

## **Dermatology Communication Tips and Tricks & Efficiency with Dermatology in Practice**

Charlie Pye BSc, DVM, DVSc, DACVD  
Assistant Professor Dermatology, Atlantic Veterinary College

Pets with dermatologic problems provide a substantial caseload in primary care veterinary practice. It can be difficult to identify the underlying cause of a pet's dermatologic condition, so it can be challenging to efficiently treat these patients. These cases can be further complicated by clients' financial, emotional, physical, or time constraints. If clients do not understand why their pet is being treated and what they are being treated for, this serves to decrease compliance. The chronicity as well as the waxing and waning nature of some dermatologic diseases can lead to increased frustration in your clients. Communication in veterinary dermatology is key to prevent this and set realistic expectations.

### **Communication**

80-90% of my job as a dermatologist is communicating and educating clients. With most dermatologic diseases, our aim is management of the disease as opposed to cure. Setting up these realistic expectations for clients right from the start helps decrease frustration when pets need medications life-long to remain comfortable. When new treatments or therapies are started, it is always best to provide a timeline for your clients as to when you expect to see response to this treatment. If these timelines are not outlined for clients this can lead to frustration and anger when a treatment doesn't work straight away.

As dermatology diseases are chronic in nature, follow up with clients is of utmost importance. Call backs or emails to clients every 2-4 weeks during initiation of therapy is ideal to keep track of a patient's progression and improvement. If a client does not follow up and returns to your clinic three months later, often they don't recall what has happened during those three months. Regular follow ups help provide more up to date information on how a pet is doing. I often send my clients home with calendars for them to fill in. The calendars have space for them to input what medications were given and how itchy the pet is that day. They can then send me these calendars for assessment and I can look for trends in pruritus allowing me to make appropriate recommendations for that individual. An example of a calendar to send to clients can be found on the Canadian Academy of Veterinary Dermatology website ([www.cavd.ca](http://www.cavd.ca)). Along with the calendar I also send them the dog and cat itch scale (also available through the CAVD website). This allows for more objective evaluation of their pet's pruritus. If a client sends me a calendar and I can see that the pet has had a low level of pruritus for the last month, this may prompt me to recommend a decrease in medications they are receiving.

### **Educate your clients**

Rechecks are so important with dermatology cases but clients sometimes will not come back for rechecks as their pet is doing well. With all my clients I take a minute to explain to them why the recheck is important. "If we don't repeat cytology to verify the infection has resolved then if Fluffy develops another infection in 2 months we won't know whether it is new or still the same one". Repeating cytology is so important as a first step to making our patients comfortable as well as knowing whether our therapy for the underlying disease process is effective.

I make a point of always being honest with my clients in terms of success, time to resolution and diagnosis. Clients should be aware of the fact that for most dermatologic cases, we are not going to see improvement overnight and it could be a few months before we know exactly what is going on with their pet. I generally start conversations with "We have options here but one thing we need to remember is that Fluffy's condition is not going to be cured, we are aiming to manage it. Management means that Fluffy will need treatment for the rest of her life". Again, setting those realistic expectations up front sets us up for success and decreases frustration. Words matter in this context. Telling an client that their pet will need long-term treatment is not the same as life-long treatment. Some clients perceive long term as being a year. For allergy cases, if treatment is stopped, clinical signs generally recur. Clients need to fully understand this fact and that whatever works for their pet would be a life-long therapy.

If there are two treatment options for their pet I review both with pros and cons and possible adverse effects and let the client decide which will work best for them and their family. In return I ask clients to be honest with me. Before prescribing a shampoo I ask “so how is Fluffy when you give her a bath?”. If I get a laugh and eye roll then I tell the client we need to change our plan and maybe consider a different topical for their pet. I also ask them how Fluffy does with medications by mouth or injections. Depending on their answer this may cause me to change my approach. The great thing with dermatologic diseases like atopic dermatitis....we have so many treatment tools that we really can tailor our plans to each individual as needed. This does take time, which is limited in general practice so I have some tips below for helping with efficiency.

