5 Languages of Appreciation in the Workplace

Feeling appreciated in the workplace ALWAYS appears on any survey that seeks to find out what motivates staff members, and a lack of appreciation can make a staff less efficient, less productive, and generally unsatisfied with their job. All of these things can lead to high turnover rates and drain the motivation from a staff.

This will be a presentation based on the Best-Selling book by Paul White and Gary Chapman entitled *The 5 Languages of Appreciation in the Workplace.*

Drs. White and Chapman also collaborated on another Best-Selling book about the 5 languages of Love.

This book carries the same theme into the workplace, and finds that people have different ways of expressing and receiving appreciation. If you aren’t in tune with your coworkers and you prefer to give and receive praise in a way that no one else does, you might find yourself feeling unappreciated in your workplace.

The class will take the MBA inventory, as a whole, using text to poll technology, and we will find out how our classroom prefers to be appreciated in the workplace and discuss how to make our coworkers feel appreciated.

We will discuss each language and ways of communicating appreciation to each of those groups.

This information crosses over into dealing with our clients as well. Everyone loves to feel appreciated, and when our clients feel appreciated by their veterinarian, they keep coming to that veterinarian.

As veterinarians, we give a lot of discounted services in order to have a client feel appreciated. However, when polled, a tangible gift (like a discount) is only making a difference in a very small number of clients. Price is way down the list when clients stated why they chose their veterinarian. We will discuss how to “guess” what language will be effective in making your client feel appreciated, thus remaining your client, and bonding to your practice.

Knowing how to express appreciation to your staff and clients, will make a huge difference in your staff motivation and satisfaction with their job, as well as bond clients to your practice FOR LIFE.
PUTTING YOUR SMART DEVICE TO WORK FOR YOU IN PRACTICE

Robert D Gribble DVM CVPM
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First-Time Author

I was lucky enough to be included in the 2nd edition of Dr. Ackerman’s book this past year submitted this idea after he had his page count set with the editor, but Dr. Ackerman thought this topic needed to be included so he graciously added 2 pages to the book.

I was so excited about it when I got the author’s copy of the book about a month before it was actually available. I went home and planned to boast a little to my wife, 10 year old daughter and 8 year old son. “You know kids, your dad is now an author” Leave it to your kids to bring you back down to earth. My daughter looked at my chapter and said, “Two pages doesn’t make you an author!” …………………………… Back to earth for me.

Hiding Right In Front Of Us

Let’s talk about using your smart device in practice. We use them every day, all day anyway. Why haven’t we harnessed this powerful tool to increase our “touch count” with your clients? In 2010, after hearing Wendy Myers suggest using Google voice to connect with your clients, I started dabbling with it but it was time consuming and I couldn’t send pictures. It didn’t take me long to make the move to buying our clinic its own smart phone (iPhone 3) and start using it extensively in our practice. Here are a few ways we got started and how we have evolved and impressed our clients since 2010.

Increase Your “Touch Count”

First, and most important, iPhone (or smart device of choice for me). Now these days, all of our staff members are texting someone all day, so I decided to harness that “text energy” for my benefit. So we started texting clients before surgery, during surgery, after surgery and after recovery, and all in less time than we could make one phone call. See how that “touch count” can climb? We update our clients when they have hospitalized patients. We can send proactive texts several times a day that will prevent a client from calling at just the wrong time. We get more touches in less time, and clients are at ease when they hear from us instead of being in the dark for most of the day. We also promote services with our phone. When we find a nasty mouth on one of our drop of patients, we send a picture of it to the client with a recommendation for dental cleaning. We know that the more times a client hears a recommendation, the more likely they are to accept it. We let them hear it first even before they come back to pick up their pet, and the picture

No Bathroom Breaks

I have heard of, and know of, clinics that prohibit the use of cell phones at work, but that would never work for me. I use my phone all day. I couldn’t think of prohibiting my staff from using something that is so important in today’s society. It’s like saying, don’t go to the bathroom all day. In all relationships, and in practice, you have to choose your battles, and that isn’t a battle you can win, so just learn to manage it.

