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## Communication, Caregiving, and Chronic Disease

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### Introduction

Disease is often conceptualized as a temporary state and recovery as close as a single dose of medication, a round of antibiotics, or a few days of rest. Sometimes the “quick fix” doesn’t resolve the issue. Instead, we are left with the realization that sickness and death do not happen because medicine fails. Sickness and death happen because breakdown is the natural aging of biology.

Veterinary medical schools are designed to prepare their graduates for the practice of medicine. How prepared they are is directly related to how those institutions define that practice. Is it merely the ability to apply diagnostics and treatment protocols, surgical preparedness, and so forth? Or does the practice of veterinary medicine include something more: the ability to define and seek an optimal outcome when there is no quick fix or any fix at all?

Veterinarians need to graduate with the knowledge, experience, and resources clients need and expect to properly handle these situations. Veterinarians must learn and apply other nonmedical skills if they expect their medical knowledge to be put to good use, particularly in situations of chronic disease management. These nonmedical skills include displaying empathy and active listening. So what is the importance of learning these skills and methods that go beyond veterinary medical science? Simply put, these

tools are needed when treating patients with chronic diseases.

Empathy, active listening, and other non-medical skills form the solid rock upon which the veterinarian stands when implementing medical knowledge to the highest potential allowed by the client. Only by establishing rapport and trust with clients will veterinarians help them expend their financial, emotional, time, and physical resources to make the investment necessary to improve the health, well-being, and quality of life of their pet.

Managing chronic disease brings a great deal of change for both the patient and the family. This change can happen both quickly, in the form of a terminal diagnosis, and/or subtly, in the form of symptomatic changes evolving over a period of time. Establishing this solid trust-based relationship is particularly important. Therefore, how a veterinarian establishes a relationship with a client, then delivers the news of change, and finally manages the emotions surrounding the change may determine whether medical treatment is facilitated for the well-being of the pet. Because veterinarians have the obligation to deliver the best medical care to patients, which hinges almost entirely on the veterinarian–client relationship, they must develop and utilize the skill sets necessary to communicate with, find common ground with, and persuade their clients.

**Box 1.1**

*It would be interesting to investigate how veterinarians may be impacted in situations where the client could not serve as legal proxy.*

In veterinary medicine, our clients served as proxy for their pet's wishes in almost every interaction they have with a veterinarian. As veterinarians, we have two parties to serve; the owner/client and the patient. (Shelter medicine is the only exception to this rule, as treatment of animals in a shelter setting rarely include an owner.) In human medicine, the client and the patient are generally one person. Even in pediatric medicine, the parent is the guardian of the child, not the owner of the child. The parent generally has the levery to make decisions, but if that decision is not in the best interests of the child (as reasonably determined in a court of law), then the parent will lose the ability to make decisions for that child. In fact, it took a groundbreaking case in 1984 (*In re Guardianship of Barry*, 445 So.2d 365 (Fla. 2d DCA 1984)) to determine that a parent *can* serve as proxy for their dying infant child's wishes, allowing the removal of life support in this case.

And particularly in cases involving chronic disease, we remove "life support" frequently in many different ways. Legally, clients are owners of the patient and our communication and established rapport with that owner is imperative if we are to gain the trust such that our medical knowledge will be put to use for the betterment of the pet and/or the treatment of a disease.

This first chapter will explore how veterinarians can properly implement techniques to communicate the ideas learned in medical school to the client to improve the treatment and/or supportive care for the betterment of the chronically/terminally ill or aging pet. We will then discuss various specific skills that will aid the veterinarian in setting up the conversation appropriately, ensuring all parties are on the same page, learning how to adjust one's communication under certain difficult situations, and, finally, having the conversation about potentially ending a pet's life to mitigate pain and suffering.

## Overview

You are more likely get back on a horse if your dismount is smooth rather than if you are bucked off. The trauma of a difficult dismount may hinder your desire to return to the saddle; pet ownership is similar. When clients have a peaceful end-of-life experience with their pet, they will heal more quickly, return to pet ownership more quickly, and more readily be back in your clinic. The clients that feel that the loss of their pet is "so traumatic, there's just no way I'll ever get

another dog" are usually the ones that we want to have adopt another animal! Those are the clients that truly care for their pets, providing good medical care and giving animals safe and loving homes.

This end-of-life experience applies to more than the actual euthanasia process. The experience begins much sooner, when a chronic or terminal condition arises, even if that condition is simply "old age." The presence of an undesirable situation leaves the client feeling cornered. Emotions are heightened. There is more sensitivity to a veterinarian's communication. Each may contribute to the client's difficulty in making a decision on a treatment plan. Therefore, how veterinarians respond and adjust their communication in this tense situation will impact whether treatment plans are accepted, productive, and helpful to the pet and client.

In this chapter, we will first explore the mentality of clients by understanding the emotional impact of chronic disease. We will explore how to establish relationships with clients, how they respond to stress, how to best approach clients, and finally how to adjust your verbal and nonverbal communication to reach maximal effect and avoid conflict.

## Impact of Chronic Disease on Quality of Life for Both the Patient and Caregiver

Veterinary medicine aims to recognize and effectively manage pain in a way that decreases suffering and increases the patient's quality of life for those pets with chronic conditions. In assessing and determining quality of life, the term "quality" has many meanings. Essentially, "quality" signifies a "general characteristic or overall impression one has of something" (Welmelsfelder 2007). Veterinary professionals recognize quality as a separate entity from quantity, as the concept "more is better" is not necessarily true. Therefore, to optimize an ill patient's quality of life, the veterinarian might encourage treatments that favor the patient's perception of welfare rather than longevity.

Illustration of the above concept is seen through the treatment options for a pet diagnosed with cancer. The characteristic methods of cancer treatment are typically surgery, chemotherapy, and/or radiation. Upon evaluating the type of cancer, how quickly it grows or spreads, and its location, a veterinarian must weigh the effects of treatment to the patient's quality of life. This information is then shared with the caregiver, and together, they make an informed decision based on the client's ability to pay for, provide, and emotionally handle the care associated with extended treatment.

