Better veterinary visits – working towards a patient-friendly practice

Linda Ryan (Roberts) DipAVN (Medical) VTS (Oncology)
Karen Pryor Academy Certified Training Partner RVN
Piglet Cottage, Woodgreen Road, Godshill, Hants SP6 2LP

ABSTRACT: Awareness for improving patients' veterinary experiences is growing. A patient-friendly approach is not only considered better for our patients, but it makes working with them easier and safer for staff, saves time and makes day-to-day work with animals more fulfilling. This article discusses approaches to caring for patients' behavioural/emotional welfare while attending to their clinical needs, highlighting ways to achieve this. Patients' emotional welfare could be argued to be the animal's highest priority, so how can we make this happen alongside providing the best possible clinical care, as part of our aspiration towards an evidence-based approach to veterinary care?

Keywords: Fear-free; low stress; anxiety; fear; safety

Linda Ryan (Roberts) DipAVN (Medical) VTS (Oncology) Karen Pryor Academy Certified Training Partner RVN

Linda has been a VN for 18 years, starting in general practice & then working in specialist clinics at 2 university referral hospitals. She has attained the Diploma in Advanced Nursing (Medical) and the Veterinary Technician Specialty (Oncology). She is a qualified animal trainer & behaviour practitioner. Linda's specialist interests are in clinical behaviour, medical/oncology nursing, as well as patient quality of life/welfare. Linda runs Inspiring Pet Teaching (http://www.inspiringpets.com/), aimed at pet & owner training & education, & CPD provision for VNs & para-professionals. She is passionate about low-stress handling and patient-friendly practice and regularly teaches on this topic to veterinary professionals, & she continues to study in this field.

Emails: www.inspiringpets.com, linda@inspiringpets.com

Introduction

Awareness for the theory and practice of improving patients' experiences during veterinary appointments has been growing over recent years. Various courses, resources and publications aimed at achieving this have appeared in veterinary continuing professional development (CPD), including, for example, Becker's FearFree℠ programme; Yin's Low Stress Handling initiative; the American Veterinary Society of Animal Behavior's 2016 Position Statement on Positive Veterinary Care; International Cat Care's Cat Friendly Practice accreditation, etc. These resources are pushing the concepts and ethics of patient-friendly practice into mainstream veterinary practice, making caring for patients' behavioural/emotional welfare while attending to their clinical needs more possible and achievable due to increasing knowledge and skill in this area (Ryan, 2017).

As many specialist veterinary behaviour professionals (nurses and clinicians) work to raise awareness, share their knowledge and skill and provide resources to improve patients' clinic visits, the ideal of patient-friendly practice – as a foundation for all other patient interactions and interventions – becomes more attainable in day-to-day veterinary practice, alongside patients' clinical care (Mills, Karagiannis, & Zulch, 2014; Hammerle et al., 2015; Overall, 2013 and Rodan et al., 2011). Therefore, veterinary professionals (veterinary surgeons, nurses and support staff) who are educated and confident in this area are ideal advocates and providers of patient-friendly practice, with the aim of improved veterinary experiences for pets, educated and empowered owners and supported peers who can build their skills in this area (Ryan, 2017).

Patient-friendly practice is about being respectful of our patients' emotional and behavioural needs – which could be argued to be the highest priority *for the animal* – alongside providing the best possible clinical care as part of our aspiration towards an evidence-based approach to veterinary care (Hetts, Heinke, & Estep, 2004; Hemsworth, Mellor, Cronin, & Tilbrook , 2015; Martin, Campbell, & Ritchie, 2015; Hedges, 2014). We now have knowledge of animals' emotion, cognition, intelligence and social needs, and it is no longer acceptable *not* to consider this in our day-to-day work with patients (Hare & Woods, 2013Panksepp, 2012; Bekoff, 2007). Patient-friendly practice is not only better for our patients' welfare, but it makes working with them easier and safer for staff, saves time, and makes day-to-day work with animals more

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fulfilling for veterinary staff (Becker et al., FearFree[SM], 2016).

