Rough guide to surviving practice

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Categories : Vets

Date : March 30, 2009

Gareth Cross begins a series of three articles for new and recent graduates on problem evasion, keeping safe and working effectively with clients

"ONE in 10 of our [VDS] cases involves vets in their first year of clinical practice; as they get more experienced they develop street skills and can deflect problems better."

From a telephone call I had with a Veterinary Defence Society (VDS) director.

"Here is the test of wisdom. Wisdom is not finally tested in schools. Wisdom cannot be passed from one having it to another not having it.".

Walt Whitman, *Song of the Open Road.*

These quotes begin this series of articles as a piece of advice, a warning and a disclaimer that applies to these notes and anything else written on this subject: there will still be many things you will have to learn from experience, and there are some things that just can't be taught.

What I hope to do is pass on some pointers based on material from, and conversations with, the VDS and RCVS and from my own experience. I consulted extensively with the RCVS, VDS and VMD before writing this series, but it is all written by myself and based on my experiences. As such, the contents of the articles should be taken on board but, in the end – as with all things in life – what you do with the information and how much of it you believe is up to you. Someone once wrote: "Knowledge is simply a kind of fuel; it needs the engine of understanding to convert it into power."

Part one: defensive medicine and clinical note taking

What is defensive medicine? The VDS defined it for me as

“warn about everything, test for everything, do nothing”. That approach may keep you out of court, but wouldn't get you very far at work. What you need to do, it advised, is to practise cautious medicine. Take, for example, warning clients about drug side effects. You cannot, and would not, be expected by a court to list each one, but would be expected to discuss common or serious ones.

Here is an example of a human drug. In the data sheet supplied is half a page of approximately 50 side effects, including aseptic meningitis, kidney failure, asthma, hives, eye sensitivity, indigestion, stomach ulcer, unexplained bleeding… the list goes on. Hell, no one would take that would they? Well, half of you probably took some this morning – that's all from the leaflet in a supermarket brand of ibuprofen 200mg. Change that to a veterinary NSAID and you'd be remiss not to discuss gastritis and stomach ulcers, but wouldn“ t go though the rest, as it's so rare.

It’ s a difficult balancing act and requires good knowledge of day-to-day pharmacology. You must, for example, warn the owners of every new dog or cat going on to an NSAID or preds about possible gastric upsets. Every Alizin injection must be accompanied by a warning that it might not work and every surgical procedure needs to be thoroughly described. But should you warn owners in every general anaesthetic case that there is a tiny risk their pet could die, so, when one does – as they sometimes do – they won't be too shocked or sue?

Would any owner sign the form if you said his or her pet might die? I used to see practice with a vet who did say to every owner that the pet might die under anaesthetic, but he did it in such a routine way that the owners just nodded and seemed to understand. You must make your own decision on where to draw the line but, if in doubt, warn them. It is essential that these warnings are recorded by you in the notes so, if problems occur (and it may be years afterwards or when the animal is seen by another vet that something goes wrong), it has been recorded that the owner was warned and agreed to the use of the medicine, surgical procedure or anaesthetic.

Case study

The following is an example from a case I saw. This is the first relevant entry from 2007.

“09/08/07, vet K.

Weight: 5.33kg.

Cat been irritated by mouth but eating fine clinically. No ulcers, but left side some gingivitis and tartar possible underlying neck lesion and upper left molar possible sore, nothing obvious back of mouth, also sore on hindlimbs. Suspect hip pain – possible arthritis. Start on Metacam, went

through side effects. Will come back if any probs.

1 x Metacam oral cat susp 15ml dose for a 5kg cat once a day with food.

Withhold period."

Note the good bit: "Went through side effects." Later in the notes, normal pre-anaesthetic blood test results are recorded; old cats on NSAIDs should have renal function checked regularly.

Let's stay with this example, but expand into a more general discussion on clinical note taking.

Go forward a year and the cat sues me. Let's just imagine that the clients were litigious and bad tempered (which they weren't) and the cat died two days after I'd seen it of a perforated stomach ulcer (which it didn't) and they sued me for prescribing a drug that killed their cat.

