CURRICULUM DEVELOPMENT

An Assessment of Methods for Enhancing Communication and Life Skills in Veterinary Students

LEARNING AND TEACHING GUIDE

A handbook to support institutions in implementing programs for assisting the development of communication and life skills in veterinary students

Developed through a collaborative project involving:
Murdoch University
The University of Queensland
The University of Sydney
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INTRODUCTION

This Learning and Teaching Guide has been produced to assist veterinary teaching staff in developing curricula that enhance communication and life skills. The Guide is a result of an Australian Learning and Teaching Council Collaborative Grant involving veterinary teaching staff from Murdoch University, The University of Queensland and The University of Sydney.

The project team aimed to improve the development and assessment of student competencies in professional communication and life skills. The development of communication skills during the undergraduate veterinary curriculum is an essential component of preparing graduates for veterinary practice and specifically responds to feedback from both veterinary registering boards and employers of veterinary graduates. Australian educators also listed ‘effective and empathic communication’ and ‘capacity for self-management and self-knowledge’ as desired graduate attributes within the veterinary professional life skill category (Collins & Taylor 2002).

Effective and empathic communication is an essential attribute of veterinary graduates. This attribute requires emotional intelligence (Mayer & Salovey 1997; Goleman 1998) and, uniquely in veterinary science, it requires an applied understanding of the human-animal bond. Consequently, a complete program of communication development needs to integrate a theoretical framework with experiential learning and reflection to raise self-awareness of the impact of emotion on cognitive function and judgement, self-management and social skills. Such an educational program is in keeping with recent trends at overseas veterinary schools (Kurtz 2006; Latham & Morris 2007).

The focus of this Guide was to develop resources that engage veterinary students with theories that will enhance their communication and life skills by incorporating these theories into veterinary clinical situations. These resources also emphasise development of these skills through different learning environments and throughout the curriculum.

Lectures, tutorials and online activities enable students to build their knowledge of theories and how these theories may be applied. Simulation exercises enable students to ‘show how’ they can integrate and apply knowledge in areas such as emotional intelligence, the human-animal bond, the structure of a consultation, and communication skills to a specific veterinarian-client encounter.

Knowledge in these areas can therefore be built, tested, demonstrated in a simulated environment and then applied in an actual situation. Subsequent reflection on action can assist the processes of integrating knowledge and continuous improvement. Such an approach to competence development is similar to that described by Miller’s Pyramid (Norcini 2003; Rhind 2006).

This project involved the development of innovative learning and teaching strategies throughout the curricula of the collaborating institutions as well as assessment of these strategies. Through collaboration and sharing of this resource, it is hoped that further advances in this area in all Australasian veterinary schools can be achieved.

The following practical guides are not meant to be prescriptive. The authors provide these lesson plans and supporting documents as options for exploring further development of teaching activities designed to enhance communication and life skills.
Section 1

LESSON PLANS
Emotional intelligence describes an ability to be aware of emotional states in oneself and others and to use this knowledge when managing relationships (Jensen et al. 2005). As such, it is believed to consist of four components: self awareness, social awareness, self management and relational competence (Goleman 1998). Emotional intelligence is also believed to be both measurable and teachable and, as a result, there has been considerable interest in using this theory to develop skills in communication, teamwork and leadership in a variety of fields, including medical and veterinary education (Goleman 1998; Jensen et al. 2005; Ruby & DeBowes 2007).

Paul and Podbserscek (2000) surveyed attitudes towards animals in veterinary students at two UK universities using both cognitive and emotional domains. Respondents initially rated their belief in animal sentience for dogs, cats, cows and pigs relative to humans in relation to hunger, pain, fear and boredom along a sliding scale. The emotional domain was then measured through examining students’ level of agreement with a series of statements describing feelings about animals. This study found that students in the later years of the two veterinary curricula rated dogs, cats and cows as having lower levels of sentience. Female students in this study rated themselves as having higher levels of empathy throughout the courses; male students started with lower levels of empathy which further decreased as they progressed in their studies.

This study was repeated using online administration of the questionnaire which is now available to veterinary students throughout Australasia. The results of various studies on attitudes towards animals were used to stimulate self awareness and social awareness. First year veterinary students were encouraged to consider how a better understanding of their own and other people’s feelings towards animals may assist them in managing difficult interactions in the future.

**Intended Learning Outcomes**

1. Explain how self awareness, social awareness and self management can be integrated to achieve relational competence
2. Reflect on how differing attitudes towards animals may lead to conflict in veterinary practice
3. Formulate an approach to difficult interactions with clients, colleagues and the public through developing your emotional intelligence

‘A love for animals’ or ‘a concern for animals’ are the main reasons veterinary students cite for their career choice but a range of attitudes to animals exists in the profession and those attitudes to animals change during undergraduate studies.
Teaching and Learning Activities

1. Students complete the attitudes towards animals questionnaire prior to the session.
2. Start the session with some case studies that manifest differing attitudes towards animals in society, such as a recent animal welfare issue, and with a more specific veterinary focus, such as reluctance to pursue treatment on financial grounds.
3. Introduce material related to anthrozoology and attitudes towards animals.
4. Discuss findings of studies in these areas.
5. Students consider the implications of these findings for interactions between veterinarians, veterinarians and clients, veterinarians and the public in small groups and report additional case examples, either hypothetical or from their own experiences, to their colleagues.
6. Review emotional intelligence theory and emphasise how exacerbation of conflict can lead to poor outcomes for animals and veterinarians and how relational competence can be used to derive the best outcomes for all parties.
7. This discussion and these cases provide a useful background to future discussions on veterinary ethics and negotiation theory.

Supporting documentation

Empathy Workshop

Additional Resources

Ipsos-Reid (2001). *Paws and claws, a syndicated study on Canadian pet ownership*. Ipsos-Reid, Toronto, Ontario.


Successful veterinarians understand the human-animal bond (Brown & Silverman 1999; Lloyd & Walsh 2002) and use this understanding to effectively manage veterinarian-client interactions (Adams & Kurtz 2006; Radford et al. 2006). Successful veterinarian-client interactions can lead to improved animal welfare outcomes and increased job satisfaction for veterinarians. Veterinary students recognise the need for information about the human-animal bond to be provided in veterinary curricula (Martin, Ruby & Farnum 2003) and both students and the profession have previously reported some concern regarding the adequacy of education in this area (Williams, Butler & Sontag 1999; Martin & Taunton 2005).

The Veterinarian-Client-Animal Triad

The human-animal bond and its role in assisting veterinarian-client interactions is exemplified in the veterinarian-client-animal triad. This model also reinforces the importance of interpersonal skills for veterinarians. Developing an understanding of the human-animal bond and the veterinarian-client-animal triad formed the focus for the following resources.

An online resource, Bayer Accelerate: The Human-Animal Bond Module Part 1 was created to provide background information to the importance, context and theoretical explanations of the human-animal bond. A second resource, Bayer Accelerate: The Human-Animal Bond Module Part 2, provided students with information on assessment and facilitation of the human-animal bond in veterinary practice.
Intended Learning Outcomes

1. Recognise the importance of the human-animal bond in veterinary practice
2. Evaluate the strength of the human-animal bond and formulate appropriate responses to clients who are highly bonded
3. Identify methods that veterinarians can use to facilitate the human-animal bond in veterinary practice

Teaching and Learning Activities

1. Students complete both parts 1 and 2 of the online module including the self assessment test either individually or in small groups
2. Class discussion informed by responses to the self assessment to explore potential areas of difficulty
3. Additional stories, case studies from veterinary practice or video resources can be used to reinforce the main learning outcomes

Supporting Documentation

Empathy Workshop
Managing Grief and Euthanasia Workshop

Additional Resources

Veterinary students often believe they have well developed communication skills either through school, previous undergraduate studies or life experience and communication skills may be devalued in curricular (Haq, Steele, Marchand, Seibert & Brody 2004).

Surveys of employers suggest graduate communication skills could be improved (Heath & Mills 2000). Students are generally interested in developing specific skills such as breaking bad news to clients, discussing money, dealing with aggressive clients or dealing with other difficult veterinarian-client interactions. The key to engaging students in development of communication skills is therefore to focus on links to clinical scenarios.

A series of online case based consultation scenarios was developed for first year students to provide and reinforce communication theory in a clinical setting. Whilst consultations in the clinical years typically focus on medical and therapeutic aspects, these consultation scenarios focus on exploring the individual human-animal bond. As suggested by the Veterinary Calgary-Cambridge Consultation Model (VCCCM) (Radford et al. 2006), the structure of the consultation is used to build the relationship with the client and facilitate optimal patient outcomes.

**Intended Learning Outcomes**

1. Demonstrate how the VCCCM stages can be applied to different consultation scenarios and formulate consultation strategies using these stages
2. Demonstrate how the 4 E communication model within the framework of the VCCCM to facilitate optimum patient outcomes
3. Demonstrate how the ADOBE communication model can be used to handle difficult consultation interactions
4. Evaluate the strength of the human-animal bond and predict how clients might respond to euthanasia as a result

"Students greatly appreciate the opportunities discuss ‘real life’ cases in small groups first and then to listen to opinions from other groups."

"Students greatly appreciate the facilitator sharing personal anecdotes that extend the scenario, particularly stories where something went wrong."

Images assist in personalising the scenarios.
Teaching and Learning Activities

1. Students should be introduced to the 4E and ADOBE models and euthanasia and grief prior to these online activities
2. Students work in small groups in a computer laboratory and the online format can be set up in Blackboard as a quiz
3. Students are given a series of questions related to each VCCCM stage of the consultation scenario and asked to discuss these questions in groups before entering their answers through the online format
4. The facilitator calls for student responses and then provides example answers that reinforce learning outcomes
5. Variations to the scenario, client response or other aspects can be incorporated in the discussion either by the facilitator or through student responses

Supporting Documentation

Guide to the Veterinary Calgary-Cambridge Consultation Model
Online Scenario: Vaccination
Online Scenario: Euthanasia with low-level attachment
Online Scenario: Euthanasia with high-level attachment
Empathy Workshop
Managing Grief and Euthanasia Workshop
Delivering Bad News

Additional Resources


Be careful with euthanasia scenarios, they can evoke memories that distress the students. Emphasise that these feelings are normal and that if students feel uncomfortable they can leave.
Lesson 4: Consultation Simulation: Exploring the Human-Animal Bond

Communication skills in veterinary students can be improved with simulated consultations (Adams, Nestel & Wolf 2006; Shaw 2006) and audio-video recordings of these consultations facilitate critical reflection of these skills (Shaw 2006). Whilst the implementation of audio-video recorded consultation simulations can be onerous for large groups of students, these benefits may outweigh the additional costs.

This lesson plan provided three opportunities for a small group (14) of students to develop their consultation skills with a particular focus upon evaluating, acknowledging and facilitating the human-animal bond.

Intended Learning Outcomes

1. Demonstrate effective communication skills within a veterinary consultation
2. Evaluate the strength of the human-animal bond within the context of a veterinary consultation
3. Formulate consultation communication strategies for dealing with clients who demonstrate varying strength of the human-animal bond

Teaching and Learning Activities

A consultation room with audio-video recording facilities and a two-way mirror together with volunteers capable of acting as simulated clients are required for optimal implementation of these learning activities. These exercises typically require three separate sessions.

1. Provide students with an introductory session outlining the purpose of these activities and opportunities to engage in defined consultations with simulated clients
2. Simulated clients provide written feedback on student performance during these consultations and this is combined with student self-assessments
3. Feedback is presented to students in a second session together with material on the human-animal bond, communication accommodation theory, relationship centred care and the Veterinary Calgary Cambridge Consultation Model
4. Students completed additional defined consultations after this intervention with opportunities to receive immediate feedback from simulated clients and ‘replay’ elements of the consultation that could be improved
5. A third session provided opportunities for students to complete defined consultations with simulated clients which were again recorded
6. Simulated clients provide written feedback on student performance again in this third session and students again self-assess
These workshops enable students to improve their communication skills as well as their understanding of the human-animal bond.

Supporting Documentation

Empathy Workshop
Managing Grief and Euthanasia Workshop
Consultation Simulation: Training Simulated Clients

Additional Resources


What did the students say about this module?

“The feedback, discussion and suggestions that were made gave me an insight into how to improve my consultation skills.”

“I also liked in the second week when we put into action suggestions and “replayed” certain sections of the consult.”
**Lesson 5: Consultation Simulation: Wellness Visits: Build Rapport with a Client While Examining and Collecting a History**

These consultation simulation exercises provide veterinary students with an opportunity to rehearse building rapport in a safe environment. Students can self-direct their learning and refine their communication skills to an appropriate level of competency and confidence.

This skills rehearsal exercise involves students initially working in pairs or small groups, then with a simulated client. Each student selects two cases involving a wellness visit with a focus on building rapport and history collection. A list of possible cases has been provided in the supporting documentation section of this Guide. Students rehearse with their colleagues and seek feedback during the developmental stages.

Once prepared, students are given the task of building rapport with a simulated client while examining an animal, and offering advice on a simple problem. Several observers are also used to provide feedback to the student.

**Intended Learning Outcomes**

1. Reflect upon individual consultation skill strengths and weaknesses in relation to stages of the Veterinary Calgary-Cambridge Consultation Model
2. Formulate personal learning goals for consultation skill development
3. Relate the stages of the Veterinary Calgary-Cambridge Consultation Model to common veterinarian-client interactions and formulate strategies for building an effective working relationship with a client for the purpose of history collection
4. Deliver effective feedback to a colleague and respond effectively to feedback on consultation skills

**Teaching and Learning Activities**

1. Students are provided with a list of possible cases, choose two cases and formulate their own personal learning goals for the consultation simulation
2. Students self-assess their level of confidence before the simulation
3. Students rehearse each case in pairs or small groups and seek feedback from each other
4. Additional resources on specific diseases can be provided to assist the students in preparation and rehearsal
5. Using a coaching process, students articulate their specific strategies to achieve their particular learning goals immediately before the simulation with a simulated client
6. Students complete the simulation with a simulated client who has been prepared for the exercise with a script and provided with the individual student’s learning goals
7. Students self-assess their performance after the simulation
8. Additional feedback is then sought from observers
9. Simulated clients provide feedback and also complete an assessment form for the student’s records – see Client Assessment Form in the Assessment Tools Section
10. The facilitator offers any additional technical feedback
11. Students reflect on their performance and the learning process, including how useful it was and how their skills could be improved. Students can also immediately re-play any difficult aspects of the consultation with the simulated client
The client’s role is more realistic for both the student and the client if they do not meet before the consultation.

