INTRODUCTION

It is now widely accepted that veterinary graduates should enter their profession with high-quality communication skills. Until recently, however, this has not been reflected in undergraduate training. Recently, the Veterinary Faculty at the University of Liverpool, in collaboration with the profession’s indemnity insurers (the Veterinary Defence Society), has developed one of the first specific communication skills training courses for veterinary undergraduates.1 For the first three years it has been run, the aim of this course has been to increase students’ awareness of the importance of good communication in the veterinary profession. The course is based on best practice as currently defined in medical education, making extensive use of actors as simulated clients. As well as watching acted-out consultations, the students also role-play scenarios designed to expose them to all aspects of the veterinary consultation (including introductions, history taking, breaking bad news, fee issues, and dealing with anger). Feedback on the role plays is facilitated by members of staff.

Evaluation of the first year of this course has been published and has shown it achieves its aims of increasing the students’ awareness of the importance of good communication with their clients.1 However, regular facilitators became aware that the students’ learning experience was very variable and, perhaps more importantly, could not be defined. This was felt to be a critical limitation to further development of the course, particularly in the area of student learning and assessment. It was recognized that one of the major obstacles to further development was the lack of a teaching model suitable for the veterinary consultation. Such models are routinely used in medical education.2 However, their direct application to veterinary education is limited because they do not reflect the diversity of clients with whom the veterinarian/veterinary surgeon communicates (e.g., farmers, companion animal owners), nor do they take into account the two important, and often difficult, areas of euthanasia and finances.

The aim of this project was to develop a consultation model for veterinary education based on the Calgary-Cambridge model of the medical consultation. The model was adapted, recognizing both the considerable overlap and also the likely differences between the veterinary and medical consultations. Subsequently, this model has been used to train communication skills facilitators and undergraduates. Here we present the model and provide results of evaluation of its use within the communication skills program for veterinary undergraduates at the University of Liverpool.

METHODS

Developing a Veterinary Consultation Model

A two-day residential workshop was hosted in August 2002 at Craxton Wood Hotel on the Wirral, UK. In order to maximize ownership of the workshop results, delegates were invited from each of the veterinary schools in the United Kingdom and Ireland. Most delegates were already involved in communication skills training at their own institutions and all areas of clinical practice, including small animal, equine, and farm animal veterinarians. To further ensure that the products of the workshop were as broadly applicable as possible, we also invited an undergraduate student, a veterinary surgeon in small animal practice, a representative from industry, and the director of the role-play actors used at Liverpool. The workshop was co-facilitated by Dr. Jonathan Silverman (one of the developers of the Calgary-Cambridge model) and Dr. Sue Kaney (teaching communications skill at Liverpool Medical School). This consensus-based approach has been used previously in medical education.3

The format of the workshop was briefly as follows. On day 1, delegates were first asked to develop their own structure for the veterinary consultation, without referring to existing published models. This was followed by a brief explanation of the Calgary-Cambridge model and how it
is used in medical education, together with how the model has been adapted to the pediatric consultation. The Calgary-Cambridge model provides a comprehensive repertoire of skills that is validated by research and theoretical evidence and takes into account the move to a more patient-centered and collaborative style of consultation, while allowing considerable latitude for individual style and personality.4–6

Day 2 of the workshop began with sessions looking at the requirements of the veterinary consultation in the different areas of small animal, equine, and farm animal practice. Subsequently, in small groups, the Calgary-Cambridge model was adapted to the veterinary consultation. This adaptation was then formatted and agreed by all the delegates and subsequently titled the Guide to the Veterinary Consultation based on the Calgary-Cambridge Model (GVCCCM).

Using the Model in the Veterinary Curriculum
The veterinary program at the University of Liverpool is five years long. The GVCCCM was used at Liverpool Veterinary School during the 2003/2004 curriculum as part of the communication skills training course for third-year undergraduates, which is called Unit 2. All facilitators were trained in the details of the model, and how it can be used to structure feedback, in a half-day workshop session with actors. The model was first introduced to the undergraduates semi-didactically in a half-day, large group session and was then used to focus facilitation, feedback, and learning during a three-hour small group session in which role play was used to recreate communication scenarios. This learning experience was the subject of a detailed evaluation, based on the responses of participating students to a questionnaire completed under supervision, a few days after the event. In addition, facilitators provided feedback on the impact of the model on teaching and learning behavior in small groups.