Gutting for me (and the cat), but you have to agree that, from an uninformed perspective, they have a point. They had a lame cat. I prescribed it some NSAIDs. Now they've got a non-lame, but, dead cat.

So, here are the real notes from my consult, (the same cat seen by K in 2007).

"13/08/08, vet G.

Diarrhoea and vom since Sat. Nothing abnormal detected on exam except?? 3el bit jaundiced. tn. Disc poss of Metacam sidefx. RV Mon if no better. Stop Metacam for at least a week. No blood in vomit. Advise bland food next 24h. If doesn't keep water down and worried, re dehydration then RV for IV fluids. Having difficult walking on back legs so stopping Metacam may cause probs there.

Dispensed: 24 x Antepsin suspension. Instructions: 2ml three times a day."

Back to this example. We know the owners were told of the risks from the first extract. Perhaps it would have been better if this had been noted at each repeat prescription check as well?

Let's deconstruct the notes

• "RV mon if no better." You could call this a recall point. The owners have been told when to come back and why. If they rock up Friday 6pm with an anaemic cat they can't blame you, as you told them to come back Monday.

Another example would be a coughing dog – you suspect kennel cough but advise: "If he's not better by Monday bring him back and we might need to do further tests, such as a chest x-ray." This will pick up those odd patients that don't fall into the "common things are common" bracket

and those that do not respond to initial treatment.

• “Stop Metacam for a week.” Crucial instructions. If the owner goes home and forgets, and things get worse, he or she cannot accuse me of not instructing him or her to do this. To us it’s blindingly obvious to do this as we can see cause and effect. Don’t assume clients have the same level of knowledge or logical ability you have.

• “No blood in vomit.” A crucial finding. I won“ t remember unless I write it down whether the owner told me this or not, or the fact we discussed it. It also indicates that I was right to treat this as a milder gastritis and that there was no evidence yet of a bleeding ulcer. Then there are more instructions to the owner, including a plan for further treatment as needed.

Legal points

If we get sued, the owner’s lawyers get to see relevant clinical notes. Do not send them the whole history, as they will go on a “fishing trip” for other mistakes to undermine your credibility. Select the right bits and run them by the VDS before passing them over. However, later on in the proceedings, under court disclosure rules, they may get access to everything. With this in mind, don’t write anything “abusive, rude or open to misinterpretation” (VDS advice), and make sure lay staff do not add such stuff on either. This includes notes on paper records, such as hospital sheets. Avoid acronyms – for example, “the owner is a real SOB”: the court will never believe you meant it to stand for “sensible organised being”.

Euphemisms are okay. We all know that “discussed at length with client” really means you couldn’t get them out of the room, and that “clients had long discussion about it between themselves” means the clients had a blazing row.

Give clients a realistic to poor prognosis on cases and record this. If you do get sued, don’t go back and alter records. Computer boffins can unpick alterations and work out when they were done. If you get found out, you will be struck off. If you are sued as a vet, it’s bad enough, but if you are struck off, it’s worse, and you’ re not a vet anymore. The VDS advises an “open and honest approach” during investigations or court proceedings.

It is good if you can write your notes roughly in the following framework:

• history;

• clinical exam;

• diagnosis/differentials; and

• plan.

Include what you have discussed with the client, what he or she has agreed to do and, importantly, what you have offered that they have declined. For example, in a post-rta you may put “offered x-ray, but O declined due to cost”. When the pet dies from undetected haemothorax that evening, when it seemed fine with you that morning, you can tell the owner’s lawyers that the x-ray you advised would have shown it up. Had you not recorded your offer they would just assume you never considered it.

Clinical notes

Clinical notes are an essential part of communication with clients and within the team. In terms of content, there is a temptation for new graduates to write reams of carefully phrased notes, while older vets write a few nuanced words.

I think a reasonable approach is to record clinical findings, or absence of findings relevant to the presenting complaint, and if nothing else is apparent on exam, write “otherwise NAD” or “rest of GPE normal”. For example, with a vomiting Labrador you may note vital signs, such as hydration status and abdominal palpation, but need not describe the normal gait, exact condition of teeth, normal eyes, normal heart, normal lung sounds and so on. If something else is abnormal, then obviously note it down.