**Rules for Client Simulations**

1. Be natural – as you see yourself in practice
2. Concentrate on the immediate communication not the character role
3. Take time to prepare; take time to debrief, talk, discuss
4. Nominate two or three aspects of the consultation you particularly want to develop, and let the facilitator know this prior to the simulation – e.g., avoid jargon, use teaching props, demonstrate reflective listening, deliver bad news, pick up on client’s verbal and non-verbal cues, respond appropriately to client
5. Self-assess first
6. Be supportive in giving feedback to others

**Supporting Documentation**

Consultation Simulation Scenarios
Veterinary Calgary-Cambridge Guide: Support the Human-Animal Bond
Empathy Workshop
Managing Grief and Euthanasia Workshop
Delivering Bad News
Consultation Self-Assessment Form
Consultation Simulation: Training Simulated Clients
Client Assessment Form
Lesson 6: Consultation Simulation: Explanation and Planning

These simulation exercises provide veterinary students with an opportunity to rehearse the explanation and planning stage of the consultation in a safe environment. Students can self-direct their learning and refine their communication skills to an appropriate level of competency and confidence.

This skills rehearsal exercise involves students initially rehearsing in pairs or small groups, then with a simulated client. Each student selects two cases to explain laboratory findings for the purpose of negotiating a mutually agreed plan with a simulated client. Students rehearse with their colleagues the points that need to be discussed with the client and seek feedback during the developmental stages.

Once prepared, students are given the task of discussing the impact of the laboratory results with a simulated client to achieve a mutually acceptable management plan. Several observers are also used to provide feedback to the student.

Specifically, students are asked to:
1. Provide the client with information based on the laboratory results
2. Explain the disorder to the client’s satisfaction
3. Negotiate the ‘next step’ or management plan that suits the client as well as the animal’s best interests
4. Provide an estimate of costs to the client for each option
5. Conclude the consultation appropriately and within the required timeframe (up to 20 minutes)

Intended Learning Outcomes

1. Reflect upon individual consultation skill strengths and weaknesses in relation to stages of the Veterinary Calgary-Cambridge Consultation Model
2. Formulate personal learning goals for consultation skill development
3. Relate the stages of the Veterinary Calgary-Cambridge Consultation Model to common veterinarian-client interactions and formulate strategies for providing clear explanations of a disorder to a client and negotiating a mutually agreed management plan
4. Deliver effective feedback to a colleague and respond effectively to feedback on consultation skills

“I appreciated the opportunity to get feedback from a realistic client, not just staff or other colleagues. You don’t get that in a real consult.”
Teaching and Learning Activities

1. Students are provided with a list of possible cases to discuss laboratory findings with a simulated client, choose two cases and formulate their own personal learning goals for the consultation simulation.

2. Students self-assess their level of confidence before the simulation.

3. Students rehearse each case in pairs or small groups and seek feedback from each other.

4. Additional resources on grief, euthanasia, delivering bad news and specific diseases can be provided to assist the students in preparation and rehearsal.

5. Using a coaching process, students articulate specific strategies to achieve their particular learning goals immediately before the simulation.

6. Students complete the simulation with a simulated client who has been prepared for the exercise with a script and provided with the individual student’s learning goals.

7. After the simulation students self-assess their performance to determine if and how they achieved their goals, and what they might like to change.

8. Feedback is sought from observers.

9. Simulated clients provide feedback and complete an assessment of the student’s performance – see Client Assessment Form in the Assessment Tools Section.

10. The facilitator provides any additional technical feedback.

11. Students reflect on their performance and the learning process, including how useful it was and how their performance could be improved. Students have the opportunity to re-play any difficult aspects of the consultation with the simulated client.

Additional Resources


Supporting Documentation

Consultation Simulation Scenarios
Veterinary Calgary-Cambridge Guide: Support the Human-Animal Bond
Empathy Workshop
Managing Grief and Euthanasia Workshop
Delivering Bad News
Consultation Self-Assessment Form
Consultation Simulation: Training Simulated Clients
Client Assessment Form
Consultation Communication Skills List
LESSON 7: EXPLORING DIFFICULT VETERINARY-CLIENT INTERACTIONS

Students in their final year of a veterinary course were provided with a formalised opportunity to reflect on their consultation experiences during veterinary clinical placements. These small group (6-10 students) tutorials started with a self-assessment of communication and consultation skills. Subsequent discussions with colleagues enabled students to gain a greater awareness of what other students had experienced, their attitudes to difficult veterinarian-client interactions, and the attitudes of clients and other veterinarians. Working through scenarios using an ethical decision making framework, such as an ethical matrix, enabled the tutorial to focus on self management and relational competence.

Intended Learning Outcomes

1. Appraise personal consultation communication strengths and weaknesses
2. Reflect upon the role of emotional intelligence in dealing with veterinarian-client interactions
3. Formulate a personalised approach to dealing with difficult veterinarian-client interactions using theories of emotional intelligence and an ethical framework or model.

Teaching and Learning Activities

1. Provide students with a formalised mechanism for self-assessment of their consultation communication skills (see Assessment Tools Section)
2. An icebreaker scenario based on client conflict can either be derived from the student group or facilitator
3. Discuss an ethical framework or model for approaching difficult veterinarian-client interactions and apply it to this scenario
4. Students provide other examples and the group brainstorms how the ethical model can be applied to these scenarios

Candid discussion of personal experiences can help create an informal, relaxed atmosphere that encourages all members of the group to share their experiences – chocolate helps too.

The facilitator or tutor must control the discussion so that it runs on time, covers a variety of scenarios and allows everyone to participate.

Additional Resources


Tannenbaum, J 1995, Veterinary ethics: animal welfare, client relations, competition and collegiality, 2nd edn, Mosby, St. Louis.

Supporting Documentation

Guide to the Veterinary Calgary-Cambridge Consultation Model
Empathy Workshop
Managing Grief and Euthanasia Workshop
Disclosure of Errors
Consultation Self-Assessment Form
Consultation Communication Skills List
Assessment Rubric for Consultation Communication Skills
Section 2

Assessment Tools
# Consultation Self-Assessment Form

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date</th>
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<tbody>
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</tbody>
</table>

On a scale of 1 (low) to 5 (high), indicate your current level of confidence in components of the consultation process. Use this sheet to identify your areas of skills to develop.

1. **Build Relationship**
   - Use of client’s/animal identity (name, gender)
   - Eye contact/non-verbal behaviour
   - Use of Empathy

2. **Provide correct amount & type of information**
   - Chunks & checks; use client’s response
   - Assess client’s knowledge of condition
   - Accuracy & appropriateness of information
   - Use clear language, avoid jargon

3. **Deliver & Manage client’s responses**
   - Accept client’s response/reaction
   - Non-judgemental
   - Offer statements of support

4. **Aid client’s accurate recall & understanding**
   - Checks client’s understanding
   - Use of teaching props

5. **Achieve a mutually acceptable management plan**
   - Chance for client to express ideas/concerns
   - Involve client in decisions & plans
   - Negotiate mutually acceptable plan

6. **Effective Closure**

7. **Other (define)**

Indicate TWO specific aspects of the Consultation Process (listed above) you wish to work on. Please rank in priority order.

1. 

2. 

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ASSESSMENT RUBRIC FOR CONSULTATION SKILLS

Global Ratings scale of 1 (poor) to 3 (excellent) for communication/consultation skills in relation to rapport and warmth; empathy; direction and time management; collaboration; listening; professional demeanor; professional knowledge; language; supporting the human-animal bond.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Score</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Rapport &amp; Warmth</td>
<td>1 2 3</td>
<td></td>
</tr>
<tr>
<td>Empathy</td>
<td>1 2 3</td>
<td></td>
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<tr>
<td>Direction &amp; Time Mgt</td>
<td>1 2 3</td>
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<tr>
<td>Collaboration</td>
<td>1 2 3</td>
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<tr>
<td>Listening</td>
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<tr>
<td>Professional Demeanour</td>
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<td>Professional Knowledge</td>
<td>1 2 3</td>
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<tr>
<td>Use of Clear Language</td>
<td>1 2 3</td>
<td></td>
</tr>
<tr>
<td>Support the H-A Bond</td>
<td>1 2 3</td>
<td></td>
</tr>
</tbody>
</table>
Rapport and Warmth
Rate the extent to which the student develops rapport and demonstrates warmth as a means to engage the client.
1. Student demonstrates little effort to engage client personally. No effort is expended to extend self through verbal and nonverbal signals. Warmth is absent and indifference seems prevalent. Interview may end abruptly.
2. Student has some genuine interest in engaging the client, but is ineffective in communicating this consistently. Appears to reach out at times but is quick to pull back if client seems unresponsive.
3. Student consistently engages client through a variety of verbal and nonverbal means which appear sincere, warm and congruous. Personal presence is evident throughout the interview. Student is sensitive to client’s reactions and monitors own behavior based on these cues. Nonverbal messages match verbal statements.

Empathy
Rate the extent to which you think the student displays empathy with the client.
1. Student shows little or no recognition or understanding of the client's perspective and feelings and often misses opportunities to reflect this understanding to the client, or offers comments that may detract from the client's true meaning
2. Student attempts to understand and reflect client's perspective with moderate success
3. Student frequently shows evidence of accurate recognition of client's perspective and feelings and effectively communicates that understanding to client

Collaboration
Rate the extent to which the student fosters collaboration with the client
1. Student assumes the dominant role for the majority of the interaction with the client. Collaboration is minimal or absent.
2. Student erratically acknowledges some of client’s perceptions or values, but does not respond to them collaboratively. May not perceive or may ignore opportunities to deepen client’s contribution to the interview.
3. Student fosters collaboration in such a way that the client’s perceptions and needs are taken into consideration, and ensure the outcome is in the animal’s best interests.

Direction & Time Management
Rate the extent to which the student manages the direction and duration of the interview.
1. Student exerts minimal or ineffective influence on the direction or duration of the interview and allows the client to control discussions.
2. Student makes attempts to influence direction and duration but sometimes allows the focus to be diverted. This may result in running overtime.
3. Student is able to influence the direction and stay focused on goals to accomplish the purpose of the interview in the time available
**Listening**

Rate the extent to which the student exhibits active listening skills

1. Student may interrupt client at times before fully understanding client’s perspective. Comments to client indicate student is off track or has missed information. Uses few verbal and nonverbal encouragers that indicate a desire to know more.

2. Student appears to be listening the majority of time but seems to miss the true understanding of client’s message. Verbal and nonverbal encouragers are used sporadically.

3. Student is clearly engaged in listening to the client. Seems to understand client’s perspective clearly and does not interrupt. Client seems heard and understood. Encouragers are used frequently and effectively. Student clarifies and summarises client’s story.

**Professional Demeanour**

Rate the extent to which the student demonstrates professionalism

1. Student shows limited professionalism in both physical appearance and personal presentation style. Lacks confidence and seems fearful and uncertain.

2. Student demonstrates some elements of professionalism. Appears moderately professional in dress and demeanor. Student appears hesitant at times with moderate self-confidence and interview seems strained.

3. Student presents as professional through dress and demeanor. Exhibits self-assurance and confidence without being arrogant.

**Professional Knowledge**

Rate the extent to which the student demonstrates appropriate professional knowledge

1. Student provides inaccurate information. Student fails to recognize the need to obtain further information in order to manage the case.

2. Student provides information that is reasonably accurate to the best of their ability and acknowledges any lack of knowledge.

3. Student clearly communicates appropriate knowledge and readily admits when knowledge is insufficient. Student refers to colleagues and profession as sources of information and offers to provide answers to client’s questions in a timely manner.

**Use of Clear Language**

Rate the extent to which the student uses clear language and avoids jargon

1. Student frequently uses jargon inappropriately and does not explain medical terms, either verbally or diagrammatically. Does not offer an information sheet when appropriate.

2. Student sometimes uses jargon inappropriately, and explains some of the technical terms inconsistently or provides unclear explanations. Does not consistently offer an information sheet when appropriate.

3. Student consistently uses clear, simple language without jargon, delivered at an appropriate level for the degree of medical knowledge of the client. Student consistently provides an information sheet for the client when appropriate.

**Support the Human-Animal Bond**

Rate the extent to which you think the student acknowledges and supports the bond between the client and the animal

1. Student makes little or no effort to compliment the client’s care of the animal. Does not encourage the client to speak about their bond with the animal, or its role or value. Student does not reflect back the role or client’s bond.

2. Student attempts to compliment and support the client’s relationship and care of the animal to a limited extent.

3. Student readily makes statements which encourage the client’s care and relationship with the animal. Student reflects to the client their understanding of the bond or role or value of the animal.
a) **Preparation for Consultation**
   
   - Greet client and set client and animal at ease
   - Use and remember names of client and animal/patient
   - Establish initial rapport; demonstrate appropriate interest, warmth and respect
   - Eye contact, non-verbal behaviour
   - Assess/recognise/acknowledge/facilitate the human-animal bond
   - Demonstrate active/reflective listening
   - Demonstrate empathy

b) **Build Relationship/Initiate the Session**
   
   - Discuss clinical examination
   - Collect history; appropriate use of open, then closed questions
   - Listen to client’s story; ensure accuracy of information gathered
   - Assess client’s knowledge of condition
   - Be non-judgemental; accept client’s responses/reaction
   - Offer statements of support

c) **Gather Information**
   
   - Determine client’s main concerns
   - Listen to client’s story; ensure accuracy of information gathered
   - Assess client’s knowledge of condition
   - Be non-judgemental; accept client’s responses/reaction
   - Offer statements of support


d) **Clinical Examination**
   
   - Talk to the client while performing the clinical examination


e) **Explain and Plan**
   
   - Negotiate and involve client in a mutually acceptable management plan
   - Allow client to express ideas and concerns
   - Use collaborative language to reflect partnership with client
   - Avoid jargon; use clear language
   - Accurate and appropriate explanation of disease processes;
   - Discuss diagnostic and therapeutic options
   - Chunk & check (provide small chunks of information & check understanding and compatibility with client’s needs)
   - Determine client’s ability to treat/care for animal
   - Discuss costs of management options
   - Obtain informed choice or consent (written and verbal explanation) – for treatment option or surgery, respectively
   - Break bad news
   - Use of ‘teaching’ props - such as diagrams, models and handouts

f) **Close the Session**
   
   - Summarise agreement to effectively close the consultation
   - Check all client’s questions are raised and answered
   - Ensure client has recalled correct information
   - Make plans for follow-up
CLIENT ASSESSMENT FORM

This form can be used by the Simulated Client to record their impressions and feelings about the consultation.

