



#### 9.1.4. THE NEUROSCIENCE OF VETERINARY CLIENT SERVICE: HOW OUR SUBCONSCIOUS DETERMINES OUR PRACTICE SUCCESS

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“What do you mean ‘the neuroscience of customer service’? My job is to treat sick animals, perform surgery, and prevent disease, not worry about ‘the customer experience.’ My clients are more interested in my medical expertise than in my business skills.”

These words were being hurled at me from an agitated veterinarian after a recent lecture. This wasn't the first time I'd encountered criticism from my colleagues. The tension between “medicine” and “business” is real for many veterinarians. I never understood the friction between therapeutic and financial success; I only knew my strong desire to serve my patients, clients, and healthcare team. When I began sharing my professional experiences in the 1990s, many were baffled by my weekly staff training sessions and extensive use of veterinary nurses to increase and optimize client and patient contact time. In 1998 I wrote a book and video called “Creating the Veterinary Experience” that emphasized client service, earning me the reputation as a “business vet.” It was meant as an insult, but by then I understood that “client service” and “marketing” would always be controversial. Around 1999 I puzzled the profession by opposing production-based pay for veterinarians as a potential threat to patient care, fair charges, and, you guessed it, client service. I argued that if pet owners knew their veterinarian was being paid a percentage of what they charged the client, they might get upset or at least have their trust shaken. By 2000, many objected to my mandatory pre-anesthesia diagnostics, long-term medication monitoring protocols, and call for extended-duration vaccination strategies. Opponents argued these changes created additional cost and time burdens and that clients would discontinue returning for annual visits, but pet owners appreciated the honest discussion about the preventive care that was best for their pet, not a generic protocol applied to all pets. By 2010 my work in pet nutrition and obesity had earned me adversaries from veterinarians abandoning pet food sales, makers of therapeutic diets clinging to outdated approaches, and a swelling army of raw meat devotees, yet I persevered in the name of patient care and client service. Suffice to say I was prepared, and perhaps a bit bored, by this current “customer service” mugging.

Today's pet owners, especially technologically savvy and instant-access Millennials, demand more than medical and surgical expertise from their veterinarian. They expect high levels of personal attention, frictionless appointment experiences, and extensive information and education. I can distill my customer service philosophy to three core elements: physical environment, emotional connection, and intellectual satisfaction. While those concepts are perfect for a self-help book, let's break it down into your clinic, your staff, and your communication interfaces. And neuroscience.



## Customer service and parking lot neuroscience

A trusted friend once referred me to an attorney for help with a traffic ticket. As I pulled up to the derelict-looking office building, parking lot buckled and errant weeds escaping their asphalt oppression, I couldn't help but wonder what kind of lawyer would work there. The office was neat and tidy, but echoes of 1978 filled the reception area. The attorney was direct, economical with his words, and spared the pleasantries and small talk. The attorney performed his duty competently and respectfully, I paid a lower fine, and I never spoke of him again. It's that last bit that should worry you. While this attorney certainly accomplished my desired outcome for a fair fee, the experience wasn't referral-worthy. The reason is basic neuroscience.

Neuroscience teaches us that the parking lot is usually the first "physical priming element" your clients encounter. A priming element is anything that "primes" your thoughts, feelings, or opinions. In this case, the appearance of your parking lot, signage, and clinic exterior prime the pet owner toward an expectation. A well-kept, well-lit, and clearly marked parking area tilts the person favorably, while a neglected exterior tilts toward dissatisfaction. "Hogwash! My clients care more about my veterinary abilities than my parking lot!" This is where aspirations crash into cold neurotransmission. Humans evolved with a basic survival instinct that endures today: is it safe or dangerous? Our brains process about 400 billion data points each second, and the vast majority go directly to the limbic system's amygdala to filter out danger. We are primed to detect danger above all else. What makes it out of the amygdala is usually, "Hang on cortex, we need to verify if that's okay first." This is why neuroscientists say we're aware of six to nine negative stimuli for each positive. Regardless of what you or your customers believe they're thinking, there are protective subconscious systems that influence what they actually perceive. Negative primes are valued more than positives. Neuroscience proves it's not hogwash that your parking lot, waiting area, exam rooms, and all environmental aspects of your clinic are essential components of client service. My first rule of client service is pay attention to your physical environment.

