

# One framework to rule them all: simplifying chronic condition clinics

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## Introduction

Traditionally RVNs are taught how to conduct a 'renal' clinic or a 'diabetes' clinic and it is deemed best practice to have a checklist of criteria that need to be covered in this clinic, as set out by protocols or guidelines written by the practice. Protocols and guidelines (care bundles as a whole) can be exceptionally useful in giving guidance and structure to the consultation, but at the forefront needs to be personalization of the care/treatment plan for that animal and owner. Adapting that specific consultation to the unique narrative of that pet and its owner. Animals will likely have more than one co-morbidity and adaptation of clinics is required. With the prevalence of mobility issues in senior cats being 80–95%, for example, many cats with renal disease will also need guidance regarding mobility.

Rather than distinguishing specific clinical conditions, every animal that has been diagnosed with any clinical condition should be referred to an RVN clinic. Owners have reflected that without the RVN element, their pet would not receive the holistic care that is required for their pet. Chronic Condition Clinics need to be conducted and built around the framework of the care plan that the veterinary team has set out for the case. There are six elements that require to be conducted in each of these clinics and adapted to the individual presented for that clinic (Figure 1).

## The diagnosis

Does the owner understand what was conveyed to them by the veterinary surgeon when the diagnosis was made; do they have any follow-up questions. This can also include has there been any changes to the diagnosis, any additional co-morbidities found. This stage might not feel necessary at each clinic, especially if seeing regularly, but it is important to check that nothing has changed seen last seen.

## Interventions

This can be varying depending on the diagnosis and the individual, but can include medications, nutraceuticals, diet, physiotherapy. These might have already been prescribed or recommended by the veterinary surgeon.

## Nutritional assessment

Every animal should be at least weighed every time it is presented to the veterinary practice. BCS and MCS need to be conducted dependent on the timeframe of last completed. Whether you take a full nutritional history or asked about how the animal has been eating since last seen will also depend on the individual.

## Behaviour and welfare

This can really range dependent on the diagnosis, co-morbidities and the individual. A cat with FLUTD will require quite extensive discussions regarding behaviour as this can be a causative factor in disease development. All older cats will require discussion on litter tray placement due to mobility decline. Mental stimulation is vital in all our patients at home, independent of age and should be discussed with owners. There is some overlap in this category and monitoring, as pain scoring, and Quality of Life (QOL) scoring is used in monitoring but also welfare aspects.

## Monitoring

This can include clinical examination, blood sampling, blood pressure monitoring, urinalysis, body weight/BCS/MCS (which overlaps with nutritional assessments), QOL scores and pain scoring. It will be highly dependent on the case and guidance gained from the veterinary surgeon in charge of the case from the clinical history or verbally.

## Next appointment

Some animals will require closer monitoring than others. Guidance will need to be gained from the veterinary surgeon in some cases as to when diagnostics need to be repeated or whether the appointment needs to be with them or the RVN. Weight loss clinics might need to be every couple of weeks, some clinics might be every couple of months. There is no strict regime and will need to be decided as part of the personalised care plan for that patient. Discussion with the owner about in-person versus telemedicine appointments can also help with concordance.

Figure 1. Elements to be involved in chronic conditions clinics.

Diagnosis
Interventions
Nutritional assessment
Behaviour and welfare
Monitoring
Next appointment

## Compliance and concordance

The term compliance is very common in veterinary communication - the owner needs to undertake what has been conveyed to them – they are compliant. Concordance, however, is when a plan has been devised by all parties involved and is being undertaken. Concordance is more likely to be achieved when the owner has had that input, rather than being told what to do. One of the roles of the veterinary nurse is to ensure that the client has good compliance and concordance with the care plan based on those recommendations given by the veterinary surgeon, but these recommendations should be based on the narrative of the client and pet.