<table>
<thead>
<tr>
<th>Student:</th>
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<tbody>
<tr>
<td>Case:</td>
<td></td>
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<tr>
<td>Task:</td>
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</tbody>
</table>

**Strengths:**

- **Degree of Difficulty Achieved**

**The Vet appeared to me to be:**

<table>
<thead>
<tr>
<th>The Vet appeared to me to be:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respectful (used my name, used language I could understand, without speaking down)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Prepared (knows animal’s name, sex &amp; relevant history)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Warm and Caring (genuinely interested in my animal’s welfare)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Believable (confident and knowledgeable in presenting diagnosis and recommending further tests)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Professional (in demeanour; maintained dignity in challenging situations)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Willing to Listen (didn’t interrupt; allowed me to ask questions)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Empathetic (could recognise and respond to my emotions &amp; concerns)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

**The Vet:**

<table>
<thead>
<tr>
<th>The Vet:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided clear information or instructions (verbal and written)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Checked my understanding</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Encouraged me to explain my situation and concerns</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Negotiated with me a treatment plan I could manage</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**As a client, I felt:**

<table>
<thead>
<tr>
<th>As a client, I felt:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confident with his/her advice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Comfortable to ask questions</td>
<td>☐</td>
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**Other Comments:**

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Section 3

Supporting Material
Managing Grief and Euthanasia Workshop

One of the sources of stress in veterinary practice is the frequent need to kill animals; sometimes these are animals we have spent considerable time and effort helping. Partially because ours is a profession which permits, and perhaps has the privilege of, euthanasia we often encounter grief in our work. We therefore need to know how to manage the emotional impact of such situations effectively and to assist the owner of the animal to cope with their own grieving process. In this lesson we investigate the feelings and issues arising at such times and look at ways of encouraging a positive outcome for all concerned - client, staff and veterinarian.

Intended Learning Outcomes

1. Explain reactions to grief and theorise options for both individual veterinarians and veterinary practices in managing grief and euthanasia
2. Reflect on how you might deal with euthanasia and other situations of grief in veterinary practice
3. Formulate strategies to improve your confidence in dealing with situations of grief in veterinary practice

The Owner’s Perspective

As veterinarians we are often judged by the way we deal with sensitive, emotional issues such as euthanasia and grief. In this regard it is helpful to consider our client in terms of their relationship with the animal, and to assess the depth of the human-animal bond.

It is unlikely we satisfy all clients (or owners) all the time, but we can provide the balance of empathy and professionalism to a level that suits our own individual style.

Common Responses to Grief:

Physical Sensations - feeling ill, nauseous, fainting, loss of appetite, chest feels constricted, etc.

Strong Feelings or Emotions - sadness, anger, guilt, depression, sense of relief; overwhelming sense of loss and deprivation.

Unusual Thoughts - violence; lack of motivation to go on with life; inability to face daily tasks.

Compulsive Behaviours - laughter, crying, shouting, violence; loss of interest in anything.

What Owners Have to Say...

“Some vets need compassion with euthanasia - my daughter had to hold our dog whilst he was euthanized.”

“The Clinic I attended was over-empathised and over-commercialised.”

These owners were, in fact, talking about the same clinic, but were likely referring to different veterinarians.
Clients have different needs and respond differently to the stress involved in euthanasia, and we can learn to be aware of and recognize these individual needs and tailor our responses accordingly. A client’s response to euthanasia or other causes of death of an animal will be influenced by a number of factors including:

- **The client's bond with their animal.** The bond may be different for owners of most commercial farm animals compared to companion animals. However, owners of horses and large animals can be extremely attached to their animals even though they may take insurance and commercial perspectives into account when making the decision to destroy them.

- **Special emotional links to the animal.** Some animals may represent the last remaining links to a deceased spouse; or be a child-substitute; or be the sole companion of a lonely or isolated person; or have been very successful sire or racing animal, or a highly valued show animal.

- **The client's preparedness for the animal's death.** It is often more difficult for an owner to accept a sudden or unexpected death of an animal, compared to an owner who has come to terms with an animal’s fatal illness. The latter client may even feel a sense of relief when the animal dies.

- **Encounters with similar illnesses** which may have prompted the euthanasia. A client or a client’s spouse may have suffered a long illness, such as cancer or renal failure which may make them particularly anxious about having a pet with a similar disorder.

- **Cultural or religious beliefs.** Buddhists generally will not accept euthanasia for any reason, mainly because of their belief in re-incarnation. Muslims and Hindu may be persuaded, after seeking outside advice, to have an animal destroyed if it is suffering unacceptable pain. Australian Aboriginals are generally unwilling to consider euthanasia for their dogs.

Pets are usually a vital member of the family, and so when they die or have to be destroyed, the family experiences a very great loss. As compassionate veterinarians it is helpful to understand the client’s feelings at their time of loss. Some personal stories below testify to the extent of grief and loss which may be experienced.

In seeking to understand the client’s perspective more fully, it is helpful to reflect on all the reasons why we own pets and what they mean to us.
The Client’s Grief Process

Most people who have suffered loss of any kind need to express fully their grief responses before they can “get on with their life” and return to their usual feeling of well-being. Some expression of grief is a healthy and normal process. Grief may be manifested in many different ways and may last for anywhere from a few hours or days to several years. There may be different reactions in children compared with adults, but studies have shown that children experience grief as deeply as adults; although they may express it differently by altered behaviours, such as feeling sick or being withdrawn. It is unfortunate that our western society generally does not foster overt expressions of emotion, and as a result some of us find we are uncomfortable when this happens. Our objective, therefore, is to understand the process more fully so that we can assist ourselves and our clients in expressing grief.

From a therapeutic and management perspective it may be helpful to consider grief in terms of the sequence of TASKS of grief or mourning, as described by Worden (1991). These Tasks are to: accept the reality of the loss; work through the pain of grief; adjust to an environment in which the deceased is missing; and to emotionally relocate the deceased so that they can move on effectively.

In veterinary clinical practice, we are more likely to encounter early responses to bereavement and it is helpful to recognize the signs which may be observed. Williams (1995) outlined the following manifestations of grief.

1. **Shock, denial, anger and guilt**

The owner of an animal that has died suddenly and unexpectedly may initially deny the death has occurred or react in bizarre ways. Clients may appear shocked, stunned, irrational, calm, detached or even cold. They may minimise what happened or even laugh. They may show anger at themselves, someone else or you, and may challenge your competence or threaten you. They may argue with you or burst into tears. These are all signs of confusion, shock, fear, guilt and sadness.

2. **Depression**

The initial stage may or may not progress to a feeling of overwhelming sadness and this may relate not only to the particular loss but be exacerbated by other underlying factors in a client’s life, some of which may not be recognised by the client. It is problematic if this stage is extended and it may develop into Reactionary Depression.

“I couldn’t hold back the tears when I buried my much loved dog Cody a couple of years ago. He was an 11 year old Rhodesian Ridgeback. He just wasn’t a pet, he was my guardian, my conscience, my friend, the son I never had.

My wife Lisa and I spent the last days with him at the animal hospital. Watching him die was one of the most difficult things I have done. I will never have a dog like him again.”

Actor Patrick Swayze
The West Australian, January 19th 1998

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People who are particularly vulnerable are those who:

- have an exceptionally strong attachment to the animal
- have experienced other recent significant losses (spouse, parent, etc)
- have other recent personal crises in their lives (divorce, financial, family problems, illness)
- are emotionally immature
- have an impoverished personal support network (either few supports, or a partner who has a different attitude to the loss)
- are under 20 or over 50 years of age.

3. Acceptance

The client comes to terms with the grief and loss and accepts that things have changed irrevocably. The grief and emotions that come with it then begin to dissolve into the background and the client gets on with life. At this stage they may even start to think about getting another companion animal.

Veterinarians need to be alert to those clients who may fall into these categories and take steps to assist them in a variety of ways, ensure someone is with them, offer referral to grief counsellors or support groups. You may hand them a booklet which supports the client in these circumstances or offer a Hotline help service. But some situations suggest a more serious problem.

In exceptional cases further referral to counsellors or qualified specialists may be required. To suggest to the client they may need additional help requires considerable tact and diplomacy. Very rarely, some of these clients may be the source of complaints to the Veterinary Surgeons Board. Studies have shown that veterinarians have judged well those who may require additional support. For the more problematic cases, the advice of a psychologist is to normalise their grief process as much as possible. You could say...

‘I realise that Buster was a very important part of your life, and I imagine you must be feeling very upset. If you wish, there are several support services we can refer you to which may assist you in dealing with the grief which you must naturally be feeling at this time.’ You will need to have names and contact numbers or business cards of several places on hand.

The process of grieving is normal and therapeutic; it is a natural response to the loss. But the nature, extent and duration of the signs of grieving vary widely between people. It is a process which cannot be cut short or rushed, and should be treated with empathy and understanding.

If the person tries to stay strong and denies the grief, brushes it aside or deliberately stays busy, pushing it out of the conscious mind, the grief process is likely to be extended and recovery prolonged.

“I was teaching in a country town, my first appointment. Meg was my companion, one of the best mares I ever had. She and I trained so hard for dressage competitions, we worked together every spare moment and on weekends. I was terribly upset when she developed colic. They couldn’t relieve her pain and finally she had to be put down. I was just devastated. I will never forget it.”

Horse Owner

“One of my first euthanasias involved a house visit to an elderly man with a very old dog who had been his constant companion for many years. After I destroyed his dog he said to me sadly....... “You’d better do me next!”

I didn’t know what to say, or how to help him. I was quite shaken by it.”

Young Veterinary

Social and cultural conditioning may affect the different overt expressions of grief in some people, particularly in men compared to women.
The Owner-Veterinarian Interaction

Deciding to terminate the life of an animal can be one of the most distressing aspects of animal ownership. Many owners say that it is harder to make this decision than to deal with the loss. There can be a lingering sense of guilt well after the event. The professional way we handle the terminal illness, euthanasia or death of the animal can convey to the client how we respect them and understand their perspective. The decision often needs to be a team effort, where the veterinarian works in conjunction with the owner. There are some things we can do to make the process easier for all concerned.

1. We can offer professional advice on the medical condition and prognosis
2. Focus on what is best for the animal; animal welfare is the paramount objective for veterinarians. Plan how you (the veterinarian together with the owner) can balance quality of life with pain relief, nursing and other therapy until the time comes to end it. Euthanasia can be a service we can offer our pets that we are denied ourselves.
3. Describe what signs to look for as evidence of lack of quality of life
4. Provide support to make these difficult decisions; but at the same time we may need to be cautious about pushing owners into it
5. Give the owner time to consider all the options and discuss it with all members of the family. Provide pain relief for the animal in the meantime.

There may be times where you will need to debate where owner’s rights end and the animal’s rights begin.

“...Our vet was very understanding when it came time to put Cinders down. She was so old, but had become just skin and bones even though she ate a lot. I didn’t want to be there when it happened. I just left her at the clinic in their caring hands; but I cried all the way home. I now have her ashes on the mantelpiece. Eventually I will decide where to scatter them.

Cat Owner (Female)"

“I wanted to be with Jemima when she was euthanized and had to ask them to let me know when I could come in. They had trouble getting a vein and had to give her a sedative to settle her down. I was in the waiting room. When they finally called me in she was already dead. It must have happened so quickly. I was so upset. I had just wanted to be there to calm her and stroke her. She always looked into my eyes for reassurance. It was the least I could do after all those 16 years we had together.

Owner of Cat with Renal Failure (Female)"
The Veterinarian’s Perspective

Although the grief reactions and behaviours described above are normal, they are often stressful for the client or the staff and people around them. We can feel powerless or nervous, become tongue-tied and begin to mouth platitudes or even feel cranky and fed up.

There are things that we can do to assist the process and make it more comfortable for all concerned. These actions can be considered in terms of:

1. What the veterinarian can do
2. What the practice can do
3. What the client can do

What can the veterinarian do?

Death of a Pet

- Reassure the client that it is OK to express their feelings. This helps to validate their sense of loss.
- Offer genuine empathy and support. Listen to what the client has to say. Verbal responses are not always necessary.
- Learn to feel comfortable in the presence of the grieving person; if possible stay with the client until they are calmer or reassured. Do not leave it entirely up to the nurse.
- If it seems appropriate, provide technical information on why the animal may have died.

Prior to Euthanasia

- Listen to the client’s requests and questions regarding euthanasia.
- If the owner is to attend the euthanasia, describe the entire euthanasia process to the client in order to prepare them for any untoward events which may occur during euthanasia (animal movements, etc).
- Allow owners to be present for the euthanasia if they want to (including children).
- Allow owners to say goodbye and be alone with the animal if they prefer, either before or after euthanasia.
- Talk about options on disposal of the body, memorials, etc.
- Catheterise the vein if necessary, ensure patency using saline first. This helps ensure the procedure runs smoothly.
- Tranquillise if necessary. Sedatives may be useful if the animal is fractious or if the distressed owner conveys their anxiety to the animal; but be aware of the reduction in blood pressure that this may cause. Catheterise first.
What can the practice do?

- Provide a quiet place or grief room that is conducive to owners spending time with their pets. Provide a room which has a separate exit, perhaps through a garden, so that owners do not need to walk past other clients in a crowded waiting room.
- Schedule the euthanasia at a different time to regular clinics so that the client is not in a busy waiting room and you are not rushed.
- Have some appropriate literature available for the client to take or peruse.
- Have a list of counselling contacts available; include pet loss hotlines.
- Brief staff (receptionists and nurses) on the practice policies regarding distressed clients and ensure they understand.
- Follow up with a card or brief letter to the client, or make a donation to an animal charity in the animal’s memory.
- Organise payment for the euthanasia service before the event.

What can the owner do?

- Express their grief freely. The client needs to express their feelings in whatever way feels natural, without embarrassment.
- Ask for information.
- Seek assistance if they feel they need it.
- Talk to friends about the animal, their loss; write stories about the animal to remember the happy times.
- Continue with daily tasks; take one day at a time.
- Join a support group.
- See the wider perspective of life; find a philosophy that transcends the “slings and arrows of life.”
- Recognise that there are others who are worse off than themselves.

These situations can be stressful for you as the veterinary professional, especially if there are several euthanasias in one day, or if this happens at the end of a long continuous period of rostered duty. In addition, you may have developed a close working relationship with the client and the patient, particularly if it has involved a long illness. You may also feel a sense of disappointment or even guilt that you were not able to help more. You may therefore feel some natural emotional response yourself which you should express. A supportive practice environment with regular practice discussions may be helpful in this regard.