Smart Pads

We also have an iPad that lives in our clinic that came with my x-ray machine to be used as an exam room viewer. It works great for that. It has a connection to our network and you can send the images through the network to the iPad. This was frustrating to me for a while because the application may not be open on the server or some other glitch. So I started snapshotting the viewer in my x-ray room and then talking to the client by looking at the picture. I’ve found that it is much easier to email the snapshot than try to email the x-rays through our software. It is much easier to get a quick consult from our orthopedic surgeon too. We use it to show you tube videos like reverse sneezing and some stereotypic behavior. It helps us determine exactly what the client means by their description.
The Million Dollar Veterinarian

Data from an ongoing project by Dr. Gribble that collects information from veterinarians who produce over $1,000,000 per year.

These veterinarians are not easy to find but they are out there and they each have a story to tell.

Average production in the US is a little over $500k/year/per FTE. Even “Well Managed Practices” (Denise Tumblin and associates) average around $650k/year. So how do these Million Dollar Veterinarians do it? That is the question we are trying to answer.

We find out how they practice, what are their practice habits, how many staff do they use, and what kind of community they practice in.

We also find out information about who their parents and siblings and children are.

We find out what kind of car they drive, and what’s the last big purchase they made?

When, in their career did they start out-producing their peers?

So far, there is not a mold for the Million Dollar Veterinarian. Everyone does it different.

Even if you are one of these guys, you can still learn from these high producing veterinarians, and take some of their habits back to your practices and put them to work for you.
SIMPLIFY, SATISFY, AMPLIFY:
TONING DOWN THE COMPLICATIONS OF PRACTICE

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How Did We Get Here?

Unfortunately, through many years of practice changes, we have become increasingly more complicated in our day
to-day operations in veterinary hospitals and clinics. It is easy, however, to implement some simple changes that will make
our lives less complicated. Additionally, they are all common sense ideas. I have always contended that, in the veterinary
industry, we have a great deal of “brain power”, but we tend to have trouble with “no brainers”. This phenomena, I believe,
has dominated our practices because of the familiar phrase, “That’s the way we’ve always done it.”--- TTWHADI

The problem with that, in a profession that is constantly moving forward and improving our standard of care, is “the
way we’ve always done it” becomes an outdated way of doing it, very quickly. That also rings true when it comes to Practice
Management.

Over the past 20 years, practice management professionals have been pushing hard to improve the traditional
practice model, and it has taken 20 years to make an impact on the profession. Now many veterinarians are watching their
practices grow as a result of management decisions that may have been ignored 20 years ago, but we still have too many
practices struggling to make ends meet.

Where Do I Start?

Let’s look at a few common sense changes that you can make in your practice tomorrow right away.

Exam Fees

This is the most basic service we provide. You would think that when a pet comes in for an exam, we would know
how to charge for that, right? Well, we have managed to complicate even this service.

1. Examination/Office Visit - This is the full fee
2. Examination Recheck – This is half of the full fee
3. Examination Follow-up – This is free

Weight Ranges

Why have we been charging different prices for different weight ranges for the same service? TTWHADI!! I do
not recommend “range pricing” for any service. The only thing that we are forced to “range price” are inventory items like
HW prevention and flea prevention, because it printed right there on the box. Everything else should be one size fits all.
Your staff can learn those prices much quicker when all they have to learn is one price. Then what happens when prices
change? They only have to learn one price again. This includes everything.

Spays and Neuters

Pick a price and charge it. Don’t make your receptionist ask, “How much does your dog weigh?” ever again, and
then listen to the ramblings of a client who doesn’t know how much their pet weighs. They also don’t have to hear the
weights of every other dog they have had in their life!

Injections

Since our injectable pharmacy has been growing in the heartworm and antibiotic markets, I have seen “range
pricing” for those injections. Convenia and Proheart 6 especially. Why? One reason is that the comparative products had
range pricing and to be comparable to them, we range priced these injections. A more likely reason however is: TTWHADI!!

**Vaccinations**

Puppy/kitten vaccines.

1st puppy vaccination, 2nd puppy vaccination, 3rd puppy vaccination. STOP THE MADNESS!! What if they come in 2 weeks late for the 2nd puppy vaccination? OR is that 2 weeks early for the 3rd vaccination?? OR they come back in at 18 weeks old. Is that the 2nd puppy vaccination and also the last vaccination without ever getting the 3rd? Nobody knows. ONLY because of different reminders required, we have 3 entries for DA2PPL. One reminds in 3 weeks, one reminds in 1 year, one reminds in 3 years.

