatly aid in
effectively addressing each client as an individual.
Research has demonstrated the importance of these
skills; we are in fact judged by our clients on them,
and in turn our patient’s health depends on them.

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