In some cases, this can refer to medications, and the nurse can discuss with the owner whether they are able to administer the medications that their pet has been prescribed. A different format of medication, liquid instead of tablets, can be of use, but in these situations' referral back to the veterinary surgeon is required as the client will require a different medication to be prescribed. Many owners do appreciate guidance on the administrations of medications, whether this is verbally or with leaflets. Nursing clinics are best utilised when the veterinary surgeon offers that all newly diagnosed patients an appointment with the nurse to discuss all aspects of care for that patient. What this involves in the nurse consultation will range vastly depending on what the pet has been diagnosed with, use of the Chronic Conditions Clinic framework can help. Items that may be discussed in the clinics can include diet (weight gain or loss, veterinary therapeutic diets and lifestage wellness diets, assisted feeding), administration of medications, exercise regimes, palliative care, increasing water intake and how to monitor their pets (checking capillary refill time, heart rate, urine output). Discussion of these factors will mean that owners are more likely to understand the veterinary surgeon's recommendations and therefore accept the recommendations and hopefully improving clinical outcomes for the pet.

The CRAFT model (Box 3) was developed in 2009, which shows that for compliance (the uptake of a recommendation) to occur the *Follow Through* aspect of the equation is required. The use of the nursing clinic to provide the follow through to ensure the acceptance from the client is vital. The C in the CRAFT model also works for concordance.

Figure 2. Box 3: CRAFT compliance, (AAHA, 2009).

$$C = R + A + FT$$

**Compliance = Recommendation + Acceptance + Follow Through**

A good clear recommendation is required, along with acceptance from the client that the recommendation that was made is required. The Follow Through is needed as many clients will accept the recommendation, but compliance is poor due to many factors including forgetting, money, time or the recommendation not being clearly made.

Compliance and concordance is achieved when the owner fully understands the requirements of what is required and can undertake these requirements. This ultimately has three beneficiaries; the pet (it's health and welfare are increased), the owner (being able to have a happier healthier pet) and the practice (increasing client service, profits and increases in staff motivation).

Compliance/concordance can breakdown, and can lead to less healthy pets, and fewer bonded clients. This can occur through a number of different reasons; mainly being due to not fully understanding what was required. Many clients don't understand the nature of the disease, the requirement for continued long term treatment, or through misunderstanding of the veterinary professional. In some cases, the owner can be too embarrassed to ask the veterinary professional for further clarification. These cases tend to present as the owner stating that they felt that the pet seemed better, unsure of what the term 'chronic' meant, and that they felt or understood that just one course of the treatment was required. Few clients state that cost is an influence in why there has been a breakdown. Apathy can be a large cause of compliance breakdown, but with good support and client education on the importance of why medications should be given, or weight loss occurring can help to reduce apathy in pet owners.

## References

- Enlund KB, et al.** Small Animal Veterinarians' Communication With Dog Owners From a Motivational Interviewing Perspective. *Front. Vet. Sci.* 2021
- Fine KR.** Narrative Medicine in Veterinary Practice: Improving Client Communication, patient Care, and Veterinary Well-Being. *CRC Press: Taylor Francis Group*, 2020
- Kurtz M, et al.** The Calgary-Cambridge Referenced Observation Guides: an aid to defining the curriculum and organizing teaching in *Med.Ed* 30(2): 83, 1996
- Macdonald J. et al.** The Development of a Veterinary Nurse-Client Communication Matrix. *MedEdPublish* 10(1): 144, 2021
- Miller WR, Brown JM.** What I want from treatment (2.0). 1994.
- Miller WR, et al.** Motivational Interviewing and the clinical science of Carl Rogers. *Journal of Consulting and Clinical Psychology* 85(8): 757–766, 2017
- Miller WR, et al.** Motivational Interviewing: Helping people to change (3rd Edition). Guilford Press. 2017
- Miller WR, et al.** Ten things MI is not. *Behavioural and Cognitive Psychotherapy* 37: 129–140, 2017
- Orpet H, Jeffery A.** *Implementing the Ability Model November 2010 ed. Graduate Diploma in Professional and Clinical Veterinary Nursing course notes.* The Royal Veterinary College, London, 2007
- RCVS.** *RCVS Knowledge: Contextualised Care*, 2025

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