Tools for Enhancing Communication: An Overview of Risk Management in Equine Practice

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Effective communication is the primary tool to retain clients and reduce complaints and malpractice risk. Author’s address: Bayer Animal Health Communication Project, Institute for Healthcare Communication, 555 Long Wharf Drive, 13th Floor, New Haven, CT 06511; e-mail: kbonvicini@healthcarecomm.org. © 2006 AAEP.

1. Introduction

The purpose of this article is to provide an overview of current knowledge, issues, skills, and tools for equine practitioners to reduce malpractice risk, increase client satisfaction, and enhance practice success. The article will include a brief description of the climate of health care in the United States, a presentation of research evidence linking communication with health outcomes, and a communication model and tools for practice application.

The landscape of U.S. health care in the 21st century has influenced consumer use in both human and animal medical care. Current issues and challenges include increasingly litigious climate, problems with health care access and affordability, increased consumer complaints, non-adherence, and rise in medical errors. Although these challenges represent symptoms of a system in need of reform, a critical element underlying these problems is the relationship between health care practitioners and consumers. This face-to-face, interpersonal relationship has been shown to be the most important means of information exchange leading to improved health outcomes in human medicine. In veterinary medicine, the importance of communication specific to the veterinarian-client relationship has been underscored in multiple studies over the past five years.

Evidence from human medicine has also shown that the quality of interaction between practitioners and consumers has been correlated with a number of health outcomes including malpractice risk, satisfaction, adherence, and diagnostic accuracy. In human medicine, it has been estimated that 75–95% of the information needed by physicians to make a correct diagnosis comes from the patient-reported medical history. Reliance on client-reported history in veterinary medicine is equally important.

Adherence is defined as the extent to which a consumer’s behavior corresponds with agreed-on recommendations from a health care provider. In human medicine, rates of patient non-adherence range from 25% to 75%, and for certain medical conditions requiring multiple medications and complex medical regimens, the rates are considerably higher. The veterinary profession has also begun to examine adherence rates and explore multi-dimensional influences of client adherence. Grave and Tanem found that an important determinant for whether dog owners complied with recommended...
medication was related to the amount of time that the veterinarian spent with them during the consultation. The American Animal Hospital Association study on compliance in companion-animal practice reported that most veterinarians significantly overestimated client-adherence rates in their practices. The researchers found that the majority of surveyed practitioners believed their client-adherence levels to be as high as 75%; in reality, the average rate was found to be 50%. This means that 1 of 2 clients seen in those practices actually followed through on the treatments recommended by their veterinarian. Studies have also confirmed that consumer perceptions of medical care are highly dependent on the quality of their interactions with their health care provider.

Of particular interest is the evidence that has linked poor communication with liability risk. For example, the predominant decision for patients pursuing litigation against their physicians is related to patient perception of a lack of caring or collaboration in the health-care relationship. Previous research that examined plaintiff deposition found that 71% of malpractice claims were initiated as a result of a physician-patient relationship problem and on closer inspection, found common themes that indicated that the patient perceived the physician as uncaring. The same researchers found that one of four plaintiffs of malpractice cases reported poor delivery of medical information and poor listening on the part of the physician. Another study of physicians with prior malpractice suits found that patients perceived them as being rushed, showing a lack of concern, and providing ineffective explanations. Malpractice claims reflect a significant source of pain often initiated by consumers who feel deserted or ignored. Furthermore, it is also true that being the target of a malpractice suit can often lead to significant emotional distress for a practitioner and can lead to burnout, defensive medicine practices, and abandonment of practice.

In addition to the interaction that takes place between the veterinarian and client, there are other interactions that impact client satisfaction and malpractice risk. These include the level of interaction that takes place within the practice team. Veterinarians interact with veterinarian technicians, support staff, and animal handlers—all of these interactions can create a climate in the practice that can contribute to or inhibit client satisfaction and practice success.

This evidence calls for a set of clinical tools of knowledge and skills for use by practitioners to improve client satisfaction and clinical outcomes.

