

Difficult Situations Scenarios

- **Scenario 1: Ellie Parsons**
This scenario deals with professional ethics, the responsibility of dealing truthfully with clients, and your obligation to your professional colleagues
- **Scenario 2: Popeye Morgan**
The aim of this scenario is to get the students to confront the hard financial realities of the profession in which they will work – realities that sometimes appear to be contrary to an animal's best interest. The student vet must give information clearly and deal with the obvious conflict that exists between what is clinically best for the horse (treatment) and what is financially affordable by the owner.
- **Scenario 3: Ginger Brown**
The aim of this scenario is for the students to give specific information to a client concerning the unexpected death of their pet in a situation where the vets / students competence may be questioned by the owner. Key issues include breaking bad news, dealing with potential conflict and emotions, and how to say sorry. The practicalities of this particular situation including who pays for the surgery and whether a post mortem should be offered are also considered.
- **Scenario 4: Zoe Fleming**
The aim of this scenario is to break unexpected bad news about the euthanasia of a dog to its owner. Subsequently, the vet will need to deal with the emotional aftermath of the situation. The scenario also covers important issues concerning the legality of euthanasia without consent.
- **Scenario 5: Jack Gilliver**
The AIM of this scenario is to illustrate that it is often essential to find out the client's level of knowledge, or previous experience, before launching into an explanation or making any decisions.
- **Scenario 6: OAKVIEW FARM**
The aim of the scenario is to communicate the risk of an untoward event (disease introduction into a sheep flock) to a sheep farmer and encourage the farmer to make a rational, but expensive, decision to take steps to minimise the risk of that event. Risk communication to the lay public is an issue of concern to the government in dealing with the public at large (the macro level), but it also presents difficulties at farm level (the micro level). Good risk communication depends on good communication generally, the existence of a strong and trusting relationship between vet and client, and acknowledgement of the client's business objectives by the vet.



Scenario 1: Ellie Parsons

This scenario deals with professional ethics, the responsibility of dealing truthfully with clients, and your obligation to your professional colleagues

Information given to student: You are a new assistant at a three-person mixed practice, owned by Mr Chambers, who is mainly a farm animal vet.

Mr/s Parsons brought Ellie, their 5 year old spayed Irish Setter, to see you several days ago for persistent vomiting. Ellie has been a patient of the practice since she was a small puppy. You treated Ellie for vomiting, but after a couple of days, she did not seem to improve. Radiography was non-diagnostic. You therefore spoke to the owner, and performed an exploratory laparotomy yesterday morning. You removed a gauze swab from her abdominal cavity. It was well encapsulated, and did not look to be causing any problems, but she has not vomited since. There were no other findings from the operation. You have not spoken directly to Mr/s Parsons since then, as a nurse has been dealing with their enquiries. She has not mentioned the swab, merely keeping the owner informed of Ellie's progress regarding the vomiting. The owner has now arrived to collect Ellie. Mr Chambers is out on farm visits.

Background information for actor:

Ellie is normally a bouncy and slightly mad dog (typical Irish Setter). You have owned her since she was a puppy. Mr Chambers, the practice owner, spayed her three years ago, after her first season. Otherwise, she comes along to the practice once a year for her vaccination and a supply of worming tablets. She has not had any surgical procedures apart from the spaying operation. She has been really quiet for the past few days, and you have been very worried about the vomiting. It was a relief to hear that she was getting better after her operation, but you are not clear what they found during the surgery. When the vet tells you that a swab was left inside from the spay, you will be shocked. You have heard of this happening in humans. You have always trusted this practice, and especially Mr Chambers. You will certainly be seeking an apology and recompense, and will ask this vet to back you up on this. You are not normally a vindictive person, but you are very attached to Ellie and someone should pay for their mistake. If the vet listens to you, explains that these things sometimes happen, and that there is no guarantee that the swab actually caused the vomiting, you may become a little less agitated. After all, Ellie is now back to normal, and you remember being told at the time that the spaying operation was very difficult because she was about to come into season. You won't necessarily believe that the swab was not to blame for the vomiting – well, this young assistant would try to protect their boss, wouldn't they? You certainly won't expect to pay for all this treatment – the vet should agree with you, although they will have to clear it with the boss! They should also be very positive about how well Ellie is now. A good conclusion would be the vet offering to talk to Mr Chambers and phone you back. If not, you will be back to tell Mr Chambers what you think of him, and may want compensation. Swabs that show up on X-ray are now more commonly used for abdominal procedures, and carefully counted before and after surgery to avoid such instances

Scenario 2: Popeye Morgan

The **aim** of this scenario is to get the students to confront the hard financial realities of the profession in which they will work – realities that sometimes appear to be contrary to an animal's best interest. The student vet must give information clearly and deal with the obvious conflict that exists between what is clinically best for the horse (treatment) and what is financially affordable by the owner.

