

## WISE COACH<sup>™</sup> Consultation Model – The Story

If a veterinarian saw an average of 20 cases per day working 5 days per week and 50 weeks per year, then they would meet with clients in an exam room 5,000 times per year, or 100,000 times over a 20-year career! In each of these encounters, the clinician is tasked with rapidly establishing trust, obtaining a pertinent medical history, effectively communicating findings, counseling regarding decisions, and building a positive relationship throughout the process. The number of tasks a veterinarian must accomplish in the short time of an average appointment, just 15 minutes in one study,<sup>1</sup> is intimidating (see Figure 1 below). *Yet, despite the frequency with which we perform this task, and its significant complexity, few veterinarians have received evidence-based, formal training in the process or critically analyzed established habits of interacting with clients in the exam room.* <sup>2</sup>



Figure 1 - The veterinary consultation must encompass numerous tasks in the areas of ethics, medical competency, education, legal and regulatory concerns, and financial realities in order to optimize the relationship between the client and veterinarian and ensure the well-being and safety of the patient, client, and medical personnel.

In our experience, practicing veterinarians tend to develop a "personal style" of consulting with clients that is rarely based on any form of rigorous analysis regarding its efficacy. The same is true of paraprofessionals working with clients in the exam room (for example, in obtaining an initial history, presenting an estimate, or discharging a patient). Despite a growing body of communication research in the veterinary field, many recommendations to improve communication are based on the anecdotal advice of "experts," who are often seasoned practitioners. While there is certainly value to experience in any endeavor, experience alone may be insufficient training in regard to communication techniques and could even serve to promulgate bad habits.



Given the significant similarities between the MD-patient and DVM-client relationships, and the large number of empirical studies regarding human medical communication, there is much that we can learn from our human medical colleagues regarding evidence-based recommendations for improving client communication. In the late 1990s Kurtz and Silverman reviewed the human medical communication literature and developed a detailed summary of specific communication skills validated by research and theoretical evidence called the Calgary-Cambridge Guide (CCG).<sup>3</sup> Application of the CCG skills in human medical practice has been shown to improve: 1) client understanding; 2) client satisfaction; 3) doctor satisfaction; 4) accuracy and completeness of the medical history; and 5) medical outcomes. The CCG has been modified over time and a number of organizations have adopted the guide as the underpinning of their communication skills training programs in the human medical field.

While research has shown that as many as 50% of veterinarians have not received formal communication training,<sup>4</sup> those who received instruction likely benefited from the CCG.<sup>5</sup> The model has been adapted to the veterinary field, and while it has served our profession well, it has limitations for application to our appointments. The 71 individual steps/skills can overwhelm users, whether students or seasoned practitioners. The CCG also doesn't consider the unique "triad" relationship in veterinary medicine of the client, veterinarian, and animal patient. Furthermore, the CCG doesn't specifically address the "elephant in the room" for many veterinarians and clients - discussing cost. Few animal patients are covered by insurance, so veterinarians must regularly communicate about finances, unlike human physicians. Finally, inherent in veterinary medicine is the discussion of difficult topics, such as euthanasia and the cost of care, that result in ethical dilemmas; the client communication model for the modern veterinarian should include targeted strategies and training to address these situations.

In the course of reviewing the large body of literature (mostly in the human medical field) regarding exam room communication skills, many experienced veterinarians would likely discover that they already utilize a number of evidence-based communication techniques, adopted simply through trial-and-error over years of practice. There would, however, inevitably be room for growth, which might require "unlearning" some communication habits and adding new approaches. For those desiring improved communication skills, the most effective approach is via live practice in a safe environment incorporating self-reflection and expert feedback.

Upon assuming leadership of the communications skills training program at the University of California at Davis School of Veterinary Medicine in 2010, Dr. Jim Clark set out to adapt the CCG to veterinary practice and streamline the guide to create a practical tool for both veterinary students and veterinarians. With the assistance and input of numerous colleagues in both private and university practice, a brief, skills- and evidence-based guide was



developed for exam room or field call interaction with clients based on the acronym "WISE COACH $^{TM}$ ." The acronym reflects the veterinarian's desired role as a "coach" rather than an authoritarian figure, now referred to as "relationship-centered care." It also recognizes, however, that the veterinarian has significant wisdom regarding what will be in the pet's best interest.

The WISE COACH<sup>TM</sup> veterinary consultation guide can help veterinarians meet the challenges of today's practice, which include heightened client expectations and growing financial, legal, and regulatory concerns. The model includes important evidence-based communication tools from the CCG while providing a new, veterinary specific schema. Over the past ten years, the WISE COACH<sup>TM</sup> model has been taught to veterinary students at UC Davis and veterinarians in practice. The model has been repeatedly revised and refined, most recently by incorporating reminders related to the Fear Free® initiative, to foster greater patient and client well-being.

