

VETERINARY
communication
SKILLS

Welcome to the Communication Skills training DVD

We have put together these training notes to help you with selecting the most appropriate DVD clip to use. Our evaluations are based on the Guide to the Veterinary Consultation based on the Calgary Cambridge model (Radford et al, 2006) and its associated skills. In both consultations, version 1 is the “good” version showing many of the skills listed in the Calgary Cambridge Observation Guide, and version 2 has room for improvement!

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Further copies of this document can be downloaded from;

http://www.live.ac.uk/documents/com_skills_training.pdf

Scenario 1 – dog with incontinence

Preparation/initiation

The vet takes time to look at the patient records before calling the client in. She looks to be in a “neutral” frame of mind, which means that she has dealt with anything that was urgent or stressful and cleared her mind before seeing the next client. She looks professional and smart. She wipes the table with disinfectant so that it looks freshly cleaned when the client enters (even though she knows this is a large dog, and she won’t be examining it on the table, this still gives a professional image and smell!)

She calls the client by name and the dog’s name to avoid confusion. She smiles and looks welcoming.

Discussion – is this always appropriate?

She shakes the client’s hand and introduces herself by name and role.

Discussion – should you always shake hands with new clients?

She has ascertained from looking at the notes that this is a new client to the practice, so introduces this into the conversation and has a bit of “chat” regarding whether the client was able to find the practice without difficulty. She demonstrates that she knows a little about the dog already from reading the notes. She starts to investigate the problem by asking an open question.

Gathering information

Having asked an open question, the vet allows the client to speak without interruption, listens attentively, then summarises the problem list and screens for additional concerns.

Discussion – why is summarising important? What does screening help to avoid?

She then sets the agenda for the rest of the consultation, and checks that the client is happy with the plan. She starts gathering a history with an open question, then listens actively

Discussion – what is active listening?

She allows the client to finish her story, then responds with an empathic statement.

Discussion – what effect does empathy have on the relationship?

The client says that she has looked on the internet, giving the vet a chance to explore the client’s ideas about what might be going on.

The vet sets the agenda for the next part of history-taking, keeping the questions open but closing them down for specific pieces of information, also giving options for answers.

Discussion – why is the “open---> closed cone” version of gathering information recommended?

The vet summarises the information given so far, in terms of short-term history, then moves on to long-term history, explaining this to the client before going on.

Physical examination

The vet explains that she will now conduct a physical examination, checking with the owner that the dog will be happy with being examined. She checks that the owner feels comfortable holding her, but also warns that she might need a nurse or a muzzle if the dog is unhappy.

The vet explains what she is going to do, and keeps the owner involved by conveying her findings. She warns her that she needs silence for auscultation of her chest, so avoiding the problem of the client asking questions while the vet has the stethoscope in her ears. She reports findings to the client as she examines the abdomen, and then warns that the dog may not like having her temperature taken. She then cleans the thermometer and her hands before recommencing the consultation.

Explanation and planning

The vet starts by explaining the most likely cause of the dog's problem (USMI) – NB she gets "incontinence" and "incompetence" mixed up. She asks if the client has heard of it before, thus assessing the client's starting point for the explanation.

Discussion – why is it important to find out the client's level of prior knowledge before giving information to the client?

The vet explains the likely reason for the condition and its association with spaying. She could have used "chunking and checking" a bit more in this section, i.e. giving a little bit of information then checking that the client understood (see discussion point below).

She then moves on to options for treatment. She explains that it will be the client's decision regarding treatment, but she will give her enough information to make an "informed" decision.

Discussion – how would you define an "informed" decision?

She briefly explains the two options, then asks if the client has any questions. She deals with two questions that the client asks, then summarises the two options. She explains that she would like to test a urine sample before starting treatment, and checks that the client can manage this. The client then summarises the two options, which confirms to the vet that she has understood the explanation.

Discussion – the vet was quite lucky that the client did this. How could you check understanding if the client did not offer this summary?

Closing

The vet acknowledges the dog, thanks the client, and then gives a clear way forward regarding collecting a urine sample pot from reception. She could have provided a 'safety net' for the client to contact her if there were any problems, and could have ended with a final goodbye to both client and patient

Discussion – do you think that a final summary of the whole consultation would have been useful here?

Reference

Radford, AD et al (2006) Development, teaching and evaluation of a consultation structure model for use in veterinary education. *Journal of Veterinary Medical Education*. 33 (1) (Spring): 38-44

Scenario 2 – dog with incontinence

Preparation/initiation

The vet looks at the clinical notes briefly. She greets the client by name, but uses “Miss” then “Mrs”. We can see from the state of the consulting table that the last consultation was probably quite difficult (selection of muzzles etc.) and the vet hasn’t tidied up or cleaned the table. She doesn’t introduce herself, and gets the dog’s name wrong, although she gets the age correct. She refers to the problem as “incontinence,” although this obviously surprises the client.

Gathering information

The vet starts well, asking a nice open question (although still referring to the problem as “incontinence”). She then interrupts the client with a closed question, and follows that up with another. The client does not get a chance to resume her story. The vet then asks some seemingly unconnected questions about long-term history. The vet does do a summary, and explains she will carry out a physical examination, but then she remembers another “long-term history” question to ask. She does not screen for other concerns.

Physical examination

The vet carries out the physical examination in silence, avoiding eye contact with the client. She does not explain what she is examining or why. When listening to the dog’s chest, she is asked a couple of questions by the client, who is desperately trying to catch her eye. Apart from asking the client to hold on to the dog, the vet does not involve her in this part of the consultation at all. She does not clean the thermometer or wash her hands after the examination.