For instance, when deciding whether to perform surgery, the veterinarian should determine whether the costs to the animal outweigh the benefits. If the removal of a large tumor also requires removing a vital organ, thus resulting in the loss of an essential bodily function, the costs largely overtake the benefits. If the patient must live in anguish to increase lifespan, it is best to choose an alternative route that allows instead for comfort and contentment. However, if the treatment offers longer life expectancy in addition to a positive prognosis with only acute adverse effects, it is worth

further exploring. Often, those associated acute conditions can be remedied with medication or simple lifestyle changes, generating a wise investment in exchange for long-term well-being.

To understand how chronic diseases impact a companion animal, there must first be a clear understanding of what quality of life is and how it is assessed. We can expand on the previous definition of the term "quality" by defining "quality of life" as "the total well-being of an individual animal" (August *et al.* 2009). Although definitions of the term vary, most can agree that quality of life encompasses the physical, social, and emotional components of the animal's life (August *et al.* 2009) in the current daily environment.

Although veterinary medicine has made vast improvements in assessing quality of life, it wasn't until the past decade that it has been extensively studied and measured in companion animal medicine (Lavan 2013). Due to its complex nature and modernism, no accepted standards or protocols currently exist (August *et al.* 2009); however, various quality-of-life surveys have been developed and are tailored toward many of the individual chronic diseases. Overall, these questionnaires evaluate a combination of physical versus nonphysical factors, including needs satisfaction, sense of control, social relationships, physical functioning, hygiene, mental status, and management of stress (see Figure 1.1). The principal aim of the surveys is to broadly assess and evaluate over time the states and changes of comfort or discomfort (Lavan 2013).

Due to the common element of self-reporting in determining quality of life, which is obviously not possible for animals, research has been done to support and establish signs, symptoms, mannerisms, and other qualitative measures people can use to gauge this. Although many hope for a more scientific approach to quality for an animal, its primary reliance remains on human perception and interpretation (Welmelsfelder 2007). Hence, studies show that the skill to communicate with a companion animal is age-old and does



## Pet's Quality of Life Scale

When evaluating the quality of life of your pet, personalized patient and family information is important when reaching an educated, informed, and supported choice that fits not only your pet's medical condition but also your wishes and expectations. In short, *quality of life* applies not only to the pet; it also applies to you!

Score each subsection on a scale of 0–2:

0 = agree with statement (describes my pet)

1 = some changes seen

2 = disagree with statement (does not describe my pet)

### Social Functions

- Desire to be with the family has not changed
- Interacts normally with family or other pets (i.e., no increased aggression or other changes)

### Physical Health

- No changes in breathing or panting patterns
- No outward signs of pain (excessive panting, pacing, and whining are most commonly seen)
- No pacing around the house
- My pet's overall condition has not changed recently

### Mental Health

- Enjoys normal play activities
- Still dislikes the same thing (i.e., still hates the mailman = 0, or doesn't bark at the mailman anymore = 2)
- No outward signs of stress or anxiety
- Does not seem confused or apathetic
- Nighttime activity is normal, no changes seen

### Natural Functions

- Appetite has stayed the same
- Drinking has stayed the same
- Normal urination habits
- Normal bowel movement habits
- Ability to ambulate (walk around) has stayed the same

### Results:

- 0–8 Quality of life is most likely adequate. No medical intervention required yet, but guidance from your veterinarian may help you identify signs to look for in the future.
- 9–16 Quality of life is questionable and medical intervention is suggested. Your pet would certainly benefit from veterinary oversight and guidance to evaluate the disease process he/she is experiencing.
- 17–36 Quality of life is a definite concern. Changes will likely become more progressive and more severe in the near future. Veterinary guidance will help you better understand the end stages of your pet's disease process in order to make a more informed decision of whether to continue hospice care or elect peaceful euthanasia.

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**Figure 1.1** Quality of life scales.

## Family's Concerns

Score each section on a scale of 0–2:

0 = I am not concerned at this time.

1 = There is some concern.

2 = I am concerned about this.

### I am concerned about the following things:

- |  |  |
|--|--|
| <input type="checkbox"/> Pet suffering<br><input type="checkbox"/> Pet dying alone<br><input type="checkbox"/> Not knowing the right time to euthanize<br><input type="checkbox"/> Concern for other household animals | <input type="checkbox"/> Desire to perform nursing care for your pet<br><input type="checkbox"/> Ability to perform nursing care for your pet<br><input type="checkbox"/> Coping with loss<br><input type="checkbox"/> Concern for other members of the family (i.e. children) |
|--|--|

### Results:

- 0–4 Your concerns are minimal at this time. You have either accepted the inevitable loss of your pet and understand what lies ahead, or have not yet given it much thought. If you have not considered these things, now is the time to begin evaluating your own concerns and limitations
- 5–9 Your concerns are mounting. Begin your search for information by educating yourself on your pet's condition; it's the best way to ensure you are prepared for the emotional changes ahead
- 10–16 Although you may not place much value on your own quality of life, your concerns about the changes in your pet are valid. Now is the time to prepare yourself and to build a support system around you. Veterinary guidance will help you prepare for the medical changes in your pet while counselors and other health professionals can begin helping you with anticipatory grief

### Discuss these questions below, and the entire Quality of Life Scale, with your veterinarian.

Below are some open-ended questions that assist gauge your family's time, emotional, and (when appropriate, financial) budgets:

1. Have you ever been through the loss of a pet before? If so, what was your experience (good or bad, and why)?
2. What do you *hope* the life expectancy of your pet will be? What do you *think* it will be?
3. What is the ideal situation you wish for your pet's end of life experience? (at home, pass away in her sleep, etc.)

Suggestions on using this quality of life scale:

1. Complete the scale at different times of the day, note circadian fluctuations in well-being. (We find most pets tend to do worse at night and better during the day.)
2. Request multiple members of the family complete the scale; compare observations.
3. Take periodic photos of your pet to help you remember their physical appearance.

Resources:

1. AAHA/AAFP Pain Management Guidelines for Dogs and Cats, [www.aahanet.org/Library/PainMgmt.aspx](http://www.aahanet.org/Library/PainMgmt.aspx)
2. Online hospice journal and quality of life scale: [www.PetHospiceJournal.com](http://www.PetHospiceJournal.com)

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**Figure 1.1** Continued

not need scientific validation to prove its worth (Welmelsfelder 2007).

