INTRODUCTION

A good history contributes 60–80% of the data needed to make an accurate diagnosis. Information obtained from conversations/history taking between the veterinarian and the client is the basis for a clinical diagnosis. The history contains the biomedical information and background information about the pet. It is also vital to understand the ‘story’ or the client’s perspective. Many times the story the client shares about their pet is just as important as the biomedical history. It gives the veterinarian a basis for what to ask next and a chance to understand/appreciate where clients are coming from and what concerns them most. In order to get an effective history, the veterinarian needs to be able to elicit the story from the client, therefore he/she needs to be a good communicator. Practicing good communication is essential to practicing good medicine.

Communication is the act or process of using words, sounds, signs, or behaviors to express or exchange information or to effectively express your ideas, thoughts, feelings, etc. to someone else. Communication skills are critical to eliciting information and understanding each other. In human medicine, effective doctor–patient communication has been shown to improve diagnostic accuracy, health status, patient compliance, and patient satisfaction. It also decreases malpractice risk; ‘breakdown of communication’ is the main reason for veterinary malpractice claims. Good communication also enhances supportiveness, relationships, and coordination of care. It makes it possible to enlist the client as a member of the veterinary health care team (VHCT). The more the clients feel a member of the team, the more motivated and invested they will be in participating in their pet’s care. The better the communication, the more satisfied the veterinarian. Research has shown that veterinarian satisfaction is achieved through relationship building with clients.

The most important role of the VHCT is to elicit and understand the client’s story. Without this understanding, the veterinarian cannot do what needs to be done for the pet or the client. The most basic form of communication is nonverbal. Sometimes it is not just what you say but how you say it. Any problems the client might be having relative to the VHCT will be exhibited through nonverbal cues regardless of whether he/she agrees verbally with the treatment/discussion. Correct interpretation of nonverbal communication will add depth to the veterinarian’s ability to communicate. This stresses the importance of the team member looking at the pet owner instead of a computer screen so that body language is used to assist with interpreting the verbal message.

In order to obtain the story, members of the VHCT must be able to engage and empathize with the client. Learning to use open-ended questions and reflective listening skills is important to client engagement. Acknowledgment of what is seen, removal of barriers, imagining the experience through the eyes of the client, and use of nonjudgmental/normalizing language are the skills needed to convey empathy to clients. It is revealing that client satisfaction is more highly correlated with how the owner is treated as opposed to how the animal is treated. The desire of the owner to be treated and respected as an individual and the veterinarian’s need for information suggest that clients should also be thought of as patients.

THE HISTORY

When taking a history, the objective is to obtain a chronological narrative from the client including all the actions, events, and behaviors of the pet leading up to the current presenting problem. A good history includes biomedical data, the client’s perspective, and background information relative to the pet and the client. Biomedical data includes the presenting complaint, timing of events, defining of clinical signs, and a review of body systems. The client’s perspective includes concerns, which may not be the same as the veterinarian’s; ideas and beliefs; expectations, which again may not be the same as the veterinarian’s; repercussions on daily and future living; and feelings about it all. The background history includes all previous medical...
General approach

history including surgeries, medications, preventive medicine, and lifestyle/husbandry information. In order to gather all this information, the veterinarian must employ a thoughtful communication approach. The veterinarian needs to pay attention to his/her surroundings and set the stage. He/she also needs to pay attention to nonverbal behavior (his/her own and the client’s), utilize engagement and enlistment skills, and provide a structure and organization to the meeting that will aid in the closing and negotiation relative to contracting the next steps in the treatment plan (Figure 1.1).

**Basic communication skills**

**Setting the stage**

Before the client enters the examination room, the veterinarian should take stock of himself/herself and the surroundings. Pet owners can learn much about you based on the physical space that surrounds you. A clinic can claim to be ‘bond-centered’, but if the VHCT neglects to convey the importance of the human–animal bond through the appearance of the clinic, the communication will be much less believable. Setting the stage starts with the outside of the clinic, which should present as clean and professional. Inside, the waiting area should be clean, comfortable, and well lit. Soothing colors should adorn the walls. A display of staff along with their roles is helpful to clients; it makes it easy to place a face with a name and creates an additional welcome. Information pamphlets should be made available along with perhaps a computer with access to websites recommended for educational information.

