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With special thanks to:
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**Goal:** *To enhance learners’ ability to communicate effectively in veterinary medical contexts; that is, to communicate more accurately, efficiently, and supportively*

**Overview:**
Satisfactory completion of VM502 is dependent on the following three core criteria:
1. **Attendance** (see page 4 for full policy).
2. **Reflection assignment:** Every student must turn in one guided reflection per semester based on one of the scenarios for which they were primarily responsible. Students will select one scenario, watch their video, and consider the feedback they received during the class session in order to answer the guided reflection once completed, should be submitted to the student’s small group coach. Students will receive full points for thoughtful answers to the questions, regardless of their success in the interview. Students are strongly encouraged to complete a guided reflection for each of their simulated client interactions; however, only one guided reflection is required per semester.
3. **Formative assessment** (see pages 5-6 for more details).

**Course Structure:**

**Large Group Orientation:**
- **Monday, August 19th, Wegner G50**
  - *All lab sections- 11:00a-12:00p*
- **Purpose of Orientation:**
  - Provide an overview of the course and introduce core content
  - Prepare students for their small group interview sessions
  - Answer questions

**Small Group Sessions:**
- Six small group sessions on Mondays and Tuesdays, August 26th through October 28th
- Groups consist of 4 or 5 students with a practitioner or faculty coach
- During these sessions students will take turns conducting interviews with simulated clients
- All cases are based on real people and real veterinary cases including both large and small animal contexts
- Using the *Calgary Cambridge Guide*, the practitioner coach and observing students will take notes during the client interviews
- When the interview is over and/or during time outs the interviewer or the coach may call, the student conducting the interview will engage with his/her group, the client, and practitioner coach in a feedback/ tutorial session on the communication skills demonstrated during the interview
- Coaches will provide opportunity for students to do ‘rewinds’ of the interview (at any point)

**End of Term Practical Assessment:**
• A performance-based examination will take place on October 28/29 and November 4/5 (see appendix A)

Learning Objectives for Phase 2 (3rd year):
Objectives from Phase 1 are carried over for further development and new objectives (in italics below) are added for this second phase.
A. The student will demonstrate understanding of relationship-centred veterinary care.
B. With a simulated or real client, the student will demonstrate ability to:
   1. Accurately observe the patient/herd/flock (if present), the client, and the environment.
   2. Conduct a veterinary visit in which the student:
      a. Relates to the client and the patient(s) in such a way as to establish a trusting relationship where the client is comfortable sharing his/her concerns
      b. Elicits the information required to make an accurate assessment of the patient's (herd's/flock's) presenting problem(s), including the client's perspectives (i.e. beliefs, concerns, etc.)
      c. Elicits the information required to make an accurate assessment of the patient's (herd's/flock's) overall health and functioning. The focus is on the patient’s current needs and medical history
      d. Recognizes and reacts appropriately to both verbal and non-verbal cues
      e. Gives information, explains, and discusses it appropriately with the client
      f. Appropriately engages with the client in planning and shared decision making.
   3. Generate and list hypotheses concerning the patient's problems and the client's issues.
   4. Participate effectively in small group interactions, including working with peers, coaches, clients, and patients (if present).
C. More specifically, the student will be able to:
   1. Understand and apply the communication process skills delineated in the complete Calgary-Cambridge Guide. These include the skills on the Calgary Cambridge-Guide One that you used during Phase I, as well as the skills in two added sections under the headings of ‘Explanation and Planning’ and ‘Options in Explanation and Planning’. (The section labelled ‘Closing’ stands alone on the complete C-C Guides instead of combining preliminary counselling and closing).
   2. Apply these communication skills appropriately in a variety of day-to-day circumstances as well as those in which the client-veterinarian relationship may become difficult.
   3. Begin to apply his/her expanding knowledge base regarding veterinary medicine during interactions with clients that involve history taking as well as explanation and planning. Begin to integrate communication skills with knowledge base, physical examination findings (when available), and medical problem solving at a higher level of competency.
   4. Discuss ways in which communication process, content, and perceptual skills impact each other.
5. Identify his/her attitudes, assumptions, and emotional reactions to the interview and discuss the role of these attitudes, assumptions, and emotions in facilitating or interfering with communication.

6. Engage in the feedback process following each interview with clients:
   a. Solicit feedback from peers, coaches and clients regarding his/her communication skills and attitudes.
   b. Discuss and apply suggestions for enhancing his/her performance.
   c. Develop his/her own self-assessment skills.
   d. Give concrete descriptive feedback to peers regarding their communication skills and attitudes.