**Examples:**

These are some of the examples of some computer entries from clinics I’ve visited:

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<th>Code</th>
<th>Description</th>
<th>Charge</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1098</td>
<td>Urine Cytology</td>
<td>24.40</td>
<td>B</td>
</tr>
<tr>
<td>1177</td>
<td>Eye Cytology</td>
<td>31.00</td>
<td>B</td>
</tr>
<tr>
<td>1267</td>
<td>Fo Cytology</td>
<td>0.00</td>
<td>B</td>
</tr>
<tr>
<td>3187</td>
<td>Ot Cytology</td>
<td>26.00</td>
<td>B</td>
</tr>
<tr>
<td>1897</td>
<td>C Vaginal Cytology</td>
<td>26.00</td>
<td>B</td>
</tr>
<tr>
<td>1991</td>
<td>Ateh Cytology</td>
<td>159.50</td>
<td>B</td>
</tr>
<tr>
<td>4660</td>
<td>Aspirate and Cytology</td>
<td>26.00</td>
<td>B</td>
</tr>
<tr>
<td>5196</td>
<td>Ateh Fluid Analytic Cytology</td>
<td>159.50</td>
<td>B</td>
</tr>
<tr>
<td>1821</td>
<td>C Stain Cytology</td>
<td>26.00</td>
<td>FB</td>
</tr>
<tr>
<td>1978</td>
<td>C Cytology</td>
<td>27.50</td>
<td>F</td>
</tr>
</tbody>
</table>

**Boarding**

What about something as simple as boarding? Why not charge the same price for all pets that board? TTWHADI!! I started charging my big dog price to everyone. Cats too!! Much simpler for my staff to answer the question, “How much will it be to board my dog?” Without asking “How much does your dog weigh?”

**Surgery**

Reduce your computer entries. I only have 3 surgical entries in my computer: soft tissue surgery, orthopedic surgery, and dental surgery. They all cost the same per hour, but this way I can track the income from each.
X-Rays

With the boom of the digital x-ray, things got a little easier, but we continued to charge complicated prices for our x-rays. X-rays - $150. Additional X-Rays - $35, 8x10 x-rays, 10x12 x-rays, 14x17 x-rays. Post – Op x-rays, Met Check, GI Study. You get the idea.

Today we use a “shoot 'til you win” approach. Let’s say X-rays cost $180. When I get them on the table I might shoot 10 views of chest, abdomen, hips, stifles, or whatever else might interest me, and when that pet gets off of the table, they won’t have to get back up there for retakes. I get this done in less time than it took to get 2 views with my x-ray film processor. And I find things that I may have missed in the chest because I was looking in the abdomen. We have 1 other charge in our computer for x-rays: recheck x-ray – It’s for something like a fracture, that I want to look at several weeks into recovery to make sure healing is progressing as planned as well as daily chest for heart/lung patients in hospital.

Dentals

What I have found is that charging different prices for different grade dentals was confusing to my staff. A grade 2 dental that needed tartar removal from every tooth took about 20 minutes, but a grade 4 or 5 dental costs more, but took less time, because we literally just helped them lose most of their teeth, and there was nothing left to clean.

Now we have 1 charge for dental cleaning. It includes dental x-rays on every patient, and if ANY dental surgery is needed, that gets charged by the hour. This is a very simple structure and easy for a new staff member to learn.

Dental X-rays

Every dental cleaning gets full mouth x-rays. Is that simple enough? We can’t wait for a client to “ask” for dental x-rays, and then complain about the unit not getting used or paying for itself. Use it every time.

The Universal Estimate

What about the “UNIVERSAL ESTIMATE”? It is my favorite. No one likes making estimates for surgery. Furthermore, it takes about 10 minutes to create an estimate that, when the procedure is completed, doesn’t look all that accurate anyway. Right? And, when you deviate from the estimate, you do 1 of 3 things:
1. Have to call the owner and get it approved.
2. Follow the estimate to the letter and leave out some things that you would have liked to do.
3. MOST COMMONLY – You do a lot of other stuff that was not on the estimate, and didn’t charge for it.
This is just about as accurate as throwing darts, so throw darts first and save the time.

An hour of surgery, is an hour of surgery, is an hour of surgery! No matter what you are doing. Pick a price that you can go to surgery for an hour (including perioperative stuff like anesthesia, blood work, IV, nursing care) and charge that price no matter what you are doing. This includes everything.