Information given to the student:

You are an assistant in a fairly high-powered equine practice, with surgical facilities.

You have been called out to examine a lame horse. Popeye Morgan was normal three days ago when the owner last saw it. Today, Mr / Mrs Morgan, whose son owns the horse, visited the horse and it was 10/ 10 lame (completely non-weight bearing) on its right hind leg. You have examined the leg. You have found a small wound over the right fetlock (metatarso-phalangeal joint). The joint itself is hot, swollen and painful. When you put a needle into the joint, you got pus out of it. You must explain the diagnosis to Mr/Mrs Morgan, and discuss treatment. Treatment consists of flushing the joint surgically and antibiotic therapy. The prognosis of recovery with this treatment is pretty good, providing it is done as soon as possible, preferably within the next 24 hours. This also depends on what the horse is used for. The only other option is euthanasia. Cost of treatment is approximately £3000.

Background not seen by the student

Owner style; Normal. But can become very direct, as you try and get your potential bill reduced. You are not shy about declaring your poverty and trying to get the job done on the cheap.

Popeye is a 5-year-old, gelding (castrated horse) crossbred that you purchased last year for £1500 from a local dealer. He is your son's pride and joy, as he loves to compete at local shows on him. You have been left in charge of Popeye while Alex, your son, is on an exchange trip to France. He is there for another week. You know very little about horses, but you are proud of how well Alex does at show-jumping. Popeye is kept with two other horses in a neighbour's field, with stables, on his farm so you don't see him every day. While your son is away, the neighbour is looking after him. In fact the last time you saw Popeye was three days ago, and at that time he was completely normal.

The scenario will start with the Vet explaining their diagnosis to you. Initially, you are quite relaxed, as you do not understand the seriousness of Popeye's condition. You love the horse dearly, but when you are told it will cost £3000 to have a reasonable chance of curing him, you will be amazed at the cost, and say there is no way you can afford that. Eventually, you will want to know if there are any other alternatives. The only other alternative is to have Popeye put down, but you know that your son is fond of him. The Vet may ask you if the horse is insured (animals can be insured for the cost of veterinary treatment). He is not insured as you thought the premiums were too expensive at the time. You don't



know how you will tell your son that he won't be able to compete this summer, either.

You have several approaches to try and effectively get your bill reduced.

- You can try some emotional blackmail 'I thought Vets were supposed to love animals'. Effectively what you are saying is that if you don't reduce my bill, I am going to have to have this animal destroyed, and that would be the Vets fault.
- You can say to the Vet "We'll have to let him go then, he's not going to be any use to us anyway this year" – but you would still have to tell your son what you've done, and you can't afford to buy him another horse
- You can try to pay off the bill in instalments, but this vet can't give you an instant decision on that option

Scenario 3: Ginger Brown

The **aim** of this scenario is for the students to give specific information to a client concerning the unexpected death of their pet in a situation where the vets / students competence may be questioned by the owner. Key issues include breaking bad news, dealing with potential conflict and emotions, and how to say sorry. The practicalities of this particular situation including who pays for the surgery and whether a post mortem should be offered are also considered.

Information given to the student.

You are an assistant in a small-animal practice, and have worked there since you qualified two years ago.

Part 1: Mr or Mrs Brown has brought in a 6 month old kitten, Ginger, for routine castration. You are admitting him for his operation, and need to get consent from the owner.

Part 2: Mr / Mrs Brown left Ginger with you for his operation. Unfortunately, during the operation that you performed, the cat became apnoeic (stopped breathing). Despite your best efforts, the cat failed to regain consciousness and died five minutes later. You tried to contact the owners soon after and failed. It is now 6.30 p.m. and the Browns have come to collect Ginger.

Background not seen by the student

Owner style; Part 1: Normal, outgoing, looking forward to a nice day out to forget how worried you are about Ginger

Part 2: Normal, becoming very upset / tearful. Emotion in the Vet surgery is very common. However, we are not talking extreme grief / wailing. Tears, sobbing etc. are fine¹.