## The neurochemistry between clients and us

Have you ever met someone and felt at ease, as if you'd been friends your entire life? Maybe you encountered a stranger that gave you the creeps and later found out they were actually a creep. If so, you can thank neurochemicals and perhaps electrophysiology. Comfort and fear are a bouillabaisse of brain chemicals, pheromones, and hormones simmered in electrical pulses. While we often think of these encounters as serendipitous, and many are, there are things you can do to improve the chance to create great chemistry between you and your clients. Behavioral science teaches us that clients are motivated by things they find enjoyable. You don't need a doctorate in neurology to understand that, but too often we fail to apply this basic principle in our daily practice. Some simple examples of positive stimuli that prime the appointment for success include" 1) greeting the client immediately with direct eye contact and a smile, 2) using both the client's and pet's names, and 3) acknowledging the reason for visit. These data points inform the client's subconscious that you pose no threat, are eager to



help, and knowledgeable. The first few minutes of a client's interaction with us is guided almost exclusively by these self-preservation subconscious systems. The rational or cortical brain is largely inactive until it gets the "all clear" signal from the amygdala, anterior cingulate, and subcortical pathway.

By training your staff to follow these three steps when greeting each client, you create habits that become part of your clinic culture and personality. These physical and verbal actions also help your staff maintain a positive attitude and may help calm anxious pets. Dogs and cats are incredibly empathetic and appear able to detect a myriad of human microexpressions, chemicals, and electrical impulses associated with mood. Research also indicates that dogs mirror our emotional states, emphasizing the importance of all team members maintaining calmness and conveying compassion.

Once a client's rational brain is activated, we need to maximize our own medial prefrontal cortex. This region, roughly located in the space behind and between our eyes, is often referred to as our "social brain." This area is also key to influence. If you're trying to influence someone else, or are being influenced yourself, this is the region responsible. The prefrontal cortex synthesizes emotional information from the amygdala and limbic system into reasoning and rational decision-making. These two interlinked systems allow you to be physically startled during a horror film and not flee the theater. One of the easiest ways to optimize our social brains and more effectively communicate with clients is to focus on observing and listening. Too often veterinary professionals enter "lecture mode" in order to share a tremendous amount of information quickly. This approach is risky because if we fail to actively engage the client, we fail to engage their prefrontal cortex allowing them to make cogent decisions. It's as simple as pausing every 30 to 90 seconds and asking the client if they agree, understand, or have questions. This break also allows your limbic system to interpret the client's nonverbal communication signals, leading to the "gut feelings" veterinarians often report whenever a client is uncomfortable with a prescribed course of action.

Another simple tactic is to consciously connect the emotional and rational "brains" by inquiring about how the condition makes the pet owner or pet "feel," verbally acknowledging the human-animal bond, and involving the client in decision-making. It's essential we verbalize the most important information and ask the client to repeat or expand the ideas. Verbalizing serves to activate neurolinguistic pathways that trigger mental metaphors and can enhance comprehension and compliance. For example, when you say to a client with a dog suffering from a skin allergy, "How do you think Bosco feels when his allergies flare up?" you're typically activating mental pathways of discomfort, restlessness, helplessness, and frustration. "I think he's miserable! I can't stand to see him licking and scratching all night!" These conversations help directly link clinical decisions with the patient's quality of life. Pragmatically, these conversations also provide clinical benchmarks to use when evaluating treatment in the future. "How's Bosco feeling today? Did both of you get some sleep last night?" Recollections of clinical severity and urgency tend to evaporate over time and recalling an emotional timestamp can help reinforce successful outcomes with forgetful clients. My second rule of client service is pay attention to everyone's thoughts, feelings, and body language.



