Approaching a small animal consultation

Louisa Rance offers some advice to new graduates

It is an often-stated fact that a significant number of complaints to the RCVS arise from a failure to adequately communicate with the client. The consulting room is the arena in which most client-vet interaction takes place, and a consultation entails much more than simply taking an accurate clinical history, carrying out a clinical examination, any ensuing work-up and dispensing advice and/or medicines, all of which are taught comprehensively on the veterinary degree course. The importance of informed consent, how to obtain it appropriately and providing reasonably accurate cost estimates is detailed in the RCVS Guide to Professional Conduct.

Another source of information, which tends to be overlooked, is what can be gleaned about the client, their beliefs, attitude to their pets and their expectations and, in return, the impression that the vet gives to the client about their own abilities and commitment to the animal. Failure to observe these more subtle and intuitive cues can result in fairly catastrophic breakdowns in communication that can be relatively easily avoided.

As I approach the milestone of 10 years in practice, here is some advice for newly qualified graduates, based on observations I have made in that time, which I have put in the context of a newly diagnosed hyperthyroid cat.

Louisa Rance is a veterinary surgeon at Battersea Cats and Dogs Home

The first part of the consultation requires obtaining a thorough clinical history from the owner. It is important not only to establish the facts, but also to take on board any assumptions or preconceptions the owner may wish to convey.

The (hypothetical) cat is presented with signalment and signs consistent with hyperthyroidism, but the owner is most concerned by its diarrhoea and has read about bowel tumours, which is what their previous cat died of, on the internet. Although this is not a differential that will be high on your list, it is worth taking the time to explain why you want to proceed with appropriate blood tests, and also why you won’t be admitting the animal for an emergency colonoscopy.

Ignoring or brushing aside their concerns will not lessen the client’s anxiety about their own perceived diagnosis, but could diminish the client’s faith in your ability. Do not dismiss their concerns out of hand, but explain what your clinical plan is. I have to confess that ‘common things happen commonly’ is a phrase I often use in the consulting room.

Once a clinical history has been obtained, the clinical examination is required. For most patients this will be straightforward, but there will be some animals for which, for reasons of temperament, this will not be easily achieved or safe. Sometimes this is remedied by simply asking a nurse rather than the owner to restrain the pet, or even asking the owner to leave the room. Our presumptive hyperthyroid patient is predictably fractious and the client has politely asked to remain with the cat because, no offence, she saw the initial difficulties with restraining the cat may be subjected to and how the attempt could fail (for example, if you are unable to get a vein). Most clients, having seen the initial difficulties with restraining very fractious animals, will agree to the animal being removed to a quieter area or will consent to sedation if necessary. As a new graduate, never feel compelled to do a phlebotomy or other invasive procedures in the presence of clients, and always be ready to call on the aid of more experienced colleagues.

Imagine now that you are in the same consultation with the same client and the same cat, but this time it is three days since she saw a colleague at an out-of-hours clinic, who, according to the thorough clinical notes you obtained, diagnosed hyperthyroidism and commenced on the appropriate treatment course. The client is not very complimentary about your out-of-hours colleague, complaining that the cat was taken out the back and then returned to her. They mentioned something was wrong with the thyroid and gave her some pills, and she was not happy as the cat was now vomiting (and, of course, the whole thing was very expensive). There was clearly nothing wrong with the care that the cat had received, but apparently different stages of the work-up had not been discussed, nor had the diagnosis or the treatment and its potential side effects.
Ten-minute chat

Dan Tucker is a senior lecturer in veterinary public health and pig medicine at Cambridge. He recently won an international award for his work in developing an in vitro model that can be used for investigating infectious respiratory diseases of livestock.

What made you go into veterinary research?
I firmly believe that we always have things to learn – how to detect disease and better control it, how to manage livestock and companion animals more humanely, etc. For me, being active in veterinary research is a natural way of following this philosophy.

How did you get to where you are today?
By being an opportunist! During a large animal studies internship at Cambridge in 1993, I came across a research programme at the medical school developing transgenic pigs as organ donors for people. That led me to a PhD developing an in vitro model of pig-to-human transplant rejection, and then to a veterinary and microbiological safety role at Imutran, a spin-out biotech company focused on xenotransplantation. All good things come to an end, and in 2001 the xeno-bubble burst.

I spent the next two years working part-time in pig practice in East Anglia, and providing pig-related advice to a number of different companies, but especially the pig breeding company PIC. With a strong background in zoonotic diseases, admittedly with a bias towards pigs, something about me must have caught the attention of the College of Veterinary Surgeons.

What do you like about your job?
The people, the variety and the intellectual challenge of clinical work, teaching and research.

What do you not like?
Driving to Cambridge from our home near Newmarket in rush hour traffic.

Why is your job important?
The most important thing for me is the role I play in shaping the mind-set of our future veterinarians. They need to be able to communicate at all levels, and to have a science- and evidence-based approach to their profession that will allow them to contribute to policy and its delivery on local, national and global animal-human interface issues.

What advice would you give to someone considering a similar career?
Do it. I would go through all the training again if I had to.

What’s the best piece of advice you were ever given?
Speak to people as you would expect to be spoken to. This has served me well in all sorts of places. I have come to realise that we make largely our own luck in life. The broader your network of contacts, the better your opportunities. To me, luck is about recognising those opportunities and being prepared for change.

What was your proudest moment?
Admission to membership of the Royal College of Veterinary Surgeons.

What was your most embarrassing moment?
The ones I can safely mention typically involve mistaking men for women and vice versa, when I used to locum in small animal practice. Eventually I learned to call clients in by their pets’ names! Completely blanking out on names when thanking guest lecturers in front of students is another unfortunate habit.

Of course, the realities of practice life often mean that time is at a premium, and it can be tempting to cut corners of communication in the consulting room, but this should be avoided. Just by being aware of the importance of communication and developing this, along with the other professional skills, will minimise avoidable miscommunication and result in clients asking to see you again.

Reference
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Veterinary Record 2010 167: ii
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