You got Ginger when he was 8 weeks old from the local RSPCA cat rescue shelter. He was very friendly...owners will often say he chose you, rather than the other way around. It was your daughter's birthday present – she had always wanted a cat and loves him dearly. You had him vaccinated at the same Veterinary surgery at 9 and 12 weeks of age. He has never been ill.

Part 1

Ginger is now six months old. The vet advised you to have him castrated at this age. You drop him off in the morning at 8.30a.m. The same Vet checks him over and says he seems fine, and asks you to sign a consent form.

Part 2-

It is now 6.30p.m. and you have come to collect Ginger. Unfortunately, he died during the operation, a very rare occurrence. Initially you will be very **upset**....'What am I going to tell my daughter?' Soon, you may start to ask more **awkward questions**....'Why did he die?'.... 'He was only young and you said yourself he was very fit...what went wrong?' You may not remember the vet telling you about any risks involved, You may even eventually **question the Vets competency** if you feel that is appropriate. You may get angry. Ultimately you may be left with a sense of guilt, feeling that you are in some way responsible for the demise of your daughter's kitten.

Scenario 4: Zoe Fleming

The aim of this scenario is to break unexpected bad news about the euthanasia of a dog to its owner. Subsequently, the vet will need to deal with the emotional aftermath of the situation. The scenario also covers important issues concerning the legality of euthanasia without consent.

Information given to the student.

You are on duty on a Sunday morning in the mixed practice where you are an assistant. A dog has been rushed into the surgery as an emergency. The dog appears to have been in a road traffic accident. The driver of the car involved has rushed the dog in, but has left to deal with his damaged car. You have X-rayed the dog's spine and it has a severe fracture with a transected spinal cord. The dog would be paraplegic and have faecal and urinary incontinence. The dog also has a fractured humerus that is causing it a lot of pain and is in respiratory distress probably because of lung trauma. She has lost a lot of blood, probably due to internal haemorrhage. You administer pain relief, but it makes little difference, and you take the decision to euthanase the dog on humane grounds. 20 minutes later, the dog's owner rushes into the surgery and asks if her dog has been brought in. From the description, it was her dog that you have been dealing with.

Background not seen by the student

You were out walking Zoe as usual this morning when children in a garden next to you let off a firework. Zoe panicked and pulled her lead out of your hands. She ran off across the estate. You ran after her, but she disappeared from sight, so you returned home in case she went there. A friend then telephoned to say that a dog matching Zoe's description was run over on the main road, and the driver took her to the practice on the other side of town. You got a taxi to the surgery immediately.

You are desperately upset and agitated because of what has happened to Zoe. You are also likely to feel guilty because you had hold of Zoe's lead when the firework went off. You are angry with the children for letting fireworks off nowhere near November 5th. You are likely to keep distracting yourself with feelings like anger, guilt and emotion rather than concentrating on what the Vet is saying to you.

First of all, the vet must tell you that Zoe has already been put to sleep. This will be a great shock to you – why couldn't they have waited? You may suspect that it was done for convenience, as it is Sunday.

The vet must tell you the diagnosis, and convince you that Zoe had to be put to sleep as soon as possible. She had broken her back for which there is no treatment. Her spinal cord was badly damaged. At best, she would be paralysed in her back legs and incontinent. But the main problem was the amount of pain that she was in. The vet tried everything to keep her alive, including large doses of painkillers, but Zoe was still screaming, and she felt that the only humane alternative was to put her to sleep. Anaesthesia was not possible because she had lost a lot of blood internally and her breathing was dreadful, and as the outcome was inevitable, euthanasia was the only sensible way forward.

If this is handled well, you will accept that this was the only solution. You will ask to see Zoe, but will be worried about what she will look like.

Scenario 5: Jack Gilliver

The AIM of this scenario is to illustrate that it is often essential to find out the client's level of knowledge, or previous experience, before launching into an explanation or making any decisions.

Information given to the student: You are an assistant in a large, 8-person mixed practice. You have been called out to see an elderly horse, belonging to Mr or Mrs Gilliver. They have several horses, and are experienced owners. "Jack" is 20 years old, a native pony gelding. He has been showing signs of colic, and is in severe pain, despite the administration of "Buscopan". On examination, you suspect that he has a blockage and will need surgery. You are wondering if it's worth it in a pony of this age, and will probably recommend euthanasia. The owner has come into the yard to ask you what you have found. He/she did not assist with the examination, as it was the groom who helped you. You need to explain your findings, and the options for treatment, bearing in mind the pony's age.