2. Can Communication Be Taught?

There has been an increasing focus on teaching communication skills over the past two decades in human medicine and more recently, in veterinary medicine. This has prompted action on the part of professional, accreditation, licensing, and governmental organizations to apply process requirements, quality of care benchmarks, and educational requirements as part of national standards and licensing requirements. For instance, there have been numerous requirements in education and assessment related to communication in undergraduate and graduate medical education for physician learners to meet acceptable competency standards. In addition, the National Board of Medical Examiners instituted communication-skills assessment as part of the U.S. Medical Licensing Examination as of 2004. In veterinary medicine, the importance of teaching and integrating communication skills in veterinary education has been endorsed by a number of organizations, researchers, and veterinary alumni surveys. Release of such professional studies and organizations has fueled an initiative to discuss the skills, knowledge, aptitudes, and attitudes of effective veterinarians, including communication skills.

Communication experts in human medicine have listed a number of premises that guide communication training pertinent to human and veterinary medicine. The first is that communication is an essential clinical skill in medicine. Communication skills are viewed as a necessary and complementary task along with the biomedical aspect of medicine. In addition, communication requires a series of learnable skills that can be taught provided that the learner is motivated and committed. Finally, communication with clients is viewed as a clinical procedure. It has been estimated that a typical practitioner such as a veterinarian conducts >160,000 interviews during his or her career. This is the procedure that the veterinarian will use most in his or her career.

The structure and content of the clinical encounter in human and veterinary medicine consists of an opening, history (data gathering), clinical examination, client education, and closing. Although no single method has shown to be most effective in teaching communication skills in medicine, experts agree that multiple teaching strategies should be used to present and describe the content and structure of the encounter as well as to teach core skills, demonstrations, and opportunity to practice.

3. Veterinary Medicine and Malpractice Risk

Clients often seek health care information about their animal from a variety of sources. This information is sought from books, articles, media, internet, discussions with friends, family, agents, breeders, trainers, lessees, farriers, coworkers, neighbors, etc. There is a tremendous amount of resources that clients may use before they seek the advice of the veterinarian. Clients have become internet savvy about animal health care issues and can obtain virtually the same technical information through the web as through practitioners. It is es-
timated that nearly 75% of Americans have access to the internet from their homes.33

This does not necessarily mean that clients will not value the veterinarian’s opinion. Studies have found that clients do look to their veterinarians as their primary source of information on health issues.12 Clients pay for quality service and medical care, and they want to talk to the veterinarian.34 However, clients do consider other sources of information; this means that they may often have a pre-conceived sense of what may be going on with their animal before consulting with the veterinarian. These pre-conceived ideas may or may not be in alignment with the veterinarian’s assessment, and they may color the client’s evaluation of veterinary care.

As in human medicine, there is evidence in veterinary medicine that client complaints to licensing agencies and veterinary boards are related to communication breakdowns between client and veterinarian.35,a In addition, increasing sophistication in modalities in veterinary care has increased the capacity to provide high-quality care and has served to increase clients’ expectations. Finally, non-economic damages are coming under increasing consideration in litigation involving companion animals.35

Specific communication breakdowns leading to malpractice risk for veterinarians have been reported in the veterinary literature.36–38 They include the following:

- Clients were shocked by unexpected news and/or charges.
- Clients believed that they were not adequately informed of possible outcomes.
- Clients felt that the veterinary practice was not truthful in care of their animal and did not respond adequately to their questions.
- Clients believed that the veterinary staff lacked adequate compassion after an adverse outcome.
- Client were not aware or lacked comprehension of necessary information for decision making and prognosis.
- Client suffered anger and hostility from unrealized expectations, unexpected results, or unfortunate results.
- Client heard accusatory comments of fault by veterinarian and/or practice staff.

Biggs39 reported that malpractice claims against equine practitioners have increased significantly. As a result, the rising costs of malpractice-insurance premiums for equine veterinarians have reportedly risen up to 60%. Equine veterinarians’ mobility provides increased risk of exposure that exceeds what is typically seen in a fixed-location practice. This increased risk has impacted the bottom line for many equine practices. For instance, one tangible result for some equine practitioners has been the elimination of specific services viewed as vulnerable to lawsuits, such as pre-purchase exams. In addition to the malpractice traps and communication breakdowns cited above, Meagher40 reported the most frequent cited causes of malpractice claims in equine practice:

- Purchase exams
- Colic and colic surgery
- Rectal tears and injuries
- Anesthetic complications and death
- Reaction to injection
- Fractures
- Wounds
- Laminitis

Moreover, the most common situations leading to malpractice risk in equine practice have been related to:

- Misdiagnoses
- Inappropriate medication for condition
- Incorrect dosage or route of administration
- Incorrect or improperly performed surgical procedure
- Anesthetic complication
- Inadequate post-operative care
- Reaction to injections
- Injury to horse during exam or treatment.