Purpose:
- To give individual students opportunity to develop, practice, and refine their communication skills in the context of actual visits with clients. The focus for Phase 2 (3rd year) is on taking skills developed in Phase 1 (2nd year) to the next level and on developing skills associated with explanation and planning including shared decision making.
- To provide individuals with feedback from practitioner coaches and peers regarding their visits with clients and to use those visits as a springboard for the entire group’s learning.
- To develop peer and self-assessment skills.
- To integrate the parts of the veterinary medical interview and the various content, process, and perceptual skills into coherent interactions with clients and patients.

What to expect in Phase 2 small group sessions: Summary of content for each session
During the small group sessions, you will work with simulated clients. These clients and their animals will present with a variety of communication challenges and medical technical issues. With the simulated clients, you will be working on enhancing your history taking skills, but this term you will have considerably more opportunity to explore the communication skills and capacities associated with explanation and planning including clinical reasoning and shared decision-making.

You will be recording each of your interviews and saving your video recordings to your H Drive immediately following the interview so that you can review your videos easily. Rules of professional conduct and confidentiality apply to all video recordings, just as they do to any interaction with clients in veterinary settings.

Primary Resources: These books are available in Wegner Hall Library (reserved section). Your coaches also have copies of the books that you can access.
- The Core Document/Syllabus (required reading)
  o Appendix A: Practical Assessment
  o Appendix B: Round 1 and 2 case appointment books and suggested topics for preparation
Evaluation:
The Clinical Communication Program uses a modified pass/fail grading system. A mark of satisfactory requires the following:

- Participation/engagement in your small group lab sessions
  1. Conducting consultations with simulated clients
  2. Practicing self-assessment regarding the skills on the Calgary-Cambridge Guide following your visits with clients and through the Practical Assessment and Video Review.
  3. Soliciting and responding to verbal feedback from peers, clients, and coach(es).
  4. Offering well-intentioned, detailed feedback to your peers.
  5. Participating in small group discussions in which the small group's interactions with clients, feedback discussions, time-outs, and rewinds serve as springboards for everyone's further learning.
  6. Meaningful effort and participation in the practical assessment

- Professional conduct regarding attendance, confidentiality, and interaction with clients, peers, coaches.

Attendance:
There are no unexcused absences allowed in VM502. If you will need to miss class, you will need to get an official excused absence through the office of Student Services. Failure to have an excused absence for any missed class will result in an incomplete for the course and additional requirements to make up the missed event to clear the incomplete grade. No more than one excused absence is allowed per semester. Excused absence will require a makeup assignment designed by the course director.

Confidentiality:

- All cases are based on real patients and clients and are therefore confidential, just as they would be in any practice setting – you are at liberty to discuss details of the case only with members of your own small group.
- Like all your interactions with clients in veterinary settings, video recordings of your interactions are confidential and may not be reproduced or distributed.
- For learning to be optimal, learners need to experience the case for themselves without advance knowledge, hints, warnings, etc., so it is important not to talk about the cases with students from other small groups or other classes.
- Developing trust and a safe learning environment requires that you hold in confidence what takes place in your small group and do not talk about it with others.

Academic Integrity:
Academic integrity is the cornerstone of higher education. As such, all members of the university community share responsibility for maintaining and promoting the principles of integrity in all activities, including academic integrity and honest scholarship.

Academic integrity will be strongly enforced in this course. Students who violate WSU’s Academic Integrity Policy (identified in Washington Administrative Code (WAC) 50426-010(3) and -404) will receive a failing grade and will not have the option to withdraw from the course pending an appeal, and will be reported to the Office of Student Conduct. Cheating includes, but is not limited to, plagiarism and unauthorized collaboration as defined in the Standards of Conduct for Students, WAC 504-26-010(3). You need to read and understand all of the definitions of cheating: http://app.leg.wa.gov/WAC/default.aspx?cite=504-26-010.

If you have any questions about what is and not allowed in this course, you should ask course instructors before proceeding. If you wish to appeal a faculty member’s decision relating to academic integrity, please use the form available at conduct.wsu.edu.

Students with Disabilities:
Reasonable accommodations are available for students with documented disabilities or chronic medical conditions. If you have a disability and need accommodations to fully participate in this class, please visit the Access Center website to follow published procedures to request accommodations: http://www.accesscenter.wsu.edu. Students may also either call or visit the Access Center in person to schedule an appointment with an Access Advisor. Location: Washington Building 217; Phone: 509-335-3417. All disability related accommodations MUST be approved through the Access Center. Students with approved accommodations are strongly encouraged to visit with instructors early in the semester during office hours to discuss logistics.

Appendix A: Practical Assessment

Instead of a final, you will complete a two-part required practical assessment. Additional details that you will need about this assignment will be posted after mid-term, but here is an overview of what is involved:

Purposes:
• To provide your coachees and you an end-of-term practical assessment regarding clinical communication skills, to identify at this point your specific clinical communication strengths, and next steps for ongoing development.
• To further develop your skills of self and peer assessment and feedback.