The best approach to assessing animal quality of life is through a combination of interpretation of behavior and physical traits by both the caregiver and the veterinarian over time. The animal's owner has the day-to-day first-hand experience of understanding changes in mannerisms and personality. Owners also typically administer treatment at home and are the first to notice their pet's reaction, such as side effects to medications or response to a procedure or therapy. Correspondingly, veterinarians play the vital role of determining and communicating the options and effects of various treatments. Healthcare providers offer the knowledge of species- and breed-specific behavioral repertoires as well as extensive experience in observing and acting with different species in various contexts (Welmelsfelder 2007). This proficiency allows them to accurately judge and share with the caregiver the meaning of their pet's body language (Welmelsfelder 2007).

Ideally, quality-of-life surveys could be conducted and discussed with a veterinarian throughout the lifespan of the animal, regardless of health status. By regularly using a quality of life survey for both healthy and chronically ailing patients, the caregiver and the veterinarian can document changes over time, have a familiarity with quality-of-life assessments, and, most importantly, enable the ability to discern minor quality-of-life changes caused by aging, chronic conditions, and/or disability.

For animals suffering from chronic diseases, even the subtlest changes over time can offer a significant impact to their quality of life and may indicate the need for additional or more formal approaches to treatment. Depending on the specific ailments, many patients suffering from chronic diseases experience changes in their levels of "anxiety," "fear," "restlessness," "sociability," and "playfulness," which are witnessed and reported by the owner (Welmelsfelder 2007). In these quality-of-life assessments, it is important to distinguish between the physi-

cal and mental parameters. For instance, if an owner of an arthritic animal expresses that his/her pet is "slower during walks," a determination should be made on whether this is because of pain, a mental state, or weakness associated with aging, a physical parameter (Yeates and Main 2009). If the determination is "pain," adjustments should be made for alleviation.

Similarly, this "body language" established by the physical movement of the animal associated with corresponding psychological qualities displays the verifiable impression of chronic diseases on quality of life. Among countless examples, here are just a few:

- 1) Consider a sudden onset of blindness, affecting access to food and water (physical parameters), in addition to discerning whether the blindness leads to fear, distress, decreasing the animal's companionship with others, or inability to "explore" during walks (physiological parameters).
- 2) Diabetes mellitus is another common chronic condition among cats and dogs. If well managed and treated, a diabetic pet can enjoy the same quality of life as any other pet. However, if uncontrolled or mistreated, diabetes can cause increased water consumption and urination, weight loss, dehydration, weakness, seizures, and possibly death. These quality-of-life ailments are evident through the pet's body language, such as lethargy, smelling like urine, or acting depressed.
- 3) As common as osteoarthritis is, it might be hard to spot at first considering that the pet's behavioral changes could be subtle. Arthritis doesn't necessarily mean a poor quality of life for a pet; it is simply joint inflammation caused by an increase in stiffness and immobility. If this inflammation can be controlled, the pet may enjoy a relatively good quality of life. Changes like medications, therapies, and household adjustments can be made to control these painful symptoms. Pets display these symptoms of pain by avoiding once enjoyable activities, acting

depressed, moving less, decreasing their hygiene (unable to keep clean due to immobility), and/or changing their eating habits. Anti-inflammatory drugs, holistic therapies, acupuncture, herbal supplements, and household alterations, such as keeping food and water at a comfortable height, adding nonskid runners to avoid slips, and extra warmth at night, can help to regulate the symptoms and provide for a happier life.

As indicated in the examples above, chronic diseases can have a significant bearing on a companion animal's quality of life. However, with careful selection and administration, therapies and treatments can help to assure good quality of life. Side effects must be considered so the measures executed will denote visible changes in quality of life or will otherwise provide a positive prognosis for long-term quality despite acute ailments.

While organ systems and treatment issues vary by illness, they all share the commonality of requiring daily attention from a caregiver to perform routine tasks for monitoring and management. Research has highlighted the enormous devotion owners have to their pets and the efforts and expenses they are willing to incur to provide optimal healthcare for them (Kelly 2014). There is an undeniable overlap in comparing the management of a pet's discomfort to that of a human; for both, the caregiver often administers a scheduled regimen of medication, monitors for signs of adverse reactions, and is prepared to transport the patient for emergency treatment if needed. The stakes are high if the conditions are not treated properly, as common results are brain damage or death. Among many examples, this is the case with diabetes management and allergic reactions to medications. This ambiance creates an immense amount of pressure and highly stressful conditions for the caregiver. As a result of the pressures associated with providing care, a caregiver is likely to experience substantial adjustment problems, higher levels of psychological distress,

deprived health, and reduced well-being; thus referred to as "caregiver burden" (Kelly 2014; Christiansen *et al.* 2013).

The pressure is better understood when compiling research that supports the notion of viewing a pet in much the same way as a child. A survey conducted by the American Veterinary Medical Association (AVMA) found that of 47,842 US households, nearly half (49.7%) of the respondents owning at least one pet "considered their pets to be family members" (Kelly 2014). Furthermore, similar to the human caregiving model, women are typically the primary caregivers of pets; AVMA's national study showed that 74.5% of pet owners with primary responsibility for their pets were female (Kelly 2014). Based on this, a conclusion can be made that caregivers of pets, especially mothers, endure the same form of quality of life reduction as do human caregivers.

The most common challenges reported by caregivers are the time it takes to provide extra care, changes in the use of the home to tailor the pet's needs, and restrictions relating to work, a social life, and finances (Christiansen *et al.* 2013). Many individuals described these changes as "time-consuming," "tough," "concerning," and "annoying" while also being "sad" and "frustrated" with the decline in the human-animal relationship. It is common to hear owners speak of "loss," "guilt," and "emotional distress" when caring for a chronically ill patient, as they are trying to weigh treatment options to euthanasia. Overall, caregivers tend to agree with veterinary professionals that the quality of life of their pet is more important than longevity. In fact, in a recent study, 86% of owners of dogs being treated for cancer were willing to exchange their dog's survival time for an improved or stable quality of life.