It is also important to let clients know that, with allergic skin disease there can always be flares of pruritus depending on allergen levels within the environment. So although our treatment goals are to keep their pet comfortable, other goals include minimizing flares and preventing them from being as severe as they were previously. Our aim is not to eliminate flares altogether as we cannot control mother nature! Along the same line, in a pruritic patient our aim is not to eliminate pruritus. If we do this then we are overmedicating the individual. All animals and humans itch at some point during the day.

During a dermatology appointment there is a lot of information provided to clients. Clients can become easily overwhelmed with the amount of information presented to them. Sometimes it is beneficial to take a break and schedule another appointment to discuss the rest of the case. For example, during the first appointment you talk about resolving infection and keeping the pet comfortable and itch free. Maybe at this appointment the client goes home with oclacitinib and topical therapy for a pyoderma. You see them back in 2-4 weeks to a) check the patient's progress and b) Discuss how to manage the disease longer term including how to truly diagnose allergies in a pet via restricted food trial and then therapy for atopic dermatitis or referral for allergy testing. Repetition is key in dermatology! Even in my practice I have clients come back for a second or third visit and when I discuss allergies with them they react as if I am providing brand new information (when in fact we have discussed allergies at every visit). Sending home written instructions is always beneficial for clients. This takes time to do for every appointment so having instructions written up ahead of time for common conditions such as otitis, food trial, allergy management etc that can then be printed or emailed to the client is very valuable.

Wording of prescriptions is also an area where clients can become confused easily (especially with the number of medications they might be leaving with). I advise my students to say “by mouth” instead of “oral” and to say “once every 24 hours” instead of “daily”. I also tell my students to let clients know that once a day medications should be given at the same time every day, not 6am one day and noon the next.

When clients do return for rechecks with their pets and there has been an improvement, make sure to acknowledge the work they have been doing at home and praise them for this. Anyone who has lived with an itchy pet knows it is challenging and having to do multiple treatments, both systemic and topical, takes time and effort and therefore clients should be rewarded for this. For example, “Mrs Smith, Fluffy looks great, you must be doing an excellent job at home with the bathing and ear medications, that’s wonderful, keep up the good work and we’ll see even more progress by next time”. Over the years I have found that clients of pets with skin disease can become discouraged overtime so being their cheerleader when progress is seen can go a long way in keeping them engaged and on board with diagnostics and treatment. It is also highly important to be empathetic with clients. We often do not know how much their pet’s illness is affecting them and their family. It took five months for one elderly client to tell me that her family had refused to visit for the last 6 months due to the odour from her dog’s highly resistant skin infection.

### **Be clear and listen**

Be clear about goals of treatment with your clients. First goal is to bring relief as soon as possible and clearing secondary infections. Make sure clients are aware of costs associated with diagnostics and treatment. I find clients often nervous to ask me for estimates. I assure them that knowing costs associated with treatment for their pet is an important part of our conversation. We want to do the best for their pet but making sure we stay within their means. Altering strategies to include finances does not mean substandard care, it means we are being realistic in what we can achieve.

Truly listening to your clients and addressing their main concerns can be challenging with limited time in general practice but does serve to build valuable client relationships. Dysart *et al* studied solicitation of client concerns during an appointment. In this study they found that client responses to solicitation were interrupted 55% of the time by the attending veterinarian. When client concerns were not solicited at the beginning of an appointment, this increased the odds of a concern arising during the final minutes of the appointment which required extending the appointment, booking a second appointment or ignoring the concern, none of which are ideal.<sup>1</sup> Allowing a client to relay their major concerns and addressing these, often leads to clients being more open to other suggestions you may have for their pet as they see the veterinarian understanding their perspective. Listening to your clients may also provide extra information important when developing treatment plans. For example, Mrs Smith tells you her major concern today is Fluffy's feet. You ask her what if going on with Fluffy's feet and she tells you that Fluffy's feet are very itchy and that Fluffy gets very aggressive when she tries to touch her feet. This likely precludes the recommendation of topical therapy for Fluffy's feet.