The examination room should be kept simple yet comfortable (Figure 1.2). Too much clutter is distracting and appears disorganized. Tables, equipment, computers, and other technology sometimes create a distance that may be desirable to the VHCT member because it provides a sense of safety through a physical barrier. Unfortunately, too much distance makes it difficult to connect with the client. If the veterinarian wants to engage with the client, the barriers need to be eliminated or, at the very least, one must learn to work around them. Standing on the same side of the table as the client, sitting on the floor with the client and his/her animal, and even using a tablet instead of a stationary computer are good examples of minimizing physical barriers. Whenever possible, the VHCT member should be at the same or below the client’s height (Figure 1.3).

Veterinarians also need to consider their physical appearance when setting the stage. A coat and tie are not indispensable, but the veterinarian should be dressed neatly, with crisp clothes free of stains. A white coat is practical because if it becomes soiled during an encounter with an animal, the coat can be changed instead of changing clothes. The coat also sets a person as the veterinarian. Many veterinarians wear variations of ‘white coats’ such as a fleece pullover or polo shirt with their name and the clinic’s name embroidered on
Medical history and client communication

Nonverbal behavior

Nonverbal communication is the process of communicating through sending and receiving wordless messages. Important information is exchanged at all times, much of it involuntarily. Since approximately 80% of communication is nonverbal, it is imperative that VHCT members pay attention to their client’s nonverbal cues as well as their own. Nonverbal communication is conveyed through gesture and touch, by body language or posture, and by facial expression and eye contact. Cues also include voice quality, emotion and speaking style, as well as features such as rhythm, intonation, and stress. Nonverbal behavior reflects a person’s feelings more accurately and adds meaning to what is being said. Nonverbal communication can:

- Repeat the message the person is making verbally.
- Contradict a message the individual is trying to convey.
- Substitute for a verbal message.
- Add to or complement a verbal message.
- Accent or underline a verbal message.

It is important to be able to identify/read nonverbal behavior in order to recognize when communication is effective or when the veterinarian is missing something. There are four categories of nonverbal communication: kinesics, proxemics, paralanguage, and autonomic change:

- Kinesics includes facial expressions, body tension, gestures, and body positioning and body movement. These are behaviors over which each person has some control.
- Proxemics includes how space is shaped between interacting individuals. This ‘space shaping’ looks at spatial relationships such as height differences, interpersonal distance, and angles of facing. Barriers are also included in the proxemics category, covering issues such as charts, examination tables, and perhaps the animal itself. Space shaping was discussed earlier (Setting the stage).
- Paralanguage involves all the elements of voice. These elements include voice tone, rate, rhythm, volume, and emphasis. All of these elements can be used to deliver very different messages with the same words. People ‘read’ each other’s voices as they listen to their words. For example, a tone of voice can imply sarcasm, anger, affection, or confidence.
- Autonomic changes include those behaviors driven by the autonomic nervous system, over which a person has little or no control: flushing, blanching, tearing, sweating, changes in breathing, changes in pupil size, or involuntary swallowing. These changes often indicate that the person being observed is experiencing strong feelings relative to the present conversation. When a client displays these signs, it might be best to stop and ask how they are doing.

When considering nonverbal behavior, four basic premises are important:

- All behavior of a person is communication.
- Involuntary nonverbal communication more accurately reflects a person’s feelings.
- The meaning of a communication is the response a message evokes, rather than what was intended to be communicated.
- All behavior is adaptive.

Safety is a basic human need. Clients need to feel safe with the VHCT, so they can share their real concerns and fears, and safe enough to be vulnerable. Much of what veterinarians ask clients to do involves changing something, to seemingly take a risk. Clients need to feel safe in order to make these changes and take these risks for their animal companions. Otherwise, they will respond with fight or flight behaviors. Both fight and flight have distinct nonverbal elements of kinesics, proxemics, paralanguage, and autonomic changes (Table 1.1).

