Over the years the role of the veterinary nurse has evolved with treatment and procedure advances, greater client awareness and expectations, as well as a vast array of educational and professional growth opportunities within the field of veterinary medicine.

Cutting Through the Noise: Client Interaction During COVID-19

Changes in procedure during the COVID-19 pandemic have highlighted the importance of clear, concise communication and empathy in everyday practice.

MeET THE AuTHOR

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After 27 years in the newspaper industry, David went back to school part-time during the evenings to obtain an AAS degree in veterinary technology. He graduated in 2013, passed the VTNE, and has been working at the Animal Emergency and Referral Center of Minnesota for the past 7 years. Working part-time for the first 5 years, David left the newspaper industry for good in 2018 and is now the FT Daytime Triage Technician Lead at the clinic, where he works with a team of 15 triage personnel. He is married with 3 adult children, 2 dogs, and 2 cats and lives in suburban Minneapolis.
We feel a responsibility to educate clients and treat their pets with the latest and greatest in care more than ever before—all while restraining anxious pets, calming concerned owners, gathering patient history, processing paperwork, taking vitals, giving injections, drawing blood, processing urine and feces for evaluation, and the list goes on.

The common denominator of our multitasking is, simply put, communication—both verbal and non-verbal. Our tone of voice, eye contact, body language, clothing, vocabulary, and voice inflection all affect the sending and receiving of multiple messages to both the client and patient throughout each visit.

THEN CAME COVID-19
Prior to the COVID-19 pandemic, we took face-to-face client communication for granted. The thought of learning to communicate through a face mask and trying to hear a client from their car while talking on the phone never entered our most distant dreams. For the purpose of this article, I will highlight some of the communication challenges faced by triage veterinary nurses during this pandemic at my clinic, the Animal Emergency and Referral Center (AERC) of Minnesota. I am confident that many of the items reviewed have been, and will continue to be, experienced by day practices and specialty/referral clinics as well.

AERC began curbside service on March 13, 2020. We have a total of 275 employees dedicated to emergency and critical care and 9 different specialty and referral services. Looking back, that transition seems like ages ago. Each day has been a new adventure working to find more efficient and effective ways to communicate with clients while maintaining social distancing and using personal protective equipment to maintain a safe environment for employees and pet owners.

Our first line of customer interaction for our standard protocol involves a combination of customer service representatives and triage veterinary nurses (TABLE 1).

TRIAGING ON THE FLY
Our triage protocol was turned upside down starting with client arrival (TABLE 1). We still use the census for estimated time arrival tracking; however, the client now remains in their vehicle until given the go-ahead to leave after their first consult (via telephone) with the veterinarian. They only enter the building under special circumstances (BOX 1). This creates the following challenges:

- The owner and pet experience increased anxiety after being separated immediately upon arrival.
- It is our responsibility to develop trust and client confidence upon greeting them in our parking lot. In this role, we establish the first impression. Our tone and body language immediately set the stage. Oftentimes, clients will say, “My dog doesn’t like masks.” Our speaking volume beyond the mask can scare the pet. We need to be consistently aware of personal space for both owner and pet when removing the pet from the vehicle.
- Emergency visits are always scary for owners and pets. With this, we are charged to replace the separation anxiety with a sense of calmness by immediately bonding with the owner so the pet can see there is no threat. Pre-COVID, trust was developed while rooming the client along with their

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<td>- <strong>Final care (pet euthanasia):</strong> No more than 2 family members are permitted inside the facility at any time. Upon entering, clients are required to wear a mask and gloves as well as follow required social distancing guidelines.</td>
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<td>- <strong>Client updates:</strong> In-person visits are not permitted during the pandemic. Text updates and pictures of their beloved pets are provided in order to help make their experience a bit less stressful.</td>
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<td>- <strong>Weather:</strong> Our pandemic protocol started in mid-March when Minnesota weather began to be somewhat tolerable. However, come November, anything goes. The elements will play a key role in testing our resolve in fighting this unprecedented challenge.</td>
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## STANDARD EMERGENCY TRIAGE PROCESS