### **Offering Referral**

Veterinarians and students often ask me "When is the best time to refer?". Anytime you feel the pet would benefit from referral is the best time to offer it! With a very dedicated client whose Frenchie you have seen twice for bad ear infections - you may offer referral at the second or third appointment. For a German shepherd who previously had two ear infections a summer that resolved with treatment but now has otitis that cannot be resolved and has been ongoing for 4 months - you might offer referral 2.5 years after the first episode of otitis. If referral is an option for your clients, I would recommend discussing with your clients sooner rather than later. The American College of Veterinary Dermatology performed a client-based survey of 288 clients who visited a board-certified dermatologist after seeing their family veterinarian. The survey found that clients reached a tipping point of frustration with their family veterinarian after their third visit or a total of \$925 spent on the problem. 73% had already reached this tipping point before seeing the dermatologist and, at that time, only 62% said they would return to their family veterinarian for more than basic care.<sup>1</sup> The same survey also found that clients would save approximately 25% if a referral was made before the tipping point. Discussing referral with clients can be challenging based on the client and their expectations as well as geographical location. The ACVD survey did, however, find that 58% of clients felt better about their primary veterinarian for recommending a board-certified dermatologist.<sup>2</sup>

Another retrospective study looking at 65 cases of chronic otitis externa compared outcomes of dogs treated by their family veterinarian before referral and after seeking collaboration with a board-certified veterinary dermatologist. Dogs with chronic otitis had better long-term outcomes when collaboration with a dermatologist was pursued within 6 months of treatment with dogs under dermatologist care having fewer otitis recurrences, longer median times to recurrence as well as increased improvement with proliferative changes in the ear.<sup>3</sup>

### **Efficiency in Clinical Practice**

In academia I have the luxury of spending two hours with each client and patient...and sometimes that isn't even enough to discuss everything about their pet's case. Having limited time in general practice can lead to frustration when dealing with dermatological cases. Dermatology cases come with a lot of "baggage" in the form of detailed histories (especially if you are a second opinion), different treatments that may or may not have worked and changing clinical signs. Following are a few things to consider to make your derm appointment more efficient and productive.

### **Dermatology is a team sport**

Utilize every member of your team to educate your clients and help make your derm appointments run smoothly and efficiently. Technicians play an integral role in increasing efficiency during appointments. They can take the history from the client and relay to the veterinarian when ready. When I was in private practice this was how we ran appointments with our technicians taking histories from our clients as well as reading the cytology leaving me available to start discussions with the clients. Technicians are capable of reading cytology with allows veterinarians to use appointment time for education and treatment planning. When cytology has been read, technicians can update the veterinarian who can then make a plan for infection control. I also recommend having your front desk

staff and client liaisons teaching and educating your clients. For example, during an appointment we wish to start a pet on a diet trial. We talk to the clients about feeding this new diet and nothing else but we are running late and have to rush to the next appointment. Upon check-out our front desk staff notice that Mr. Smith is purchasing a bag of “derm food” for the diet trial. At this time whoever is checking out Mr. Smith could say “Oh Mr .Smith, did Dr Pye have the chance to fully explain that Fluffy can’t have any treats while on this diet? Also how does Fluffy do taking pills? Does she need to have them hidden in anything? Oh she does....ok well during the trial we might need to change that, I’ll have someone call you with some ideas”.

