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## CLINICAL REASONING – A GUIDE TO IMPROVING THE QUALITY OF YOUR PRACTICE

It is an unfortunate fact that time is money! The more cases a practicing vet can see the more money he / she will earn. There is significant pressure to shorten and minimise clinical investigations. Additionally, we are all trying to reduce costs to the clients to make equine consultation and treatment more feasible economically for them. We are also under pressure from vets who will undercut strongly to gain clients. It's not about clinical acumen, caring and communication ability, it's about who is cheapest! No-one can work for nothing – we all must make a living and that should reflect the quality of the work we do. The pressure towards poor quality practice is very high. Modern practice has gained a reputation amongst horse owners that vets are “always in a hurry and even more of a hurry to get the money”.



*Figure 1: The professional approach to these 4 cases is very different – the urgency of a diagnosis in the colic case means that clinical examination will inevitably be curtailed – at least until later in the process. A chronically lame horse needs a different approach again with a carefully derived history and a full orthopaedic examination. The horse with a fever and a purulent nasal discharge requires a different approach again and the history takes on an added importance. The chronic skin condition requires much more history and much less clinical investigation but there may be systemic disease which manifests in skin signs so it is vital that that an appropriate clinical approach is made in every case. There is NO EXCUSE for a shoddy or incomplete relevant clinical investigation.*

How many of us carry out a proper clinical assessment and how many of us take a proper clinical history when we are called to see a horse? Of course, common sense should prevail and there is a very different approach to the clinical examination of a serious colic case, a horse with a fever and a nasal discharge and a horse with a chronic lameness or a chronic skin problem.

The only way to maintain a strong and loyal client base is to maintain the quality of the professional service that is provided. We continue, regrettably, to hide behind the “cost of drugs”, preferring to charge a huge mark up on drugs rather than charging for a proper professional clinical service. Of course, to some extent that is justified because of the poor quality veterinary service; in truth much of this is probably not worth much! We can either choose to “make a living on selling drugs and visits” or we can make a living on providing our professional services just as lawyers, accountants, dentists and

doctors do! The public perception of the veterinary profession has fallen to a new low as “money” becomes the drive for practice survival. However, high costs with high quality professional work are much better tolerated than low quality casual or disinterested work. The good clinician will always survive whilst the poor one has to become increasingly desperate. The quality veterinarian may lose a few (usually bad paying) clients but they soon come back when they realise that they are dealing with a proper profession and not just a drug pushing hopeless and inadequate vet! An inadequate article will remain inadequate and it will cost more in the end. Most general practice professionals are committed to providing a high-quality service to their patients. Yet quality improvement is not routinely embedded in general practice, and various barriers need to be overcome to create a culture in which quality improvement is recognised as central to the provision of good general practice services. The quality of equine practice therefore depends on the efficiency of the veterinarian. So how can an efficient and effective clinical approach be developed so that the quality of the medicine can be improved. We need to reach the point where the veterinarian has clients clamouring for his / her consultation.

### 5 STEPS TO IMPROVING YOUR PRACTICE

1. *MAKE A SOLID COMMITMENT TO PROVIDE A PROPER PROFESSIONAL SERVICE* that demonstrates that you *CARE* for both the client *AND* the patient.
2. *DO NOT COMPROMISE THE QUALITY OF WHAT YOU DO AND DO NOT “CROSS THE ETHICAL LINE”*. Show understanding and sympathy towards your clients. You do not have to “allow them to boss you around”!
3. *UNDERTAKE REGULAR PROPER DEVELOPMENTAL CPD AND KEEP UP TO DATE*
4. *SUPPORT YOUR CLIENTS BY PROVIDING EVENTS AND EDUCATION* (web-based is not usually good enough to hold your clients!). You will never reduce your work because you educate your clients! It is in fact the opposite!
5. *CARRY OUT REGULAR SELF AND PRACTICE AUDITS* to identify the good the bad and the ugly! *TAKE ACTION WHERE APPROPRIATE*

Ultimately the face that you show to your clients will be the face they see! Remember that every decision you make and every action you take will have a consequence. This will either be good, bad or dreadful. *THINK BEFORE YOU ACT.*

Make sure that your phone is always available and make sure that your receptionist is clear speaking, intelligent and accurate. A wrong name or telephone number or an unreadable note are both frustrating and harmful for your reputation. The receptionist who takes the call *MUST* write down the details properly and accurately. A suitable triage should be made immediately by the receptionist. Is the call an *EMERGENCY*, *URGENT*, *IMPORTANT* or can it wait? The receptionist needs to be able to make those decisions quickly and accurately. The name, address and time of the call must be recorded. If some sort of record can be derived at that time it will enable the vet to be thinking about the case on the way there! For example, If you are told that a 25 year old gelding has had severe progressive unremitting colic for 4 hours you can already ensure that you have a stomach tube and suitable drugs for all eventualities ready and you can be thinking about the diagnostic possibilities and whether the referral information to a surgical unit is ready to use (*ALWAYS* keep that with you on your phone!). You will know to attend immediately. If on the other hand the receptionist reports that a 10 year-old Friesian mare has had pruritic legs that has failed to respond to repeated treatments for the last 3 months, the call is not urgent *BUT* you can still be thinking about the diagnostic options on your way to visit it at an appointed time. *DO NOT BE LATE!* If you are going to be late for any reason *TELL THE OWNER* but do not make excuses!

*TAKE A HISTORY!* This can be time consuming in some cases but a logical approach that clarifies the general background and the specific history of the “owners compliant” will usually take no more than 5 minutes and the rewards are considerable. There are lots of clues that help! For example, if a horse is presented with a cough it is important to know how long it has been present and whether it has progressed but equally it is important to know how the horse is managed and used and whether other horses (or even other species like donkeys) may show similar signs! Elements of potential managerial, environmental causes, infections / contagion and onset rate and duration can be derived if the right questions are asked.

*CARRY OUT A FULL PHYSICAL EXAMINATION*, appropriate to the case, the owners complaint and the circumstances. Clearly if the horse is lame, there is little point in a reproductive examination but even a rectal examination may ultimately be required! It takes a few seconds to examine each of the 10 body systems. A horse that is presented

for stumbling may lead the vet to a detailed and exhaustive clinical examination but what if the horse is actually blind and has dense bilateral cataracts or detached retinas! It does not look good and it is not good practice to overlook any body system completely. This is probably the biggest mistake in practice. The client says "My horse is coughing" so the respiratory system is examined only!

*ESTABLISH A FULL PROBLEM LIST* from the history and the physical examination and consider the potential *DIFFERENTIAL DIAGNOSES* in order of likelihood.

*SELECT FURTHER TESTS* preferably to rule in / confirm the diagnosis or if necessary to rule out alternatives.

*PROVIDE A PROGNOSIS* so the right decision is made with the owner. This is based on *EVIDENCE* but is moderated to take account of the owner's needs, limitations and circumstances.

*TARGET TREATMENT OPTIONS* to the definitive *DIAGNOSIS* considering upon evidence based medicine. Be prepared for compromise on the treatment if the owner has any relevant issues.

*PROVIDE A PROPER LISTED INVOICE* that shows where the bias of your fee structure lies. *FOLLOW UP THE CASE* – always do thus at appropriate intervals to show that you care both about the client and the patient.