Clinical notes, as shown in the cat nsaid example earlier, may be communication across the years as well as between different people, and also serve as a reminder to yourself as to what you said, did and offered to the client. These are used from routine management of cases within your own practice to the high court. The catch is you never know which case is going to go from the routine to the nightmare, therefore, every case must be recorded well and with attention to the points discussed above.

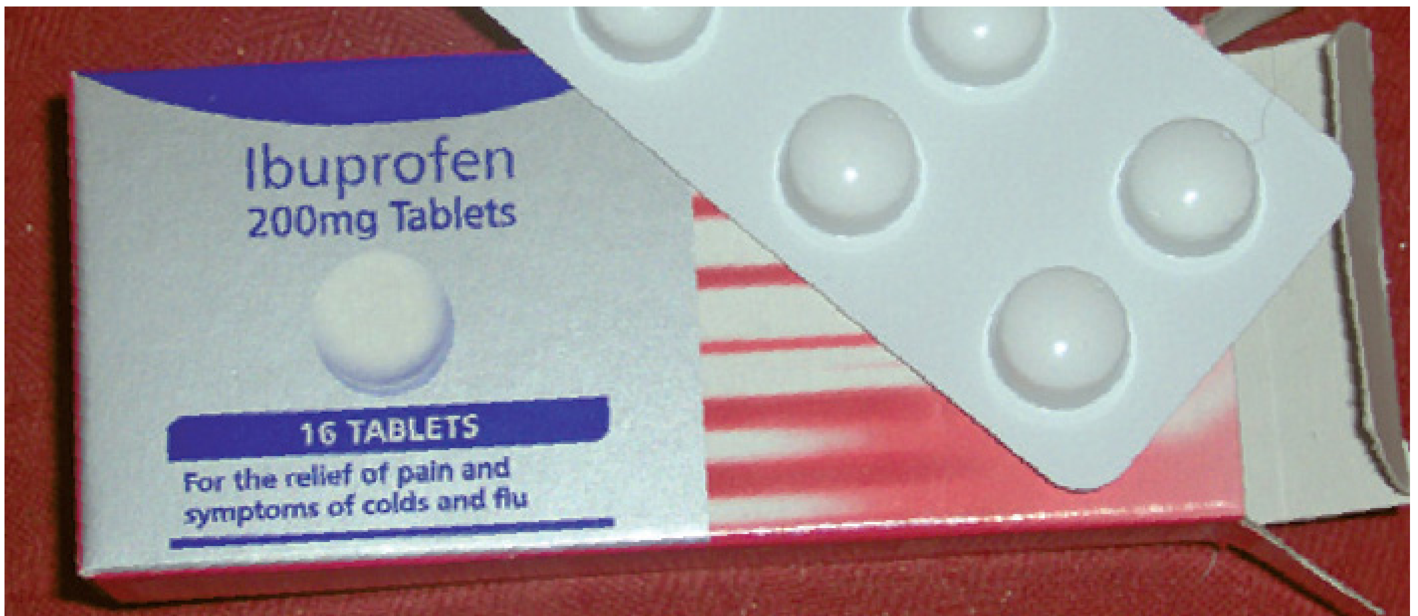
If you can demonstrate that client communication was effective and competent, and clinical decision making was, at best, excellent and, at least, not negligent, then you are in a strong position should things go wrong.

Clinical notes are also, obviously, essential in treating cases and in the continuity of care for the patient and client. Even for the smallest practice, an ongoing case is likely to be seen by more than one vet, so good, concise notes are important to keep things progressing well. This is in the patient’s medical interest and helps keep clients happy if they can see there is consistency and their case is well managed.

There is nothing worse than a client ringing up with a query on the case vet’s day off or holiday break and finding there are no notes, or they don’t explain what the plan is or what the client knows or is expecting.