### **Increasing time you have with client**

Let’s face it, doing a good job with dermatology takes time. So how can you give yourself more time in clinic. If you have the ability to do so, skin cases should be booked for at least 45-minute appointments as opposed to a standard 20 minutes. This gives you time during the appointment to discuss with your clients your treatment plan, perform diagnostics and differential diagnoses. If you do not have the ability to provide these longer appointments, consider a drop-off appointment for diagnostics. During the actual appointment spend the time speaking with your client and educating them. Have them drop their pet off the next day (or whenever time permits) to perform diagnostics such as cytology, skin scrapings, bloodwork etc that all take up precious time during your original scheduled appointment. These diagnostics can be fit in during the day with the help of other members of your veterinary team. Clients can be informed that they will receive an email or phone call the following day with results. I do this with my clients for follow up cytology rechecks. These drop off appointments can also be considered for rechecks. I have them come in during the day, my technician or intern takes the samples and has a brief conversation with the client to verify how the pet is doing and what medications or therapies they are on. We then take a look at the samples whenever time permits and then email the client with the results and our recommendations. If a pet is not doing well these, cytology drop offs are not ideal, a full appointment would be warranted.

Dermatology questionnaires are available through various sources online or can be made simply within a word document. These questionnaires can be sent to clients prior to their appointment to be brought on the day of the appointment. Clients can also be asked to bring photos of food their pet is on or photos of medication bottles/topical bottles. Alternatively, clients could be asked to arrive early for their appointment and fill in the questionnaire in the waiting room.

### **Handouts for the win**

The Canadian Academy of Veterinary Dermatology has many handouts available to members that can be printed and given to clients to read at home to re-emphasize what was discussed in clinic. One handout available is a “food trial” handout written specifically for clients. It details that no other foods should be fed during the diet trial and some of the diet trial pitfalls. Alternatively, clinics could provide links to websites for further information on specific diseases.

### **The Dreaded Food trial conversation**

One conversation that most veterinarians hate is the restricted food trial conversation where we tell clients to stop all treats, snacks, flavoured chew toys and pill pockets etc. We anticipate that clients will not want to do the trial or will object to not being able to give treats to their beloved pet. Below are a few tips to make this conversation go more smoothly.

1. I always emphasize to clients that the food trial is not forever, it is for 8 weeks. After this time we will have flexibility with the diet longer term. If diet does not control their pet’s clinical signs, then likely long term we can go back to giving treats. If the diet does resolve their pruritus and skin lesions then a) This is wonderful as their pet won’t need life-long medications and b) We can still add things back into the diet we just have to be methodical with these additions. There is a big difference in saying to a client “You can only feed this diet with NO treats, scraps, pilling vehicles or flavoured chews” versus “You can only feed this diet with NO treats, scraps, pilling vehicles or flavoured chews *for 8 weeks*”.

2. I explain to clients that a restriction diet trial is basically a diagnostic test, same as when we would recommend bloodwork and urinalysis for kidney disease as a first step. This diagnostic test just takes a bit longer than some others.
3. Pitfalls of diet trials include pets receiving food items not allowed during the trial. I try to discuss with my clients these possible pitfalls during the appointment (this is also something a technician could do after the veterinarian has moved onto another appointment). I ask about other animals in the house, children, family members etc. If there are other animals in the house maybe we switch all to the same diet. Children; maybe we put Fluffy in another room while we eat. Fluffy is used to a treat when she goes outside; maybe we hide some of the kibble or compatible treats in the place we usually retrieve the treat from. Fluffy eats off our plates; maybe we put some kibble next to our plate so we can still keep up that ritual. Fluffy likes to chew; maybe we take some canned food from the diet trial and put this in a Kong, freeze it to make a good licking toy instead.

### References

1. Dysart LM, Coe JB, Adams CL. Analysis of solicitation of client concerns in companion animal practice. *J Am Vet Med Assoc.* 2011 Jun 15;238(12):1609-15.
2. Hanna B. Earlier dermatology referral rewards primary care practice (part 1): easing client expenses and enhancing patient care. *DVM360* 2022. Available at: <https://www.dvm360.com/view/earlier-dermatologyreferral-rewards-primary-care-practice-part-1-easing-client-expenses-andenhancing-patient-care>. Accessed May 24, 2023.
3. Logas D, Maxwell EA. Collaborative care improves treatment outcomes for dogs with chronic otitis externa: A collaborative care coalition study. *J Am Anim Hosp Assoc.* 2021;57(5):212-216.