Client Interview (Part 1) – On October 28th or 39th, you will have a 1-hour time block devoted to assessment. In order to accommodate the entire class, you will be scheduled sometime between 11:00 am and 6:00 pm (on either Monday or Tuesday). We will work around your elective schedule to avoid course conflicts. You will complete a client interview, which will be video-recorded. You will need to review your video prior to part 2 and reflect on your interaction with the client.
Video-Review (Part 2) - To complete the second part of the assessment, you will work with a randomly selected peer and coach. The Video Review sessions will all occur on November 5th or 6th and will require 2 hours for each pair of students. Again, in order to accommodate the entire class, you will be scheduled sometime Monday, November 5th, between 10:00 am and 6:00 pm –or— Tuesday November 6th between 11:00 am and 6:00 pm.

The schedule for both the client interview and video-review will be posted on the bulletin board outside Bustad 203 and on the course website (www.ccp.vetmed.wsu.edu/students).

More specific information on the assessment:

1. Step #1- Prior to working with your peer and the coach/examiner, look at the video of your own interview with the standardized client and assess yourself regarding the communication process skills on the Calgary-Cambridge Guide. Include notes on skills you did well and those you may have missed or done inadequately – comment in your notes on how what you did in this interview related to the five “Principles for Effective Communication” or how your use of the skills on the guide impacted accuracy, efficiency, and supportiveness.

2. With your the self-assessment notes from Part 1 in hand, meet with the coach/examiner and your peer to review each other’s videos. As you watch, continue your self-assessment and assess your peer, including discussion of notes described in #1 above.

3. Discuss your observations regarding each other’s videos and then compare yourself and peer assessments with the coach/examiner’s assessments. This is not about reaching consensus, but rather about considering each other’s perspectives. If disagreement remains after discussion, the coach/examiner’s rating stands. The coach will have other materials from exam day regarding the content details that you obtained from your client or discussed with him or her during your interview, as well as the client’s written feedback.


Appendix B: Appointment Book and Suggestions for Preparation

Round One:

- Jenice [Jim] Braun, 509-276-9677; Crown Princess, 6 month old sorrel quarter horse filly; farm call for suspected respiratory illness.
  - Causes of equine respiratory illness
  - Baseline diagnostics indicated
Treatment options

• Joe [Jolene] Thomas, 509-789-9013; Styx, 6-year-old spayed Sheltie dog; annual wellness exam
  o Components of effective wellness exams including pertinent history
  o Nutrition and exercise recommendations
  o Middle age canine wellness and prevention recommendations

• Lauren [Loren] Dyer, 509-586-5916; Tank, neutered male DSH cat of unknown age; fracture (presumed HBC)
  o Steps for managing hit-by-car animals
  o Femur fracture repair/management options
  o Post-operative fracture repair care

• Melvin [Melinda] Albrecht, 509-426-4853; Sannen goats (Willow and Aspen); age unknown; in house; Caprine Arthritis Encephalitis (CAE) and Caseous Lymphadenitis (CL) testing
  o What are the indications for these tests and how are they performed?
  o Goat dairy management and husbandry

• Diane [Dean] Trimble, 509-337-6463; Fernie, 11-week-old female Border Collie mix; In house (private practice) well puppy exam
  o Puppy wellness needs
  o Behavior considerations

Round Two:

• Eve Weston, 509-337-6463; Raleigh, 9 year old spayed German Shepherd; In house (Teaching Hospital ICU) Emergency presentation for recent collapse
  o Reasons for collapse in this signalment
  o Diagnostic options, costs and benefit of each
  o Treatment options for the big categories of collapse

• Karen [Karl] Skinner, 509-429-2564 Molly, 12-year-old spayed DMH cat; In house (private practice) recent weight loss
  o Common causes of weight loss in a house cat
  o Diagnostic tests, costs and benefits
  o Treatment options for the most common causes of significant unintended weight loss in a cat

• Paula [Peter] Dunlop, 509-884-2013; Postbox, 14-year-old neutered DSH cat; In house (private practice) inappetence and lethargy.
  o Causes of inappetence and lethargy in a cat
  o Diagnostic tests, costs and benefits
  o Anesthesia risks in cats
  o Treatment options of common causes of poor appetite and low energy
• Erin [Aaron] Kranski, 628-301-5008; Petunia, 2-month-old Angus x heifer; farm call
  o Differentials and diagnostics for “mass on belly”
  o Treatment options for differentials
  o Bovine animal husbandry

• Christian Jasso, 509-485-8465; Rey, 2 ½ year old Sorrel Quarter Horse colt; farm call for castration
  o Risks and benefits of castration in horses
  o Risks and benefits of field anesthesia