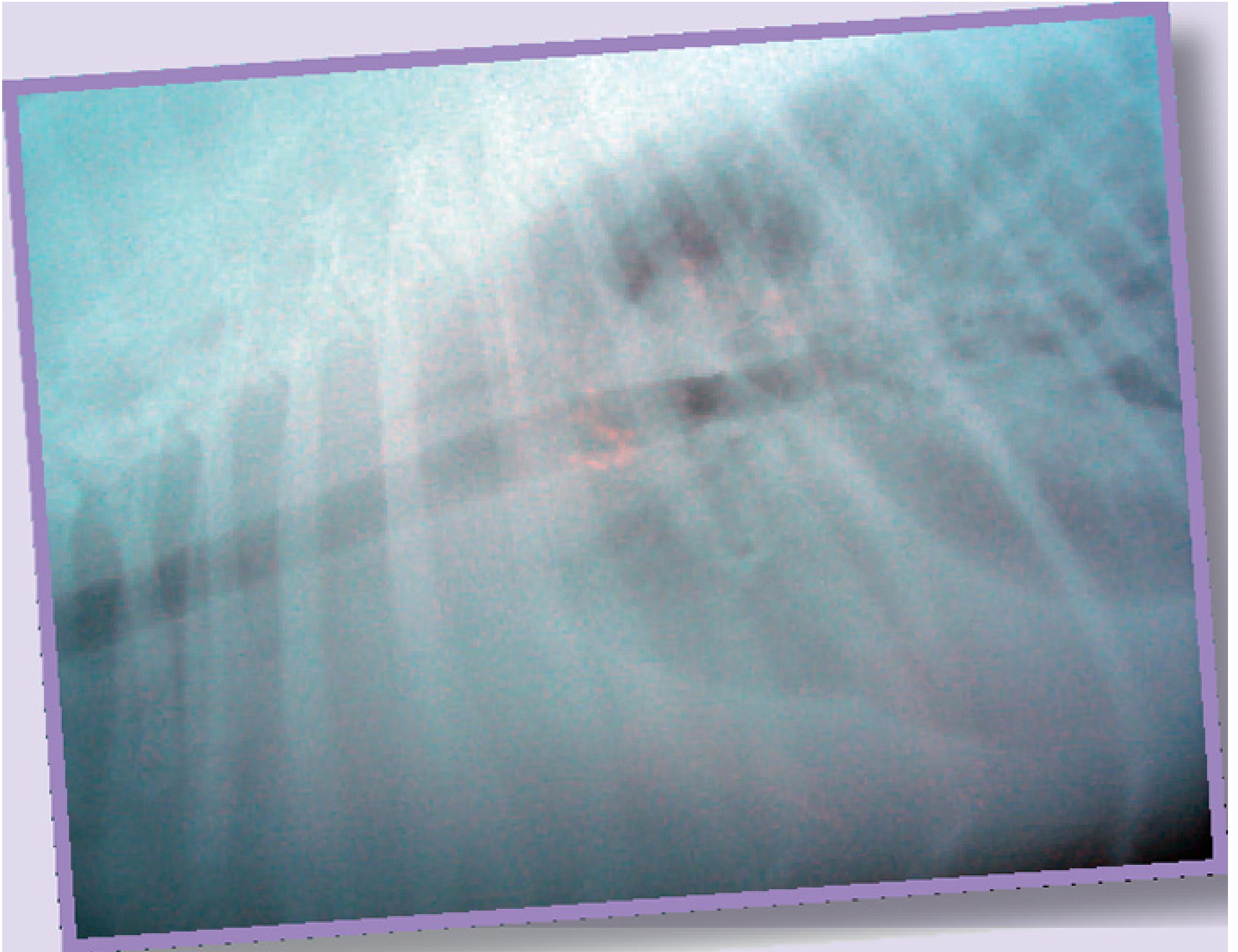
This article has hopefully offered an insight into writing clinical notes and their importance, not just

when things go wrong but as a cornerstone of case management and practice communication. In the next article I will look at how to reduce your chances of being sued or complained about and a brief look out-of-hours obligations.



Many over-the-counter human drugs have a list of side effects.

Clinical note writing is a key part of veterinary communication.



Left: recall point. This presented as an unremarkable coughing dog. I routinely said that if she didn't improve, to come back and we may need to do a chest x-ray. As can be seen, she didn't have kennel cough.