

Starting Off Right:

Checklists **Are Essential** for a Good **History**

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A thorough, focused, relevant medical history is essential to develop a complete patient problem list, achieve high diagnostic accuracy, and maintain client satisfaction. In human medicine, a 2013 study showed 37% of medical students failed a clinical competency examination because of unsatisfactory medical interviews. For this reason, checklists have become increasingly popular in human medicine, and veterinary professionals can learn from physicians how to best use history checklists.

extract relevant medical information, and he or she should communicate clearly

uccessful history-taking should be structured to collect pertinent, factual information in a logical, step-wise fashion about the presenting complaint, past medical history, and environmental exposures.² The history-taker must be able to focus on the patient's presenting complaint and

using open-ended questions, empathy, nonverbal cues, and reflective listening to evaluate the client's goals and concerns.

The Case for Checklists

An accurate, complete medication history is important for many reasons, including:

- Identifying patient adverse events
- Identifying and correcting medication errors
- Recognizing noncompliance that may explain a patient's illness

Minimizing errors that may result in interrupted, inappropriate, or harmful treatment during hospitalization³

But, errors made taking medication histories are alarmingly common—1 study showed mistakes occurred in 67% of cases.3

A checklist provides a structured or algorithmbased method of taking a medical history, which can significantly improve accuracy and completeness. 4-6 Algorithm use has the added benefit of allowing a team member other than the veterinarian to complete the medical interview, which can improve efficiency during an office visit, help standardize quality and thoroughness of the content,⁵ minimize errors, and improve patient care. 5 Also, history-taking checklists are easy, quick, and inexpensive to incorporate into a veterinary practice. (See General History **Veterinary Checklist**, page 16.)

History-Taking 101

Medical students who receive general communication training have better interpersonal skills and are able to obtain more complete medical histories,^{1,7} but specific training on implementing history-taking checklists and using them to categorize a large number of facts into simpler patterns might also be helpful.^{7,8}

History-taking can be taught using many methods, including videos, online courses (see Resources), and experiential, hands-on approaches (eg, small group workshops, feedback with role-play or simulated clients⁷), as well as actual practice and experience.

Communication & Teamwork

Checklists can also complement the historytaking process by minimizing human error through enhanced communication and facilitation of better teamwork.

Resources

- Collaborative e-learning using streaming video and asynchronous discussion boards to teach the cognitive foundation of medical interviewing: a case study. Wiecha JM, Gramling J, Joachim P, Vanderschmidt H. J Med Internet Res. 2003;5(2):e13.
- Communication Check. Institute for Healthcare Communication, Inc. https://veterinarycommunication.org/practitioner/ practitioner.php
 - Communication training for veterinarians, from Bayer Animal Health
- Project Check. Agency for Healthcare Quality and Research. http://projectcheck.org/crisis.html
 - Videos of checklists being used to facilitate teamwork and communication in dramatized scenarios of the human operating
- Teaching inpatient communication skills to medical students: an innovative strategy. Losh DP, Mauksch LB, Arnold RW, et al. Acad Med. 2005;80(2):118-124.

One high-profile example of checklistenhanced communication and teamwork is the Surgical Safety Checklist (SSC) developed by the World Health Organization in 2006 and implemented in more than 4000 human hospitals worldwide.9 The SSC outlines a series of verbal checks among team members performed at key times before, during, and after surgery. Studies support the SSC's positive impact, including a significant reduction in perioperative morbidity and mortality as one measurable outcome. 9-12

Implementing such a new system requires a deliberate, coordinated team effort,13 and practices must embrace an interactive leadership team, explain value, build enthusiasm, invest in training, encourage feedback, and make local modifications to ensure success.¹³ The SSC is successful because communication and accountability are improved in high-risk situations and complications are reduced. 9,10

Conclusion

Checklists have been shown to benefit human medicine, particularly when complemented with communication training. Using checklists can minimize errors, improve patient safety, enhance efficiency, and build better teams with stronger rapport, and can especially benefit team members who have less clinical experience.14 Veterinary professionals should learn from the human field and incorporate a standardized medical history checklist in their practices.

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Veterinarians: Checklists were introduced in human medicine to overcome the alarming number of inaccuracies studies revealed. Take a leaf out of the physician's book and use standardized history-taking checklists in your practice to minimize errors and, most importantly, improve patient safety.

Management Team: When the practice institutes a checklist system, be sure to complement the implementation with a well-planned, coordinated team effort and communication training to build enthusiasm for the new system.

Nursing Team: Using standardized checklists every time you take a patient's medical history will build confidence that you are taking an accurate, complete history and leaving nothing to chance that may impact the animal's care.

Client Care Team: When a practice checklist has been compiled by the team and approved by management, be sure copies are always available for veterinarians and veterinary nurses to use for every patient.

General History **Veterinary Checklist**

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		VISIT

- ☐ Use open-ended questions to identify:
 - Chief complaint
 - Owners' biggest concerns
 - Additional problems or concerns

EXPAND PRESENTING COMPLAINT

- ☐ Describe current problem
- ☐ Duration of problem? When did it first start?
- ☐ Has the problem changed or progressed since it started?
- ☐ Have any treatments been used to treat the problem? Response?
- ☐ When was the animal last normal?

BASICS

- ☐ Vomiting? Diarrhea?
- ☐ Coughing? Sneezing?
- ☐ Behavior changes?
- ☐ Pain?
- ☐ Lameness?
- ☐ Any other changes you consider atypical?

INTAKE/OUTPUT

- ☐ Changes in appetite?
- ☐ Perceived or noted weight loss?
- ☐ Type, amount, frequency of feeding:
 - Normal diet
 - Recent diet, if different from normal
 - Treats
- ☐ Changes in water intake?
- ☐ Changes in urination? Defecation?

OTHER MEDICAL CONDITIONS

- ☐ Controlled? Ongoing?
- ☐ History of surgery?
 - If so, when?

LIFESTYLE

- ☐ Indoor/Outdoor?
- ☐ Fenced yard? Free roaming?
- ☐ Lake, pond, or river exposure? Hiking?
- ☐ Dog park? Boarding/grooming?
- ☐ Travel outside of current state?
 - If yes, where? When?

HERD HEALTH

- ☐ Other pets? Type? Number? Their health status?
- ☐ Children in the household?
- ☐ FeLV/FIV status (cats, if known)?
 - Date of last test
- ☐ Vaccine status? Date of last vaccines:
 - Rabies
 - DHPP (dogs), FVRCP (cats)
 - Leptospirosis
 - Other

MEDICATIONS

- ☐ Verify current medications every visit!

 - Name
 - · Dose (mg)
 - Frequency given
 - Duration of therapy
 - Side effects
- ☐ Using any medications on an as-needed basis?
- ☐ Any over-the-counter?
- ☐ Any nutraceutical, herbal, or homeopathic?
- ☐ Parasite prevention?
 - Heartworm?
 - Flea/tick?
 - Intestinal?
- ☐ Using medications as prescribed?
 - If no, reason for using a different dose, frequency, or for not giving the medication?
- ☐ Giving any medications not prescribed by a veterinarian or no longer prescribed?
 - If yes, which ones? Why?
- \square Any difficulty administering medications?
 - If yes, elaborate. Try to identify targets of intervention.
- \square Ever forget to give medications?
 - If yes, which ones? Why? What do you do?
- ☐ History of drug allergy/adverse reaction?
 - If yes, identify drug and signs of intolerance.

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