

Bright Ideas: How to Lead Change

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Your Mission, Should You Choose To Accept It...

Your mission, should you choose to accept it, is to go home after our lectures today and implement methods in your practice to enhance the quality of patient and client care by maintaining behavioral wellness as a core value in your veterinary practice. This requires knowledge about behavior, learning systems, veterinary procedures, communication, observational skills, and handling skills. Acquiring each of these skills requires time and dedication, but the payoff can be truly remarkable.

I have clients who drive great distances for our hospital to care for their patients. Some patients have even been “fired” from other veterinary clinics because they were so difficult to handle. We do not fire patients at our clinic. We believe every patient deserves excellent quality care with as little stress as possible, and every client deserves to understand we are dedicated to the wellness of the entire pet while it is in our care.

It is normal for change to be a challenge. Leaving a familiar, comfortable protocol behind and embracing something new can trigger fear, anxiety, worry, anger, and conflict. Use these tips for implementation, and you’ll be busting these myths of Behavior-awarepractice starting today!

Implementing Change

Have a Plan!

1. Make changes small and measurable at first
2. Present solution plans to your supervisor, outlining the proposed change
 - a. Include the nature of the change
 - b. The projected benefit (quality of care, cost, client retention, safety, patient experience, etc)
 - c. The projected cost
 - d. How you will measure if the change is positive and effective
 - e. Who will participate in implementation and evaluation
 - f. The date/timeline of the plan to implement change
 - g. The broader version of the change if it becomes global vs. the smaller starting point

Embrace Culture Changes

It can be so easy to become complacent in our work. Especially when it is busy, we are stressed, or we have many years of experience, we may feel we have all the answers or are completely “dialed in.” Be the change you want to see in practice, and nurture it in others. Be a good self-aware monitor of your own words and actions, then positively notice and reinforce these changes when you see them in others. If another team member refers to a cat as “fearful” instead of “fractious,” work to validate that choice. Respond with something like, “I agree, she’s so afraid, poor thing. I think Dr. X is setting up anti-anxiety medications before her blood draw.” If a team member asks you to help with a cooperative care or behavior aware service, thank them for asking and ask how you can be of help!

Taking over procedures is not helpful for educational purposes, but being present and supportive as team mates test their skills and new abilities is a positive and supportive way to effect change throughout the team. People will do what works, if they understand how it works, see it in action, understand how to implement it themselves, and can see forward progress as a result of their efforts.

Cost/Benefit Ratios: Time and Money

It's important for teams and managers to understand these methods save time, save money, and create a safer working environment for patients and team members. In addition, patient attrition due to owner surrender can top 15%. Keeping those patients in their homes and in the hospital can have positive financial benefits for everyone.

Increasing behavioral awareness isn't only about animal handling in the hospital, it is also about screening patients for behavior concerns during every visit. Early detection and referral saves lives – and saves money for the client and the practice.

Prepare for Push-back

Push-back is a normal part of the process of change. Being asked or told to change can feel insulting and make us feel insecure, hurt, or like we lack skills or are being disrespected. It is important to expect push-back when you are trying to implement change. Be prepared for some common concerns your team members will assert when you try to propose changing to a behavior-aware practice style.

Common Concern #1: It takes too long

When I suggest that practitioners do things like take time to approach gradually, feed treats, or use minimal restraint, I'm often told that it will take too long. Clinicians perceive that this will somehow take more time than another method.

I find that things like greeting carefully, placing an animal on the scale, placing an animal into an exam room, and feeding treats to break the ice are all things which actually take LESS time.

While I take a history, I do what I can to multitask. I need to spend time asking a client questions about the pet. During this question and answer period, I can be practicing greetings, using treats to establish some trust, using treats or the owner to move dogs around the room, and training the owner how to use treats to hold a pet still while I do things like measure temperature, pulse, and respirations. This takes no extra time, I am just doing something active while the owner is answering my questions.

Let's use the example of moving a fearful dog onto the scale or into an exam room. If the dog is hesitant, the owner may be trying to drag the dog, lift the dog, carry the dog, lean on the dog, etc. When we observe the dog's behavior, we will find they are responding to the owner or handler's movements usually in the opposing fashion. This is due to the reflex of opposition, which is a life-sparing reflex (great for when you are getting squished by something heavy!), but not helpful in physical manipulations.

If we take that same dog and spend 10 seconds making a treat trail onto the scale or into the room, and he or she walks into the room on their own, this is a much more brief process than the 1-2 minutes of the owner struggling with the dog to get a measurement we may not even be able to trust.