Working towards fear-free practice – the practicalities

In order to provide the best possible patient-friendly veterinary visit, some advance planning and consideration allows for better outcomes.

First make a plan

Before addressing or interacting with a patient, veterinary staff should have an intended outcome in mind, as well as a contingency plan for if things do not go as hoped during handling and carrying out procedures. This can be as simple as thinking through the procedure to be carried out, planning where to work, gathering all the necessary equipment so that it is to hand and within reach, as well as how the patient is to be approached and handled. Minimal, if any, physical restraint is ideal, with gentle and respectful handling and control being planned for (Price, 2105; Ryan, 2017).

Pause and assess body language and behaviour – notice and respond

A good knowledge of species-specific behaviours and ethology is important, as is discovering individuals' preferences. For example, prey species will prefer to hide (or have the illusion of hiding) – this applies to cats, as well as rabbits and other smaller species; some dogs will be reinforced by social attention, others find it aversive, but like food treats, etc. The patient's emotional state may be belied by its observable behaviours and body language, which should be assessed before starting to interact with it (**Figures 1 and 2**). Emotions that patients are likely to experience at the veterinary clinic include happiness (e.g. if they have been well socialised and habituated to the environment early and enjoy being at the clinic); anxiety or fear (e.g. because the situation is unfamiliar, or due to past learning); and/or frustration (e.g. because they cannot do what they want to do – either get to safety, escape, or greet/play, etc.). Patients may communicate these emotions subtly, either aiming to gain distance to a perceived threat, or proximity to a human or another pet they are interested in. Knowledge of the likely emotional state of the patient before any interventions allows staff to prepare, and to keep everyone physically safe and emotionally comfortable (Hedges, 2014a, 2014b; Overall, 2013b, 2013c; Price, 2015; Ryan, 2017).

Five-second/three-try rule – less is more

If patients are thought to be relaxed and fear-free, then staff may proceed cautiously in their handling and interventions, always watching for outward signs of moment-to-moment "dialogue" with the individual pet as they work. Care should be taken to allow the patient as much choice and control as possible (or at least the illusion of it), to prevent causing emotional conflict and escalation of behavioural signs that may lead to problems for the pet and the staff. If patients are already emotionally aroused (anxious, fearful, or even excited – which may lead to frustration if outcomes don't match the patient's expectation), then there are more likely to be problems with handling. At this point veterinary staff should asses the ethics and safety of the situations, deciding if/how to proceed (Becker et al., FearFree[sm], 2016; Ryan, 2017).

This author's preference, as also advocated by Becker et al./FearFreeSM, 2016, is a "three-try rule", i.e. if patients are not relaxed and calm, but show signs of escape–avoidance behaviours and/or struggle when gentle handling and restraint is tried up to three times (or twice in cats) for no more than five seconds, then staff should stop the intervention and re-evaluate the plan.

Implications of not stopping

Patients may attempt to escape and struggle if they do not feel safe at the clinic/during veterinary interventions – if escape–avoidance attempts don't work for them, likely outcomes could be aggression or behavioural shut-down (learned helplessness). Aggression has obvious consequences of injury risk to staff, the patient and the client. It also allows the patient to learn from the experience, resulting in them being inadvertently taught how to behave the next time they are presented at the clinic – i.e. if aggressive behaviours work to facilitate escape, the patient now has a successful strategy to employ should they find themselves in that situation again (ASVAB, 2016; Martin et al., 2015; Overall, 2013b, 2013c).

Learned helplessness is a serious and potentially detrimental state for patients to be in. This happens when animals learn that their behaviours have no effect, e.g. attempts to get to safety (struggle) are thwarted. Veterinary patients do not know we are trying to help them – many are frightened and feel threatened. Flooding, otherwise known as response-blocking or sensitisation, may occur – this is when the animal is presented with a fear-inducing stimulus at excessive intensity and has no choices to employ any avoidance strategies. At the point of maximum intensity in a veterinary hospital ward the patient may "shut down". This shut-down animal

Figure 1. This cat is showing distance-increasing behaviours. Note the tight-closed eyes, swishing tail and the bodyweight leaning away from the approaching hand, with the ear on that side rotating backwards