Children and Grief

One of the valuable lessons in life that our animals can teach us is that death is a natural part of life. Teaching children to accept the reality of death is very instructive for them; they will also learn from parents reactions. It is therefore desirable to involve children if it is a family pet. It is desirable to use straight words such as ... “Toby is dead now” rather than euphemisms such as “passed way”, “put to sleep”, “gone on a very long holiday” or even “euthanized”. They need to be able to express their grief and talk freely about the animal that has died.

Note:

It is not the role of the veterinarian to provide extensive grief counselling. That is a job for a trained counsellor or psychologist.

What would you say?

Client with small child says to veterinarian:

“Will you please tell Jimmy that you are going to send his dog Skipper to Dog Heaven?”
What can YOU do for your own peace of mind?

- If you find yourself feeling some emotion in sympathy with the owner, let yourself show it, but remember that you are in a professional situation. It is generally advisable to minimise touching the client. Be aware of ethnic differences.
- Take several moments out of the rush and bustle; go for a walk outdoors in calm surroundings.
- If you have to euthanise a lot of animals in a short time such as in pounds, animal shelters or in disease outbreaks, acknowledge your feelings and deal with the emotion.
- Acknowledge to yourself that you have handled the situation as well as you could in the circumstances.
- If something goes wrong, focus on it as a learning experience, do not use a bad experience to chastise yourself.
- Practise ways of leaving the worries behind at the end of the day, so they do not affect your personal life. Develop some kind of ritual release that helps this process.
- Have in place a debriefing system at work where all the worries and stresses can be discussed freely and openly.
- Use the support provided by the profession for defusing worries and anxieties.
- Ensure you always have an adequate personal support system outside the work environment.

There will still be times when you choose to accept the pressures. However, fortunately the vast majority of the time practice is not like this.

"They were Buddhists and they wanted us to keep it alive. It was a nightmare. I felt bad having to watch it die. It was suffering and was drifting in and out of a coma. I gave it pain killers but couldn’t give it an overdose because I had given them my word. “You won’t kill him, will you?” they had said. It took several days to die. I was an absolute wreck for three or four days."

Experienced Graduate

Clients do appreciate the extra effort and care that is given to their animals. Many will write letters, cards and even poems as a “thank you”.

"Thank you for your most kind and professional considerations on this difficult occasion and on all the other times at which you treated our family pet Border Collie of nearly 17 years, Calley. She is missed."

Client
Practical Tasks: Understand and Rehearse Situations involving Grief

Organise into groups of three students: one to play the client, one the veterinarian and the third as the observer

- Observe client responses.
- Note also the roles of the veterinarian, nurse and owner in handling the situation.
- Be aware of your own reactions to the situations.
- Consider what was handled well, what was handled badly, and how would you manage it differently.
- Discuss your responses with your colleagues.

Rehearsal-1

You have made a diagnosis of neoplasia (or leukaemia) in a young dog. Think through how you will break the news to the client in a professional but compassionate manner.

Seek feedback from the observer on how effective the interaction appeared and how it could be improved. Repeat with reversal of roles.

Rehearsal-2

You are presented with a 10-year-old dog which has anorexia, depression, weight loss and vomiting. You diagnose severe terminal renal failure and you feel that on humane grounds the dog should be destroyed.

What do you say in making this recommendation to the owner?

After you mention euthanasia the owner breaks down and cries, telling you that the dog is a well-loved family pet.

What would you do?
What do you say?

For the Future

Jot down the points you have learned from the scenarios, to build a list of “Best Practice” points that you will adopt a) in practice and b) in general.

Summary

In order to effectively manage the human side of veterinary practice in relation to the death of their patients, veterinarians and their staff need to be aware of the needs of owners involved in the grief process, and how they can help. The process of grief and an outline of responses which may assist both the owner and the practice staff are also described.
BREAKING BAD NEWS

When breaking bad news, veterinarians should be prepared for a range of emotional responses from the client. Prior to the consultation, determine if the condition can be managed; treated but not cured; offered pain relief or supportive therapy until quality of life is recognised to diminish. You can remain positive with many types of neoplasms but it is important to be realistic. Consider referral to specialist; oncologist; surgeon, etc.

It is also important to discuss approximate costs of options and prognosis; provide % figures from research studies of the particular condition. Offer supporting documentation such as a pamphlet to take home or a website for further information.

SPIKES Scheme

The following format can be used to assist in the process of breaking bad news gently and optimising client understanding:

**Setting:** establish rapport, set at ease; thank client – ‘I am glad you could come in so we could discuss Max’s condition’; acknowledge concern.

**Perception:** explore the client’s perception & concerns; if appropriate, you could ask an open question... ‘How do you feel Max is doing now?’; ‘Could you tell me what you understand about Max’s condition?’; ‘What did the other vet tell you about Max’s illness?’ (Listen & respond)

**Invitation:** Explain the purpose of the discussion. ‘I’d like to discuss some specific aspects of Max’s illness’. Invite the client to consider the options.

If euthanasia is an option, give the client permission to consider this; acknowledge the difficulty in making this decision, when appropriate.

**Knowledge:** provide information in stages. Offer a warning first... ‘It’s not good news’ ‘I’m sorry to have to tell you this. The tests show Rusty has/ is likely to have…’ Chunk & Check... pause for response; add more details... ‘It has spread to his lungs; this will add to his breathing difficulties.’ Negotiate and agree to a plan.

**Empathise** throughout the conversation; normalise client’s responses; acknowledge, validate client; appropriate silence & body language. Offer support. ‘It can take time to come to terms with this & decide what to do’; ‘I imagine this must come as a shock.’ ‘It is not an easy decision’.

**Summarise** the agreement to a management plan.

References:


TRAINING FACILITATORS OF SIMULATED CONSULTATIONS

Facilitators of the client simulation exercises are most likely to be veterinarians or educators who can create positive, safe, yet challenging learning environments and provide constructive, supportive feedback to students. They play a coaching role in assisting the student gain essential skills. They need to have the resources, experience and training in communication themselves to assist the student to progress their chosen skills and competencies. Facilitators may also instruct and organise the simulated clients and provide appropriate training and interventions to prepare all participants for client simulations.

As veterinarians are likely to have had little formal instruction in these processes themselves, an experiential Train the Trainer process is appropriate. Not only will the facilitator be providing supportive feedback, he/she will also need to ensure other participating student observers in the group do likewise.

For the group to function effectively, it is essential that a large degree of mutual trust be developed first. Ideally this should be developed with team building exercises in a friendly, supportive atmosphere. Assurance of a supportive environment offered by colleagues and the facilitator is essential before students can begin to feel comfortable to expose themselves to the vulnerability associated with interpersonal communication exercises; personal self-esteem may be at risk.

Training Process

The Presenter Role Models the techniques, language and skills desired for good communication during the training process in the same way as the Educator would model appropriate communication skills in the classroom; then encourage Reflection on these experiences at the end of each session.

Ideally, facilitators would be offered a series of training sessions over several weeks; however, it might be possible to condense the core highlights into a 3 hr workshop if necessary, as an introduction.

The Training process would include the following major components, with practical exercises and rehearsals:

1. **Introduction:** Meet, greet, Round Robin of introductions, find commonality, express interest, find preferred name and correct pronunciation. Agree on workshop objectives, ground rules, define mutual roles and responsibilities.

2. **Ice-Breaker:** Exercise which allows some vulnerability for each participant. E.g., Ask each participant to recall any very early disasters in client interactions (max 60 secs each).

3. **Overview:** Present an overview of course content, goals of the simulation and coaching process.

4. **Student-Directed Learning:** Awareness of student-directed learning; benefits of student control of interpersonal skills. Show how to help students define their chosen learning goals in communication exercises after self-assessing their strengths and weaknesses; the facilitator should clarify learning goals and ensure appropriate cases are chosen for rehearsal.
5. **Learning Environment**: Help participants define the features which create a positive learning environment. Ask participants to recall and describe the characteristics and atmosphere of their most enjoyable learning experience vs their worst experience; helpful vs destructive feedback. Then review and summarise this information. Add the need for safe learning environment.

6. **Danger of Negative Attributions**: Discuss instructor ‘Attitude’ to learners; awareness of the ‘hidden curriculum’, educator attitudes; ask for a word to describe the student learners; mention parallel with ‘attitude to client’; being judgemental (trilogy of what we think, say, do). Foster collaboration, equality; aware of level of ‘control’ vs need for flexibility; finding common ground, mutualy.

7. **Roles**: Provide a clear outline of the client simulation process and the roles of facilitators and all participants. Dynamic flexibility required, selection of communication tasks, the focus on outcomes. Show student perspectives of the process, extending comfort zones, benefits, need for rehearsals. Simulation client perspectives.

8. **Consultation Structure**: Provide clear outline of the Calgary-Cambridge Observation Guides to communication; combine with awareness of Body Language. Use of observation feedback sheets & client feedback sheets. Discuss strategies for each stage; rapport, reflective listening, encouragement, questioning, exploring, explaining, planning, closure.

9. **Type of Consultation & Communication**: Discuss the ‘frisbee’ concept of communication vs. ‘shot-put’; collaborative communication vs paternalistic, client-focused styles of communication; four key points of the consultation process. Mention differences in Wellness vs Medical visits; presence or absence of animal; human-animal bond.

10. **The Coaching Process**: Describe coaching process, feedback sequence (student, peers, client, then tutor), need for student to actively comment on his/her strengths and weaknesses first as this provides opportunity for self-correction. Discuss safety interventions (using strategies outlined in Dr Cindy Adams’s videotape; time out; rewind; and speak in character voice).

11. **En-role & De ROLE**: Mention the importance of preparation, rehearsals; parallel rehearsals with success. Include techniques to ensure clear advice is given to the client. The critical importance of taking time to mentally step into the role (to en-role) at the simulation; and taking time to debrief. Only start the simulation when the student is ready to become ‘the vet’.

12. **Assessment, Feedback & Role Plays**: Discuss the difference between praise and feedback. Discuss the use of the global ratings scale in assessing student performance. Role Play and practise giving supportive, constructive feedback that is outcome-based.

   i. Let the student self-assess first, positives before what to change.

   ii. Did the student meet learning goals? (general to specific)

   iii. Start with what was commendable. What were the student’s strengths and why did they work? Be specific, descriptive; quote exact words, behaviours and actions that worked well.

   iv. Suggest alternatives for words or behaviours that were less effective; then suggest how to enhance effectiveness of the interaction, suggest areas to work on and indicate why that would help; use non-judgemental language.

   v. Encourage group discussion to problem-solve, or ask the group to suggest alternative words/behaviours. Engage the simulated client in group discussion. Provide practice in Role Plays and Role Reversals
13. **Essential Skills:** Discuss specific, essential communication skills and techniques - Empathy vs. indifference, neutrality. Discuss ways to demonstrate and express empathy, suggestions of alternative phrases, expressions and experiences, to offer enrichment of student learning. Provide video/role on empathy. Discuss strategies in Breaking Bad News, use of clear language, no jargon, dealing with guilt, delicate issues, overweight pet, client reactions; how to make key points clear to client.

14. **Trouble-Shooting:** Discuss trouble-shooting; hazards and risks; anxiety, catastrophising; link to self-esteem and self-perception; ‘client’ role fatigue and over-connecting with the scenario; blocking; perceived threats, defensiveness; discuss the warning signs to look out for; cultural differences and challenges; four-stage skill-learning model (aware of dissonance, awkward, consciously skilful, integrated); handling disruptive members, conflict; reflect back; conduct Round Robin on feelings if required.

15. **Support the Simulated Clients:** Discuss the need for the facilitator to support simulated clients; ensure regular contact and seek feedback on their roles; look out for role-fatigue.

16. **Teaching Props:** Show examples of teaching props available for use, e.g., small whiteboards, radiographs, models, heartworm life cycle charts, worming medications, images, discuss the value of students having ‘handout sheets’ available for clients to take away.

17. **Scripts and set-up:** Show examples of how scripts are prepared and constructed for both students & clients.

   i. For each scenario it is useful to give the client a script containing a few specific points to look for in certain medical situations, and to be asked to evaluate the student’s performance in terms of individual objectives, course objectives, strengths and weaknesses.

   ii. Add personality perspectives and human-animal bond

   iii. For explaining and planning, have all clients waiting outside the consultation room. Discuss strategies being used

18. **End:** Summarise the session; consolidating the learning; reflection writing. Discuss main features learnt in pairs.

Facilitators also need to be given access to appropriate resources, literature and publications. Additional sessions will be required for formal assessment.

Furthermore, it is desirable to ensure facilitators meet regularly to discuss common problems and issues arising from simulations. Such support groups are likely to allow time for reflection, increase practitioner self-awareness and capacity to care for students and their clients, and are recommended for medical educators, especially those involved in the psychosocial domain (Williamson 1992).

**References**


EXPLANATION AND PLANNING SIMULATION: NOTES FOR SIMULATED CLIENTS

This ‘skills rehearsal’ is a learning exercise in the consultation process. It may be videoed for the student and staff to review later. To assist in making this a safe environment for the student, several techniques are available, e.g., students can call ‘time out’, or ‘rewind’ if they want to stop and start again or withdraw a comment made in error. They may also ask you to speak in ‘character voice’ to indicate how you feel at that moment (perhaps in response to something they may have said); this should help them connect with clients more effectively. The live interaction may also by viewed by a student observer and/or a staff member.

In these scenarios you are called in to discuss the findings of initial laboratory tests (blood tests and/or cytology, needle biopsy) of your pet, which you have paid for. The veterinarian should explain the disease process based on all the findings, and advise you on possible further tests or management plans. Explanations and planning should be to your satisfaction. Your decisions on how to proceed may vary with your feelings for your pet, the cost involved balanced with the prognosis or long-term outcome, certainty of diagnosis and level of financial commitment to your pet (you have no pet health insurance). The amount of information you can take on board may vary with the degree of ‘shock’ about the news as well as the delivery style.