If we use the example of examining a cat who wants to hide, the practitioner may be repositioning/recapturing the cat who is trying to reach a hiding place numerous times during an exam. If we simply allow the cat to hide during most of the exam by letting them sit in the bottom of a carrier or under a towel, the time spent retrieving the cat after a hiding attempt is saved and can be directed toward patient care.

Take the example of vaccinating a puppy. The puppy will need to hold still while I administer the vaccination. Most puppies are adverse to this type of handling. Teaching the owner to restrain a wiggling puppy will take several minutes, and will probably result in diminishing the trust between the owner and the puppy, as well as possibly the trust between the owner and the practice. Teaching the owner to feed treats while I vaccinate takes about 10 seconds and does not result in the diminished trust situation. If I have a fellow veterinary team member restrain the puppy for the vaccinations, I must go find a helper, bring them into the exam room, have them hold the puppy, and then administer the vaccinations. To save time, I have become skilled at methods such as laying down a trail of treats, feeding a plate with sticky food, etc while I vaccinate the puppy without a second helper. Being able to perform a procedure on my own takes half as much time as when two people are required.

What about a lateral saphenous blood collection in the dog? How much time does it take to place a reluctant dog into lateral recumbency and then collect blood? Would you be willing to perform this task in front of that dog's owner? I propose allowing the dog to stand for the blood collection and using the skills demonstrated in the Compassionate Handling lecture will take less time.

Common Concern #2: It Costs Too Much

It costs too much is directly related to it takes too much time. However, there's a separate issue not taken into consideration when people worry that Behavior-aware methods will cost too much: the cost of losing clients, or not being able to see patients.

According to AAHA, 38% of cat owners avoid veterinary visits due to perceived patient stress. Imagine the revenue if your practice saw even 15% more feline patients than they do today? How many of your canine patients aren't seen regularly due to perceived stress?

Once we get the animal into the hospital, let's take the example of a canine ear flushing. Most procedures require much more manpower and time when sedation is not used. Further, the profitability of such procedures is low, and the level of risk to patients and staff is high. The dog is a fearful Labrador retriever, requiring 3 team members to participate in the procedure.

Procedure	3 Man Otitis Rodeo	Sedated Ear Flush
Staff time required	20 minutes x 3 staff members Cost: \$45 (salary and benefits) Fee to client: \$75 Profit: \$30	10 minutes x 1-2 staff members Cost: \$7.50 - \$15 Fee to client: \$75 Profit: \$67.50 - \$60
Sedation	Not Applicable	Cost: \$0.10 - \$5 Fee to client: \$35 - \$100 Profit: \$30 - \$95
Risks	Injury to patient Injury to staff Iatrogenic behavioral injury Owner unable to treat at home Incomplete ear care provided Client perceived stress Client trust damaged	Adverse drug reaction (rare)

Common Concern #3 Good Pets Cooperate, Bad Pets Are Spoiled

There is a dogma surrounding companion animals that animals should permit humans to do "anything" to them, because of the dominant-subordinate nature of our relationship. I would propose this is not accurate. Most aggression encountered in the veterinary clinic is defensive aggression. How many pets attack unprovoked? Zero. Presenting a pet to the veterinary hospital is provocation enough for some. Do you know anyone who hates the dentist? Do they even avoid going to the dentist when they know care is needed due to this fear? How did the fear develop? Fear of medical procedures causes a self-defense response even in rational beings like humans. Simpler creatures such as dogs and cats can only be expected to behave with even less rationality and reasoning. Take a moment and put yourself in the pet's place: if you were abducted by strangers in a country where you didn't speak the language, taken to a hospital, and strapped down to a table and stabbed with needles, with no explanation possible, how would you respond?

Common Concern #4: I don't know enough to ask about behavior.

Some practitioners don't like asking about behavior changes or problems because they worry about not knowing how to solve challenging behavior cases.

Consider this like any other referral. If a dog is lame and radiographs show he needs a hip replacement, do we refuse to take a radiograph because we might find something we have to refer out for repair? Of course not. Behavior is no different. Early detection saves lives, and saves revenue. Unwanted behaviors top the list of life threatening conditions for young animals. The number 1 behavioral reason both dogs and cats are surrendered to pet shelters according to owners surveyed is house soiling (Salmon et al 2000)! Asking about behavioral concerns isn't opening a can of worms: it is keeping clients and saving lives. Know where to refer, and figure out who to refer – by asking.