1. Mass Removal
2. Enucleation
3. Fracture repair
4. Exploratory
5. EVERYTHING THAT TAKES A SURGEON

The only deviation from this pricing structure is when I have an orthopedic surgeon visit my hospital for a complicated procedure. Then we take half of our surgery price (the perioperative stuff) and add it to the surgeon’s pricing for that particular procedure.

Routine Blood Work

I don’t like the separate panels for young, adult, senior, and geriatric. That is too much for staff to remember. If staff doesn’t remember, what do they do? Ask the doctor. I know there are specific things we want to see with sick and/or geriatric patients, but when we choose a panel for wellness, I think you should look for everything in every dog so your staff can be comfortable with the recommendation and know what each panel is looking for. It is harder to explain why we are NOT looking for something in a pet than it is to explain why we looked for as hard in a young animal as we did in an older
animal. Our go to gold standard is the panel we run with every pet. [Chem 10, CBC, Accuplex] If that blood work warrants other testing then that’s what we do.

**Yearly Visits**

Why do we have to have so many variables when it comes to yearly visits? TTW WHADI…Oh yeah, that again. Our yearly visit is one price for everyone, and we do the same thing for every patient, every age, every year.

1. Exam,  
2. Chem 10,  
3. CBC,  
4. Accuplex, (Feline HW and thyroid test in cats)  
5. Fecal  
6. AND “Whatever” vaccinations needed (determined by the DVM)

If the pet is due multiple vaccinations, the cost is the same. Even if it’s a cat, that only needs one vaccine; the price is the same as a dog that might need 3 vaccines. Basically, they are free with purchase of exam and blood work. We don’t market it that way, but that is what is going on. It is so SIMPLE for my staff to remember. **Every pet, every age, every year.**

**Pre-paid Wellness Plans**

I think this a great idea for practices, but it gets too complicated. First of all, I don’t recommend creating and administering it in house. There are companies that will handle this for you and for a lot less headache and man power than you have to devote to it.

One problem with pre-paid wellness plans is that there are too many to choose from. The companies that I use, as well as most clinics that have created plans in house, have 3 plans for every age pet. Puppy – Silver, gold, platinum. Adult dog – Silver, gold, platinum, Geriatric Dog – Silver gold platinum. THAT’S TOO MANY. Staff can’t be knowledgeable about every plan and recite everything included in each level. Neither can I. We had to create our own brochures (that we never use) that only have platinum plans for cat and dog. Pets under 1 year old get a spay/neuter and pets over 1 year old get a dental. That’s the only difference.

We never have to try to track down clients who have had a change in credit card number, or expired card, or delinquent clients, or any of that hassle. We just keep track of services we’ve done and expect a deposit on the 8th.

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**No More Nickel And Diming**

Really I mean, “No more penny and nickeling.” That’s right threw pennies and nickels out of my practice. I watched a show about the value of an American penny. It stated that, if a minimum wage employee, clocked out for the amount of time it took to bend over and pick up a penny, then clocked back in, they got a significant pay cut for that period of time.

That got me thinking about that receptionist that I pay to count the drawer every night. I am paying them more to count the pennies, than the pennies themselves are worth. So I considered throwing out pennies. So just to make things easier, I threw out nickels too. I went into my computer and made it round everything to the nearest dime. Things just got a little simpler! Imagine how excited your receptionist is when you tell them, “You don’t have to count pennies or nickels anymore.”

**There Are Too Many Things To Change**

I agree. This list is long and seems overwhelming. Veterinarians have trouble changing anything. But once you get started with 1 little change, you start getting excited about how easy it is to make things simple in our practice.

Ask yourself with every treatment, “How can I make this simpler to understand?” Or better yet, ask one of your staff members the same question. They probably have a better idea, because you know, veterinarians may be highly intelligent but we do have trouble with…..NO BRAINERS.

Diagnosing medical problems is hard enough. Determining treatment plans is hard enough. Let’s start finding things in our practices that aren’t hard and keep them that way, instead of finding simple things to make complicated.

If you have a simplification technique that you use in your practice, that I haven’t mentioned, I WANT TO KNOW ABOUT IT. EMAIL ME at thehallsvillevet@aol.com.