

Increasing Owner Compliance through Adult Learning

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Everybody wants more compliance: doctors want patients to take their meds, professors want students to read their assignments, mechanics want car owners to get regular tune-ups and veterinarians want clients to follow their treatment recommendations. If people would only follow the good advice of their professionals, things would work out better – for the professionals' businesses, but first and foremost for the people themselves. So why, in so many instances, do people fail to implement good advice?

Before we go any further, I need to come clean about my own sordid history of noncompliance. When I was in graduate school I was diagnosed with a gastro-intestinal disorder and my doctor told me to stay home and rest. My doctor, however, didn't have final exams coming-up and didn't offer to pay my rent for the time-being, so off to school and work I continued to go.

How could it have been different? If my doctor had taken the time to talk with me as much about treatment as he did about my symptoms and test results, we would have both agreed that I needed to reduce my stress *and* that stopping work and school were not realistic options – in fact, either would have *increased* my stress. We probably would have arrived together on the stress treatment plan I ultimately developed for myself – an exercise regimen I really enjoyed. The exercise alleviated my stress. I never went back to that doctor.

I've also failed from time to time to follow my veterinarian's advice. These transgressions include ignoring directives to keep my Setter quiet for 10 days with short leash walks only, as well as numerous instances of missed or miss-timed medication doses, and the occasional accidental double-dose.

How could these circumstances be different? If my vet appreciated how my Setter shrieks, paces, and digs at his bandages when he hasn't exercised, she would know the dog either needs tranquilizers to keep him quiet, or a super-duper bandage and bandage covering to allow for regular exercise. What about the medication issues? Ultimately I worked out a routine and a written plan re: who's responsible for meds on which day. I also use a calendar and one of those weekly pill organizers. The good news is: all animals are doing well. The bad news: I'm developing a bad habit of picking and choosing from my vet's recommendations and I don't turn to her as often as I might.

You could well be feeling irritated about now (and I wouldn't blame you) because you and your colleagues have poured time, money and dedication into learning what's best for animals so that you can improve animal health and make a difference for animals and people (like me). Don't get mad – it's not about you, it's about us. Welcome to the world of adult learners. We


are an unruly bunch. We are choosy about the information we take-in, and we make our own decisions about its importance and what to do with it. There is a bright side, however. You are also an adult learner – which gives you a leg-up on understanding how adults learn. You can use this knowledge to your advantage, taking the guesswork out of compliance. You can set the stage for clients to learn in your office. You can increase their learning by accommodating their learning preferences. And you can engage your clients to develop realistic treatment plans together. When you do, you will get more reliable results and develop stronger relationships with your clients.

Set the Stage for Learning

In the 1960s, education theorist Malcolm Knowles conducted field research to identify the factors critical to adult learning. He was so baffled by the simplicity of the results that he repeated his research several times, but the results remained consistent: adult learning depends on respect, relevance and immediacy. (1970) Applying Knowles' work to adult education in international settings, Jane Vella subsequently identified two additional critical factors: safety and engagement. (2002) You can set the stage for your clients to learn by applying these five simple but critical learning factors: safety, respect, relevance, immediacy and engagement.

Safety: In the brain, learning takes place through complicated sequencing of chemical reactions and neural connections. Stress induces its own sequence of chemical messaging which can slow, disrupt or even distort learning. (Conner, 1996, p. 7) For learning to take place, learners must feel the environment is safe – both physically and emotionally.

Anything that's new or unclear will cause your client to feel stress, which will interfere with what she will hear and learn from you. Many receptionists will ask if this is the client's first visit. If so, the receptionist takes extra time with the client – explaining the routine, to come a few minutes early for paperwork, where to walk the dog before entering, how much the visit will cost, etc. This is a great practice – it walks the client through a step-by-step of what will happen. By making the visit predictable and understandable, the receptionist clears the way for the client to focus on the important stuff – the reason for the visit. Unfortunately in most clinics, providing that kind of predictability generally stops after the first visit. Don't stop! For all those people who may only be in your office once or twice a year, a refresher on the routine is a great way to say, "We're here to help you; we'll see to the process so you can focus on your pet's health."