Consequently, in the discussions, the veterinarian may explore:

- The role the animal plays in your family, and financial commitment
- Your medical knowledge
- Your understanding of his/her advice

You may want to know:

- What caused the condition; can it recur
- What outcome can we expect; rate of recovery
- Full costs involved
- How effectively can I manage this condition
- How much time do I have to make a decision; to come to terms with this news

In the interaction, assess to what extent; (scale 1-5)

- An effective partnership could develop with this vet
- The vet inspires my confidence and trust
- I was treated with respect
- I was given realistic information (or false reassurance)
- I would accept or comply with the vet’s advice

Directly after the session you will be provided with a check list to help assess the interaction; during this time the student will debrief with a staff facilitator for several minutes. Please provide constructive feedback to the student on their ‘performance’. First, offer examples of what they did well, and then suggest what they could improve.
TRAINING SIMULATED CLIENTS FOR CONSULTATION SIMULATIONS

The consultation simulation exercise provides veterinary students with an opportunity to rehearse crucial aspects of the consultation process in a safe environment. Students can self-direct their learning and refine their communication skills to an appropriate level of competency and confidence.

The simulated client will be responding to the student directly as they are received by the client. This authentic aspect of the communication allows the student to receive realistic and specific feedback on their performance which is most valuable to their learning. The simulated clients need to genuinely believe in the value of simulation exercises and have a strong desire to assist veterinary student learning.

Both experienced animal owners and actors are recommended as simulated clients as they have different strengths to offer. Actors are highly skilled in expressing and recognising subtle changes in body language, and are also able to provide reliable, repeatable performances when required. On the other hand, professional actors may have a preference for dramatic roles, and those selected would need to be aware that the roles are frequently quite subtle and ordinary.

Experienced animal owners have a wealth of knowledge of animal behaviour, pet care and disease, and their previous contact with a variety of veterinarians provides a suitable background to make comparisons to the performance of the learner. It is also helpful to use both male and female simulation clients of various ages and if possible, of various ethnic origins, as students may discover sub-conscious biases or barriers to communication which need to be overcome. Similarly it is helpful if the client is generally well-informed and has worked in education.

Kurtz et al (2005, p.93) stress the importance of a formal interview and screening of volunteer simulated clients, and list potential problems which may be encountered.

Kurtz (2005) strongly recommends that real cases be used for simulations. For some consultations it can be useful to discuss real veterinary problems that the client has encountered. The client’s role is more realistic for both the student and the client if they do not meet before the consultation. Having the client wait outside the consultation room, more closely resembles the real situation of the waiting room.

The student’s specific learning goal needs to be provided to the client in advance of the simulation, as part of their scripts for the day.

Training Process and Content

Simulated clients need to develop skills in role playing and providing feedback to students. Clients may adopt a number of different character traits for the role play exercise, should be able to pose suitably probing questions in one or two common diseases, demonstrate the use of body language as a teaching aid and be aware of cultural differences among students and therefore potentially among clients.

Demonstrations of interactions, videos of example interactions and exercises for practising giving and receiving feedback can be used to assist the development of simulated clients.
Simulated client training should also address the following topics

**Purpose and Value**
Explain the purpose and desired outcomes of the simulation process for students in general. Show research data on the students’ perspective of the value of the process; what they learn from the process and their appreciation of client’s feedback.

**Consultation Structure**
Provide information on the Veterinary Calgary Cambridge Consultation Model, and give specific examples of what should happen or be said throughout and in each step of the consultation process (e.g., in closure, offer to answer further questions). Show how students select their individual learning objectives for each case scenario.

**Student Issues**
Stress the need for the client to be aware at all times that they are dealing with students in training. Student anxiety and confidence may be especially critical in the first few simulations. In particular, how to be responsive to signs of distress, and to be aware and tolerant of variations in cultural behaviour: Aust., US, UK, Europe, Asia. Simulated clients should also be trained in dealing with what to do if student’s accents are too heavy to understand.

Simulated cases relate to the level of students’ educational experience. Simulated clients therefore need to be prepared to deal with students who have varying levels of experience, are from different years of the veterinary course, and who are completing these simulations for different purposes.

**Body Language**
Simulated clients need training in body language and communication skills; both observing a student’s body language and acting out examples of body language that students should look for (e.g., looking down when pensive; uncomfortable when rapport is not developed; the value of laughter, smiles, empathy, etc).

**Simulated Client Role Needs**
Discuss and rehearse the portrayal and expression of individual aspects of scenarios that the veterinarian and the client may need to consider and are included in the scripts, such as:

i. the extent of the human-animal bond (articulate behaviours that demonstrate the depth of commitment to the animal);
ii. the role the animal plays in the family;
iii. client’s financial resources and willingness to spend;
iv. client’s level of medical knowledge;
v. client’s willingness to learn more about the disease;
vi. client’s ability to administer medications;
vii. how to request assistance on when to make decisions on euthanasia, etc.
Simulated Client Personality Options

Describe and rehearse a set of ‘client character traits’ to include in scenarios.

Animal Diseases

Simulated clients need to be provided with elementary training in common animal diseases and/or diseases that are frequently seen in humans, e.g. diabetes (Types 1 & 2), obesity, anaemia – enough for the client to ask awkward questions if appropriate. Include basic statistics on the incidence of some diseases (e.g. viral, metabolic), or breed incidences where appropriate, and percentage response to treatments of some diseases.

Student Safety and Re-plays

Discuss the techniques used to halt the simulation if needed at any time; calling ‘time out’, ‘stop and re-wind’, or ‘speak in character voice’. Discuss the possible need to re-play parts of the scenario on request, to pick up the scenario again at any point and to ‘feel’ or express the emotion at that moment. Rehearse these techniques with the clients. Discuss student anxiety, and how to address it.

Feedback – content

Provide instruction and rehearsals in the feedback process and the constructivist, supportive attitude in which it is given. As the client is part of the simulation and cannot make notes, he/she is reliant on memory, so feedback from the client is largely a matter of feeling, rapport and confidence in the ‘vet’ and how well the animal’s problems and management are explained. Clarify what the client is looking for (compared to tutor and fellow students).

The client’s feedback should include comment on:

i. how the student met their individual objectives (or task),
ii. their strengths and weaknesses in terms of the course objectives;
iii. any additional specific points highlighted for that particular medical scenario

Client Personality Types

i. Bombastic – questions everything, suspicious of everything
ii. Pragmatic – willing to make decisions quickly and ‘go with the flow’
iii. Introvert – Monosyllabic, hard to get information from
iv. Talkative – talks all the time, often irrelevant, hard to keep on task
v. Inscrutable – can’t tell what they are thinking; no emotion, little reaction to vet
vi. Fragile – very emotional, can’t take things in
vii. Know-it-all – overbearing, think they know more than the vet (erroneously)
viii. Trusting – accepts everything without question; hard to ascertain if they understand
ix. Denier – doesn’t want to hear bad news, discounts it
x. Guilty – the client feels some responsibility for the animal’s problem; thinks ‘why me?’, ‘what did I do wrong that this problem developed?’
xi. Carefree Spirit – takes life as it comes
Feedback – Attitude

Have an in-depth discussion on the extent and ‘tone’ of feedback. Suggest supportive, non-judgemental phrases to use, include why particular words and behaviours worked well, and suggest ways to enhance the interaction, and why that would improve client’s perception, offer suggestions rather than recommendations. Simulated clients should also be aware of the difference between praise and feedback.

Provide simulated clients with advice on what to say or do if the student has spoken or behaved inappropriately or not appeared to take it seriously. Also discuss with clients the students’ challenges in learning with this format, and consider their stage of learning.

After the scenario, the simulated client should give a separate, confidential verbal report of serious concerns to the tutor in charge so that these concerns can be conveyed privately to the tutor (e.g., body odour, bad breath, poor attitude, etc).

Special Scenarios and Standardised Clients

Additional workshops will be required to prepare clients as Standardised Clients for assessment purposes to ensure consistency of response and evaluation. Especially challenging situations require the management of expressions of grief, anger, admitting to a medical error (disclosure), managing violent or abusive clients, or where there is evidence of animal abuse. Other scenarios could prepare students for professional roles in risk management, public health issues and management of exotic diseases.

Client Care

Ensure clients are aware of the pitfalls of being a regular simulation client and to advise the tutor in charge of any concerns, exhaustion with particular roles, etc as soon as possible. Tutors and clients need to be on the lookout for role-fatigue and over-connection with the medical condition, etc. Address issues of mutual responsibilities, timely delivery of scripts, the warning period required if unable to attend a scheduled simulation session. Simulated clients should also be encouraged to meet regularly to discuss mutual issues; these opportunities should be coordinated by the tutor.
Scenario 1: Bitch Spay

**Information for the vet**

Mr/Mrs Maguire has a 9-month-old Boxer puppy, Jasmine. She is the apple of their eye. They would like some advice on having her spayed. The practice last saw Jasmine for her routine vaccinations as a young pup. She seemed very healthy and has not visited the surgery since. You have not met Mr/Mrs Maguire before.

The best time to spay Jasmine would be midway between seasons, but she may not have had a season yet (normally they have their first season between 6 and 18 months). Spaying Jasmine at a young age will help to protect her from mammary tumours (breast cancer) in later life. Obviously she won’t have puppies, and she won’t have any problems associated with breeding. She will also be protected from pyometra (infected uterus, a condition that affects older unspayed bitches).

Boxers are higher risk patients for surgery because they are brachycephalic (short-nosed). This affects their airway, and they can react badly to sedatives and anaesthetics (there is a risk that surgery could kill Jasmine).

Also, a small percentage of bitches develop urinary incontinence (leaking urine when lying down) after they have been spayed.

You should present both pros and cons of having Jasmine spayed, so that Mr/Mrs Maguire can make an informed decision.

**Information for the observer**

Please pay attention to what both parties say during this consultation. Especially – introduction: the vet should introduce him/herself properly, as they have not met the client before.

Opening question: should be a general one e.g., how can I help you? Should not assume that all they want to do is discuss spaying.

Listening: should listen carefully to the client’s response, and pick up any concerns that they have.

Giving information: the vet should give information in simple language that avoids jargon, and should give an unbiased list of reasons why the surgery would be a good idea, and why it might be a risk.

At the end, you should feed back to the vet on how they have done, suggesting areas for improvement.

**Information for the client**

You are Mr or Mrs Maguire. You have owned Jasmine, a 9 month old Boxer, for 7 months now. She has become part of the family, and you can’t imagine life without her. The vet you saw for her vaccinations advised that she should be spayed, but you have come in for some advice on this.

Jasmine had her first season last month, and it made her quite miserable, not her normal bouncy self. You feel that having her spayed would be a good idea. However, the vet should point out all the pros and cons of the surgery, and allow you to make an informed decision about having it done.

Surgery is not without risk, and this may be higher for Boxers due to their head shape (short-nosed breeds are high risk patients for anaesthesia and surgery, and in a very small number, this could kill them). If told about these risks, you will be quite concerned, and will seek reassurance that Jasmine would be all right – the vet should not give bland reassurance (e.g., don’t worry, she’ll be fine), but should go through the pros and cons carefully with you.
Scenario 2: Flea Control

Information for the vet

Mr or Mrs Brown has come in for some information on how to get rid of fleas. They have two cats, Spider and Mickey, both 18-month-old neutered males. They were last seen 3 months ago for their routine vaccinations. They did not have fleas then.

You have recently started work at this practice, so you have not met this client before. You need to find out how bad the problem is, for example, are the owners getting bitten, have they seen fleas on the cats, how much flea dirt have they found in the cats’ fur.

The best treatment for the problem will be Frontline Combo “spot-on” drops – they have not used these before. Frontline is applied to the back of the cat’s neck, but they must not be able to lick the area. You should explain how to apply the drops. This needs to be repeated every month.

Frontline Combo kills fleas, and also stops them breeding in the environment.

Information for the client

You are Mr or Mrs Brown. You have two cats (Spider and Mickey) and have recently moved into a new house. For the past two weeks (since the move), you have noticed that they are scratching more often than normal. Also, both you and your partner have been getting bitten by something, leaving itchy red spots, especially round your ankles.

You groom the cats regularly, and last night you found a couple of fleas on Spider. Mickey seems clear, but he has some small black specks in the white bits of his coat.

You have come along to your usual veterinary practice for advice on how to get rid of these fleas. You realise that this is a fairly common problem if you have pets, but you do feel slightly embarrassed about it. The vet you will see is new to the practice, so you have not met them before. You did not bring your cats along today, as they are difficult to catch and put into baskets!

Information for the observer

Mr or Mrs Brown has come along to see the vet for advice on getting rid of fleas from their two cats. Please pay attention to what both parties say during this consultation. Especially – introduction: the vet should introduce him/herself properly, as they have not met the client before.

Opening question: should be a general one e.g., how can I help you? Should not assume that all they want to do is discuss flea control.

Listening: should listen carefully to the client’s response, and pick up any concerns that they have.

Giving information: the vet should give information in simple language that avoids jargon, and should explain the treatment clearly.

At the end, you should feed back to the vet on how they have done, suggesting areas for improvement.
Scenario 3: Microchip Advice

Information for the vet

Your next client is Mr or Mrs Turnbull. They have come along to see you to ask about microchip identification for their dog Kaiser. They haven’t brought Kaiser with them. Just as well – last time you saw him, for a minor tummy upset, he tried to eat you! He is a “Staffordshire Bull Terrier cross” – but you are convinced that he’s a Pit Bull Terrier, and should be on the Dangerous Dogs Register.

At first, it sounds like a good idea to microchip Kaiser, until you realise that they want to breed from him. The world doesn’t need any more dogs like him. You will try to persuade the owner that it might be a good idea to castrate Kaiser, to stop him straying and getting into trouble. You could also insert the microchip while he’s under anaesthetic, saving a lot of hard work. However, you are unlikely to succeed with this approach.

You need to explain the principles of microchipping to the owner. A tiny capsule containing the chip is injected under the skin in the neck. This can be read by any of the microchip scanners now used by rescue centres, vets, the police, dog wardens etc. The cost is $50, which includes registration for life with the company that makes the chips. Kaiser’s details are then held on a central register that can be accessed by anyone who finds him. You can ask the client to make an appointment during normal surgery hours for this procedure.

Information for the client

You are Mr or Mrs Turnbull. You own Kaiser, a 2 year old Staffordshire Bull Terrier cross. He is a very handsome dog, and you are worried that he may be stolen because of his good looks! He also tends to escape from your garden on a regular basis, and takes himself for walks around the streets where you live.

A neighbour has suggested that it may be a good idea to get him microchipped, in case he goes missing or is stolen. Kaiser hates coming to the vets, so you have left him at home. In fact, the last time you brought him to the surgery, he tried to bite the vet! You thought that was very funny.

