TAKE CHARGE

Put On the Client Hat

It's time to close the gap between the experience you intend to deliver and the one your clients actually have.

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Does veterinary medicine have a client experience problem? Across our profession, clients are telling us something. We hear it in reviews, declined recommendations, repeated questions, frustration at the front desk, price shopping, missed appointments, angry emails or text messages, and sometimes in the quiet decision to go somewhere else next time. Behind many of these reactions is fear, confusion, financial stress, or a feeling that they were not fully heard, guided, or understood.

Meanwhile, many veterinary practices claim that they provide great client service. And in many ways, they do. Teams are kind, compassionate, and deeply committed. But there's a difference between being kind in the moment and intentionally designing an experience that helps clients consistently feel informed, respected, prepared, and confident. That difference matters.

We may intend to deliver an exceptional experience, but clients experience what is actually delivered. They experience the phone call, the greeting, the wait, the handoff, the estimate, the explanation, the tone, the invoice, and the follow-up. They notice whether someone acknowledges their anxiety, explains delays, discusses costs early, or pauses long enough to ensure they truly understand.

Client Service Versus Client Experience

One of the biggest mistakes we make is confusing customer service with client experience. Customer service is the interaction. Client experience is the entire journey and how people feel as they move through it.

A friendly receptionist matters, but friendliness alone cannot alleviate the anxiety caused by a confusing check-in process. A compassionate technician matters, but compassion alone cannot overcome rushed or unclear communication. An excellent doctor matters, but medical excellence alone doesn't guarantee the client truly understands the plan, the cost, the urgency, or what happens next.

Clients are often scared, emotional, overwhelmed, financially stressed, sleep-deprived, or carrying guilt about waiting too long to seek care. In those moments, they are not just evaluating medicine; they're evaluating whether they feel heard, guided, respected, and safe. That makes the client experience a leadership issue.

Leaders design the systems, set the expectations, and decide what gets trained, measured, coached, and reinforced. They determine whether communication is treated as a clinical skill or left to personality and chance. They decide whether transparency is built into the process early or delayed until frustration is already present.

Right now, getting back to the basics may be one of the most strategic things we can do. Clients need to know:

- What's happening and why it matters
- What it may cost and what their options are
- What happens if they wait
- When they will hear from us, and who is responsible for the next step

When clients become frustrated by cost or confused by recommendations, or they ask the same questions repeatedly, they are often showing us where communication broke down. That feedback is something to learn from.

Transparent and Honest Conversations

Many "difficult" conversations became difficult because we waited too long to have them or avoided them altogether. Consider these examples:

- A prolonged-wait conversation shouldn't happen after the client has been sitting for 40 minutes without an update.
- A treatment plan conversation shouldn't feel like a surprise.
- Cost conversations shouldn't happen for the first time at checkout.
- Discussions about options shouldn't begin only after the client says, "I can't afford that."

These are the moments clients become frustrated or lose trust. In many cases, the conflict itself isn't the problem; the lack of communication leading up to it is. Transparency in real time prevents confusion from becoming conflict. Leaders can support their teams by teaching them to have honest, proactive conversations earlier and more consistently. Simple prompts can make this easier:

- "This is what we're concerned about."
- "This is what we recommend and why."
- "This is what it may cost."
- "Here are some options we can talk through."
- "This is what could happen if we wait."
- "We expect this to take about ___ minutes, and we'll update you ____."

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These conversations don't weaken the recommendation; they strengthen the client's trust. Throughout a client's visit, they are silently deciding:

- Do I trust the people guiding me?
- Do I feel respected?
- Is the practice organized and transparent?
- Is the team compassionate, capable, and honest?

Those decisions are shaped by dozens of small moments. That's why leaders must intentionally experience the practice through the client's eyes.

Become a Client in Your Own Hospital

This can be difficult. When the owner, manager, or doctor walks into the room, behavior changes. Teams often demonstrate what should happen every day for every client and patient. But what happens when leadership isn't watching?

Strong leaders can find ways to experience the hospital through the client's eyes. Walk through the front door as if you have never been there before. Sit in the lobby and observe:

- **Listen:** Are phones ringing endlessly? Are clients welcomed warmly or processed quickly? Can clients overhear frustration, stress, or private conversations? Does the hospital feel calm and organized, or rushed, distracted, and chaotic?
- **Look:** Is the lobby clean and professional? Is the front desk cluttered? Are the signs clear and helpful or overwhelming? Would a first-time client know where to stand, sit, or ask questions?
- **Smell:** Does the space smell clean and cared for, or does it smell like urine, wet dog, disinfectant, kennels, or old mop water?

Then, sit in an exam room and repeat the exercise. Is it clean and prepared? Can you see pet hair in corners, a full trash can, outdated materials, or supplies left out? How long would it feel comfortable sitting there with an anxious pet and no update? What can be heard through the walls?

Observe check-in and checkout closely. Check-in sets the emotional tone. Checkout becomes the lasting impression.

Take Charge of the Client Experience

Taking charge means listening to what clients are telling us, even when the message is uncomfortable. It means looking at our own delivery with honesty and choosing to do something different. Good medicine matters. But good medicine delivered through confusion, inconsistency, or preventable frustration won't build the trust our practices need for the future. The practices that will thrive will be led by people willing to put on the client hat, look at the experience with fresh eyes, and act on what they see. TVB