RESULTS AND DISCUSSION
Developing a Veterinary Consultation Model
The result of the Craxton Wood workshop in the form of the GVCCM is summarized in Figure 1. It is this structure that facilitators use to direct feedback with students. It bears a strong resemblance to the Cambridge-Calgary model on which it was based, highlighting the similarities between the medical and veterinary consultations and supporting the use of best medical practice in this field of veterinary education.

The detailed breakdown of skills used during the consultation is shown in Boxes 1–8. This information is made available to the students on the Internet. The points are numbered according to the original Calgary-Cambridge model, with added sections identified by the number 0 (Preparation and Observation) or by letters following each number. This approach was used to further reinforce the origins of this veterinary consultation model. The additions to this document largely reflect the tripartite nature of the veterinary consultation (owner, patient, and veterinarian) and include the need to

• demonstrate understanding of animal’s importance and purpose to the owner; and
• build a relationship with the client through his or her animal by acknowledging and relating to the animal (30a) and by taking into account the relationship between the client and the animal when communicating with the client (30b).

Evaluating the Use of the GVCCCM in Undergraduate Education: The Student's Perspective
Results of the student evaluation of Unit 2 were extremely positive. As in previous evaluations, and despite some apprehension about the process before taking part, the students particularly appreciated the opportunity to role-play with actors. The students benefited from participating in the scenarios, from watching others do so, and from the subsequent discussions held with the facilitator, actor, and fellow students. The focus on communication served to identify and reinforce positive aspects and highlight areas for improvement. As a result, students emerged from Unit 2 with their confidence raised, feeling better prepared to cope with future demands.

These small group sessions were more appreciated than the semi-didactic large group session that was used to introduce the model to the students. Rather than providing stimulation and guidance for the subsequent scenario session, this session was considered off-putting. In addition, there was little evidence to support a positive impact of the model, the students appearing to be neutral as to its benefit. A copy of the full report is available on request from the authors.

In light of this evaluation by the students, the faculty has reconsidered its use of the consultation model. As a result, the model is now introduced in first year, and students are first asked to think about consultations and develop their own structure before being shown the GVCCCM. Using this approach, the students take on more ownership of the model, which is then used to evaluate videotaped consultations in second year and as the basis of feedback for role-played sessions in third and fourth years.

Evaluating the Use of the GVCCCM in Undergraduate Education: The Facilitator's Perspective
Although its direct impact on students was considered neutral, the model has allowed positive changes to be made in curriculum design and facilitation. In curriculum design, the model has provided a clear focus for scenario design and the development of assessment. Role-play scenarios are now developed with specific learning objectives in mind, and these can be based on the model. In addition, the model provides a “curriculum” around which assessment can be based. As a result, portfolio assessment of communication skills has recently been introduced as a component of the final professional exam at Liverpool. Students are required to use the GVCCCM to assess both their own consultations and those they see during clinical rotations. In this way, students are assessed on their ability to evaluate communication, not on their ability to actually communicate. In later years, the plan is to introduce communication role plays into an objective structured clinical exam in final year, during which student performance will be assessed against the model.
After role plays, informal feedback from facilitators has suggested that familiarity with the model greatly facilitates feedback during group sessions. It allows facilitators to prioritize feedback to students and contextualize it within the structure of the whole consultation. It also allows group sessions to be structured, initially focusing on the early parts of the consultation (e.g., preparation and opening the consultation) during the first role plays, before moving on to more complex issues associated with gathering and

**Figure 1:** A summary flow diagram of the guide to the veterinary consultation based on the Calgary-Cambridge model

**BOX 1: PREPARATION**

**Establishing context**

0.a  **Familiarises** with past history relating to client and animal(s).