As advances in veterinary medicine continue, managing the quality of life for both the chronically ill patient and the caregiver is becoming increasingly possible. Palliative care providers offer guidance to families faced with caring for a pet; they aid in creating plans for living well based on the animal's

needs and assist in treatment options to provide optimal quality of life for their patients (August *et al.* 2009). They also help to develop and administer the caregivers' goals while providing emotional and spiritual support. By establishing and following the treatment options provided by a veterinary professional and confiding in this professional, both the pet and the caregiver can enhance their shared quality of life, maximize their time spent together, and make important decisions when the pet's life can no longer be prolonged due to an unacceptable quality of life.

## Part 1: Know Yourself—Set the Stage for Collaborative Decision Making, Active Listening, and Caregiving

*It's not what you look at that matters,  
it's what you see.*

—Henry David Thoreau

Trust is the foundation for collaborative decision making toward a common goal. The veterinary–client–patient relationship is based on that one shared goal: the well-being of the pet. The client may bring a dog into the emergency room at 2:00 a.m. after seeing a tapeworm in the feces while being completely oblivious to the swollen lymph nodes and coughing that has “just recently started, but I’m not too worried about it.” Treatment of the tapeworm, or at least some dedicated time discussing the plan for treatment, is essential to establish trust with this client before an in-depth discussion on oncology ensues. Otherwise, the client will feel like you did not treat the most immediate and pressing issue (what the client sees with his/her own eyes) and instead chose a more expensive and deadly route.

In the example above, both the client and the veterinarian are “right.” Both have the pet's best interests at heart. But the important thing is to get on the same page first to

maximize a positive outcome. The satisfaction of both parties with the outcome is pliable, mendable, and will change over time based on the knowledge at hand, but without establishing trust and rapport first, the client may not trust an expensive oncology workup after the original concern was simply a tapeworm.

Under the right circumstances, significant rapport can be built in a short amount of time. Experts estimate that it takes anywhere from a few seconds to 2–3 minutes for an immediate “good gut feeling” about someone to be established. In the author's opinion, it takes 1–2 seconds for clients (especially a stressed pet parent) to decide if they “like you” or not, 1–2 minutes for clients to decide if they trust you, and about 15 minutes for significant rapport to be established, even if you don't have all the answers. Simple things such as eye contact, smiling, open-ended questions, facing the patient, and even physically touching the person will leave the client feeling like the appointment lasted twice as long as it actually did.

### Box 1.2

Physicians that had never been sued (no-claims) were compared with ones that had been sued two or more times. No-claims primary care physicians used more statements of orientation (educating patients about what to expect and the flow of a visit), laughed and used humor more, and tended to use more facilitation (soliciting patients' opinions, checking understanding, and encouraging feedback). Additionally, no-claims primary care physicians spent an average of 3.3 minutes longer in routine visits (Levinson *et al.* 1997).

Setting the stage for this type of trusting relationship to be established and to use the tools discussed later in this chapter starts with the veterinarian even before entering the exam room. When dealing with clients, particularly in a stressful or sad situation,

such as chronic disease management, there are three rules that should always be followed:

- 1) Maintain self-control by actively listening and controlling your reactions.
- 2) Detach from the outcome; expect that you will not “win” every discussion.
- 3) Identify the shared value system between you and the client; remain focused on the common goal(s).

### Self-Control

It is the veterinarian’s role to be and appear to be in complete control when those around him/her are not. Control indicates confidence, and confidence earns trust. When setting the stage for good, constructive, collaborative decision making, self-control is the most important and powerful tool the veterinarian has. This is, of course, much easier said than done. The basis of this rule is to remain in compassionate control of the appointment flow, allowing the client to feel secure and well guided throughout the interaction with the veterinarian. It also requires active listening with little to no negative emotional reaction to the client’s words. It requires you to put yourself in the position of the client and listen to his/her story from that viewpoint, not yours.

Imagine that a client is having the worst day of his/her life. Perhaps a spouse was just diagnosed with a terminal illness or the client lost his/her job. The client may need to focus this discontent and, quite naturally, you may become the target. To mitigate against this, first build a constant stream of empathy for the situation. Still, the client may begin to complain about a mistake he/she felt you made. Instantly reacting in an emotional, hostile, or defensive manner will scar the relationship immediately. Instead, continue to actively listen: let the client vent his/her frustration. Often such hostility is simply grief over a condition the client wishes to be different. Instead, remain poised and concerned but confident. Focus

on a solution or on better explaining the proposed course of care. If it’s appropriate, there will always be time to share your side of the story later. It is far better to be kind than to be right.

Tips for maintaining self-control in the exam room:

- 1) Remember it’s not about your feelings.
- 2) Remember the outcome is not happening to you.
- 3) Control fear and anger.
- 4) Use “emotional labeling” (“I can tell you are upset/angry/hurt”).

### Detaching from the Outcome

Detaching from the outcome is simply about understanding that you will not always “win” a disagreement with a client. Some clients are too entangled in their grief to fully listen or understand your suggestions. They may appear to be “picking a fight” with you from the very beginning. Being attached to the outcome of the disagreement (e.g., pushing the client to approve your treatment plan) too early may set the stage for resentment, particularly in clients with personalities that need time to establish a relationship with you and process information. Actively listening and requesting clarification and feedback from these clients will help them feel that you are not pushing an agenda on them but rather that you are there to support their pet in the same way that they are.

### Shared Value Systems

Remaining focused on the shared value systems that both the veterinarian and the client have reminds both parties of the purpose of the interaction. Phrases like “we are both in this for the same reason, we both want Max to feel better” will remind them that everyone wants the same thing. Particularly when emotions rise or there is a moment of impasse, this is an important tool to use.

Maintaining self-control, detaching from the outcome, and focusing on shared value

systems will leave the client feeling nonjudgmentally validated. People do not want to be judged in any thought or opinion that they have or in any action that they take. It doesn't mean you agree with someone. Validation is taking the time to listen to what their needs, wants, dreams, and aspirations are. You may not always understand, but simply by your listening, the client will feel validated and the stage for collaborative decision making will be set.