Explanation and planning

The vet opens this section by referring to the dog’s smell, and asking the client if she baths the dog. She then moves on to explaining that it is likely to be caused by USMI, but doesn’t explain this in layman’s terms. She gives several less likely causes, including cancer, using jargon for each. This obviously worries the client, who continues to look worried throughout the treatment explanations.

The vet uses acronyms (UTI, GA) without explaining them. She explains the two options, but gives more detail for the investigation and X-rays. The client has to ask for an explanation of the problem.

She then asks the client to collect a urine sample immediately. The client looks worried about this. The vet then focuses on the urine sample, asking the client to leave it at reception. There is no checking of the client’s understanding.

Closing

The vet indicates that the consultation has come to an end by saying “thank you” to the client and ushering her out of the door. There is a final reference to the urine sample (reminding the client to take the bowl), and then the vet starts to tidy the table.

Scenario 1 – cow with mastitis

Preparation

The vet reads through her notes before getting out of the car. She is obviously checking some details, perhaps from previous visits to this cow. She changes into clean overalls and boots. She collects the equipment she thinks she will need from the back of the car.

Initiation/setting the agenda

She enters the barn with a smile and greets the farmer with a handshake. She introduces herself and her role as the new vet at the practice. She already knows the farmer's name. There is a bit of chit-chat about finding the place without any problems, then the vet explains why Mr Moore, her boss, couldn't attend himself. She also confirms that she has talked to her boss about the cow, and has checked her notes.

Discussion point – how important is it to let the client know that you have read up on their history?

She asks a nice open question about how the cow is this morning, then listens to the answer. She then sets the agenda for the visit, explaining that she will ask some questions first, then examine the cow, then discuss findings and options. She checks that the farmer is comfortable with this plan.

Gathering information

The vet starts to gather information by asking an open question, listening carefully to the answer, (there is a bit of a joke about the mastitis tubes' names) and empathises with the farmer, saying it must be worrying for him.

Discussion point – what effect will this “joke” and the empathic statement have on the farmer?

She then asks the farmer's views on what he sees happening with this cow.

Discussion point – is it a good idea to ask the client's opinion?

The vet reinforces the agenda, stating that she would like to ask some more detailed questions before examining the cow. She asks about the cow, finding out that the farmer is fond of her, and that she has been a good milk producer and has also produced good heifer calves. The vet uses information gleaned from her boss to ask questions about AI. Asking about the milking routine leads to the farmer having another joke with the vet. A detailed explanation of the milking routine allows the vet to praise the farmer for his good hygiene. The vet does not summarise the information to the farmer.

Discussion point – what effect would a summary have had here?

Physical examination

The vet explains the order in which she will conduct the examination, leaving the udder till last. She asks about the cow's temperament, getting the extra information that this cow is the farmer's wife's favourite. She clearly signposts when she is about to auscultate the chest and abdomen, preventing conversation. She feeds back findings from one side before starting on the other. She explains that the temperature is normal, then dons gloves to examine the udder. She then reiterates the agenda for the next part of the consultation, and cleans her hands.

Agenda setting

The vet asks the farmer to put the cow back with her companions, and then they will chat about the findings and the options. The farmer offers her a cup of tea.

Explanation and planning

The vet starts by explaining her findings, then discusses the bacterium cultured from the milk sample. She uses clear language, explaining any scientific terms. She offers two options, the first being to dry off the affected quarter, but she gives the disadvantages of doing this. She then empathises with the farmer regarding the second option of culling. She emphasises the benefits of having the "fertility package" with the practice, as they can monitor the situation for him. She does not pressure the farmer for a decision, saying he can weigh up the financial aspects and take his time, but it sounds like the farmer has decided to cull the cow.

Discussion point – whose decision is it? Should the vet try to influence the farmer's decision?

Closing

She asks if he has anything else for her to have a look at, and if he has any questions, but he does not. The farmer thanks her and says the kettle will be ready so they can go and have a cup of tea. They exit chatting about the weather.

Scenario 2 – cow with mastitis

Preparation

The vet is obviously in a bit of a bad mood to start with, and checking her phone has not improved this. She changes into muddy boots. She selects a few bits of equipment that she might need and heads to the barn.

Initiation/setting the agenda

She asks the farmer if he is Mr Baxter, and shakes his hand. Although the farmer introduces himself with his first name too, the vet does not introduce herself, and when the farmer asks if he spoke to her on the phone she says she can't remember. Her response to the farmer's query about finding the farm is to say that "with her satnav, she never gets lost".

Discussion point – what effect does missing the opportunity for a bit of chitchat have on the subsequent consultation?

The farmer indicates the cow she's come to see, and the vet instantly refers to culling her (using the term, "ready for the knacker"). She checks that she hasn't got any better despite treatment, and the farmer says he'd like her to have a look at her. She then asks where the cow is, and the farmer says "she's over there, like I told you".

Gathering information

The vet does explain what she will do, but also asks the farmer to "stand there"! She turns to the cow with her stethoscope in her ears, and asks the farmer what has been going on. She tries to maintain eye contact initially, but it's difficult, and she has to remove the stethoscope from one ear to hear his answers properly. When asking about the milking routine, she suggests that bad hygiene has caused the problem. She interrupts the farmer's description of his routine to ask closed questions and leans on the cow when she's finished her examination. She asks the farmer if there's "any chance of a cuppa?"; the farmer looks surprised at this, but agrees. She tells him to get the kettle on, then they can chat while they are waiting.

Explanation and planning

She starts by giving the name of the bacterium that they have cultured, and asks if the farmer has heard of it. He gets this confused with somatic cell count, and instead of explaining, she dismisses his effort. She then briefly mentions drying off the quarter, but says the only option is to cull her. The farmer says he did think that was likely, but seems disappointed that she has made the decision. After assuming that there's nothing else to see, she asks about the cup of tea (the farmer is still thinking about the decision) and they go off in silence.