1. Client calls clinic stating a concern for their pet.
2. Triage veterinary nurses identify key symptoms to assess priority.
3. Client placed on census for estimated time arrival (via ezyVet, ezyvet.com).
4. Client arrives at clinic and is placed in an exam room where paperwork is completed and pet vitals/signalment are recorded by the triage veterinary nurse.
5. Pet remains in exam room with client or taken to treatment area if not stable. Client remains in room or clinic lobby (if room is needed).
6. Veterinarian visits with owner in exam room to discuss history and owner concerns.
7. Treatment plan developed by veterinarian and reviewed by triage veterinary nurse with client.
8. Medical plan approved with down payment. Based on complexity of plan, owner remains on site, owner returns later in the day to pick up pet, or pet is hospitalized for extended care.
9. Patient is discharged in exam room with triage veterinary nurse reviewing veterinarian instructions (medications, treatment review, and follow-up instructions). Can be same day or subsequent based on medical plan.
10. Final payment is received at front desk either with triage veterinary nurse or customer service representative.

## COVID-19 EMERGENCY TRIAGE PROCESS

1. Client calls clinic stating a concern for their pet.
2. Triage veterinary nurse identifies key symptoms to assess priority.
3. Before concluding phone call, with curbside pandemic protocol in place, clients are asked the following questions and/or information is shared prior to arrival:
   - Has the client been to our clinic before? If so, existing client account information is accessed and updated if needed.
   - An electronic pre-arrival admit and history form (for all patients, existing and new) must be emailed for completion prior to arrival. The team is working to maximize electronic data input for all clientele to minimize fomite transfer.
   - Client is asked if they or any friends, family, or relatives have tested positive for COVID-19 and if they have been in contact with any of these individuals. If so, clients are not allowed under any circumstance to enter our facility. Staff will utilize full personal protective equipment (PPE) while working with this client (mask, gloves, gown, and social distancing). Minimum PPE includes a mask and social distancing for all other clients/patients.
   - Client is informed that only our Oakdale (MN) location is taking patients at this time (our St. Paul clinic has not been receiving due to logistical reasons during the pandemic). Thus, we ensure they are coming to the correct location.
   - We ask for the color and make of the vehicle they will be driving and their primary contact phone number.
   - The client is informed that upon arrival they will be met at their vehicle by a staff member, they will not be allowed to come into our facility, and their pet will be escorted by staff into the facility.
4. Client placed on census for estimated time arrival (via ezyVet) to include owner first name with primary phone number and vehicle information.
5. Prior to arrival, the front desk point personnel, who are strategically positioned at the front of the lobby facing the parking lot, act as the primary traffic control center for vehicles upon arrival. With this, vehicle color and make is announced (parking spots range from 1–48), with the vehicle location announced to both triage and customer service personnel to begin in-person greeting.
6. Client arrives at clinic where they are met by a staff member and key pet information is taken and recorded on a dry-erase document (i.e., name, age, symptoms, existing medication, medical history, permission for initial diagnostics). If they did not send information in advance via email form, they are provided paper admit and history documents to complete. Staff member indicates that all communication with the doctor will be by telephone.
7. Pet is brought into the facility and taken to the treatment area, where vitals are added to the basic history data obtained curbside.
8. After paperwork (or electronic form) is confirmed accurate and provided to the veterinarian for assignment, client is told to stay on site until permission is given to depart (95% of clients leave after initial admission).
9. Medical plan is developed by veterinarian and reviewed by triage veterinary nurse with client by telephone (i.e., approvals, down payment, e-signature). This process is the same for both outpatient and inpatient cases. All medical plans are electronically signed by client and triage personnel and then sent to the client via email.
10. Veterinarian communicates to triage that patient is ready for discharge.
11. Patient is discharged with after-care, medication, and follow-up information reviewed in detail by telephone. Payment, too, is taken at this time. Once the owner arrives, the pet (along with any medications and belongings) is brought to the owner.

### TABLE 1 Standard versus COVID Emergency Triage Processes

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pet. The patient could sense that their owner was approving of this stranger by watching and listening. They know when a friend is in the room. Creating a connection with the owner as soon as possible is a key factor in setting the tone for the visit.

Upon arrival, the client is greeted at their vehicle by a triage veterinary nurse or customer service representative. The client is provided 2 ways to complete the admission form and patient history:

1. Standard paperwork (2 pages total)
2. Electronically via email. This new process (via JotForm, jotform.com) has proven to be efficient and effective. Upon their initial phone call, clients are emailed the paperwork in an easy-to-read, intuitive electronic form that can be accessed on a smart phone, tablet, or computer. The form is sent back to the AERC via email prior to their arrival. We then copy the data, update the census, and print relevant documentation for the veterinarian.

