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Use of modified Calgary-Cambridge Guides in bovine consultations

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Objectives:

This paper will describe the application of the modified Calgary-Cambridge Guides (CCG) to bovine consultations. The CCG delineates a flexible set of clinical communication skills useful for all types consultations and were initially developed for human medicine and expanded recently for use in veterinary medicine. Bovine practice has become more complex coupled with higher client expectations. Additionally, there are two types of bovine consultations; the individual beast consultation and the herd-level consultant role. It is essential for positive patient and client outcomes that the bovine practitioner seamlessly integrates clinical skills and knowledge with effective communication skills.

Method:

A review of pertinent clinical communication skills literature in human medicine was integrated with the burgeoning research within veterinary medicine. In particular, there are more recent studies examining companion animal veterinarian's communication skills and outcomes which can be extrapolated to bovine practitioners. To date, there is a limited literature base to draw from investigating bovine practitioner communication.

Results:

While there is an overlap in many of the skills required of human medicine and veterinary medicine clinicians, there are some definitive differences in veterinary bovine medicine. Research has shown that veterinarians can display limited compassionate, courteous and effective communication skills with clients. Pioneering research with clients of bovine practitioners has reported four stereotypes of people involved within the industry (1) reclusive traditionalists, (2) pro-activists, (3) wait-and-see-ers and (4) do-it-yourself-ers. Communication is a complex, dynamic process. Focusing on stereotypes of clients may limit the fluid and flexible approach required to successfully navigate the consultation and build a collaborative relationship. An awareness of styles may be insightful, however, intentional use of skills known to increase efficiency and accuracy in consultations is required. The categorisation of clients is an interesting departure from the companion animal practitioner communication skills literature.

The style of consultation differs between bovine practitioners and between consultations. Research in human medicine classifies doctors fairly consistently as having paternalistic-relationship-centred or teacher-centred consultation styles. Similar results have been obtained in small animal veterinary practice (having paternalistic and relationship-centred style practitioners). Unfortunately, studies examining bovine practitioners are still lacking. In the paternalistic-consultation style, the practitioner takes the role of an expert, advises the client what they should do and the client does (or more often, does not do exactly) as ordered. In relationship (collaborative)-centred style, all participants appreciate the importance of the relationship with one another. Decisions are made together. The

practitioner is a provider of information and professional opinion. In the teacher-centred style, the bovine practitioner is provider of information and services (consultancy), and the client assimilates information and makes the decision.

The aim of the modified CCG is to provide a set of skills to facilitate a relationship-centred approach to bovine consultations, both at the individual animal and population level. The CCG enable the bovine practitioner to facilitate interacting with that particular client at the time of the consultation, without relying on pre-conceived biases of the client's stereotype. It is likely that the majority of bovine practitioners do use most of the skills recommended by the modified CCG. These skills are often gained through experience. However, they may not use the skills intentionally and with purpose for a specific communication goal or outcome.

Conclusion:

In conclusion, bovine practitioners can improve their communication skills using the set of skills as recommended by the modified CCG. They allow the practitioner to gain insight into the client's understanding of the problem, including underlying aetiology, epidemiology and pathophysiology. The modified CCG also provide opportunity to understand client's expectations regarding the outcome, motivation and willingness to change; all factors associated with increased adherence.