Common Concern #5: It's Too Complicated

It can be easy to latch onto seemingly complicated things like treating aggression cases or training voluntary blood draws as examples of how Behavior-aware is "too complicated."

Behavior-aware practice, at its core, is intrinsically simple. Care about animals, learn to read their signals of stress, do what we can to keep them comfortable, and if we can't keep them comfortable through actions and methods, use medicine to relieve behavioral suffering. You'll be amazed how something so simple as sending out an email reminder to bring hungry pets with a favorite treat can go toward changing visits. Placing non-skid surfaces in exam rooms for patients is inexpensive and calms many patients. Allowing cats to hide in a towel and disassembling carriers, as well as giving up the habit of scruffing, are all easy ways to make giant strides toward Behavior-aware veterinary care right away.

Choose a few things which are measureable and simple, like feeding treats during temperature measurement and kitten vaccinations. Make an implementation plan, and set a review deadline. At the review deadline, discuss how everyone likes the changes at a team meeting. If those changes went well, choose 2 more like non-skid surfaces and giving up scruffing. Each change can be small, but set a deadline to discuss and review each change to assure progress is happening.

If you're a team member and not in a decision making role in your clinic, either present an organized proposal to a manager, or simply lead by example and watch your following grow! Especially clients will be amazed. I treasure every visit where a client says something to me like, "You're already done?!" It means I'm doing a great job with the simple steps to helping their pets stay as comfortable as possible during treatments.

Common Concern #6: Stress is a Necessary Evil

Dentists figured this out about 20 years ago. Unfortunately that's shortly after I had my first few unpleasant dental care experiences. In almost any room where I lecture, I can find a good supply of individuals over age 30 who hate the dentist, and individuals under age 25 or so who don't. That's because in the 1990s, the paradigm in pediatric dentistry shifted away from main force and toward desensitization, happy visits, positive reinforcement, and sedation dentistry. Veterinary medicine can take a cue from the dentists: undue and prolonged stress is NOT a necessary part of veterinary care.

Starting with puppies and kittens, using a low-stress high-pleasure model for veterinary care simplifies things for everyone. Take the time to give puppies, kittens, and their owners the skills they will need for success in the future: Get on the scale, get on a mat/towel, allow touching/handling, hold still, allow gentle restraint, and learn basic distraction techniques. By performing treatments with the owner present, and teaching the owner what happens as we go, we are creating an entire generation of pets who are learning that stress isn't a part of veterinary care.

For animals who may already be anxious about veterinary care: if we can't mitigate stress using skillful handling, we owe those patients medication to reduce their suffering and increase everyone's safety.

Common Concern #7: Clients Hate Sedation

It's true, some clients are adverse to sedation. However, in my experience, most clients are not. When we encounter a pet who will benefit from sedation, we take the time to educate the client about why sedation is indicated (stress,

pain, fear, inability to do a good job), that we are administering medicine to relieve pain and help the pet feel relaxed, and that this procedure is safe and routine.

Clients will take their cue from staff. If we present sedation as a last alternative when “all else fails,” they may perceive their pet is a failure, or that the veterinary staff is incompetent. If we present sedation as a normal part of certain veterinary procedures, clients will adapt to this recommendation as well. So many clients avoid the veterinary clinic due to perceived stress. We can teach these clients that this stress can be entirely avoided through the use of anxiolytic and sedating medicines.

There will always be a client or two who is resistant to sedation. But if we really consider what is happening here, some other factors are also often true. These are the same clients who resist other recommendations. It isn't really about the sedation, it is about the veterinary care in general. Take time to think carefully about what you're willing to do to an animal for the sake of a non-compliant owner. Our mission is to restore health and relieve suffering. Make an effort to assure we are not worsening suffering by trying to help.

Behavior-aware practice will someday become the norm for veterinary medicine. Clients will actively seek out practices where their pets are treated with skill and compassion, and mitigating stress and fear becomes a usual part of wellness care. Bond clients to your practice starting today by restoring kindness to veterinary care.

Conclusion

By preparing yourself for change, you're more likely to effect it successfully. Remember, change is difficult! It is not easy to embrace things which are new and different. Behavior-aware medicine is different. It's not what we were taught, but we know better now and can do better. Analyze your daily practice experience, and look for places to propose change which will require the least effort for the greatest result at first. Propose these changes to supervising staff, try them, and implement them long-term if they are successful during the trial period. Be prepared for push-back, and be ready to address common concerns about changing the way we practice medicine.

Taking the time to treat the whole patient, and the entire family, is the future of veterinary medicine. Be ready!