## Neural networks and the internet

Up until this point, our discussion on client service has been limited to physical, in-person interactions. In today's technological world, most of the information we interact with is virtual, broadcast from tiny screens we carry or sit in front of and hosted in "the cloud." Most people report they prefer text over telephone, citing convenience and "less hassle" to type a quick text or emoticon instead of, you know, talking to someone. Young pet owners are demanding communication interfaces that utilize mobile devices and online resources instead of printed handouts and, well, telephone calls. This is forcing neuroscientists to rethink the role of neurotransmitters when staring at a display.

In the world of social media, the scroll is king. Users tirelessly flick their thumbs past an infinite parade of interesting faces, places, and things. A double-tap takes less than half-a-second and then it's on to the next amygdala acquaintance. Buried in those two sentences is both the appeal and danger of the current generation of social media: exposure to diversity and potential to educate while barely registering with the limbic system to generate a "feeling." This is why you often feel depressed, angered, or someone inferior after even a few minutes on social media. The information is flowing so quickly that only the emotional brain has time to register anything. This leads to the brain dumping dopamine, a feel-good neurotransmitter, whenever it recognizes itself in hearts, thumb up's, and favorable comments. It's also why we tend to overreact at the slightest provocation or criticism. It's primal, baby.

These social media habits are impacting all forms of virtual communication. People are becoming conditioned to quickly scan and draw near-instant conclusions, regardless of the content's complexity. In fact, the first rule of veterinary communication interfaces is simplicity. While many people believe young pet owners want more information to make their own decisions, I believe they want guided communication and collaborative decision-making. Pet owners want transparency and reject any perception of "hiding the truth" or not being in charge of their pet's care. This isn't to be confused with abandoning assistance. In fact, I think the trend toward using online reviews to aid in decisions is an obvious demonstration that most people desperately want to hear other's opinions and advice.

This means veterinarians need to do two things to improve their communication interface: 1) provide as much information as possible (or necessary) in the format the client prefers (printed, digitized, email, text, etc.), and 2) be willing to explain and engage in a meaningful manner, often in-person or on the phone. Wait, did I say communicate IRL (in real life)? In my opinion, text and email are fine for routine veterinary communications such as appointment reminders, minor medical conditions, and can improve clinic efficiency. Plus, most pet owners don't want to be bothered to talk to someone if it's not important to them. IRL is critical for major medical discussions, end-of-life and complicated treatment decisions, and issues that a client has expressed concern about. A veterinarian recently complained to me that she'd lost a long-time client after a recent dental cleaning. During the dental, she discovered three teeth that needed extraction. She texted the owner, including pictures, and the client approved. The



following week the client requested her records be transferred to a nearby clinic, citing, “I wish she’d called me before pulling those teeth.” The veterinarian thought everything was understood when the client was very uncomfortable. The veterinarian complained to me, “If it was so important to the client, why didn’t she call me?” I responded that her former client had said the same thing.

Because we’re being conditioned to hastily scroll through the massive data overload, we need to know when to slow down. This is why I continue to believe the medical profession will never be completely replaced by artificial intelligence and robotics; we need human interaction when facing difficult health choices. We’re still figuring out the how, what, and why of virtual communication interfaces. I recommend our profession continue to embrace these evolving modalities but urge thoughtful evaluation and issue restraint when warranted.

Customer service and neuroscience; you could argue this is nothing new, and you’d probably be right. I’ve always taught my staff that “tech without touch” would never help us grow or improve the lives and well-being of the pets we served. Instead, we strived to provide “high-tech with high-touch” service, and I think this strategy is more relevant today than ever before. As neuroscience continues to uncover the foundations of emotions, behaviors, and actions, we will end up drawing many of the same conclusions: how we treat people directly affects our success, both professionally and personally. Neuroscience simply validates that basic principle and enhances our interactions. Serving others is what humans do best, and by applying scientific principles to our actions, we can better serve all living beings.