You would like to breed from him in the future (you have had a few enquiries from other people to ask if they could use him at stud). You have come along today to ask the vet about microchipping, how much it costs and what is involved. You will tell the vet that you want to breed from the dog. If the vet suggests castration, you will be horrified! You only want the microchipping done, nothing else!

Information for the observer

Mr or Mrs Turnbull has come along to see the vet for advice on micro chipping their dog Kaiser. Please pay attention to what both parties say during this consultation. Especially – introduction: the vet should introduce him/herself properly, as they have not met the client before.

Opening question: should be a general one e.g., how can I help you? Should not assume that all they want to do is discuss micro chipping.

Listening: should listen carefully to the client’s response, and pick up any concerns that they have.

Giving information: the vet should give information in simple language that avoids jargon, and should explain the procedure clearly.

At the end, you should feed back to the vet on how they have done, suggesting areas for improvement.
Effective Listening Workshops

Introduce this workshop with an overview including:
- Relevance and purpose of session
- Application in veterinary practice and home
- Reassurance – you can already communicate, but can improve
- Reiterate constant practice is required, start today!
- Recommendations to maintain learning. A journal of personal progress and self-awareness of skills.

Process and Content

Initially, ask students to consider how they could demonstrate to others that they were a good listener. Discuss briefly; give personal example/story - ‘You never listen’.

Engage students with a reflective task such as identifying times or situations when you are a good listener and when you are a poor listener. Share with neighbour, then with whole class.

Debrief and discuss factors which interfere with listening effectively. Brainstorm ideas with the group and summarise these factors, including:

Enter problem-solving mode instead of listening
- Thoughts – memories of previous episodes, time, ‘will he/she like me?’
- Feelings – anxiety, boredom, self-conscious, impatient, inadequate, rejected, judged
- Distractions – heat, cold, air conditioner, noise, TV
- Sensations – hunger, heart pounding, sweaty palms

Provide a definition of active listening and discuss the components of active listening behaviour:

Compared to passive or casual listening (e.g., background music), active listening involves the listener striving to extract the true meaning of the speaker. Active listening involves attending, analysing, evaluating, validating and responding to the best of our ability, and is central to interactions between veterinarians and clients. Listening is complementary to questioning; an essential skill, though one which if overused will inhibit effective communication.

1. Model and demonstrate an active listening posture for listening:

\[\text{S} \quad \text{O} \quad \text{L} \quad \text{E} \quad \text{R} \]

\[\text{stance} \quad \text{open body language} \quad \text{lean slightly forward to appear interested} \quad \text{eye contact (mention cultural differences)} \quad \text{relaxed but alert attitude} \]

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1 This material has been adapted from Mills JN & Heath TJ (1998) ‘Communication for the Veterinarian’, Murdoch University Press.
2. **Attending**

- Be aware of focusing on the client without distractions and try to notice when you drift.
- Be aware of body language: glazed eyes, restlessness, etc., and be comfortable to ask... ‘I drifted then, could you please say that again?’
- Attending may be adversely affected by: emotional factors such as dislike of the speaker; lack of concentration, tiredness, being task-oriented vs people-oriented; daydreaming; gender differences; cultural differences; age differences; perceived status of the speaker; selective hearing/attending may depend on listener’s interests and needs; and overloading with too much information will affect the listener’s concentration.

3. **Search for Meaning**

*Listen* to understand the key points, both cognitive and affective aspects of the message of the speaker; i.e., listen for the feeling behind the words to receive the whole message.

*Analyse* words, accents, pitch, tone, pace of speaker’s paralanguage. Be aware of client’s body language and facial expressions.

*Evaluate* the whole message to identify client’s needs, feelings as well as depth of feeling. Be aware of drawing premature conclusions and of preparing your response too soon.

Let the client finish their story, with minimal interruptions if possible (make notes instead); avoid pre-judging, jumping to conclusions or finishing the client’s sentences for them.

4. **Respond and Validate**

This is a key part of the process, giving the speaker feedback to show their whole message has been heard successfully. **Validate** their message by reflecting back to the speaker the key elements; use both verbal and non-verbal means to validate their comments. In the response convey encouragement, empathy and support, be non-critical, non-judgemental.

Seek **clarification** where required (e.g. vomiting vs regurgitation); get the client to describe their observations rather than their interpretations.

**Paraphrase**, or pick up on their words and reflect back to client to ensure the correct message has been heard, but beware of sounding patronising. Match your mood or energy level with that of the speaker, within reason.

Response problems for the listener may involve: responding too quickly, too frequently (interrupting), too vigorously (nodding, grunting) thereby making speaker feel uncomfortable; repetitive response and sounding insincere; responding inappropriately because of misunderstanding, not responding at all.

Problems occur with selective listening or only hearing what the listener wants to hear. Occasionally a response or comment may trigger an over-reaction in the other person which might suggest a deep sensitivity exists. If this occurs, deal with the emotion first with an empathic response.
5. Speaker

As a speaker, ensure your message is crystal clear, logical and understandable; use simple words, avoid jargon, take care with enunciation and accents as this may interfere with listening. Offer small chunks of information and check for understanding through feedback. You can say to a client... ‘This information is complex, and I am not sure if I have said it clearly. Would you mind repeating back to me what you understood I said? Check for signs of lack of understanding or information overload - check eyes are not glazed. Looking down, furrowed brow or shuffling may indicate disagreement, thinking or closure.

6. Closure

Offer an opportunity for the client to ask more questions. ‘What further questions do you have of me? Remember that the last problem the client mentions is often the most important to them.

Active listening...

Helps in efforts to receive more accurate information. Others are more likely to give complete and accurate information if they feel that they are being listened to. Through active listening we find out not only what people are saying, but why they are saying it. Further, we encourage people to see solutions to their own problems; the chance to put the problem into words that are seen as worthwhile by another, may help them see the problem in a different light. Finally, active listening can improve relationships with others and minimise the chance of conflict developing.

Summary

- Listen with your whole body; give and receive nonverbal as well as verbal messages
- Give feedback, respond to the other person
- Show empathy; indicate that you understand the other person's position, even if you don't agree
- Encourage the other person, especially if they are reticent
- Forget about talking while you are listening
- Match your mood to the other person's
- Put the other person at ease, and relax yourself
- Listen to the whole message; don't prejudge
- Look for positive points; judge the message, not the person
**TASK:**

**Identify any potential blocks to communication**

Ask yourself: do you have trouble paying attention to a client or colleague:

- Who you dislike?
- Of the opposite sex?
- From another ethnic group?
- Who you believe to be incompetent?
- Who is much older - or younger - than yourself?
- Who has mannerisms or appearance that you find offensive?
- Who you believe is of inferior or lower status, than yourself?

**TASK: Investigate interactions involving veterinarians**

Arrange yourselves into pairs or groups of three, and prepare then present one of the following role-plays. If working in threes, use the observer to provide evaluation and constructive feedback.

### Scenario 1

**First person:** You are a new graduate, called for the first time to a farmer who is a good client of the practice. You have examined a valuable bull, and reported to the farmer that, in your opinion, the bull's working life is over.

**Second person:** You are an experienced farmer and successful stud breeder, and have had particular success with this bull. You do not have much confidence in the ability of people without experience, and this young veterinarian seemed to you to lack competence. And now you've been told that the bull can't work any more. This is a major blow. You are angry, confused and feel let down by the practice.

### Scenario 2

**First person:** You are a veterinarian who has just examined the cat Fifi, and you are very concerned at her condition. You have concluded that she should remain in hospital for treatment. You have just told her elderly owner, who was distraught.

**Second person:** You are an elderly widow, and have lived alone with your cat Fifi for five years since your husband died. Fifi has recently gone off her food and has been looking sick. You have taken her to the veterinarian, who has just told you that Fifi will have to stay in hospital. You are most distressed by the Fifi's illness, and thought of being separated from her is too much for you.

### Scenario 3

**First person:** You and your close friend have gone into practice together, and have an amicable arrangement. Your partner is late this morning, which is quite unlike him. As he arrives, you give him a quizzical look, and glance at your watch.

**Second person:** You have been up almost all night treating a horse with colic. You had tried everything, but the horse died. It was a child's pony belonging to a close friend, and its death was particularly distressing. As you arrive at work next morning, your partner looks at his watch, ... criminal isn't it?
Empathy Workshop

Clinical empathy has been defined by the Society of General Internal Medicine as ‘the act of correctly acknowledging the emotional state of another without experiencing the state oneself.’ (Markakis et al 1999). Halpern (2003) adds that genuine clinical empathy requires skilful attunement with a patient, not simply detached concern. No matter what you discover or think of the other person’s point of view, you are in a better position to influence him/her.

Empathy is a powerful social skill which fosters understanding and relationships. Accurate, genuine empathy allows the other person to feel respected, accepted and understood. It helps establish trust with a client and thus more effectively influences client adherence to agreed management plans and an effective clinical outcome.

Empathy assists with managing conflict and difficult situations. It involves imagining an issue from the other person’s point of view and acknowledging that non-judgementally in some way. It involves maintaining respect for the other person, rather than patronising pity.

Empathy involves emotional resonance in:
- Sharing a sense of a client’s predicament, when working collaboratively with the client to solve a problem
- Validating feelings, needs and concerns of the other person, acknowledging both cognitive and affective aspects, and
- Not losing your sense of self-identity or being swept up in the emotions or problems of the other person.

If a person becomes overwhelmed by another’s situation, they may become sympathetic rather than empathetic. Sympathy involves ‘feeling for’ another person or thing with an over-involvement in the emotions of the other person and is in contrast to empathy, which is ‘feeling with’ the other person (Bolton 1989). Sympathy may weaken the objectivity of a veterinarian and diminish their ability to help the client, while at the same time putting a heavy emotional load on themselves.

Building Empathy

Empathy is expressed verbally, non-verbally and behaviourally. The ability for empathy in the workplace can be helped by:
- Assessing the human-animal bond and carefully attending to the client’s verbal and nonverbal messages, especially the emotive ones, while resisting the temptation to make comments that divert attention from the client’s problem - such as comparing their experiences with your own, or those of others.
- Maintaining a natural curiosity about clients and patients’ lives.
- Using phrases such as … ‘I imagine’, ‘it sounds like’, ‘seems like’, ‘looks as though’…to reflect the clients feeling or concern, based on something you think, hear or see during the conversation with the client.
- Responding with nonverbal messages that are in keeping with the clients feelings.
- Using silence judiciously
- Simple reflection (repeating the last few words back to the client) or selective reflection (storing up a key point and reflecting that back at an appropriate time)

Client: I really worry about what I'd do without Rusty
Veterinarian: I can see Rusty is a very important part of your life

Client: Tiggy just started working well, but then we went away for a week…
Veterinarian: He'd just started working well?
Blocks to Empathy

- Anxiety or feeling rushed, mental distractions; not focusing fully on the patient or client
- Mental attitude that empathy is not important to clinical outcomes
- Personal bias or prejudice developed against the person, or a previous history of tensions between the individuals

Common Mistakes in Empathic Listening

- Being task-focused rather than people-focused
- Talking about medical issues only, ignoring emotional cues
- Non-genuine concern; you may have the right words but you couldn’t care less (client can recognise mismatch between words, voice tone and body language).
- Shift attention to yourself with your story
- Over-empathising or patronising sympathy. Client-veterinarian relationship has not yet developed; assess client-animal bond and tailor response to client's needs
- Non-helpful replies...joke, judgemental, reassuring
- No energy in response
- Giving cheap advice

TASK: Rehearse empathetic responses

In groups of three, with one student acting as an observer, one as the veterinarian and the third as the client, the veterinarian should rehearse empathetic responses to the following scenario.

Daphne is an old but valuable sheepdog which has just been diagnosed with an incurable condition; an infiltrative hepatic neoplasm (a carcinoma) which has now compromised liver function. Talk to the owner, breaking the news gently ('I am sorry, it is not good news...'), reflect empathetically; give further information in small aliquots, offer pain management strategies and other options, watch and listen for client's response, allow time as needed for the client to express thoughts and feelings; determine how to support Daphne until the client is ready to consider euthanasia.

After about five minutes, rotate roles, with the client being an elderly man who has just lost his wife and now finds that his wife's much-loved poodle has cancer.

Discuss the effectiveness of the interactions for each player, offer constructive feedback starting with what worked well, and also use the observer's constructive comments on strengths and weaknesses of the interaction.

*task design originally developed by Professor TJ Heath (1998) in ‘Communication Skills for the Veterinarian’ Murdoch University Press.
Why is the skill of empathy worth developing?

According to Ickes (1997, p.2) ‘Empathically accurate perceivers are those who are consistently good at “reading” other people’s thoughts and feelings. All else being equal, they are most likely to be the most tactful advisors, the most diplomatic officials, the most electable politicians, the most productive salespersons, the most successful teachers, and the most insightful therapists.’ And one might add, the most successful veterinarians!

In other words, a combination of knowledgeable expertise as well as empathic skills commands respect.

References:


DISCLOSURE OF ERRORS

Ethical Policy

It is recommended that wherever possible veterinarians are honest with clients and disclose accurate information to clients, as soon as possible, about any minor or major adverse medical events affecting their animal/s while under the care of the veterinarian.

Open, in-house disclosure of ‘near misses’ to colleagues is also recommended as part of the strategies of quality assurance and risk management in the workplace.

Communication

Disclosure of information should be followed by an expression of regret or apology and reassurance of plans to prevent re-occurrence.

Explanation

To err is human. Medical research has shown that, based on comparing clinical diagnoses to autopsy findings, 10 to 15% of all medical diagnoses are wrong (Groopman 2007). Errors and unanticipated outcomes may also occur in veterinary practice occasionally despite attention to professional standards of care. Mellonby and Herrtage (2004) reported that 78% of recent veterinary graduates reported making a medical error resulting in an adverse outcome, while 40% had not discussed the error with the client. There may be a natural tendency not to disclose if the outcome is not obvious or the patient cannot talk, however an attitude of infallibility may add to client mistrust. In the medical field, honest disclosure is considered ‘safe practice’, a right of patients and has been considered to have a positive effect on the doctor-patient relationship (Levinson 2008). Medical experience indicates that despite mandatory disclosure laws in some states in USA, there has been no impact on malpractice claims or costs (Levinson 2008). The overall outcome of greater transparency is likely to enhance quality assurance and diminish a culture of ‘blame and shame’.

Communication Coaching

To support this policy it is necessary to ensure new graduates and staff are effectively trained in the process of disclosure, preferably using simulated clients and a coaching process.