The individual steps of WISE COACH™ lead the DVM confidently through the client consultation, including many important reminders such as: greet the client and patient and ask non-medical questions to connect on a personal level, obtain informed consent in an ethical manner, set realistic expectations for care and communication, and (if appropriate) schedule the follow-up/procedure (forward booking for increased compliance), as just a few examples. This consultation model seeks to respect the individuality of each client and patient by providing personalized options and care, while advocating for the best outcome for each animal.

Equally important to the model is the method of instruction; WISE COACH consultation training includes some traditional didactic teaching to convey concepts, but relies much more heavily on interactive training where veterinarians have the opportunity to role play with peers or actors, reflect on their performance, observe and learn from colleagues, and receive expert facilitated feedback. WISE COACH $^{\text{TM}}$  is for veterinarians who seek to use their experience and knowledge to educate and encourage their clients, acting as partners in developing a care plan for the pet.

In 2020, Clark and Dr. Cassy Linder conducted a large cross-sectional on-line survey (published in JAVMA in 2022: <a href="https://pubmed.ncbi.nlm.nih.gov/34843437/">https://pubmed.ncbi.nlm.nih.gov/34843437/</a>) of 1,200 U.S. dog owners to assess the impact of the WISE COACHTM consultation model on client perceptions and spending. Participants were randomly assigned to watch one of two staged client consultation videos, either with or without use of the WISE COACHTM model. To reduce variability, the same veterinarian, same client, same patient, and same recommendations were used in both videos. Both veterinarians proceeded through the same sequential steps of: 1) initiating the session; 2) gathering information; 3) explanation and planning; and, 4) closing the session. The Control consultation used a fairly minimalist approach, which didn't include



many of the specific tools included in the WISE COACH<sup>TM</sup> model. Metrics measured include overall satisfaction, perceptions of the veterinarian, likelihood of following the veterinarian's recommendations, likelihood to return and refer, and projected spending.

The veterinarian in the WISE COACH<sup>TM</sup> video was rated significantly (P ≤ 0.05) higher than in the Control video for *first impression*, *skilled/knowledgeable*, *cares about me*, *cares about my pet*, and *communicates clearly*, and was rated significantly lower than Control for *rushed/abrupt*. Participants who viewed the WISE COACH<sup>TM</sup> video were significantly more likely to follow the veterinarian's recommendations, return to see the veterinarian, and recommend the veterinarian. WISE COACH<sup>TM</sup> participants were approximately 1.4 times more likely to approve the full recommended treatment plan and total projected spending was approximately 15% higher for WISE COACH<sup>TM</sup> participants than Control in a single visit. Interestingly, despite higher average projected spending, WISE COACH<sup>TM</sup> participants rated the veterinarian as more "cost conscious" than the Control.

These compelling findings support the value of this new consultation model for the veterinary profession. Further study is needed to determine if this model may also improve regulatory and legal compliance among veterinarians and veterinarian well-being through improved client relationships and decreased resistance to recommendations.

## References

- 1. Dysart LMA, Coe JB, Adams CL. Analysis of solicitation of client concerns in companion animal practice. *J Am Vet Med Assoc* 2011 June 15;238(12):1609-1615.
- 2. Haldane S, Hinchcliff K, Mansell P, Baik C. Expectations of graduate communication skills in professional veterinary practice. *J Vet Med Educ* 2017;44(2):268–79.
- 3. Kurtz SM, Silverman JD. The Calgary-Cambridge Referenced Observation Guides: An aid to defining the curriculum and organizing the teaching in communication training programmes. *Med Educ* 1996;30(2):83-89.
- 4. McDermott MP, Tischler VA, Cobb MA, et al. Veterinarian-client communication skills: Current state, relevance, and opportunities for improvement. *J Vet Med Educ* 2015;42(4):305-314.
- 5. Bard AM, Main DC, Haase AM, Whay HR, Roe EJ, Reyher KK. The future of veterinary communication: partnership or persuasion? A qualitative investigation of veterinary communication in the pursuit of client behaviour change. *PLoS One* 2017;12(3):1–17.
- 6. Clark JJ, Linder CM. Evaluation of a novel communication and consultation skills model (WISE COACH) on dog owner perceptions of veterinarians and projected spending on veterinary care. *J Am Vet Med Assoc* 2022:1-12. doi: 10.2460/javma.21.02.0096. Epub ahead of print. PMID: 34843437.