It is important to look at the overall pattern of nonverbal behaviors and not just any one sign. Some body postures can have more than one meaning. For instance, folded arms could simply mean that the client is chilly. The rest of the cues should also be assessed to find the meaning of the behavior. If the arms are crossed, but everything else fits into the ‘safe’ category, the chances are that this is a reaction to the cold temperature in the
Mixed messages can be defined as a situation in which a person is receiving verbal or nonverbal cues that seem to contradict each other, when verbal content and nonverbal behaviors do not match up. This could result from an intent to deceive, but more often mixed messages occur when a client is not feeling safe enough to tell the VHCT what is truly going on. Perhaps the client disagrees or is uneasy with what the team is recommending. In order to address these mixed messages the incongruence needs to be noticed and the disparity acknowledged through direct reflection or through the use of the third person. For instance, direct reflection would sound like, “Ms. Smith, I hear you say you agree with my recommendation to begin this medication to treat the diagnosed Cushing’s, but I sense some hesitation”. Using third person language would sound like, “I had someone in my office earlier with a similar situation who was concerned about this medication”. Use of the third person might help create even more safety by saving face. Both methods are effective; however, direct acknowledgment is best if the situation allows.

**Verbal communication**

Communication skills are critical to eliciting information and understanding each other. Owners need to tell their ‘story’ so that the veterinarian can understand the current situation and what they need. The veterinarian needs to obtain the client’s story in order to gather the required information to decide what needs to be done for the pet. In order to obtain that story it is necessary to engage the client and empathically respond to their needs. John C. Maxwell said, “People don’t care how much you know, until they know how much you care”. Clients assume their veterinarian cares for their animal almost as much as they do; otherwise, he/she would not have received his/her degree. How clients feel as they leave the clinic is based on how the VHCT responded to their needs as well as their pet’s needs.

People working in medicine, human or animal, are comfortable with biomedical skills and good at asking the right questions in order to ‘find it’ and ‘fix it’. Clients expect more than this from their veterinarian; they want the problem to be understood from their perspective. In order to be able to do this, the VHCT must learn how to obtain the required information. The client is going to have an emotional reaction to each situation, and the VHCT needs to respond to these emotions. In short, both biomedical and the client–animal connection information are needed to provide good care to the animal. Many times the information gleaned from the client’s ‘story’ is just as helpful to you as the specific clinical signs when

### Table 1.1 Fight or flight nonverbal behaviors.

<table>
<thead>
<tr>
<th>Safety</th>
<th>Fight</th>
<th>Flight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body engaged, leaning forward</td>
<td>Body engaged at a distance</td>
<td>Body disengaged/ pushing back</td>
</tr>
<tr>
<td>Arms and legs uncrossed</td>
<td>Fist/jaw clenched</td>
<td>Arms and legs crossed</td>
</tr>
<tr>
<td>Decreased body tension</td>
<td>Increased body tension</td>
<td>Head turned away, eyes widened</td>
</tr>
<tr>
<td>Variety to gestures and voice</td>
<td>Voice volume increased, staccato</td>
<td>Voice strained, hesitant, volume low</td>
</tr>
<tr>
<td>Normal skin color and even breathing</td>
<td>Face flushed, breathing deeper</td>
<td>Skin blanched, breath shallow or held</td>
</tr>
</tbody>
</table>

examination room. Additionally, fight and flight are often seen together; the client may be upset with the VHCT but afraid to compromise the relationship and so prefers to stay silent.

Nonverbal behaviors do not all have the same meaning in various cultures. The main intercultural differences often revolve around eye gaze, interpersonal distance, and touch. However, issues of safety are cross-cultural as expressed through body tension, autonomic responses, and the universal facial expressions of fear, anger, grief, surprise, disgust, and joy. While Eckman found facial expressions to be the same throughout diverse cultures, Darwin also found them to be similar between species.

It is important for the VHCT to recognize expressions of confusion and helplessness, although they are not defined as universal. Confusion is depicted in rising of the eyebrows, furrowing of the brows, and sometimes a cocking of the head to one side or opening of the mouth. It is best to stop and provide clarification and answer questions when clients display this behavior. Helplessness includes a gesture of turning the hands into a palm-up position. When this gesture is observed, clients likely feel at a loss regarding the current discussion. It is important to acknowledge this feeling and provide an opportunity for the client to express this verbally.