Meagher40 also stressed the importance of promoting effective client communication and adequate medical record keeping to reduce and prevent malpractice claims. According to Dinsmore and McConnell,38 “seemingly innocuous situations can become explosive through a poor choice of words or a simple misunderstanding.” It is essential for the veterinarian to manage his or her emotions during client interactions. If the veterinarian becomes angry or hostile, the interaction is destined to become unproductive.38 Although emotional reactions are expected and natural, it is advised to use healthy opportunities to vent those emotions behind the scenes. When clients voice concerns and/or complaints, it is important to first take the time to reflect back on your understanding of their voiced complaint. This also serves to communicate that you have listened and acknowledged their concerns. From there, the case file should be accessed to review the facts of the case together after the emotions have cooled down.38 This provides a more conducive atmosphere for resolving the situation in a way that respects the needs of the patient, the practice, and the client.41 The importance of this has been underscored in studies that have shown that practitioners with prior malpractice suits have been perceived as being rushed, poor listeners, showing lack of concern, and providing ineffective explanations.

Research and practice in human medicine that has focused on communication skills has led to the development of communication models. These models teach practitioners tasks and skills for effectively interacting in the clinical encounter. One model that has been used by the author in professional development and faculty-training programs provides a map of four communication or relationship tasks necessary for all medical encounters. The communication tasks are viewed as complementary to the biomedical tasks. The communication tasks include specific techniques and skills that practitioners use throughout the medical encounter to engage, empathize, educate, and enlist the client in decision-making. The following list presents this model, which is called the 4E model of communication.

The 4E model provides a task and skill framework with a focus on tools specific to the 4Es of engagement, empathy, education, and enlistment with clients. It also addresses the diagnostic and treatment problem-solving tasks necessary for patient care. A brief overview of the 4Es (Engage, Empathize, Educate, Enlist) follow:

Engage
- Build rapport based on trust and credibility.
- Pay attention to what you say and how you say it.
- Listen to all presenting complaints, and ask about the clients’ goals for the visit.

Empathy
- Invest in gaining an understanding of the client’s perspective.
- Communicate this understanding to the client through reflective listening and empathic statements.

Educate
- Assess client’s understanding and preferences (ask).
- Provide information in a clear and thorough manner (tell).
- Assess client’s understanding (ask).
- Keep complete records. Written communication is just as important as verbal communication.

Enlist
- Communicate with clients as partners in their horse’s care.
- Keep all parties informed.
- Follow up (e.g., letter to the client reiterating treatment options and repeating other information you may have discussed).

The remainder of this article will focus on the use of communication tools related to the element of education from the 4E model.

5. Ask-Tell-Ask: A Communication Tool for Informed Consent

Many communication breakdowns linked to malpractice risk in veterinary practice point to the necessity of obtaining informed consent from clients in the equine practice. What are the elements of informed consent? According to Braddock et al., true informed consent involves the following elements:

1. Discussion of clinical issues.
2. Discussion of options including pros and cons.
3. Discussion of uncertainties associated with the decision such as side effects and aftercare.
4. Assessment of client understanding.
5. Exploration of client preferences.

Although most clinical encounters require at least one patient (client) decision, ~15% of visits did not adhere to any of the above elements of informed consent. Furthermore, in a study that examined whether practitioners are successful in eliciting the elements of informed consent, researchers found that >50% of the visits included only one element, 24% included two elements, 6% included three elements, and 2% included four elements.

Informed consent implies an agreement by the client to a course of diagnostic procedures or treatment after receiving enough information to make an intelligent decision. Especially important is information about the risk involved. Informed consent is seen as an authorization given to the care provider to act. If it is a signed consent, it provides written authorization. It addresses the ethical need to fully inform clients about the risks and ben-
benefits of treatments and to ensure that clients’ values and preferences play a prominent role. Informed consent is rooted in the concept of client autonomy. Why then are the elements of informed consent so frequently overlooked? What are some of the challenges to successful informed consent in practice?

There may be several reasons why veterinarians are reluctant to use a written informed consent in practice. They may be views as time consuming because of the perception that it requires lengthy discussions and explanations as well as additional paperwork and storage. Furthermore, veterinarians may fear that such complex procedure explanations may overwhelm clients. Although these may be valid concerns, signing consent is a normal procedure in human medicine (although not without problems, of course), and clients have accepted this as essential to their receipt of medical care. Implementing it in veterinary practice may seem daunting, but over time, it can become part of the routine and facilitate the delivery of professional services.