## Part 2: Verbal Communication

Structure allows for flexibility in a conversation. It may sound counterintuitive, but when you have a structured conversation in place for any type of medicine; general practice, emergency, specialty medicine, and even geriatric medicine, that structure will allow you to walk a family through a conversation confidently and competently and therefore provide space to adjust yourself to their wishes and concerns more easily. Do not be afraid of the conversational structure provided here or sounding too rehearsed; when used properly, the flow patterns can ensure the veterinarian remains in compassionate control of the situation, exuding the confidence and competence clients desperately want and need at a difficult time.

As we move through this discussion, remember that veterinary medicine these days is more like pediatrics than the "horse mechanics" we were generations ago. Pets are family now. They have moved from the barnyard to inside the home to our bedroom ... and even under our sheets! A survey conducted by the AVMA (AVMA 2012) found that of 63.2% of people surveyed considered their pets to be family members. Another 35.8% considered their pets to be pets or companions, and only the remaining 1% considered their pets to be property.

## The Use of Pet Pronouns

The words we choose to use when describing pets must be reflective of the importance they hold in the family. Sure, some people may view their pet as "just a dog," but those people will be only slightly offended by your endearing use of the word "baby," as compared to the owner who refers to herself as "Charlie's mom," who will be much more offended by the use of the pronoun "it"!

Through many discussions with thousands of veterinary professionals, it is the author's conclusion that about half of the veterinary team is willing to say the word "baby" when referring to a client's pet. Of course, that doesn't mean we all prefer this term. Many of us are not completely comfortable with its use, but adopt it based on the reaction from pet parents ("pet parent" is also a phrase gaining traction in our industry). These words can be used in a clinic to give a much more family oriented feel. But once the pet's name is known, there is no greater word than the name given to him/her by his/her owners.

Along these same lines, we have adopted the use of "pet parent" in our practice but still generally use the word "owner" when referring to the case among colleagues. Although "pet parent" may not seem preferable at first, the upside of a clinic conveying "we understand the importance of the pet in the family" is much more beneficial than risking the downside of appearing "cold" or "rude." It's rare that someone is genuinely offended by the use of these overly "fluffy" words, even if it's not his/her first choice either. But with 84% of pet owners referring to themselves as "mom" or "dad," this doesn't seem too far off the mark (JAVMA 2000).

## Tone of Voice

Cats and dogs both use different vocal tones at different times of stress, attraction, play seeking, or almost any other behavior. Humans also deepen their voice while making their speech sound "more pleasant" when

talking to someone they find attractive. A recent study illustrated this point (Hughes, Farley, and Rhodes 2010):

We examined how individuals may change their voices when speaking to attractive versus unattractive individuals, and if it were possible for others to perceive these vocal changes. In addition, we examined if any concurrent physiological effects occurred when speaking with individuals who varied in physical attractiveness. We found that both sexes used a lower-pitched voice and showed a higher level of physiological arousal when speaking to the more attractive, opposite-sex target. Furthermore, independent raters evaluated the voice samples directed toward the attractive target (versus the unattractive target) as sounding more pleasant when the two voice samples from the same person presented had a reasonably perceptually noticeable difference in pitch.

The idea of using a lower-pitched voice to influence others in a multitude of ways has been known for quite some time. Margaret Thatcher was known to have too “shrill” a voice at the beginning of her career; so much so that she was not allowed on party broadcasts. But before her election in 1979, she worked with a speech coach to help lower her pitch and develop her infamously calm, authoritative tone. Her biographer Charles Moore later wrote, “Soon the hectoring tones of the housewife gave way to softer notes and a smoothness that seldom cracked except under extreme provocation on the floor of the House of Commons” (Gardner 2014).

Aside from lowering the vocal tone, a common mistake is the use of “upspeak.” A frequent mistake in women (though men can do this as well!), the offender ends every sentence on a higher note than the rest of the speech. Doing this makes everything that’s said sound like a question and, most importantly, gives up the confidence we wish to convey to our clients. Some professionals feel this kind of tone is very “California/Valley

Girl,” with the perception that this speech pattern makes its users appear young, immature, and overall uncertain. Instead of ending a statement on a high note (literally, not figuratively), try ending it on a consistent or even lower pitch (NOT softer) to convey a strong sense of confidence.

### Salutations

We’ve all been there, the typical “hi, how are you” followed by the “great, how are you?” and then, it’s really bad, one more “I’m great, how are you”...and then you’re lost. When responding to the customary “how are you?” find and use (and reuse!) a phrase that you really love: “loving life and living the dream!” or “this is the best day of my life” or “it couldn’t be better, I get to play with animals all day!” Any of these will leave the client feeling happy (hopefully) and, at minimum, spark a curiosity in him/her that may lead to an interesting conversation.

### Sounding Persuasive

Though there are hundreds of tips on sounding persuasive, we have chosen our top three: talk moderately fast, use just enough pitch, and use powerful pauses.

- 1) Rate of speech: Speaking at a regular rate, perhaps even moderately fast, has been shown to be positively correlated with perceived intelligence. “Interviewers who spoke moderately fast, at a rate of about 3.5 words per second, were much more successful at getting people to agree than either interviewers who talked very fast or very slowly,” said Jose Benki, a research investigator at the University of Michigan Institute for Social Research (Swanbrow 2011). Throw in a bit of humor, and you have a recipe for winning someone over!
- 2) Pitch variation: Some researchers have shown that the more active the pitch and variation, the more energetic and engaging a person may appear. This isn’t always the case, however: “We found only a

marginal effect of variation in pitch by interviewers on success rates. It could be that variation in pitch could be helpful for some interviewers but for others, too much pitch variation sounds artificial, like people are trying too hard. So it backfires and puts people off,” said Benki (Swanbrow 2011).

- 3) Powerful pauses: “When people are speaking, they naturally pause about 4 or 5 times a minute,” according to Benki. “These pauses might be silent, or filled, but that rate seems to sound the most natural in this context. If interviewers made no pauses at all, they had the lowest success rates getting people to agree to do the survey. We think that’s because they sound too scripted. People who pause too much are seen as disfluent. But it was interesting that even the most disfluent interviewers had higher success rates than those who were perfectly fluent (and did not use pauses).”

Particularly in a high-paced, knowledge-based profession like veterinary medicine, you are best to make your verbal deliveries with minimal variation, focusing instead on tone, include natural...steady...frequent...pauses!