Helping clients move from a ‘not-safe’ to a ‘safe’ place creates a helping relationship. In doing so, quality information can be gathered relative to their current situation, including the animal, assessing their readiness to accept recommendations, and gaining their collaboration in treatment. To move the client to a ‘safe’ place it is necessary to identify and address mixed messages.
generating a list of differentials. There are specific skills that can be utilized in order to engage and empathize with a client in an effort to elicit the information the veterinarian needs.

Engagement skills
To engage is defined as: ‘to occupy the attention or efforts of; to attract or please’. Engaging with a client requires establishing or re-establishing a connection with them as a partner in the care of their animal at the beginning of and throughout a visit. Engagement works at a person to person level and at a professional level. This allows the person to be seen as a person and not just an owner, while maintaining the professional partnership necessary for the well-being of the animal.

The VHCT is the voice of expertise and experience in veterinary medicine. The client is the voice of expertise and experience with their animal. Both voices need to be heard and considered for engagement to be successful. Clients want to tell a story. They are concerned with the meaning of their animal’s illness. They want to explain and speak in terms of the human–animal bond with their pet. The VHCT wants to obtain the story as quickly as possible. The team is concerned with the facts and often think in terms of differential diagnoses. These different goals may be challenging. If the VHCT focuses only on the biomedical, the story can become an inquiry and feel to the client like continuous interruptions. If the veterinary care provider moves too quickly, important information may be missed. The interests of the client and the veterinarian are both equally important when gathering the necessary information to do what is best for the animal involved.

Engaging with a client necessitates an invitation requesting that the client tell their story. One of the easiest ways to do this is through the use of open-ended questions. It is easy, but it is not something most veterinarians are used to. Instead of asking closed-ended questions to direct the fact-finding mission, open-ended questions will garner much more information. Examples of open-ended questions are:

- “Tell me about…”
- “What happened next…”
- “What thoughts or feelings did you have when…”
- “Tell me more about…”
- “What was that like for you…”

When only closed-ended questions are asked, the veterinarian only gets answers to the questions he/she has asked. The client will answer what was asked and possibly not elaborate further. It is quite possible that the veterinarian did not ask the correct question in order to get the best answers. Clients will often remark, “He/she didn't ask that”. Once an open-ended question is asked, it is important to sit back and listen. Allow the client to complete a thought without being interrupted. A recent study published in the *Journal of the American Veterinary Medical Association* found that veterinarians interrupt clients within 15.3 seconds into their response to questions. Listening without interruption and with thoughtful intention demonstrates interest and gives time to think and process the next question or steps. To listen with thoughtful intention, it is important to pay attention and focus on the conversation at hand. As the client responds to the open-ended questions, it may still be necessary to ask closed-ended questions to ensure that the required information is communicated. These closed-ended questions are helpful to clarify the details of the investigation:

- “Is he eating?”
- “Is the vomiting right after he eats?”
- “Any diarrhea?”

Another engagement skill is that of reflective listening, also known as parallel talk, parroting, or paraphrasing. Reflective listening presents a two-way mirror to the client; they hear what they are saying, but also hear it after it was processed by the veterinary care provider. The technique can be used to check for understanding, create empathy, and build a positive rapport. The veterinarian’s reflection comes from listening, observing, and interpreting verbal and nonverbal cues as he/she tries to appreciate the client’s perspective. Someone who listens reflectively expresses their desire to understand how the other person is thinking and feeling, and their willingness to help and not to judge the other person.