0.b  **Anticipates** potential conflicts or difficulties, relating to the client, the animal and to systems infrastructures.

**Creating a professional, safe and effective environment**

0.c  **Ensures** facilities/environment are professional and appropriate to anticipated needs.

**BOX 2: OBSERVATION**

0.d  Continuous observation of the animal, the client and the environment.
giving information. These benefits move communication skills training away from our early program, in which each student’s learning experience was very variable, toward a more structured and defined experience. This has provided the basis to improve the students’ learning experience. However, it has also bought the need for much greater facilitator training. In order to make maximum use of the model during role plays, facilitators need to be very comfortable with using it, initially to evaluate their own consultation and later in the evaluation of others. This has generated a need for much more highly trained facilitators than before the model was available, a need that is being tackled at a national level in the United Kingdom.7

**SUMMARY**

Communication skills training is becoming recognized as an important part of the veterinary curriculum. Before the
BOX 6: BUILDING THE RELATIONSHIP WITH THE CLIENT

Non-verbal behavior
22. Demonstrates appropriate non-verbal behavior, e.g., eye contact, posture and position, movement, facial expression, use of tone.
23. If reads, writes notes or uses computer, does in a manner that does not interfere with dialogue or rapport.

Developing rapport
24. Acknowledges clients views and feelings; accepts legitimacy; is not judgmental.
24a. Demonstrates understanding of animal’s importance and purpose, e.g., shows understanding of the current economic environment in which farming clients work, or the unique relationship that can exist between a companion animal and its owner.
25. Uses empathy to communicate understanding and appreciation of the client’s and animal’s feelings or predicament.
26. Provides support to the client: expresses concern, understanding, willingness to help; acknowledges coping efforts and appropriate animal care; offers partnership.
27. Deals sensitively with embarrassing and disturbing topics and physical pain, including when associated with physical examination of the animal.

Involving the client
28. Shares thinking with client to encourage client’s involvement, e.g., “What I’m thinking now is…”
29. Explains rationale for questions or parts of physical examination that could appear to be irrelevant.

Involving the animal(s)
30a. Acknowledges the animal and/or alerts animal to their presence.
30b. Relates to the animal taking into account the relationship between the client and the animal. Approaches and handles the animal sympathetically.

BOX 7: EXPLANATION AND PLANNING

Providing the correct amount and type of information
Aims:
- to give comprehensive and appropriate information
- to assess each individual client’s information needs
- to neither restrict or overload
31. Assesses client’s starting point: asks for client’s prior knowledge early on when giving information, discovers extent of client’s wish for information.
32. Chunks and checks: gives, in easily assimilated chunks, essential information regarding diagnosis and treatment options, prognosis and financial implications; uses client’s response as a guide to how to proceed.
33. Gives other information according to the client’s wishes, e.g., aetiology.
34. Gives explanation at appropriate times: avoids giving advice, information or reassurance prematurely.
34a. Prioritises information given: recognizes that some information may be best provided at a later time.

Aiding accurate recall and understanding
Aim: to make information easier for the client to remember and understand
35. Organises explanation: divides into discrete sections, develops a logical sequence.
36. Uses explicit categorisation or signposting, e.g., “There are three important things that I would like to discuss. First…” or “Now, shall we move on to…”
37. Uses repetition and summarizing to reinforce information.
38. Uses concise, easily understood language, avoids or explains jargon.

Continued
GVCCCM, facilitating was an easy task, but the aims and learning outcomes were ill defined and limited. The model opens up new and exciting opportunities for teaching, learning, and assessing communication skills, but it will require a cohort of facilitators skilled in the theory and use of the model. This necessarily places a much greater emphasis on training facilitators. Developing the GVCCCM was an extremely rewarding academic exercise. Not only did it generate a framework for future education, its collaborative nature brought people together to focus on communication training. This collaborative effort has been an extremely valuable resource in the further development of communications skills training in the United Kingdom, and it is continued at regular national meetings. To the authors’ knowledge, the GVCCCM is now being used for undergraduate education at most of the veterinary schools in the United Kingdom and Ireland.

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REFERENCES


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