### Sounding Honest

In Alex Pentland’s book *Honest Signals: How They Shape Our World*, the author points out a couple of things to keep your eye on (Pentland 2010):

- 1) Speech mimicry and behavioral mimicry: Are they using the same words you use? Speaking at a similar speed and tone? Are they sitting the way you sit? Is a subtle, unconscious game of follow-the-leader going on? This is a sign the other person feels emotionally in sync with you. It can be faked but that’s rare and difficult to pull off consistently across a conversation.
- 2) Consistency of emphasis and timing: This is a sign of focus and control. Someone who is less consistent is less sure of themselves and more open to influence.

### Win Them Over Again

If all else fails, what are two things you can do to win someone over? Robert Cialdini, author of the must-read book *Influence*, provides these important tips (Cialdini 1993):

- 1) Give honest compliments: It may not be easy, especially if the person has been distancing him-/herself from you for a while. But if you’re objective, the other person probably has some qualities you admire. If you take positive action and compliment people, it may well break the ice and make them re-evaluate their perceptions of you.
- 2) Ask for their advice: Cialdini notes this strategy—which involves asking for professional advice, book suggestions, and so forth—comes from Founding Father Ben Franklin, a master of politics and relationship building. “Now you’ve engaged the rule of commitment and consistency,” says Cialdini, in which others look at their actions (giving you advice or a book) and draw a conclusion from it (they must actually like you), a surprisingly common phenomenon in psychology. “And suddenly,” says Cialdini, “you have the basis of an interaction, because now when you return it, you can return it with a book you think he or she might like.”

Verbal communication is, indeed, extremely important in the communication we have with clients. The delivery, consistency, and accompanying nonverbal cues give the client the feeling that we are either listening and engaged or detached and uninterested. We have a choice, and with proper education, we can be in a better position to choose the best route for our patient, our client, and our team. Table 1.1 gives examples of average and ideal ways to express ourselves.

## Part 3: Nonverbal Communication

A veterinary clinic’s curb appeal does not stop at the clinic door. It extends all the way into the exam room and, most importantly,

**Table 1.1** Examples of Average and Ideal expressions.

Average	Ideal
So let's get going. (moving appointment along)	I certainly feel he's ready and I have so much information to share with you, I want to make sure we cover it all.  I'm going to step out and let my team know we need a bit more time.
I need to go. (appointment is taking too long)	I have another family to help, but Fluffy is top priority right now.
You will know when it's time.	We will work together to know when it's the best time.
You are doing the right thing.	We are doing the best thing.
Don't worry about him.	He is in good hands.
There's nothing more you can do.	You have done an amazing job.
He is out of pain.	He feels so much better now.

to the entire team! Every person our clients interact with will receive a “snap judgment” from his/her first impression. How long does this take? For years the general rule has been 7 seconds, but a few years ago a group of psychologists found that it takes about one-tenth of a second to form an impression of a stranger, simply from his/her face (Willis and Todorov 2006). They also found that longer exposure to the stranger does not significantly alter the impression; it only boosts confidence in the initial judgment.

What does this mean to a veterinary team? It means that we have a very, very small amount of time to make a positive impression on our clients. This positive impression is not only essential from a business standpoint (you want them to come back!) but also from a medical one. Our clients need to trust us; they need to believe that we care about their pet the same way they do. Without the belief and trust that the client and the veterinarian have the same desired outcome, trust and rapport will not be established, and the

client may not accept the treatment plan that the veterinary professional team has offered. Which is, after all, the reason we are in business: to care for, treat, heal, and support animals.

Of course, the importance of body language or nonverbal communication is not a new concept. The “7-38-55 Rule” was first developed in 1971 by University of California, Los Angeles psychology professor Albert Mehrabian (Mehrabian 2009): 55% of what we convey when we speak comes from our body language, 38% from our tone of voice, and a mere 7% from the words we choose. This study has been widely misinterpreted by stating “97% of what we convey is nonverbal” instead of garnering a greater understanding of vocal (tone, cadence, etc.) and body language cues, which are inappropriately combined to come up with the “97%.”

Mehrabian more clearly states the following on his website:

Total Liking = 7% Verbal Liking + 38% Vocal Liking + 55% Facial Liking. Please note that this and other equations regarding relative importance of verbal and nonverbal messages were derived from experiments dealing with communications of feelings and attitudes (i.e., like–dislike). Unless a communicator is talking about their feelings or attitudes, these equations are not applicable.

Although this landmark study is riddled with criticism and misinterpretation, it remains an important and highly cited illustration of the value of nonverbal communication. Many other studies have arisen since, each with a new methodology and with the continued conclusion that nonverbal cues are 3–4 times more influential than verbal cues.

Before we dive into the real content, it's important to understand that reading body language is not the same as mind reading. This is the difference between “observation” and “evaluation.” Reading someone's nonverbal cues is about observation; we want to find natural tendencies in someone's physical

behavior (called their “baseline”), then look for deviations from their baseline, and, finally, ask open-ended questions to find the root cause of the change.

For example, you may walk into a room and find two people seated; both have their arms crossed, while one has both feet flat on the floor and the other has her legs crossed at the knee. You might assume that the closed-off body postures mean they are both are upset, and perhaps the female is even more upset because her legs are crossed as well. This may be true, but probably not. Jumping to conclusions so quickly and, for example, immediately putting your guard up or responding with your own closed-off body language may start you off on a bad foot (no pun intended) by eliciting defensive behavior from these clients. In this example, crossed arms might be this gentleman’s natural baseline, and the female may simply be cold!

Remember, reading body language is about observing someone’s baseline, finding where there are deviations from that baseline, and using powerful questions to find the underlying cause of the deviation.

## The Basics

The basics of body language are pretty simple. Across species lines, animals (human and nonhuman) use adaptations to increase or decrease their physical presence. A bear stands on his back legs to appear taller, cobras expand their hood when they are threatened, and the mantis lifts her front limbs while displaying a conspicuous eyespot to scare or distract a predator.

Humans present similar nonverbal “tells” by puffing their chest and standing taller when an attractive woman walks by or throwing both hands up in the air after accomplishing a huge milestone (even humans who have been blind since birth exhibit these behaviors).