By utilizing this process, we have successfully limited fomite transfer (pens, paper, and clipboards) between clients and personnel. It provides a quick way to have all administrative work completed in advance of arrival.

THE OUT-OF-SIGHT, OUT-OF-MIND TRAP

The remaining steps are conducted through a combination of telephone and email. The next step is for the veterinarian to call the owner and review the history, symptoms, and comments. This is followed by a proposed medical plan (by the triage veterinary nurse) that is reviewed with the client and signed electronically.

Not only has this process enhanced the verbal communication skills of our customer service and triage personnel, but it has also demonstrated that the old “Telephone” game is alive and well. Client questions, medical plans, financial questions, and discharges are all performed without subsequent face-to-face time with the owner. It is imperative that we communicate clearly and accurately so that we can build upon the trust being developed with the client (and their pet) upon arrival. With this, the following skills are proactively fine-tuned daily:

- **Active Listening**: Understanding, empathizing, and responding
- **Clarifying Questions**: Confirming what you think you are hearing
- **Review**: Repeating back to them what you just said

In this era of streaming, social media, and texting, the opportunity to hone our verbal communication skills with live human beings has proven to be well received.

JUST WHEN WE THOUGHT IT WAS SAFE

With COVID-19 protocols implemented at clinics throughout the country, it was only a matter of time until emergency clinics would be called upon to handle the overflow from referring veterinarians who don’t have the staffing due to illness or quarantine.

With this, our increase in emergency and critical care exams has grown by 56% from March to October 2020. For the same period, phone calls rose a staggering 234%. This places an inordinate amount of stress on all clinic personnel to maintain quality and professional care, while conveying a calm demeanor to clients. The urge to rush and think about what to do next is constant. Staying in the moment while speaking to clients helps maintain focus. In addition, post-shift debriefing with coworkers proves beneficial in helping keep perspective and lessen stress and anxiety.

The increase in volume (incoming phone calls and on-site visits) packs more pressure in less time to answer client questions, explain treatments, review medical plans, and discuss discharges. Thus, the need to be concise and to the point is mandatory.

ECONOMIC STRESS HITS HOME

In the ER, finances are consistently under the surface of every visit. Talking money is challenging in the best of times, let alone during a pandemic when unemployment and business closings are increasing daily. We have seen this firsthand while working out financing options for clients concerned about how to pay for their visit or hospital stay. While this has always
been part of our role as veterinary nurses, compassion and understanding are paramount in working with clients and their pets now more than ever.

WHAT HAPPENS DOWN THE ROAD?

With every challenge comes an opportunity. We can already see processes we’ve put in place remaining as part of our triage protocol when the virus has run its course.

- **Pre-Arrival Electronic Intake Forms:** JotForm email check-in has proven highly efficient in helping to streamline the intake process, while maintaining social distancing and safety guidelines.

- **Communication Skills Have Been Fine-Tuned:** COVID-19 has provided each of us an intense crash course in one-on-one communication, all while wearing a mask. The listening skills of everyone in the clinic has been taken to a new level in terms of utilizing active listening, asking clarifying questions, and reviewing the discussion accurately. In a world where text messaging rules the day, I have faith that verbal one-on-one communication isn’t going away any time soon.

- **People Are Hurting:** Because fees are payable upon rendering of services, we have always been up front about the payment options we have for clients. However, we are now seeing a greater number of individuals negatively affected financially by the virus outbreak. This is another challenge in what can be a heartbreaking experience. It is another communication opportunity to provide empathy, compassion, and possible solutions/alternatives outside of our normal areas of influence.

- **The Real Meaning of Teamwork:** Having spent 34 years in corporate America, I have never witnessed such camaraderie, unselfishness, passion, and empathy. This includes every aspect of our operation, from the veterinarians to facilities to human resources. I can only imagine the thousands of times this is seen at clinics nationwide during these unprecedented times.

At the end of the day, no matter how technologically advanced we get both in our personal and professional lives, we are dependent upon clear and concise communication in order to successfully serve our clients and their pets. Sometimes challenging experiences provide us the opportunity to get back to basics while also stretching ourselves to take continuous learning to the next level.