There is less agreement, however, on how to go about doing this. What are the specific behaviors that facilitate the informed consent process? Most are in agreement that veterinarians must do more than just present a consent form for their clients to sign. Just getting a signature on a document is insufficient. The consent process requires a two-way conversation (a practitioner-client dialogue).

One tool that has been useful in conceptualizing this dialogue is the principle of: “ask-tell-ask.” This tool is based on the notion that client education requires knowing what the client already knows and building on that knowledge. It also works as a way to build a relationship, because it shows that you are willing to listen to and negotiate the client’s agenda. A great deal of communication in equine practice involves providing information, but this does not mean that communication should be moving mostly in one direction. One of the essential elements of informed consent is to be sure that the client really understands the information given. If we apply similar estimates from human medicine that 50% now leave the office confused, there is a gap in what information is sent and what information is received. Using an “ask-tell-ask” technique provides information in a manner directed by the client. This technique “closes the loop” to assess the client’s comprehension of the information.

A few examples may be useful. The first step is to assess the client’s current knowledge and understanding; this helps the practitioner tailor the information that he or she will provide. This is done by asking in the form of an open-ended question using the ask-tell-ask method.

The veterinarian asks, “You mentioned that your previous horse had surgery for colic. Can you tell me what your understanding is of colic surgery?”

The goal is to ask the client to describe his or her current understanding of the issue. This will help you craft your message to take into account the client’s level of knowledge, emotional state, and degree of education. After the client responds, the veterinarian is in a better position to formulate his or her client education to fill in the gaps of information about colic surgery and to thus tailor the information in sensitive language.

The veterinarian is then ready to move to the second step of the ask-tell-ask method.

The veterinarian says, “So, you’ve had some difficult experiences in the past with surgery on your other horse. What I’d like to do is to go over some of the pros and cons of this procedure together to be sure we are both on the same page in treating Chance.”

This statement begins the telling task of ask-tell-ask. The goal is to tell the client in straightforward language what you need to communicate. Stop short of giving a long lecture or large amounts of detail. Information should be provided in short, digestible chunks. One helpful guideline is not to give more than three pieces of information at a time. In addition, avoid the use of technical terminology, also known as medical-ese. Use of visual information is useful to augment your verbal explanation in the telling step through diagrams, charts, software programs, drawings, and other client education tools.

The third step of the ask-tell-ask technique is to assess the client’s understanding. This is done through the following example.

The veterinarian asks, “We’ve covered a lot of ground, and I can see this is upsetting. Let’s take a minute and review the information we’ve discussed so far to see if it makes sense. What’s your understanding of the potential side effects we’ve discussed?”

This offers you the opportunity to check understanding and is especially useful in assessing whether the client heard what was said. Consider asking the client to restate what was said in his or her own words or what he or she will tell their husband, wife, or partner, etc. This will provide the client with an opportunity to ask additional questions and will help you understand the information gaps, the details that need elaboration, and the information that requires repetition. Examples of phraseology for this include “Who are you going to talk to about this?” or “To make sure I did a good job of explaining this to you, can you tell me what you are going to tell them?”

Depending on the complexity of the information that is being discussed, this often will require multiple ask-tell-ask steps.

Finally, the veterinarian asks, “What else do you need to know at this time?”

Written informed consent is a necessary yet currently insufficient component of the informed-consent process. The written informed consent needs to be signed and dated, and it should represent the result of the conversation that took place. In addition, there are other requirements in the medical record to document that the informed consent con-
version took place, what was discussed, who was present, and when and where it took place. Regardless of whether the record keeping is in electronic or handwritten form, this written record keeping is essential.

6. Summary

The landscape of health care in the 21st century provides numerous challenges and has influenced the climate for consumer use of human and veterinary care. Malpractice claims against equine practitioners have increased, and the dollar amount is greater than for small-animal claims. Many equine veterinarians have been notified that their malpractice insurance premiums will increase as much as 60%. Effective communication is the primary tool needed to retain clients and reduce complaints and malpractice risk. Enhancing communication in equine practice is a risk-management tool leading to reduced malpractice risk, increased client satisfaction, and increased practitioner satisfaction.

References and Footnote


*Takash T. Personal communication, 2006.