

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!

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.