The opposite is true as well; a dog cowers in the back of a cage or tucks his tail, an embarrassed child covers her face. We tend

to minimize our physical presence when we want to disappear!

Each unique area of our body displays our emotions differently. The face is the most important when it comes to first impressions, and the feet most important when you want to know whether a negotiation is being tipped in your favor.

## Personal Curb Appeal

When you want to make the most positive impression possible on a client, there are four main areas to consider: initial facial expressions, the introduction to the client, nonverbal cues (aka nonverbals) while speaking, and physical appearance. Each of these areas has been proven to influence the impression someone has on another person.

### Facial Expressions

Judgments based on facial appearance or expression play a very powerful role in how we get treated (Mehrabian 2009). In fact, in a court of law, it’s been shown that “mature faces” receive harsher judicial outcomes than those with a “baby face,” and having a face that is thought to be “competent” (as opposed to trustworthy or likable) may be highly predictive of whether a person gets elected to public office (Zebrowitz and McDonald 1991). Also, like it or not, attractive people are more favorably viewed in general, leading to overall better outcomes in life, in addition to being thought of as more trustworthy (Subhani 2012).

What is a good way to use your facial expressions to improve your curb appeal? Smile. Yes, simply smile. Of course, we have all been subjected to the “fake smile” versus the “genuine smile”! This distinction has been researched for quite some time; so much so that a genuine smile is now described with the name “Duchenne smile” after the French physician Guillaume Duchenne, who studied the physiology of facial expressions in the nineteenth century (Harker and Keltner 2001).

The *Journal of Personality and Social Psychology* described the difference from the anatomical perspective (Harker and Keltner 2001):

- 1) The Duchenne smile involves both voluntary and involuntary contraction from two muscles: the zygomatic major (raising the corners of the mouth) and the orbicularis oculi (raising the cheeks and producing crow's feet around the eyes).
- 2) A fake smile involves the contraction of just the zygomatic major since we cannot voluntarily contract the orbicularis oculi muscle.

Interestingly, the fake smile is controlled by the motor cortex, while more complicated emotion-related expressions, like the Duchenne smile, are controlled by the limbic system.

Yes, our clients can tell the difference! A genuine, warm, sincere expression of happiness that conveys a welcoming greeting is related to emotion, while the cheesy grin is simply a forced muscle action. So make sure your greeter (whomever that might be) smiles because he/she is happy to be there, not because he/she is forced to!

### **The Nonverbals of Introduction**

Upon being greeted with the warm, genuine smile, the customary introduction ensues. Even if this is a long-standing client, there is still a formal greeting ritual we all engage in. The first 7 seconds may be too long for a first impression, but it's the perfect amount of time for a good introduction.

In our current Western society, the handshake occurs first and, as long as it's a good one, is the universally accepted sign of professionalism, politeness, and confidence. A good handshake is an art! Whether you're the veterinarian or the support staff, make sure you initiate the handshake before the client does to show a confident welcome. Remember, clients are coming into your "home" (the clinic), and you want them to feel that you genuinely appreciate their presence. Make hand contact palm to palm, web

to web (the "web" is the flap of skin between your thumb and pointer finger), while keeping the angle of your hand either perpendicular to the ground or palm facing slightly up. Palm down in a handshake indicates power. Don't squeeze too tightly, nor too loosely, and maintain consistent tension as you say your greeting. Also, make sure to shake everyone's hand in the pet's family, not just the primary owner—even the children. (What a way to inspire a new generation of veterinarians!)

While shaking the client's hand, maintain good eye contact and introduce yourself, even if you believe he/she knows your name (but not with close friends, of course!). Clients may have forgotten your name since their last visit, and setting your clients up for success by knowing your name helps build their confidence.

Because the introduction is about 7 seconds long, make sure it's meaningful. Step in front of the receptionist's desk to shake the client's hand, use a two-handed handshake (both of your hands around their one hand), lean gently forward to show appreciation for the client coming in, and/or bend down to pet his/her dog (cats may not appreciate this, though!).

### **Nonverbals to Gain Rapport**

After you've made an amazing first impression, followed by a confident introduction, it's time to complete the circle so that the client builds the trust, rapport, satisfaction, and connection with the entire veterinary team. These skills all enforce the concepts of active listening, engaged interaction, and supporting the client's concerns.

These concepts are broken into three anatomical areas: the top, middle, and lower body regions.

#### **Body Language in the Top Third**

Eye contact is incredibly important! But how much is too much? At what point does it start to become creepy? One study on the Royal Society Open Science website (Binetti *et al.* 2016) found that, when asked to stare at a

video of an actor staring back at them, participants had a “preferred gaze duration” of 3.3 seconds (give or take 0.7 seconds). The authors also found that the rate of pupillary dilation (an automatic reflex) was a good indicator of how long people wanted to gaze; the longer their preferred gaze, the faster their pupils expanded. (Don’t get too attached to this difference, however. The change was so subtle that it was only seen with eye-tracking software, which would be awkward to follow in real life!)

Make your eye contact consistent by looking only inside the imaginary triangle between the two points about 1 inch above each eye and the tip of the nose; going farther down to the mouth or chin is more indicative of a social or amorous relationship.

Aside from the eyes, do not bite, tense, purse, or conceal your lips. Janine Driver, renowned body language expert, says, “when we don’t like what we see or hear, our lips disappear” (Lyintamer 2014). This is evidenced by turning both lips into our mouth, similar to spreading lip balm once it’s been applied.

When nodding your head, a gentle, 1 second nod implies active listening, whereas faster head nods may tell your listener “hurry up, I don’t have time for this.” Make your nods slow and small with a closed mouth (which indicates you are listening).

Hands and arms are the second component of this category. Many of us will find ourselves wringing our hands or picking at our fingernails at any given moment. This may increase when we are nervous and evolve from a normal, baseline behavior into what is considered “pacifying” behavior. This is a normal reaction to nervousness or discomfort. (Again, we don’t know WHY someone may be nervous or uncomfortable, but we can simply make the observation, then follow up with a powerful question.)

On the deeper meaning of hand positions, Adam Kendon, author of *Gesture: Visible Action as Utterance*, says (Kendon 2004):

Gestures of the Open Hand Prone or “palm down” family are used in contexts

where something is being denied, negated, interrupted or stopped, whether explicitly or by implication. Open hand Supine (or “palm up”) family gestures, on the other hand, are used in contexts where the speaker is offering, giving or showing something or requesting the reception of something.