Figure 2 .This dog is using distance-increasing body language. Note the tongue flick, flattened ear bases, tense facial expression and body-muscle tone, rounded eye and puckered eyebrows

Figure 3 .This dog has been pre-trained a "say yes" behaviour and is cooperatively taking part in her veterinary care. She rests her chin in the outstretched hand to indicate her readiness to be touched, but may move away at any time, signalling she needs a break

is a real concern, but often goes unnoticed, becoming a victim of accidental anthropomorphism, e.g. "oh, look – she's calmed down/being good, she knows we're trying to help her/it's for her own good" – whereas really the patient is suffering. This acute suffering may not only affect the patient in that moment, but may impact them in the medium–longer-term too (Overall, 2013b, 2013c; ASVAB, 2016).

Stress and distress should be actively avoided as it can have deleterious effects on health/the patient's clinical condition, as well as behaviour and emotional welfare; it can over-shadow or confuse interpretation of diagnostic tests; as well as impacting on future hospital visits; i.e. patient and staff safety, efficiency and welfare; and cause breakdown of human–animal relationships (Rodan et al., 2011; Mills et al., 2014; Hammerle et al., 2015).

Dealing with distressed patients can be stressful for staff, but is also likely to reduce efficiency as these animals takes far more time and energy than those which cooperate willingly. Time is money! Also, clients seeing the impact of difficult veterinary visits may "vote with their feet" or create negative publicity for the practice (Rodan et al., 2011).

Stop and make a better plan – another way, another day

If patients are showing behavioural signs of discomfort and using distance-increasing/escape strategies, and a calm, gentle-handling approach hasn't worked, then the intervention should stop. Attempting to persevere to "just get it done" because of outside pressures, e.g. time, financial constraints, determination/"point to prove", or because it is thought to be in the patient's best interest is likely to be counter-productive and may end up in spiralling distress for all concerned. It may also create a dangerous situation for the patient and staff, and poses ethical questions (Overall, 2013a; Rodan, 2011).

At this point, options include sending the patient home to recover (if it's not urgent); to pre-train for another day; or to plan for pre-visit anxiolytic and sedative medications for the next clinic visit. If the procedure is an emergency, anxiolytic and sedative medication should be considered as early in the patient intervention as possible to avoid further escalation of the situation and to facilitate completing the necessary procedures (Bennet & Sparkes, 2015; Hetts et al., 2004).

Positive reinforcement training may be done in advance, to give the patient a database of knowledge of how to cope, cooperate and participate in veterinary handling and procedures, as well as to counter-condition and desensitise them to known problematic situations (**Figure 3**). Training plus positive distraction techniques may be used "on-the-fly" with patients who are in a suitably relaxed emotional state (**Figure 4**). Whatever the training and/or behaviour techniques used, referral to

Figure 4 .This dog is relaxed and is willingly engaging with and accepting treats whilst physical handling is carried out

a properly qualified trainer/behaviourist is essential (Price, 2015; Pryor, 2002; Shaw, 2015). The Animal Behaviour and Training Council hold a list of suitably qualified professionals (www.abtcouncil.org.uk).

Conclusion

Many aspects of clinical practice involve attention to behaviour – and not just the aspects of it that are obvious, i.e. those which are problematic for the humans and veterinary professionals that live/work with companion animals. An animal's behavioural health and emotional welfare is dependent on its physical health, and vice versa. From feeding patients to handling and medicating them, to how owners are educated, taking a considered approach (see **box 1**), understanding patient's needs and how to fulfil them, enhances the human–animal bond and the quality of life of people and pets together.

Box 1. Remember – before you start…

- Does it have to be done?
- Does it have to be done NOW?
- Could/SHOULD we send the patient home & make a better plan for another day?
- What is in it for the patient? (I.e. the borrow & payback)
- How can we make it the best experience possible?
- Educate the owner – don't assume!
- Less is more – handle consensually & respectfully!
- Consider the medications early – before there's a problem!
- Plan ahead

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