Background information not seen by student: Jack is a very special pony, as he belonged to your daughter who was very successful in riding competitions on him. Rachel, your daughter, died from leukaemia 8 years ago. Jack is a major link to her, and you will do what it takes to get him over this bout of colic. When you realise it's serious, you will ask the vet to go ahead and arrange surgery. The vet will be trying to convince you that the chance of success is limited in a pony of this age, and there may be something sinister causing the blockage, but while there's life there's hope, that's what you always say now.

The vet should present the options for treatment, but will include the option of euthanasia. This will upset you, as you feel that losing Jack will tarnish Rachel's memory – after all, Jack was the most important thing in her life. The vet should also say that a common cause of colic in a pony of Jack's age is a tumour, so even surgery may not have a happy outcome.

If pushed, you will remember that a previous horse of yours, much younger than Jack, had colic and went for surgery, but died on the operating table, so you do know the risks. But in the end, the thought of losing Jack without a fight is too much, and even if he dies on the operating table, at least you've tried and it's not much different to euthanasing him, is it?

The vet may mention welfare, as Jack will need to be transported to the practice, and he is in a lot of pain. You will take this into consideration, as you don't want Jack to suffer. The vet should allow you to make your own decision, although if surgery is the treatment of choice, it will need to be performed soon.

There is no correct outcome here – it will be your decision in the end.

Scenario 6: OAKVIEW FARM

The aim of the scenario is to communicate the risk of an untoward event (disease introduction into a sheep flock) to a sheep farmer and encourage the farmer to make a rational, but expensive, decision to take steps to minimise the risk of that event. Risk communication to the lay public is an issue of concern to the government in dealing with the public at large (the macro level), but it also presents difficulties at farm level (the micro level). Good risk communication depends on good communication generally, the existence of a strong and trusting relationship between vet and client, and acknowledgement of the client's business objectives by the vet.

Information given to the student.

You are a fairly new assistant in a large mixed, mainly farmanimal practice. Mr and Mrs Turner have a flock of 200 stud Suffolk sheep and a commercial, meat-lamb-producing flock of 1200 Mule ewes. Blood tests that you have done on their Suffolk flock show that the Suffolks are free of Maedi-Visna (MV) but you are concerned that the commercial flock will introduce the disease and transmit it to the stud flock, which would have a dramatic effect on sales of their Suffolk tups.

You are here to give the Turners the results of the blood tests, however, you need to convince them that there is a real risk of disease transmission and that they should institute a series of biosecurity measures to reduce that risk. You suspect that they will not want to spend any money unduly.

Owner style. Serious, concerned about undue expenditure, uncertain that the vet understands how expensive things are, how little money you are making from the farm business and suspicious that the vet just wants to stop your sheep getting sick whatever the cost.

History. You make as much money from the sale of 150 stud tups (males) each year as you do from the sale of 2000 ewes from the commercial flock. So both flocks are important to the farm business. Each year you buy 300 replacement young ewes from a sale in Northumbria. The 300 ewes come from as many as 10 different flocks in the north of the country.

On the farm you keep the Suffolk flock "separate" from the commercial flock for ease of management but both flocks use the same pastures (but not at the same time) and the same facilities. They are often separated by only a fence and occasionally animals stray from one flock to the other, through holes in the fence for example.

The things that the vet will want you to do will seriously inconvenience you – making management of your farm more difficult – and/or cost you more money. Any changes to the way you buy replacement ewes will be very difficult, and you need to have 200 – 300 new ewes each year to keep that flock going.

You don't know much about the disease MV, although you have heard of it. Your view that it is not very likely that it would be introduced, and may not be very



serious if it is (an incorrect view), are coloured by the fact that you cannot see any way to usefully stop the disease getting in, if it's going to, that will not cause you extra stress, extra work and extra difficulty.

You have a poorly developed sense of risk management. You tend to have a fatalistic view of events and don't adapt easily to the notion of taking steps to reduce the probability of an event occurring.

It is true, however, that if MV gets into your Suffolk flock, many of your clients will stop buying tups from you, and go to another source. But it probably won't happen, will it