euthanasia should not be underestimated — it demonstrates to the owner that you genuinely understand and appreciate the emotional, physical and financial toll these situations can take on them, and can help to reassure them that a decision to euthanase is not a selfish one. In truth it is quite the reverse — the decision not to open a discussion of euthanasia or make that final decision may be the easy choice, but often not the right choice.

KEY LEARNING OBJECTIVES

- Understand the importance of end-of-life care discussions
- Learn the key communication skills needed in these discussions
- Develop more confidence in broaching a euthanasia discussion effectively

MULTIPLE CHOICE QUESTIONS

1. For which of these case presentations should euthanasia be considered a valid treatment option?
 - (A) Road traffic accident
 - (B) Chronic kidney disease

- (C) Faecal incontinence
 - (D) All of the above
2. What should you do when deciding how to open a discussion of euthanasia with an owner?
 - (A) Approach it in purely clinical terms
 - (B) Establish their thinking about their pet's condition first
 - (C) Give multiple differentials and options rapidly
 - (D) Give your opinion before you have asked them what they think
3. What should you do if an owner asks you for guidance on whether it is time to decide to euthanase?
 - (A) Make an assertive recommendation and explain why
 - (B) Put the onus straight back on the owner and tell them it is their decision to make
 - (C) Avoid the question as you do not feel confident to say
 - (D) Make them feel guilty for not deciding sooner

Where do you start with preventative healthcare?

Paul A. Eynon

Veterinary school provides an environment for knowledge transfer to take place — from our lecturers to PowerPoint to our grey matter and finally on to our laptops (pen and paper in 'my day'), whilst we hope and expect extramural studies (EMS) to allow us to practise and hone our skills in transferring this knowledge to our clients. Many of us will be fortunate in being given the opportunity to do this, in practices we have considered as 'home' during our university careers. The skill in delivering what might be considered the 'bread and butter' of first-opinion practice is one that requires trial and error, practice and being prepared to tackle some of the misconceptions around preventative healthcare. Making the most of preventative healthcare appointments and discussions can be and should be, a rewarding part of our job — interacting with a patient and client in, for the most part, a non-emotionally heightened state — that is, keeping the 'healthy' patient on the highway of health.

We will consider:

- Vaccinations — in cats, dogs and rabbits:
 - What can we vaccinate against?
 - When do we start and when are booster vaccines?

- How can we improve the patient and client experience during a vaccine consultation?
- How can we approach answering some of the client questions surrounding vaccination?
- Worms — in cats, dogs and rabbits:
 - What worms are we faced with in the UK?
 - How can we de-worm and at what frequency should we do so?
 - How might changes in pet travel and transport pose a risk to human health?
 - What are some of the common questions we face from clients regarding worms?
- Fleas, ticks and mites — in cats, dogs and rabbits:
 - How do we get clients on board with prevention?
 - What are some of the barriers to effective flea and tick prevention?
 - What are some of the disease conditions associated with these ectoparasites?
 - Approaching the over-the-counter versus veterinary products conversation with clients
- Neutering — in cats, dogs and rabbits:
 - The why, why not and when to neuter?
 - Complicated neuters, e.g. cryptorchid/monorchid and ethical considerations
 - The discussion about what to expect in the pet after neutering and how to respond to client's concerns surrounding going ahead with neutering in the first place
 - Discussion around the how-to methods of neutering — e.g. ovariectomy

Delivered by BSAVA

Guest question

IP: 54.205.225.156

On: Wed, 26 Apr 2023 01:11:46

Often, we may only have time to discuss the basics of the above during first puppy and kitten consultations,

needing to strategize which are the key take-home messages we would like our clients to leave with. Therefore, developing your own dialogue and approach to these largely positive consultations is a task we can practise during our EMS placements and with our friends' and family's pets before we start on day one out there in practice.

We have the perfect opportunity to impart our knowledge in a tailored way to our clients during preventative healthcare appointments and discussions. In helping clients get on board with and feeling like they are in control of their pet's health, you will quickly reap the benefits from the partnership.

KEY LEARNING OBJECTIVES

- Be able to advise clients regarding appropriate vaccination regimes for cats, dogs and rabbits, in the UK
- Be able to develop tailored preventative plans with clients, for cats, dogs and rabbits, in relation to worms, fleas, ticks and mites
- Be able to assist clients in making informed decisions when it comes to neutering their cats, dogs and rabbits

MULTIPLE CHOICE QUESTIONS

1. At what stage, in the bitch's reproductive cycle is it regarded "safest" to perform an ovariectomy/ovario-hysterectomy?
(A) Diestrus
(B) Oestrous
(C) Anoestrus
(D) Metoestrus
2. What other parasite is associated with fleas?
(A) Harvest mite
(B) Tapeworm
(C) Ticks
(D) Bladder worm
3. Which virus do we NOT vaccinate against in cats, in the UK?
(A) Feline immunodeficiency virus
(B) Feline calicivirus
(C) Feline panleukopenia virus
(D) Feline leukaemia virus