When auditing the body language of your own hands and arms, use open, offering palms when escorting a client to an exam room, offering to take their coat, or asking if there’s “anything else you need?”

#### ***Body Language in the Middle Third***

Where someone’s torso is facing may be one of the most important indications of where they want (or don’t want!) to be. The “belly button rule” dates back to the 1930s. Since then, numerous scientists and body language experts have reinforced the theory. Most notably, psychology professor Mehrabian has said, “the belly button rule is the most important indicator of reading a person’s intention.”

During an introduction, face your belly button toward them. This indicates genuine interest and engagement. While you’re writing in the patient’s chart as the client actively describes his/her pet’s history (or anything else he/she feels is important to you), you may turn your shoulders slightly away in recording notes, as long as your belly button remains mostly pointed toward the person talking.

#### ***Body Language in the Lower Third***

Many experts feel that it’s easier to read someone’s feelings by looking at his/her feet than any other part of the body. In fact, this concept especially applies to interactions when one party is attempting to “convince” another, which can be the case when a veterinarian (or anyone else on the team) is presenting an estimate to a client. Studies have actually shown that crossed legs can have a devastating effect on a negotiation.

In *How to Read a Person Like a Book*, authors Gerard Nierenberg and Henry H. Calero reported that the number of times

settlements were reached increased greatly when both negotiators had uncrossed their legs. In fact, they found that out of 2,000 videotaped negotiation transactions, not one resulted in a settlement when even one of the negotiators had his/her legs crossed (Nierenberg and Calero 1971).

So what is “good” body language in this lower part of the body? Because building a rapport with clients is our main goal, you want to be perceived as interested and actively listening. Uncross your legs, both feet flat on the ground, sit on the edge (but not too far forward) of the seat, and lean slightly forward. (This is a great stance to take when writing the clinical history while listening to the client.) For the best effect possible, don’t jiggle your feet, wrap your toes around the edge of the chair, or cross your legs or your ankles. And if you see the client doing any of these unwanted behaviors, it might be a good time to audit your own body language or other communication styles (tone or phrasing) to compensate for the potential misalignment. Of course the client might simply be cold!

### Physical Appearance

You may not be into fashion or up on the latest trends, but that’s not what having a “nice” appearance is all about. Being well dressed has everything to do with appearing put together, not being a mannequin for the latest crop top or fringe boots. Just as our clients will judge the veterinarian’s surgical skills by the neat row of sutures, they will also judge our entire team’s knowledge, professionalism, compassion, and overall trustworthiness by the way we choose to dress ourselves that morning.

We’ve all heard the saying “dress for the job you want” or “clothes make the man.” Well, those sayings have real research, and lots of it, to back them up! In 1955, a group of researchers had a man cross a city street against traffic (Lefkowitz, Blake, and Mouton 1955). When this man was dressed in a suit, 3.5 times as many people followed him as when he was wearing a “work shirt and trou-

sers.” Regardless of background demographics, a business suit is universally seen as a form of authority.

Taking this one step further, not only is being well dressed seen as a reason for others to follow you but also a reason for others to do what you ask them to do. In another study (Bickman 1974), an experimenter would stop someone on the street, point to a person about 50 feet away (this person far away was an accomplice), and say, “You see that guy over there by the parking meter? He’s over parked but doesn’t have any change. Give him a dime!” The experimenter would then leave. When dressed in a uniform (anything relating to authority), most people complied with the instruction to give the other person money. When dressed in regular clothes, however, compliance was less than 50%!

But how does this translate into the exam room? What about the white coat hypertension we hear so much about? It appears this may be an overreaction, making it the exception, not the norm. In a written survey in 2005, patients were asked to review pictures of physicians in four different dress styles, then answer questions relating to their preference as well as their willingness to discuss sensitive issues (Rehman *et al.* 2005):

On all questions regarding physician dress style preferences, respondents significantly favored the professional attire with white coat (76.3%,  $P < .0001$ ), followed by surgical scrubs (10.2%), business dress (8.8%), and casual dress (4.7%). Their trust and confidence was significantly associated with their preference for professional dress ( $P < .0001$ ). Respondents also reported that they were significantly more willing to share their social, sexual, and psychological problems with the physician who is professionally dressed ( $P < .0001$ ). The importance of physician’s appearance was ranked similarly between male and female respondents ( $P = .54$ ); however, female physicians’ dress appeared to be significantly more important to respondents than male physicians’ dress ( $P < .001$ ).

The conclusion from this study was obvious: “Respondents overwhelmingly favor physicians in professional attire with a white coat. Wearing professional dress (i.e., a white coat with more formal attire) while providing patient care by physicians may favorably influence trust and confidence-building in the medical encounter.”

More recently, in 2015 a comprehensive international review of studies on physician attire was published on the British Medical Journal Open website, adding to the previous study’s findings (Petrilli *et al.* 2015). The authors confirmed the idea that, yes, most people prefer their doctor to be dressed formally, and they also stressed that how you feel about your doctor’s attire can depend greatly on your age and/or culture. For example, in general, Europeans and Asians of any age, and Americans over age 50, trusted a formally dressed doctor more, while Americans in Generations X and Y tended to accept less-dressy physicians more willingly. Doctors in other roles, however, such as surgery or emergency, appear more insulated from this effect, and patients are much more willing to see their doctor in scrubs.

Even if you are not the veterinarian, pick your attire carefully. What you choose to put on your body says more to the client about your professionalism and trustworthiness than you may think!

## Conclusion

Curb appeal does not stop at the clinic’s entrance. And fortunately for veterinary professionals, those clinic doors are human sized, not small doggy doors (until pets earn a monetary income, this will be the case)! We have to interact with, connect with, and, ultimately, win the trust of our clients if our professional knowledge is to be put to good use. Without that rapport with our clients, something every person of the veterinary team is responsible for upholding, our treatment plans may not be accepted and/or compliance may not be achieved. Only through immediate, consistent, and appropriate maintenance of this bond will the patients receive the best possible medical care and our clients be happy to see us again!

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