 *Take a few minutes to make two lists about safety in your clinic. In the first list, write down all the things your staff currently does to take the guesswork out of office visits for clients. In the second list, write down some additional things you and your staff can do. What can you do to implement some of these ideas?*

There are also bigger safety issues to consider. Hopefully your clinic has satisfied physical safety issues, but there are still a number of reasons why a client could feel afraid in your office: the potential for bad news, the possibility that you or your staff think the client is to blame for the pet's condition, the uncertainty of what the visit and treatment will cost, and so on. Whatever the reason, the more stressed or fearful the client feels, the less he will be able to process information. A trusting relationship between the doctor and client is the best way to keep emotional stressors from slowing or blocking learning. How do you create that trust? When you

enter the exam room, be genuine when you ask, *How are you today?* Take a minute to make eye contact and listen to the client's answer. In addition to this kind of rapport-building, remember that in your exam room the client still benefits greatly from predictability and reliability. Let your clients know what you're doing and why, find out what questions your clients have, and maintain a consistent demeanor (whatever yours is) when you're working with your clients.

When the clinic feels like a safe place to learn, your client will feel increasingly trusting of you. This will lead to better treatment follow-through and a long-term client relationship.

Respect: When I conduct workshops, I often ask learners what they need in order to get the most from the workshop. I don't think I've ever opened this inquiry without hearing, *There are no dumb questions.* As adults, we come with knowledge, skills and our own unique history of life experience. I may not know what you know, but I know some things – and I want to be respected for that. Traditional teaching and testing methods have made more than a few of us shy about revealing what we don't know. This is unfortunate, because asking questions is critical to learning.

Your client may say something like, *This is probably a stupid question, but...* You can show respect by listening to the question with interest and answering the question factually and matter-of-factly. You might even take it a step farther by normalizing – for example, *I used to wonder that myself, or That is one of the most often asked questions about [this].*"

A client's questions offer a glimpse into her process of applying the subject matter to her existing knowledge, skill and life experience. This glimpse can help you know what's getting through and what might make for meaningful examples and analogies to help the learning.

What are other ways to convey respect? In my workshops, the second most popular request is *Start and end on time.* In a vet clinic, it's not always going to be possible to start and end on time; but when emergencies have caused your appointments to get backed-up, it is helpful to acknowledge the impact on the client. Notice I said *on the client.*

Here are two ways to share information that the doctor is going to be late:

- a) *The doctor is running late because of an emergency*
- b) *The doctor is running about 30 minutes late because of an emergency*

☞ *Allowing that both of these options are preferable to not informing the client at all; if you were the client, which message would you prefer? Why?*

Adults are decision makers and want to be treated as such. (Vella, 2002) When we have good information, we can make good decisions. If you told me the doctor would be 30 minutes late, I'd either get my work out of my bag and get busy or zip back out to run a quick errand and return when the doctor's ready for me. In this way, when I do get into my appointment I won't be angry or frantic – so I'm more receptive to learning – and I feel the doctor respects my time as much as I respect hers.

Respect is also conveyed in all of the ways that you acknowledge a person: saying hello and shaking hands, making eye contact, asking questions, and especially – listening.

Relevance and Immediacy: Adults are busy people. We want to learn things that are relevant and can be put to use right away. But given that all adult learners come with different knowledge, skills, and experience, how can you tell what will be useful and relevant to each individual client? Simple: ask!

Let's say you've just diagnosed John Smyth's dog. Depending on John's educational and professional background, his history, and his current reality, what's most immediate and relevant to him could be anything from the dog's prognosis, to treatment options, to whether treatment will be painful for the dog, how he'll explain the diagnosis and treatment to his kids, the cost, the cause, or any number of other concerns. You can accommodate John's learning needs (and save yourself a lot of time) by explaining the diagnosis very briefly and then asking, *What are your questions?* In all likelihood, you will cover the same information by responding to John's questions that you would have if you just explained the whole situation your own way. (If not, when his questions are done, you can add the other pieces you think he should know.) But the important difference here is that by responding to *his* questions first, you are letting John direct his own learning. This increases his focus on your answers and the likelihood that he'll retain the information.

Enhance Understanding by Accommodating Learning Preferences

People generally favor receiving information by one of three modes: sight (visual learners), sound (auditory learners) or touch (kinesthetic learners). (Global Learning Partners, 2001) Most people can make use of information from any of these modes, but have a preference for one; much the way a right-handed person usually opens doors with her right hand. It's not that she can't open a door with her left hand; it's just most expedient for her to use the right hand.

☞ *Which is your learning preference?* Read the descriptions below and see which one seems to fit you best. It's useful to know your own learning preference because we tend to give new information to others via the mode that we prefer to receive information ourselves.