References:


GUIDE TO THE VETERINARY CALGARY-CAMBRIDGE CONSULTATION MODEL

Figure 1: A summary flow diagram of the Guide to the Veterinary Consultation based on the Calgary-Cambridge Model.

Preparation
- Establish context
- Create a professional, safe and effective environment

Initiating the Consultation
- Establish initial rapport with client and animal
- Identifying the reason(s) for the consultation.

Gathering Information
- Exploration of the client’s presenting complaint(s) to discover
  - the clinical perspective (disease – short-term history)
  - the client’s perspective (include animals purpose)
  - essential background information (long-term history)

Physical Examination

Explanation and Planning
- Providing the appropriate amount and type of information
- Aiding accurate understanding and recall
- Achieving a shared understanding: Incorporate the client's perspective
- Planning: appropriate shared decision making

Closing the Consultation
- Summarize
- Forward planning

Observation

ONLINE SCENARIO: VACCINATION

STAGE 1: PREPARATION
Philippe is a 5-year-old male-neutered Maltese terrier cross presented for annual examination and vaccination. The owner has recently moved into the area and is a new client in your practice.

Question one:
List three steps you would take to prepare for this consultation, bearing in mind that this is a new client.

Example Answers

• Request a history from the previous veterinarian.
• Read the medical record to familiarise yourself with the history of the patient and owner.
• Ensure the consult room is clean and that you have all the basic equipment you require – stethoscope, thermometer etc.

Question two:
What concerns might the owner have about bringing their pet to a new veterinarian?

Example Answers

• They might be concerned that this veterinarian is less familiar with their animal
• They may be concerned about whether this veterinarian will handle their animal appropriately
• They may be concerned that the new veterinarian may not be as knowledgeable (clinical care) or attentive (communication skills) as their other veterinarian.
• They may have had a previous bad experience with a veterinarian (perceived over-servicing, wrong diagnosis or bad customer service) and be anxious not to repeat the experience.
• Their pet may not have liked previous veterinarians.
• Their pet may not have behaved well with previous veterinarians.
• They may be worried about how much this veterinarian will charge compared to their previous veterinarian.
Example Answers

- Physical clues provide tangible evidence of technical quality and are particularly important for new clients: cleanliness and presentation of the staff, consultation room and practice; certificates and awards; equipment; facilities (some practices might offer a tour); and brochures about the hospital and its services.

- Develop protocols for orienting new clients to your practice, e.g. a phone protocol for providing directions to the clinic and letting the client know an estimate of costs in a way that is professional and friendly; a welcoming protocol for what is to occur when the client first arrives at the clinic – finalising collection of client details, asking the client to fill out a questionnaire about their animal’s health etc.

- Book an extended consultation for all new clients so that the vet has time to get to know the new client, and follow this with a feedback survey or phone call a couple of days later.

Question three:
List three strategies that could be employed at your practice to help alleviate each of these concerns
You usher Philippe and his owners into the consultation room. You notice that the owners are clinging to their dog slightly anxiously.

**Question four:**

**How would you introduce yourself to the client and start to develop rapport?**

**Example Answers:**

- Say something like “Hi, I’m Dr Brown, welcome to The University of Sydney Veterinary Teaching Hospital” (welcoming ritual)
- Compliment their animal e.g. “Philippe is a beautiful little dog, what is he crossed with?” (personalize)
- Build the relationship through: attending to non-verbal behaviour; discuss commonalities or differences (for example think of sharing a story about another dog called Philippe or another cross breed Maltese); involve the client in the consultation (engage and empathise); and involve the pet in the consultation (refer to Philippe and pat him if appropriate).
- Acknowledge the effort the clients have made to bring their animal along. “Hi, I’m Dr Brown, glad you could bring Philippe in today. Were there any troubles with him travelling in the car?”
- Acknowledge that they may have some concerns about taking Philippe to a new vet, for example you could share a story about visiting a doctor for the first time, and assure them that you and your staff will ensure Philippe continues to get the very best veterinary care.

**Question five:**

**List three questions you would ask the owner to draw out Philippe’s long-term and non-specific history and explain why?**

**Example Answers:**

- Try to start with open ended questions to gather and funnel information and let the client tell her story, then move to closed questions
- Please tell me a bit about Philippe – where did he come from?
- So, have you had Philippe since he was a puppy? [if not he could have had a medical problem the owners are not aware of]
- Where did you live before you came to this area [assists you with thinking about disease prevalence]?
- Tell me a bit about what Philippe would normally do during the day – what does he like to do?
- Do you have any other pets at home?
- What do you feed Philippe? [This could point to potential dietary deficiencies]
- Has Philippe been to a boarding kennel or is he likely to go to one in the future if you go on holidays? [This will again help you predict what types of diseases he may be exposed to]
- Do you know what Philippe has previously been vaccinated for?
- Has Philippe had a reaction to vaccinations previously?
- Is Philippe on any medication?
- Has Philippe had any reactions to medications previously?
Question six:
List three questions you might ask the owner to draw out Philippe’s short-term, specific history?

Example Answers
List three questions you might ask the owner to draw out Philippe’s short-term, specific history?
- Have you noticed anything different about Philippe recently or since his last visit to the veterinarian?
- How has his appetite been recently?
- Has Philippe had any vomiting?
- Has Philippe had any diarrhoea?
- Has Philippe had any coughing or sneezing?

Question seven:
What techniques would you use to provide structure to your history taking?

Example Answers
What techniques would you use to provide structure to your history taking?
- Proceed in a logical manner through your questions, using the clients’ concerns as a starting point
- Summarising each line of enquiry before moving on to the next
- Signpost how the consultation will proceed
STAGES 4 & 5: PHYSICAL EXAMINATION, EXPLANATION AND PLANNING

You examine Philippe, and find that his temperature, heart rate, respiration rate and attitude are all within normal limits. You notice, however, that he has absolutely foul breath (halitosis) and marked gingivitis (inflamed gums), with extensive dental calculus (hard grey coloured deposits on the buccal surface of his molars and premolars in particular).

Example Answers

Question eight:
How might you summarise your findings and observations?

Example Answers
• Discuss the positives first. Tell the client what is NORMAL then what is ABNORMAL.
• Go through body systems: skin/neuro/musculoskeletal/cardiovascular/respiratory/urinary/GIT. You can do this as you proceed through your physical examination to involve the client in the process.
• Philippe has gingivitis and dental calculus which are going to need treatment under a general anaesthetic. Let me show you what I have found.

Question nine:
How might you convince the owner that her apparently healthy pet needs a procedure (under a general anaesthetic) to address a health problem?

Example Answers
• Aim to educate the client and enlist them in the care of Philippe. Use the ‘chunk and check’ method to help the client keep up with your explanation. Give no more than three pieces of information at a time then check that the client has understood your explanation. Use summarising and signposting to guide the client through your explanation – summarise at the end of each section (or chunk) and signpost that you are moving on to new information.
• Inform them of the extent of the problem and why they might not have noticed it, e.g. “It can be very difficult to detect dental disease and Philippe is a little protective of his mouth, some of this may be due to pain associated with this disease. All of his gums are inflamed and infected.” Or “Dogs and cats tend to mask or hide signs of dental disease as it can be a sign of weakness in the wild, which is why dental disease tends to be fairly advanced by the time they are seen by the vet.”
• Inform them they are not alone. “Dental disease is very common in pets, particularly in Philippe’s breed and age group…”
• Discuss the causes of the disease to alleviate any feelings of guilt
• Let them know the implications of the condition. “If left untreated, Philippe may end up losing his teeth or with a very serious infection. His teeth problems could also affect other organs such as his heart and his kidneys”.
• Let them know about the benefits of treatment. “Once we perform a scale and polish Philippe’s teeth will be clean, he will have great smelling breath, and by addressing the inflammation he will no longer be in pain. You might find that he is able to eat harder foods etc.”
The client looks a little uncertain. “Dr Smith never mentioned Philippe’s teeth before, why is it an issue now?”

**Question ten:**

**How might you justify your decision?**

**Example Answers**

- Do not say anything negative about the other vet – you do not know enough to comment
- “Dental disease is a progressive condition”
- Point out the signs of dental disease to the owner and show her some images of the various signs and grades of dental disease, explain how the disease progresses over time.
You give Philippe a C5 vaccination and a heartworm injection, as well as some worming chews to take home.

Question eleven:
List three things you might say on concluding the consultation.

Example Answers
- Recap. For example, “Overall Philippe is in good health for his age, the only issue is his teeth which we can fix”
- Follow the ADOBE model, for example:

  I can see that you are concerned to find out that Philippe has dental disease. I know it’s a shock sometimes to find out that our pets are not as healthy on the inside as they appear to us on the outside. What is it that particularly worries you about this problem or possible treatment?

  We do the same things that your dentist might do when examining, cleaning and polishing teeth but we need to do this under general anaesthetic. I hear your concern about this for Philippe - there are risks associated with anaesthesia but we take a number of precautions to minimise these risks.

  Here is a brochure from our hospital about dental disease and it includes some information on anaesthesia, what we need to do and how we minimise the risks involved. If you have some time now, I am also happy to show you some of the equipment we have here and how we would be looking after Philippe. I can also provide you with an estimate of the costs.

Question twelve:
List three things you or your staff would do following the consultation to ensure client satisfaction and compliance.

Example Answers
- Give Philippe a treat or give the owner a treat to take home for Philippe
- Schedule a recheck in the computer and organise for a reminder to be sent
- Give Philippe’s owner a brochure on dental disease and/or direct her to some other resources about dental disease
- Schedule a follow-up call to ask the client if she has thought of any further questions about dental disease or treatment, and to discover how satisfied she was with her visit to your clinic
ONLINE SCENARIO: EUTHANASIA WITH LOW-LEVEL ATTACHMENT

STAGE 1: PREPARATION

Rajah is a 6-year-old male neutered domestic short hair cat presented for lameness of one week's duration. He has not been seen at your practice since he was desexed at twelve months of age.

Question one:
List three steps you would take to prepare for this consultation.

Example Answers

- Read the medical record to familiarise yourself with the history of the patient and owner.
- Anticipate potential problems – Rajah may not have been seen by a veterinarian for 5 years so it may be difficult for the clients to take him to a veterinarian or they may be reluctant to seek veterinary attention for him. Alternatively, he may have been visiting another veterinarian during this time – check if records need to be transferred from another veterinary hospital.
- Ensure the consult room is clean and that you have all the basic equipment you require – stethoscope, thermometer etc.
STAGES 2 & 3: INITIATING THE CONSULTATION AND GATHERING INFORMATION

You greet the owners and Rajah and take them into the consultation room. You immediately notice his left hind leg is swollen, with the paw and hock area approximately three times normal size. The owners put Rajah on the table.

We haven’t been to the vets in a while,” one of them says. “It’s too expensive to come here. Besides Rajah takes good care of himself. He hasn’t been walking on this paw for a week. He’d better not need an operation.”

**Question two:**
What do you think the owner’s main concerns are?

Example Answers

- That Rajah might require an operation
- That treatment might cost money
- That a cat which has been no trouble until now may cause some difficulties for them

**Question three:**
What sort of role does Rajah play in the owner’s life?

Example Answers

- Possibly a companion but may not be considered an important family member
- Is considered relatively independent
- May be an unwanted responsibility

**Question four:**
What types of things might you say to the client before examining Rajah?

Example Answers

- Try to be neutral e.g. “Let’s have a look and see what the problem is”
- Acknowledge their concerns about money and try to empathise with them: “I can see that you are concerned about the potential cost of veterinary care for Rajah. I will try to find out why his leg is so swollen and then work with you as best as I can to ensure we are able to achieve the best possible outcome for him”.
- Prompt the clients to give their perspective through asking some open ended questions about Rajah: “Tell me a bit about what Rajah would typically get up to during the day.”. Then start to focus on some closed questions such as “Is he an outdoor cat?”, “Do you have any other pets?”, “Have you noticed any other cats in the area or heard any fighting?”, “Does he have access to the road?”.  
- Use summarising and signposting to guide the owner as you collect the history. Summarise at the end of each line of enquiry and signpost what you will be investigating next.
You examine Rajah. There are puncture wounds, consistent with cat bite wounds, on the ventral surface of his left paw, which has abscessed causing profound swelling. His temperature is 39.9 (normal 37.5-38.5) and he has moderate skin tenting and tacky mucous membranes suggesting mild dehydration. Whichever way you look at it, the pus needs to be drained, which is going to require some form of surgery.

Example Answers

- Use the ‘chunk and check’ method – give three pieces of information then pause to let the owner digest these. You can check whether the owner understands what you have said by asking them to repeat what you have said back to you.
- Use summarising and signposting to guide the owner through your explanation. Summarise at the end of each aspect of the explanation and signpost which aspect you will be addressing next, e.g. results of physical exam, implications of these, costs involved.
- Start with what you know: “Rajah has a high temperature and has become dehydrated, and from the puncture wounds I can see on his leg, I believe that he has most likely been in a cat fight and the leg has become infected.
- “The leg is very painful for him but at this stage I do not think it is broken.
- “He has good teeth and his heart and lungs sound well so I can see that you are right, he has been able to look after himself well over the years.
- “Rajah is going to need treatment for his leg and this infection and I will need to give him a general anaesthetic to examine the leg properly and drain the infection.
- “I know you are concerned about the cost of treatment but if this is as I suspect just an infection, the treatment will be much less than if he had broken his leg.
- “I estimate that the consultation, anaesthetic, surgery, hospitalization, fluids to address his dehydration and antibiotics to overcome the infection will cost around $350”.

Question five:

How might you summarise your findings and observations?
The owners look at one another. “We’re not really keen to pursue treatment,” one says. “We didn’t really want a cat anyway,” the other adds. “I really don’t think we can afford to spend $350 on getting him fixed.” You are disappointed that the owners’ financial concerns may prevent Rajah being successfully treated for the abscess.

Question six:
What are three things might you say to justify your preference for treating Rajah, based on the information you have?