There are three kinds of reflective listening: a simple repeat of the client’s words, a summary and interpretation, and a hypothesis test. Some examples of reflective listening are listed below:

- “I wonder if…”
- “In your experience…”
- “Let me see if I understand. You…”
- “It sounds like…”

Note the use of ‘I’ and ‘you’. It is important to ensure that these two words are utilized to probe for understanding and to avoid them coming across as intimating blame.
General approach

Empathy skills
It is clear that an understanding of the situation the client is experiencing/has experienced is necessary. It is also important to appreciate what the experience was/is like for the client. This can be done through empathic responses. Empathy is defined as: ‘identification with and understanding of another’s situation, feelings, and motives’. This understanding creates a safe environment for the client where they feel seen, heard, and accepted. Empathic responses require empathic nonverbal responses as well. These include facial expressions, awareness of physical space, using appropriate touch, matching the tone of one’s voice with that of the conversation, and being comfortable with silence if that is what the moment calls for.

In order for the client to ‘feel seen’ it is necessary to share one’s observations. This can be done by simply acknowledging the facial and body expressions of the client. Two examples of acknowledgement are: “You look very worried”; “When I said that your face changed”. It is important to remove as many physical barriers as possible when using empathy. With barriers, the ability to read body language is diminished, as is the connectivity with the client. The veterinarian needs to share his/her appreciation of the situation with the client. Two examples of empathic appreciation are: “This little guy really scared you and your mom”; “It sounds like you were really worried that Fluffy wouldn’t make it through the night”.

Finally, the client needs to feel accepted by the VHCT. Avoiding being judgmental can be difficult depending on the circumstances. Empathic responses that help clients feel accepted by the VHCT include: “You were caught between a rock and a hard place”; “I think anyone who loves their animal the way you do would have reacted that way”; “It’s never easy, even when we know it’s right”. Some self-disclosure from the veterinarian might be appropriate when trying to help a client feel accepted.

Structure and organization
It is helpful to the veterinarian and client to provide some structure when getting a history. The client has come to the clinic with a concern, the presenting problem for the pet. The opportunity for rapport building begins the moment the client walks into the clinic with their pet. Introductions, to the pet and the owner, and small talk are a good way to begin. After getting the client’s answer to “what brings you in today?”, the VHCT member can either continue exploring the presenting complaint or tell the client that they will first gather some general history information. Depending on the client, it may be easiest to allow him/her to direct the conversation and redirect when necessary. It may also be upsetting to a client to begin with generalities about their pet when they are very concerned about the present issue.

The transition from one line of inquiry to the next is best achieved by summarizing at the end of each line of inquiry. This allows the client to correct and/or clarify any information and it allows the veterinarian to organize his/her thoughts. The structure of the discussion should be logical, and it is important to keep the interview on track.

Once the necessary information has been gathered, and a thorough physical examination has been performed, the next steps need to be approached. The rationale of the diagnostic and treatment plans should be explained to the client before obtaining their permission to proceed both verbally and in writing, including an estimate of the projected costs. It is important to make sure that the client is involved in the planning of the next steps. It is also strongly recommended to check the client’s feelings by asking what they are thinking. This allows the veterinarian to incorporate the client’s perspective and to find out what type of client education should be offered. Client education is very important and alleviates fear of the unknown.

As the consultation comes to an end, the veterinarian must make sure there is nothing else the client has concerns about. Questions such as: “Have I missed anything?”, “Do you have any other questions for me?”, “Do you have any other concerns?” can be very helpful to the client’s feelings of contentment with the consultation (Figure 1.4).

Figure 1.4 The closing. (Courtesy White Oak Veterinary Hospital)
SUMMARY

The typical veterinarian will have approximately 200,000 client consultations over a 40-year career. These consultations can be a source of both fulfillment and stress. The measures of success self-reported by veterinarians include working with animals and restoring health, and working with clients and building relationships. Good communication skills are necessary to build these strong veterinarian–client relationships. These skills are indispensable to effective consultations and include ensuring increased accuracy, efficiency, and supportiveness, enhancing client and clinician satisfaction, improving outcomes of care, and promoting collaboration and partnership. Many in veterinary medicine fear that ‘good communication’ takes longer; paying attention to everything mentioned above increases the consultation time. Research in the human medical field has shown that it does not take any more time to utilize these skills and that good communication increases efficiency. Mastering the art and science of communication will allow the veterinarian to provide the best possible care to animals and their owners.

RECOMMENDED FURTHER READING