Visual learners prefer to see what they're learning. They often think in pictures – even as they're reading – and want to read for themselves rather than be read to. In note-taking, visual learners use a lot of drawings and symbols. When getting driving directions, a visual learner tends to prefer a map to printed directions, but either of these is preferable to spoken directions. Relaxation and recreation tends toward visual activities – such as TV and movies. These folks might give you hints of their visual preference in what they say, *I see what you mean; I get the picture; or What does that look like?*

Auditory learners take in new information best via sound. While reading, they literally *hear* the words in their head (or say them out loud). They prefer verbal to written directions. Auditory learners register changes in tone more readily than changes in facial expression. Rhythm, rhymes and music are particularly helpful for

memorizing information. Auditory learners often choose radio, music and talking for recreation and relaxation. Clues from auditory learners include how much they want to talk about things (a lot), repeating your instructions back verbally, and saying things like *I hear you* or *I have never heard of such a thing*.

Kinesthetic learners have a strong gut or intuition and tend to want to jump in and try something – figuring it out as they go along or going back for the visual and auditory cues only when necessary. Taking notes is an important part of understanding auditory information (ie: lecture), but *doing* something is even more preferable. Kinesthetic learners prefer physical activity, crafts, or games for recreation and relaxation over reading, TV, or radio. You will recognize the kinesthetic learners from statements like, *Here...feel this lump*; or *What should I do about...?* or the tendency to jump-in and participate in the exam – holding the animal for a procedure, etc.

(Connor, 1996; Global Learning Partners, 2001)

How might you use learning preferences to increase compliance?

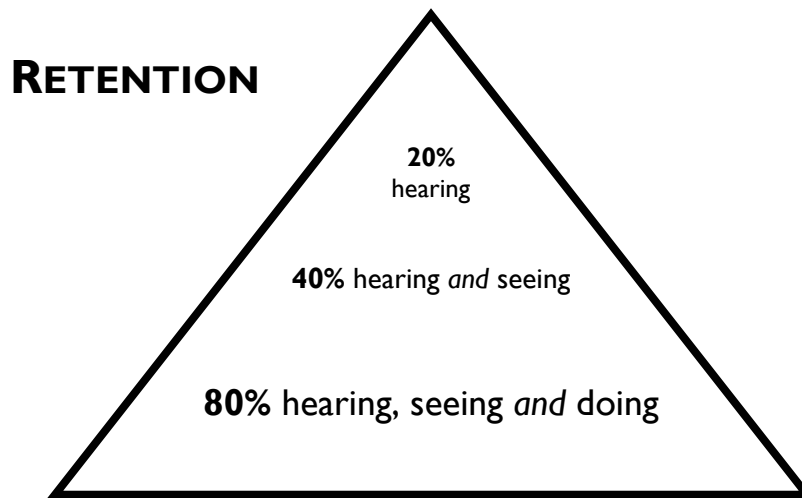
- If you're *telling* the diagnosis and treatment, remember that this *verbal* approach is favoring your *auditory* learners.
- A simple addition to help those clients who are *visual* learners would be to *show* them photographs, models or a demonstration. You could also *draw* a picture or diagram. And give clients a *written* summary of the visit and treatment instructions to take home.
- To help your *kinesthetic* learners, you can keep note pads handy and *invite them to write* their own notes. Or have them *touch* the focal point on the animal and describe what they feel or see.

Recall that most adults are capable of receiving and using information via all three modes. The more you incorporate visual, auditory *and* kinesthetic techniques into your approach, the better the learning for all of your clients, regardless of their preference. The more they learn, the more likely they are to comply with your recommendations.

Increase Learning by *Engaging* the Learner

In his article “Building on Compliance”, Steve May notes the importance of the client’s experience in the development and success of the treatment protocol. “Making use of standard protocols requires a belief by those responsible for the care that it is the best way to approach a problem. This means the protocol has to reflect the thinking and feeling of [clients] to the extent that it is a personal commitment by those persons.” (2004, p.1) Unfortunately, May pretty much stops there and spends the remainder of the article promoting a compliance measurement tool. For those of you who feel that *increasing* compliance is more immediate and relevant to your practice than *measuring* compliance, let’s take a closer look at May’s astute observation. In fact, let’s take it a step farther. Not only should your treatment protocol *reflect* the client’s thinking and feeling, but the entire visit *and* the development of the plan should *engage* the client’s thinking and feeling.

Practice: Compliance with a treatment recommendation is dependent upon how well a client integrates and applies information from the office visit. Adults retain 20% of what we hear, 40% of what we hear *and* see, and 80% of what we hear, see *and* do. (Global Learning Partners, 2001)



“Doing” (i.e. practice) *engages* the learner. In addition to the things we’ve already covered re: setting the stage for learning and accommodating learning preferences, a perfect way to *engage* clients is to ask them a lot of questions about their animals. In all likelihood, you’re probably already doing this – which is great. Now you can take it the next step. What is it you need the client to *do* once he leaves your office?