Example Answers

- “This is a very treatable condition, very common in cats, and there is a very good chance we can bring him back to full health.”
- Justify your decision with reference to welfare: “Rajah is suffering at the moment but we can ease his suffering.”
- Discuss alternatives: for example “Unfortunately Rajah will get quite ill if we don’t treat him.”
- Clarify your role and preferences as a veterinarian, e.g. “As a veterinarian I ideally want all my patients to be cured of their illnesses. I realise this is not always possible within the constraints that money places on us. I view my role as helping us to work through the options for treating Rajah as well as helping to make him better if that’s what we decide. Our options will be influenced by what I know as a vet, as well as what you know about your relationship with Rajah and your financial constraints.”
- Put the cost into perspective based on Rajah’s good health until now: “It sounds as though until recently Rajah has been in good health and that unlike some cats I see, he has remained healthy for a number of years without the need for veterinary attention.”
- Acknowledge their concerns about money once again and empathise with them. Extend the boundaries of the system by discussing opportunities for credit or payment plans (depending on practice policies) or by giving them some additional time to think about what they can do.
Rajah’s owners decide to take up your offer of additional time. You see the next client in another consulting room and then 15 minutes later come back to ask them what they have decided to do. His owners say that they just cannot afford the treatment he needs and ask you what other options are available. You say that given his condition and the infection the kindest thing to do for Rajah would be to put him to sleep. You describe how this will be done, what options there are for looking after his body and how much this will cost.

The owners agree to euthanasia, say that they do not want to stay with him when this happens, sign a consent form for euthanasia and burial, say goodbye to Rajah and head out to the receptionist to pay their account.

**Question seven:**
List three things you might say to them after they say goodbye to Rajah.

**Example Answers**

- “I can see that this has been a hard decision for you but I believe this is the best decision for Rajah in these circumstances.”
- “Thank you for bringing Rajah in today so that we could take away his pain.”
- “We will look after Rajah so that he doesn’t suffer any longer.”
- May we call you in a couple of days to see how you are coping after Rajah is gone?

**Question eight:**
Did you make the right decision – why or why not?

**Example Answers**

Your primary concern as a veterinarian is for the welfare of animals and therefore to act as an advocate for the animal in these situations. There are some alternative options you could have made based on your role as a veterinarian.

Firstly, you could have offered to do this work for free, at a heavily reduced rate or as an animal charity case. For the latter, some practices set up animal trusts from donations by clients and the practice owners to pay for such cases. Doing work for free or at a discounted rate devalues your services and decreases your practice revenue and profits meaning you have less money to spend on equipment, staff and ensuring you provide the best possible care to the greatest number of pets. With respect to animal charity cases, there will be a number of cases each year when this can be applied and limited funds available so you need to make these decisions carefully. If you set up one of these trusts, you need to consider criteria that can be applied to each case to ensure you make decisions that provide the greatest good to the greatest number of pets and owners.

A second option is to re-home Rajah. Under existing legislation in NSW this is now a difficult option for veterinarians unless they also act as pounds. Whilst it is easy to empathise with Rajah’s plight, it has been estimated that over 60,000 surrendered or impounded dogs and cats are euthanized in NSW each year.
A third option is not to offer euthanasia but to offer sub-optimal treatment, such as injection of antibiotics and treatment as an out-patient, or referral to an animal charity. If the case does not progress well and Rajah dies over the next couple of days you have not been the best advocate for the animal. If the owners then complain about the quality of your treatment as a result, you may have to justify your actions to your peers and the registering authorities. Referral to an animal charity such as the RSPCA would create a similar problem to that described under the second option and in reality, all you have done is delayed the opportunity to provide Rajah with pain relief.

The euthanasia of healthy animals and animals with non life-threatening disease is a source of significant stress for veterinarians. Whatever option you choose in these cases, you need to base this on a strong ethical foundation to ensure you are able to make a sustainable contribution to animal welfare. In future classes we will discuss ethical perspectives, models and tools to assist you in making these decisions.
**ONLINE SCENARIO: EUTHANASIA WITH HIGH-LEVEL ATTACHMENT**

**STAGES 1: PREPARATION**

Mitchell is a 16-year-old domestic short hair cat with multiple medical problems. He is currently on medication for congestive heart failure however this is proving ineffective and his clinical signs have worsened considerably. Like many cats his age with heart failure, Mitchell is also suffering from severe renal failure. He is being treated concurrently for hyperthyroidism.

Mitchell is presenting for a revisit one week after you strongly recommended euthanasia on medical and humane grounds. Despite aggressive medical treatment including the owner administering subcutaneous fluids daily, Mitchell's clinical signs appear to be worsening. In your opinion, the only humane course of action is to put Mitchell to sleep today.

**Question one:**

List three steps you would take to prepare for this consultation.

**Example Answers**

- Read the medical record to familiarise yourself with the history of the patient and owner
- Arrange for the nurses to direct the client into a quiet consultation room that allows the patient and the owner to feel comfortable
- Book an extended consultation period allowing time for discussion so you are not rushing the owner

**Question two:**

What difficulties or conflicts might arise in this situation?

**Example Answers**

- The owner may not be ready to let the animal go despite this being in the best interests of the animal
- The owner may be very emotional
- As a vet you might be asked to justify why the animal should be euthanased
- As a vet you might be asked to justify why you cannot cure the animal
- The animal may be in pain or suffering
“The treatment you gave me isn’t working. He hasn’t eaten for three days and he vomits morning and night,” she cries. “He’s weeing outside of his litter tray and I hear him cough a lot and he wakes me up in the night yowling, and I just want him to get better. Mitch isn’t very happy and my life has been hell. He used to love sleeping on my bed and eating mince I fed him in the kitchen but not anymore. My husband gave him to me before he died and he’s the only friend I have left, I would do anything for Mitch, I don’t want to let him down.”

Example Answers

• That treatment isn’t working
• That Mitchell’s clinical signs are worsening
• That Mitchell is unhappy
• That Mitchell is her only companion or link to her husband
• She feels in some way responsible for Mitchell’s fate
• She doesn’t want to let Mitchell down. By this the owner may mean that she does not want to deny Mitchell potentially life-saving or life-prolonging treatment, but you could clarify this by asking her. She doesn’t want to lose him and would do anything to save him yet perhaps part of her knows and can see that he is dying and she may well have had thoughts that the kindest thing to do is euthanase him.

Question four:

How do Mitchell’s problems affect the owner?

Example Answers

• Urinating in the house may be distressing the owner because it makes a mess but it may also be a reminder of Mitchell’s worsening condition
• It is distressing for her to see him like this and have witnessed his decline
• The yowling is keeping the owner awake at night
• She is feeling frustrated that treatment is apparently not working
• She may be very frightened of losing Mitchell
Question five:
What sort of role does Mitchell play in the owner’s life?

Example Answers
• An extremely significant companion or friend – this may be the most important relationship in her life right now
• A link with her now deceased husband
• A dependent that she cares for

Question six:
What types of things might you say to the client to acknowledge her ideas, expectations and the impact of Mitchell’s condition upon her life?

Example Answers
In this case there are many things you might say, but examples include:
• I can see that Mitchell is a very special friend to you
• I can imagine how upsetting this is for you to see Mitchell so unwell
• It can be frustrating when animals do not respond well to treatment
• It must be very difficult for both yourself and Mitchell when he wees in the house or yowls at night
• Sometimes in spite of our hope and best efforts we just don’t have any more answers and options
• I can imagine how difficult it must have been for you to see him like this and to have watched his decline
• I can see that you’re facing up to what is probably one of the hardest decisions of your life
• I can see how concerned you are for Mitchell and that you just want him to feel better
**STAGES 4 & 5: PHYSICAL EXAMINATION, EXPLANATION AND PLANNING**

After listening to the owner’s history and concerns you say “I’m going to take a look at Mitchell then we can develop a plan.” In cases like this you may have decided what to do at the beginning but the physical examination is still vital to confirm your findings with the owner. You talk the client through your physical examination, letting her know which system you are examining and why it is important. Your physical examination confirms that Mitchell is extremely unwell and suffering and that further treatment would be unsuccessful and would prolong his suffering.

**Question seven:**

How might you summarise your findings and observations?

**Example Answers**

- Mitchell is showing a worsening of clinical signs at home which are distressing to both him and yourself
- Mitchell is deteriorating despite our efforts to do everything to make him more comfortable.
- On physical examination Mitchell’s health has deteriorated
- Difficult as it is for me to tell you this, Mitchell’s condition is categorically hopeless
- When I mentioned euthanasia at your last visit I could see how it affected you, but this last week really was his last chance
- I’m extremely concerned about the degree of suffering Mitchell is experiencing

**Question eight:**

How would you raise the subject of euthanasia with this owner?

**Example Answers**

In raising euthanasia it is important to acknowledge the views and feelings of the client and avoid sounding judgmental. For example, it would be inappropriate to simply state “Mitchell has been suffering far too long because you refuse to let him go”. The owner has been willing to treat Mitchell and it may be beneficial to frame euthanasia as an extension of that treatment. But you also need to justify your opinion in light of the physical findings – a little bit of repetition doesn’t hurt, particularly in situations where the owner is emotional and may be less likely to comprehend everything you are saying.

It can help to collect ‘objective’ clinical information in these situations, both initially and on re-visits. Examples may include body weight and blood test results.

“I know you have done everything in your power to ensure that Mitchell enjoys a long and happy life, and until recently he has. Unfortunately he is now worsening despite our best efforts, and his quality of life – as well as yours – are affected. I am sorry but this means that, as you have noticed, he will only continue to get worse. I realise that this is upsetting news for you and it is a lot for you to take in. Would you like me to continue, or would you like some time to think about this?”
With the client’s permission, you might continue with something along the lines of:
“I am sorry to have to give you bad news and I realise this is hard for you to hear. You have seen Mitchell getting worse over the last three days and this trend is only going to continue. I believe that the kindest thing to do now would be to ensure Mitchell doesn’t suffer unnecessarily. Sadly, this would involve euthanasia.”

It is especially helpful in conversations about euthanasia to pay attention to the non-verbal signals you are sending the client. Sitting side by side on a slight angle with Mitchell in between you will help to emphasise your partnership in Mitchell’s care. Using a low, empathic tone of voice will help to convey your understanding of the client’s difficult situation. Speaking slowly and pausing periodically will help the client to hear and accept each piece of information you are giving. It is also helpful in some of the pauses to ask the owner for permission to continue sharing your expertise. This gives the client some measure of control over the situation and helps to ensure that they are ready to receive new information.
**SCENARIO 1:**

The client sits bolt upright.

“Euthanasia?” she asks. “I could never kill him. I don’t want to rob him of his life, what if he gets better? You told me to euthanase him last week and he’s still alive!!!”

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**Question nine:**

What are three things might you say to justify your decision, based on the information you have?

**Example Answers**

- Start by acknowledging the owner’s concerns about euthanasia and put forward your case. Establish the fact that Mitchell is an older cat and acknowledge the owner’s efforts to maintain Mitchell’s quality of life; “Mitchell is an older cat who has until recently enjoyed a happy life.”

- Justify your decision in easily understood language in a way the owner can relate to: “It is not uncommon for older animals, just like older people, to suffer from multiple medical problems.”

- Justify your decision in light of the facts: “Mitchell has multiple medical problems which are now failing to respond to treatment”; “Mitchell’s condition has deteriorated rapidly”; “Mitchell’s medical problems cannot be cured and whilst treatment has kept them at bay for a while, he is progressively getting worse”; “Unfortunately Mitchell is not going to get better.” Provide objective clinical information if possible such as weight and blood test results.

- Offer choices, but be honest: “We can hospitalize Mitchell and put him on fluids but this will not improve and may in fact worsen his condition.”

- Appeal to the owner’s concern for Mitchell’s wellbeing: “While Mitchell is still alive, his quality of life is deteriorating”; “Euthanasia will prevent Mitchell suffering unnecessarily and allow him to pass away peacefully,” or “Mitchell has been a cherished companion, and giving him a peaceful death is one of the kindest things you can do for him.”
**STAGE 5: EXPLANATION AND PLANNING**

**SCENARIO 2:**

The owner breaks down, burying her face in Mitchell’s fur. Mitchell stares blankly into space.

“I can see this is very upsetting for you,” you say.

The owner asks how you would go about euthanasing Mitchell. You explain that you would give an intravenous overdose of anaesthetic into a vein in one of his front legs and that he will stop breathing and his heart will stop beating.

**Question ten:**

List three questions the client might ask about this process?

**Example Answers**

- Will it hurt?
- How long does it take?
- Will Mitchell know what is happening?
- How much will it cost?
- Can I stay with him? Can I hold him?
- What will happen when you give the needle?
- What will you do with his body afterwards?
You ask if the client would like some time alone with Mitchell. She does. When you return the client - much to your relief – she elects to euthanase Mitchell. She is devastated.

She elects to remain present throughout the procedure. You take Mitchell into the treatment room, place an indwelling catheter in his right cephalic vein and bring him back into the room with the client. You perform the euthanasia. Mitchell dies quickly and very peacefully.

Afterwards, the client sobs “Oh Mitchell, I love you. I hope I made the right decision.”

**Question 11:**
**List three things you might say on concluding the consultation.**

**Example Answers**
- I can see that it is going to be difficult for you to adjust to life without Mitchell
- I’m glad we were able to minimize his suffering
- I can imagine that you will miss Mitchell a great deal
- It must be difficult saying goodbye to such a special companion, Mitchell was so well-loved
- I can see how hard this has been for you and I believe you have made the best decision for Mitchell
- We’re here to support you in any way we can
- Would you mind if I called you in the coming days to see how you are?

**Question 12:**
**List three things you or your colleagues might do after the consultation to help the client in their grief**

**Question 12 Example Answers**
- Offer to let the client spend some time with Mitchell in the room before leaving the practice
- Let the client know that they can exit through the back door of the clinic so they do not have to go through the reception area
- Send a card signed by everyone at the practice expressing sadness at the client’s loss
- Put a packet of flower seeds in the card so the client can plant them in memory of Mitchell
- Send flowers to the owner from staff in the practice
- Make a donation to an animal charity on Mitchell’s behalf
- Give the client a brochure about pet loss and grief that contains the details of a pet loss counselling service
INTRODUCTION
Introduce yourself
Thank client for coming in
Set client at ease
Explain your role & responsibility;(credibility)
Explain purpose of visit/discussion (focus)
Establish rapport, trust

EXPLORE, EXPLAIN & PLAN
Explore understanding/perspective of client (open Q)
Listen; Reflect; Respect
Discuss impact of results of tests (start with big view)
Provide concise information; avoid jargon
Chunk and Check
Explain management options
Explore medical knowledge of client; detail required
Discuss expectations of outcome; time-frame
Empathise
Negotiate; use Partnership language
Explain costs of options
Acknowledge client’s concerns/commitment
Offer support
Assess and acknowledge client-animal bond

CLOSURE
Confirm agreed decisions
Questions of me?
(Motivate client adherence/action)
Arrange next steps/visit
Provide literature
Assure your availability/contact/support
Closing statement/action

SUPPORT THE HUMAN - ANIMAL BOND
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