You can dramatically increase the likelihood of compliance by giving your client the opportunity to *practice* the behavior *before* he leaves your office.

Practice could take the form of having the client: (1) discuss his daily routine and decide on the best ways to keep his cat quiet for the necessary period, (2) give the first dose of medication before he leaves your office, or (3) simply write down the details of the treatment plan. What’s important is that the client is the one *doing* and you or one of your techs is providing helpful guidance while they practice.

Praxis: Learning by doing is enhanced through praxis, i.e. action with reflection. (Vella, p.115) Once the client has had the opportunity to *do* something (practice), it’s helpful to look back and make sense of what just happened (praxis). By doing so, you not only help the client learn, you can also check to make sure she’s “got it”. If she can’t pill her cat in the office, she probably won’t be able to at home – so you may as well figure this out before she leaves. If, on the other hand, her practicing has gone well, this is the perfect time to repeat some of the important concepts you’ve wanted your client to understand. Good timing because the practice has both increased her confidence and her curiosity, so she’s more receptive to new information.

Through praxis, the client has even more opportunities to think about the treatment plan, ask questions, and play an active role in improving her own understanding and her pet’s treatment.

You (or your techs) have a couple of good opportunities to make the best use of praxis: first during the office visit and then with a follow-up call. *How are you doing keeping Sammy quiet? How are the injections going? What's working and what's not working with that treatment plan we developed?*

Open Questions: What do you notice about the three sample praxis questions you just read? You could get a wide range of answers to those questions. They are “open” questions; which means they have no set, correct answer. Open questions allow the learner to choose what's immediately useful and relevant and to apply this to his existing knowledge. Open questions engage the client in his own learning. (Vella, 2002)

☞ Notice the difference in the following questions by thinking about how you might answer them.

Closed: Do you have any questions?

Open: What are your questions?

Closed: Will he let you pill him?

Open: What's it like giving pills to this dog?

In some cases, open questions aren't questions – they're statements that invite dialogue – as in the following example:

Closed: Is she urinating more frequently?

Open: Tell me about her normal urinating and any changes you've noticed.

By asking the open questions in the examples above, you are likely to get more information about the animal/situation *and* about what's most immediate and relevant to the client. Open questions are also better than closed questions at demonstrating your interest in - and respect for - the client.

Not every question needs to be asked as an open question. *When was the last time he ate? How many times a day is this happening? How old is she?* These are all perfectly adequate as closed questions. But in some instances, a closed question can actually work against you. For example, in a 2001 article on compliance for Veterinary Forum online journal, Myrna Milani wisely recommends asking owners questions about your treatment recommendations; but notice the question she suggests: [Describe the proposed treatment]...*does this seem like something you (and your family) can do?* (p.2) Watch out! If the client has *any* concerns that you might judge her intelligence or her dedication to her animal based on her response, she is going to answer “yes” to a question like this one, even if the real answer is “no”.

In contrast, an open question could *engage* the client in the planning for the follow-through. *Okay. Fluffy will get better fastest if she can get these pills three times a day. Walk me through your daily routine. When are you most likely to be able to give her meds?* Note the subtle but important differences between Doctor Milani's question and this one; and the answers you are likely to get from each.

Good for Learning / Good for Relationships

Getting clients to follow-through on treatment recommendations is essential to patient care, which bears directly on the veterinarian/client relationship, which – in turn – is critical to the economic health of the veterinary practice. Indeed, the 2003 study on compliance sponsored by American Animal Hospital Association (AAHA) indicated that a 10% increase in compliance across seven protocols resulted in an incremental annual revenue increase of greater than \$132,000 for an average practice. (p.77)

While the focus throughout this article has been on learning, you have probably noticed that there's a great deal of overlap with customer service principles. That's because the best customer service practices focus on developing good relationships. The same holds true in adult learning for client compliance. When you shift your focus from *telling* your clients what to do, to *involving* them in the care of their animals, your clients will feel respected by you and develop confidence that together you can both take wonderful care of their animals. In "Compliance or Compromise?" Christine LeMonde (2004, p.3) writes, "Every year a client returns, their annual expenditure increases. This is the wonderful result of education, trust and compliance with the needs of the aging companion." Clearly, using adult learning to increase compliance is good for the patient, the client and you.

By the way, back to those true confessions: My hygienist has told me for years to floss everyday (yours probably has too). Alas, I'm a repeat offender; and you? Why?

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